

CRIME SCENE AWARENESS

Primary Care Paramedicine

Module: 20
Section: 05



- Approach to the scene
- Specific dangerous scenes
- Tactical considerations
- EMS at crime scenes

- Increasingly exposed to dangerous situations
 - Maintain situational awareness.
 - Paramedics have been severely injured or killed in violent incidents.



Avoid Violence

- Sound survival skills training
- Retreat to a safe location
- Await the assistance of law enforcement personnel

Awareness

- Violence is not only an urban event.
- Occurs at every social and economic level
- Scene assessment
 - Contact law enforcement personnel.

- Patients and bystanders mistake paramedics for law enforcement personnel.
 - Uniform similar
 - Aggressive behaviour intended for the police
 - Options for self-defence limited
 - High-visibility uniform for paramedics

- Potentially violent incidents
 - Drug labs
 - Civil disturbances
 - Hostage or barricade incidents
- Standing orders for patient care, SOPs, and policies will not be able to cover every single possible scenario.

- Your safety strategy begins as soon as you are dispatched on a call.
- Never follow police units to a scene.
- Rather than risk becoming injured or killed, err on the side of safety.

- Advised of danger en route
- Observing danger on arrival
- Eruption of danger during care or transport
 - Quickly package patient and leave or...
 - Leave without patient

- Never approach the scene until you are advised that it is secure.



- Approach potentially unstable scenes single file.



- Hold a flashlight to the side of your body, not in front.



- Stand to the side of a door when knocking.

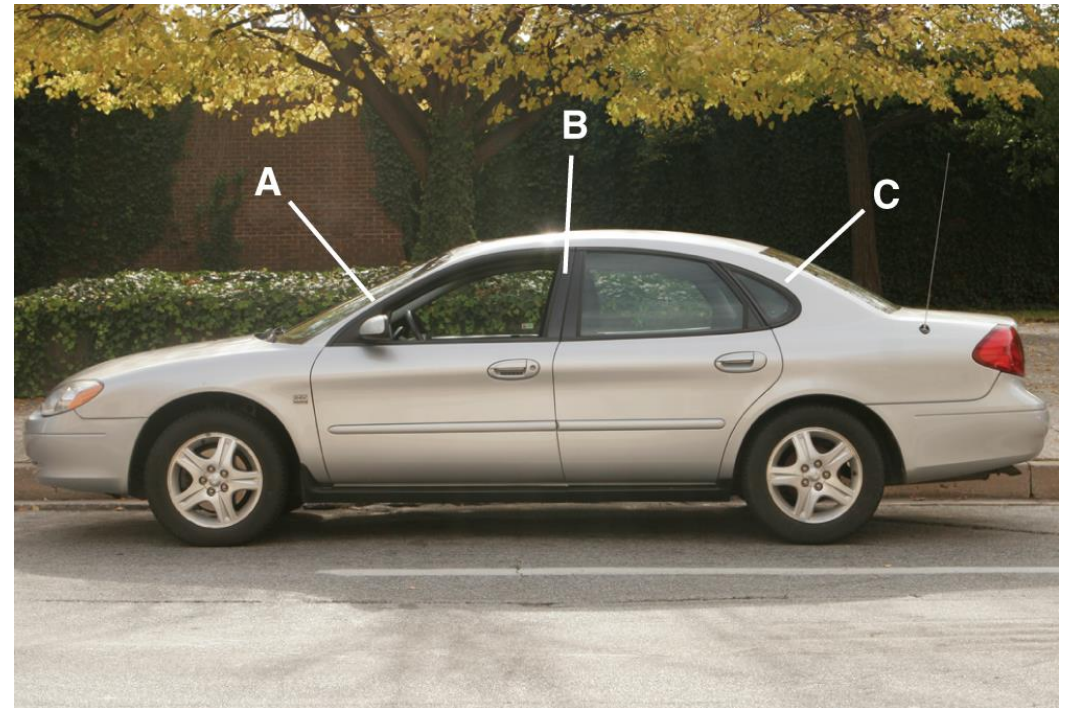


- Highway encounters
- Violent street incidents
- Murders, assaults, robberies
- Dangerous crowds
- Street gangs
- Drug-related crimes
- Clandestine drug labs
- Domestic violence

- Approach and vehicle positioning
 - Consider requesting police assistance.
 - Remain a safe distance away.
 - Minimum of 6 m behind, 10° angle
 - Front wheels turned to the left
 - Ask the IC where to park or park downstream.
 - After dark
 - Use high beams and spotlights.
 - Before leaving your vehicle
 - Record license plate number.
 - Ensure law enforcement is on scene.



