

To: Kip Teitsort

From: David Jones (CHSO)

Director of Security and Transportation

Date: 2/12/2009

Subject: DT4EMS <http://www.dt4ems.net>

Kip I just wanted to take a moment to share with you some of the positive changes that I am witnessing here at Skaggs as a direct result of DT4EMS

As you know we have certified all of our Security officers in DT4EMS. We have also certified all of our maintenance personnel and most recently, personnel in our Acute Rehab Unit, Medical Unit, and have on going class's in an effort to get all of our Emergency Department personnel certified.

I have been with Skaggs since 1996, and have been in Security here since 1998. In that time I have witnessed our defensive tactics move from, No defense, to CPI and eventually some PPCT.

With your help Kip we have moved to DT4EMS, which is in my opinion the best system that I have seen, in many ways.

We all know how well no defense works, Right? CPI has some good de-escalation techniques, as long as the person trying to use it can remain calm while faced with a possible attacker. PPCT works great on some people, but in my experience it has very little effect on combative people under the influence of drugs and alcohol, not to mention the bruising I that I have seen caused by poor use of the technique, and lets face it we are suppose to be protecting and taking care of our patients, not causing injury.

DT4EMS definitely bridges the gap of what to do when a person doesn't respond to de-escalation techniques and attacks anyway. DT4EMS gives them such confidence that when they are faced with a possible attacker, they are able stay calm and control their own emotions, their breathing and even their heart rate.

Simply put, when you know you have the ability to avoid an attack, your fear of being hurt is kept in check, thus freeing your mind and giving you the ability to communicate with the escalated person.

Kip your training techniques are so simple and addictive that while my officers are making their patrols through the units and over the campus, the other staff members who have taken DT4EMS are stopping them and taking a couple of minutes to train ! They love it that much! And the staff who haven't been to class are constantly asking when the next DT4EMS is going to be, because they want be a part of it also.

While I have seen your training success in action here many times since we began with DT4EMS three years ago, I want to share an event that I witnessed while partnering with one of my officers last Monday. This was very similar to the event that took place at the Springfield Hospital last year, when Law Enforcement brought a man into the Emergency Department to be seen for a drug over dose. The hospital Security Officer had been in the room with the patient trying to de-escalate him. The officer believed the patient was calm, and when the officer turned to walk out of the room the man kicked the officer in the back of the head, tearing the officer's brain stem lose, resulting in his death.

We received a call to the E.D., combative on Meth in room #2. We spent several hours with this man trying to keep him from getting up, in an effort to keep him from falling or pulling out his I.V. and Catheter and causing injury. We are reluctant to use restraints unless absolutely necessary. After putting the patient back in the bed 10 to 15 times, the patient became very angry and delivered a kick with his right foot over the bed railing and directly at my officers head, I was on the opposite side of the bed and could not offer any kind of help, all with in a tenth of a second I witnessed my officer avoid the blow using your technique! The DTP. It was, for my officer at that point, a reflex! When we logged the incident later, the officer could not explain how or what he did to avoid it. When he saw it coming his brain took over and responded the way he trained.

Thanks Kip for all your efforts in putting DT4EMS together, and sharing it with us.

David Jones

Director of Security and Transportation

Skaggs Regional Medical Center.