



**\*NOTE\*** Many pages of the manual are not here in the preview. This is merely a portion of the information contained in the complete manual.

DT4EMS is for EMS by EMS. It is not a Karate class or Law Enforcement Defensive Tactics. DT4EMS, from it's creation, was designed solely for EMS Providers.....period!

Don't forget to take a look at all of the video clips at [www.dt4ems.net](http://www.dt4ems.net)

The DT4EMS Course is good for 16 CEU's in Missouri.

You can have us travel and teach a course to your agency.

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# Objectives

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At the end of this course, the participants will be able to:

- *Describe* types of calls that have the potential for violence
- *Describe* the levels of force options
- *Discuss* laws of self-defense and patient restraint
- *State* the need for proper documentation
- *State* the need for physical fitness in delivering EMS
- *Discuss* verbal skills to diffuse potentially violent situations
- *Demonstrate* escape techniques
- *Demonstrate* basic pressure points
- *Demonstrate* proper restraint techniques
- *Discuss* the Universal Defense Principles

## Defensive Tactics for Emergency Medical Services

**Focus: Paramedics, EMTs, ER staff.**

**Length: 16 Hours**

There is a widely recognized but little acknowledged problem threatening emergency medical service personnel: injury through assault. The frequency of assaults on our EMS providers is alarming. Many EMS providers have anecdotal stories of how they were attacked by a violent patient, an angry bystander or upset family member. While most attacks are not life threatening, the risks of serious injury are evident and unpredictable. EMS providers need an effective and reasonable plan on how to avoid an attack and also know how to defend themselves once attacked. All emergency medical services staff should have a reasonable, liability-conscious, effective means of preventing and avoiding assault by patients, their family or bystanders.

### Real-World Application

Our **DT4EMS** courses give the EMS provider the options needed to recognize a developing threat of assault and then deflect it if possible. The DT4EMS course teaches skills that would allow people to escape from an attack and also defend themselves if necessary. **DT4EMS** trains to help protect EMS personnel in “4” main areas: **Physically, Legally, Ethically and Politically**. This is a non-aggressive course that takes into account real world situations that could potentially put a person in harms way. Such situations may include; a confused diabetic that acts out, a person who is under the influence of drugs or alcohol or a mentally disabled person acting out on their delusions or emotions. On other occasions an angry patient, family member or bystander may lash out against an EMS provider for no apparent reason. These situations require fast and effective self-defense skills that would get them out of the way quickly. Other courses offered for “crisis intervention” do not address these needs and are not applicable in the field. Without proper and effective training to deal with these situations, many EMS personnel will resort to actions that could potentially do serious damage to the aggressor. For example, forcing a knee into the neck or O2 bottle to the head. Subsequently, these inappropriate actions by an EMS provider could create unwanted liability issues. **DT4EMS** is a potent, effective and ultimately practical combination of many different disciplines brought into one comprehensive training course. The curriculum is applicable in every medical setting. The course takes into account that an attack can occur in a patient’s home, in the back of the ambulance and even in the emergency room.

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Rather than take a "multi-member team approach," **DT4EMS** provides training in individual skills that *every* EMS provider should know to personally avoid assault--especially when that paramedic or EMT is working in a remote location with only his or her partner present.. This course provides training where oral and physical deflection skills are simple and easy to remember and apply.

- **DT4EMS is Practical.** Our system of assault avoidance and response is designed to be relevant to *every* member of your staff--large or small, strong or weak, male or female, martial arts trained or not. We do not teach fancy techniques that are easily forgotten. Instead, we teach our participants to problem-solve the situation confronting them through universal defensive concepts that include recognition, avoidance, deflection, escape and conflict resolution.
- **DT4EMS is Defensible.** EMS personnel face the daily prospect of assault and injury. Without training, they WILL resort to improvised methods of defense and restraint. Their improvisation may later be found to be unreasonable, and sometimes even have criminal liability. Additionally, the EMS agency or hospital may be subject to huge civil liability exposure as a result of their actions. **DT4EMS** provides "Force Response Guidelines" for those instances when prevention and avoidance are just not enough.
- **DT4EMS is Designed to be Liability Conscious.** Beyond receiving training in the limits to force and restraint by EMS personnel, participants are trained in articulation and documentation skills that will hold up to any scrutiny in any legal or ethical venue. Sound decisions in the face of a dangerous assault by a patient and the articulation skills to prove the reasonableness of those responses will reduce the liability exposure in any situation.
- **DT4EMS Course Content**