- Approaching the motor vehicle
 - Systematic approach
 - Two or more paramedics in the unit
 - Incident commander approaches.
 - Proceed to C column, look in rear/side windows.
 - Retreat if needed.
 - Flashlight
 - Keep off until needed.
 - Vans
 - Use modified approach.





- Retreating from danger
 - Safest means of retreat
 - Back away.
 - Call for law enforcement.
 - Provide the dispatcher with all the needed information.

- Warning signs
 - Injured in assault, dispute
 - Intoxication
- Approaching a residence
 - Information may be limited.
 - All calls have the potential for violence.
 - Listen and look for signs.

- Entering a residence
 - Doors
 - Use an alternative path.
 - Stand to doorknob side.
 - Announce “Paramedics.”
 - Entering
 - Identify primary/secondary exits.
 - Patient’s location
 - Scan room for weapons.



- Among the most dangerous situations
- **If a violent or physical dispute is in progress, do not enter!**
- Stage and wait for law enforcement to secure the scene.
- Use good communication skills in conjunction with eye contact and appropriate body language.
- Contact and cover.
- Crisis intervention is not your job.

- Whenever a crowd is present, look for the warning signs of impending danger:
 - Shouts or increasingly loud voices
 - Pushing or shoving
 - Hostilities toward anyone
 - Rapid increase in the crowd size
 - Inability of law enforcement to control bystanders

- No EMS unit is totally immune from gang activity.
- Best-known gangs include the Crips, Bloods, Almighty Latin Nation, Hell's Angels, Pagans, Banditos.
- Commonly observed gang characteristics include appearance, graffiti, tattoos, hand signals.
- Increasing threat in communities across the nation
 - Now a problem in smaller suburban and rural communities
- Operate on their own “three Rs”:
 - Reputation
 - Respect
 - Retaliation
- Use common sense.

- The sale of drugs goes hand-in-hand with violence.
- High cash flow, addiction, and weapons are a dangerous combination.
- Signs of drug involvement include:
 - Prior history of drugs in the neighborhood
 - Clinical evidence that the patient has used drugs
 - Drug-related comments by bystanders
 - Drug paraphernalia on the scene

- Common abused substances sold on the streets



- Drug dealers often set up laboratories to manufacture controlled substances.
- Commonly manufactured drugs include methamphetamine, LSD, crack and more.
- Drug raids on clan labs can frequently turn into hazmat operations.
- Labs can be found anywhere.



- Leave the area immediately.
- Do not touch anything.
- Never stop any chemical reactions already in progress.
- Notify the police.
- Initiate ICS and hazmat procedures.
- Consider evacuation of the area.



Dangerous to paramedics

- Highly flammable chemicals
- Toxic chemicals
- Booby traps

- Prepare, plan, and train for these complex incidents.
 - Remain in the staging area.
 - Cover and concealment
 - Cover objects
 - Concealment
 - Tactical paramedics

- If you are taken hostage
 - Most last between 4.5 and 5 hours
 - Behaviour can greatly enhance your chances of surviving the ordeal.
- Psychological results
 - Often of greater concern than physical problems
 - Posttraumatic stress disorder

- Six stages of a hostage situation
- Do not attempt to escape.
- Obtain as much information as possible.
- Manage yourself and your personal environment.
- Other hostages may look to you for guidance and strength.
- Ask to treat the wounded even for minor injuries.

- Your best tactical response to violence is observation.
- Know the warning signs.
- Practice safety tactics:
 - Retreat
 - Cover and concealment
 - Distraction and evasion
 - Contact and cover
 - Warning signals and communication

- If you suspect a violent situation, retreat and request back-up.



- Concealing yourself is placing your body behind an object that can hide you from view.



- Taking cover is finding a position that both hides and protects your body from projectiles.



- Never assume you will not be harmed.
 - Do not remain in the vicinity.
 - Difference between cover and concealment
 - Shooter from a high position



- Motor vehicle
 - Engine block and wheel areas
- Indoors
 - Structures that can provide cover
- Walls are not necessarily safe cover.



- Tall grass, shrubbery, and dark shadows
 - Use when cover is not readily available.
 - More common after dark
 - Move into the darkness or shadows and stand still.

- Throwing equipment to trip or slow aggressor
- Wedging a stretcher in a doorway
- Using an unconventional path to retreat
- Anticipating the moves of the aggressor
- Overturning objects in the path of the attacker
- Using preplanned tactics
- Changing locations
 - Do not change just for the sake of changing.
 - Quickly look several times.
 - Run in a zigzag varying pattern.

Table 3-1 CONTACT AND COVER

Contact Provider

Initiates and provides direct patient care.

Performs patient assessment.

Handles most interpersonal scene contact.

Cover Provider

Observes the scene for danger while the “contact” provider cares for the patient.

Generally avoids patient care duties that would prevent observation of the scene.

In small crews, may perform limited functions, such as handling equipment.

- Can sometimes be predicted
 - Potential for violence
 - The patient may be upset, confused, or combative.
 - Family members may be emotional.
- Quickly identify potentially dangerous situations.
 - Potential for escalation (abnormal behavior, body positioning, or harsh language)
 - Tunnel vision
- Every team should develop methods of alerting other providers to danger without alerting the aggressor

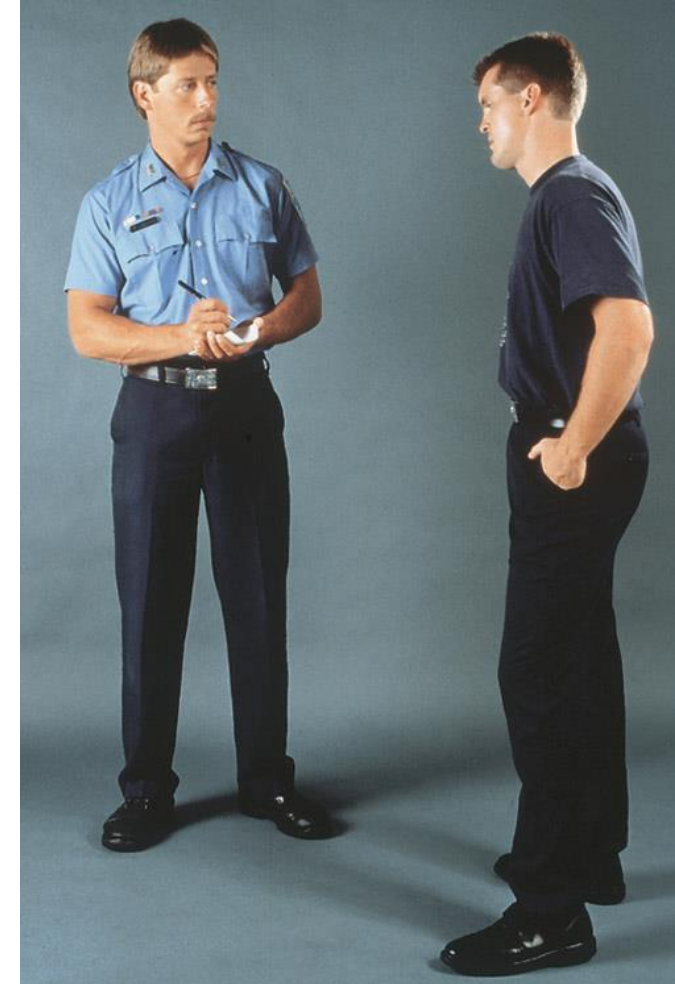


- Increased involvement of care providers in violent situations has raised discussion and debate over the tactical training and protection offered to the EMS community.
- Interagency planning is essential

- Body-armor manufacturers have responded by designing vests specifically for the EMS community
- Supporters feel that armor should be viewed just like any other PPE offered to rescuers
- Not bulletproof
 - Five levels of protection
 - Does not shield your neck or head