**DT4EMS** is a 16-hour course covering the basic skills required by any EMS responder or provider when facing possible, or even imminent assault. The course content consists of:

- |   |                                       |
|---|---------------------------------------|
| 1) Dispatch-to-scene indicators.  | 8) Basic Pressure Distraction Points. |
| 2) Arrival-scene indicators.  | 9) Pre-assault indicators.            |
| 3) Laws of self-defense.  | 10) FIST Suit Scenarios.              |
| 4) Laws of patient restraint.   |                                       |
| 5) Assault Response guidelines.   |                                       |
| 6) Assault Response Problem-Solving.                                    |                                       |
| 7) Escape skills from standing, ground, confined and unusual positions. |                                       |

# DT4EMS

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## Introduction

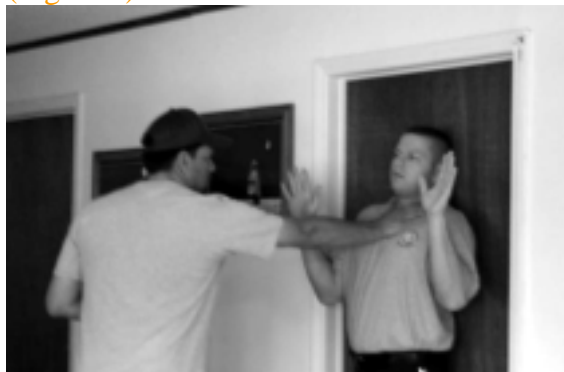
You may ask yourself “Why do I need **DT4EMS**?” “I have been on the job for years and I have not been attacked.” First let me respond by saying, we (paramedics) practice for field surgical cric’s, but may never do one. So should we stop practicing them? Victims of violent encounters are usually “surprised” to find they had become a victim. Police Officers that survived deadly force attacks stated they were “surprised” when attacked. (When my ambulance was car-jacked, I can assure you, I was surprised.) Logically, if you knew that an assault was going to occur you would avoid the situation all together.

Secondly, statistically you are very lucky if you have not been attacked. Nearly every station or ER has the stories of attacks on their personnel. Our goal is to protect at least *ONE* person from becoming a victim of an assault (patient or provider). The articles and surveys presented within the DT4EMS course show that there is an ever-increasing rate of Paramedics and EMT’s being attacked on the street. *Survey by Greg Natsch -Missouri BEMS*

Taking the time to train yourself mentally and physically for a violent encounter is good for you and your patients. It can help you by letting you recognize potentially violent scenes and to use the proper amount of force *if* you need to. It can help your patients by allowing you to know *when* you can legally use force in self-defense and medical restraint. Being prepared is not paranoia.

**DT4EMS** is not for the “uncooperative” patient. It is for those people who have chosen to harm you. That person could be a patient or a bystander. Although we will review them, **DT4EMS** is not a course on the “How to prevent” or “How to talk to people” course. Most EMS providers are excellent communicators and have received previous training in such courses. **DT4EMS** provides training for situation like this! (Figure 1)

(Figure 1)





# SKILLS

(Refer to DT4EMS DVD-1)

*These skills/techniques shown are as a review for those that have attended the DT4EMS course under the supervision of a qualified DT4EMS Instructor. Practice at your own risk.*

## 1. Proper Surveying Stance (figure 1)

- a. Non-aggressive
- b. Knees Bent, hands above waist level
- c. Body bladed
- d. Weight on the balls of your feet



(figure 1)

**Defensive Stance** is used with Proper Distance. (Below)



- a. Hands are up and open with elbows in.
- b. Chin tucked/ Shoulders up.
- c. Body bladed (45Degrees).
- d. Weight on the balls of your feet.
- e. Feet are shoulder width apart.

## Elbow Control in an ambulance.

One of the most important concepts in the [DT4EMS](#) course is Elbow Control. With practice an EMS provider can learn to control the elbow of an attacker in many types of self-defense situations. An old saying in the martial arts still holds true today. *“He who controls the elbow controls the warrior”*.