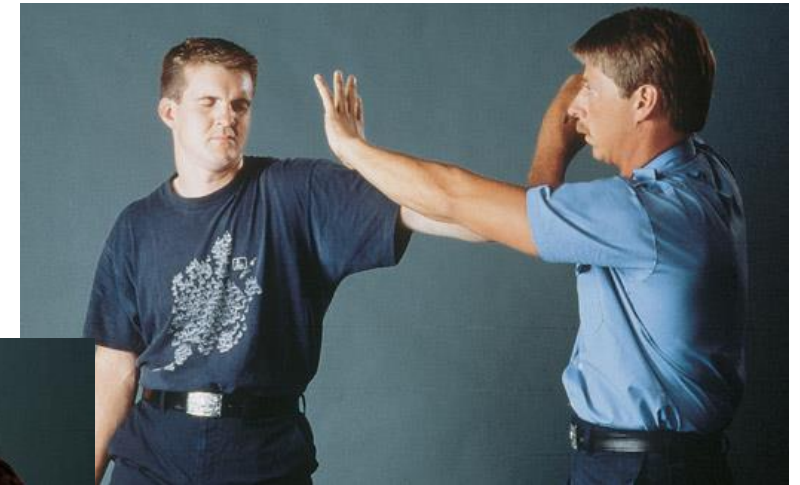
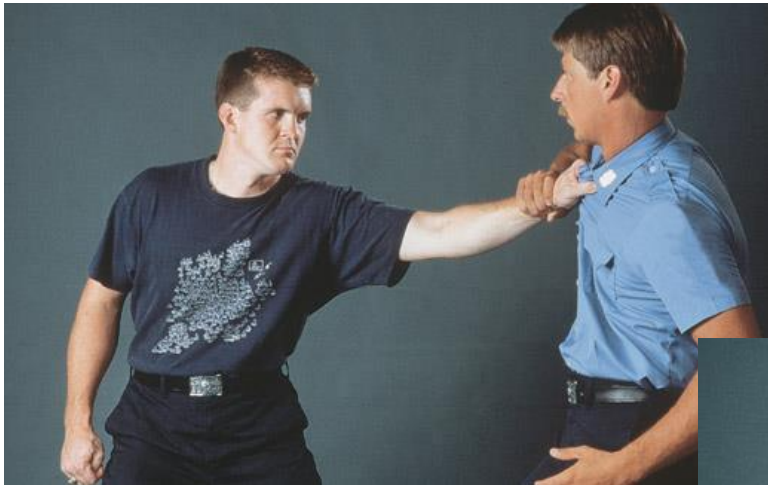
- Effective defensive moves
 - Identify yourself and inform him or her that you are there to help.
- Unexpected attack
 - Always use the interview stance.



- If someone grabs your wrists, jerk your forearm against their thumb.



- If someone grabs the front of your shirt, twist their hand toward the thumb.



- Distraction techniques
- Provoke a flinch or blink.
 - Throw your patient care report clipboard or piece of equipment.
 - Put as much distance as possible between you and the aggressor.
 - Use physical force as a defensive technique, not an aggressive motion.

- The provision of care in the hot zone, such as sniper situations, often necessitates risks far beyond those found on most EMS calls.
- Medical personnel assigned to such incidents require special training and authorization.
- This subspecialty of EMS is known as TEMS.

- A major priority is extraction of the patient from the hot zone.
- Care may be modified to meet tactical considerations.
- Trauma patients are more frequently encountered than medical patients.
- Treatments and transport interventions must almost always be coordinated with an incident commander.
- Patients must be moved to tactically cold zones.
- Metal clipboards, chemical agents, and other tools may be used as defensive weapons.

Crime Scene Awareness

CRIME SCENES

- The goal of performing EMS at crime scenes is to provide high-quality patient care while preserving evidence.
- Never jeopardize patient care for the sake of evidence.
- Police and EMS are on the same side...talk!

- Be aware that anything on or around the patient may be considered evidence.
- Record only the facts at the scene of a crime, and record them accurately.
- Whenever in doubt, save or treat an object as evidence.
- Develop an awareness of evidence.
- Types of evidence
 - Testimonial evidence
 - Physical evidence

Testimonial evidence

- On-scene observations

Physical evidence

- Prints
- Blood and body fluids
- Particulate (or microscopic) evidence

- Follow law enforcement direction.
 - Park in a specific area or avoid a certain location.
 - Limit the number of paramedics entering the scene.
 - Try to alter the scene as little as possible.



- Record only the facts at the scene of a crime, and record them accurately.
- Also, keep in mind the protocols, local laws, and ethical considerations in reporting certain crimes
 - Child abuse
 - Rape
 - Geriatric abuse
 - Domestic violence

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