By controlling a person’s elbow, you can provide yourself with a means to escape, prevent an attack on your person or assist someone with restraint. Law Enforcement personnel have known for years that a straight arm-bar was a safe and effective means of controlling a much larger and stronger opponent. In the early 1990’s the viewing public watched “No Holds Barred “ fighters win against much larger opponents with arm bars.

Practitioners of Philippino and Indonesian blade arts understand the importance if elbow control against a person attacking them with a stick or knife. For EMS providers we can use a simple concept of Elbow Control to prevent an assault. Elbow control for EMS providers is not intended to be used to gain a “submission” but rather to “buy you a chance” to escape a potentially violent encounter.

First, you must understand that you cannot use force against another person unless you are acting under the *reasonable belief* you are acting in self-defense or under a physicians order to restrain someone. You will be judged by the reasonableness of your actions. The question that will be asked is “Would another reasonable person placed in the same or similar situation have acted in the same or similar way.” The situations that are discussed here assume that you have done everything in your power to not use physical force to defend yourself and you are left with no other option (i.e. verbal skills, walk away etc.).

Any time that a person uses force against another the relationship of that force is what will be judged. For instance, if a person was attempting to push you and you strike them with an O2 bottle you will lose in civil and criminal court. The same would be true if an intoxicated elderly man was trying to scratch you and you punched him in the face.

### “Elbow Control”.

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Elbow Control has some principles within it. 1) **Body part to body mass.** This means to press the trapped body part tight into your body or the attackers body depending on the situation.

2) **Move in angles and circles.** This means to not move in a straight line against an attack. For instance, if your attacker is trying to reach out and grab you, simply parry or guide his arm (softly), from the outside with your hand on the elbow and guide it toward his/her body.

You would use some sort of verbal direction at the same time (i.e. *“Please don’t or Please stop.”*) This soft style of Elbow Control can help diffuse a potentially violent encounter by combining soft empty hand control and verbal skills.



Because of the location of the bench seat and the stretcher, we employ another concept of **“Closest weapon to closest reasonable open target.”** In the first picture (above) it is the EMS provider’s right hand that is closest to the patient’s reaching arm. Therefore the parry begins from the outside to the inside from the EMS provider’s right to left.

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The provider can then begin to use the “**body part to body mass**” principle (above) by guiding the aggressor’s arm as shown above. Remember this is a *soft* guiding movement for low-levels of aggression.

The provider could now replace the right hand with the left and *slide* their (provider) body toward the front of the bench seat out of the reach of the aggressive patient. (*Pic below*) This type of movement could buy the provider a few moments to make a decision on how to react to the aggressive patient. The provider would ask himself/herself the question “*Is this person trying to hurt me*”.





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If the aggressor still wants to punch or push, then you can *parry* or guide the arm away. (*pic below*) This again is used to “*buy you a chance*” to escape without taking a full power punch.



Switching hands (*pic below*) can help show you the direction in which to escape. *The importance of placing a hand over the elbow gives the provider greater control over the movement of the attacker.*



It would be difficult for the aggressor to strike the provider with his (aggressor) elbow  
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controlled. Even if the attacker attempted to strike with his right hand, the provider simply pushes the aggressor away using the “Body parts to body mass” principle.

There are many variations to the Elbow Control. These are just two of them. Just as with any type of self-defense technique *practice* is needed to become proficient. Just remember to find a way to get behind the elbow of the aggressor and you can “buy you a chance” to escape or prevent the assault from occurring. **Remember your best defense was to not be there in the first place.**



## WRITTEN TEST

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- 1) The aggressor in a physical confrontation is the:
  - A) one that lost the fight.
  - B) one that was assaulted.
  - C) one that committed the assault.
  - D) one that won the fight.
  - E) none of the above.
  
- 2) The best reason for an EMS system to have a use of force/self defense protocol is:
  - A) to teach medics and nurses how to fight.
  - B) to reduce civil and criminal liability.
  - C) to set guidelines for which an EMS Provider can refer to in a stressful situation.
  - D) both B and C
  - E) none of the above

**Much more on the DVD and CD manual!**