



CRIME SCENE AWARENESS

Primary Care Paramedicine

Module: 02

Section: 01g

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

- 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.



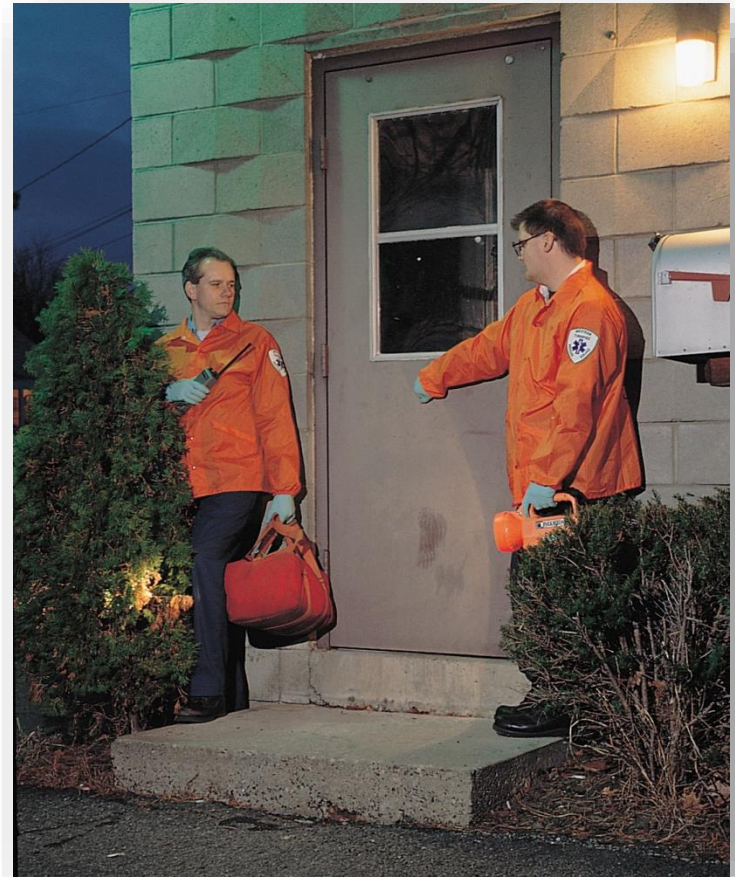
- Approach potentially unstable scenes single file.



- 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

- 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.

- 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.

- 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.



- 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

Table 3-1 CONTACT AND COVER

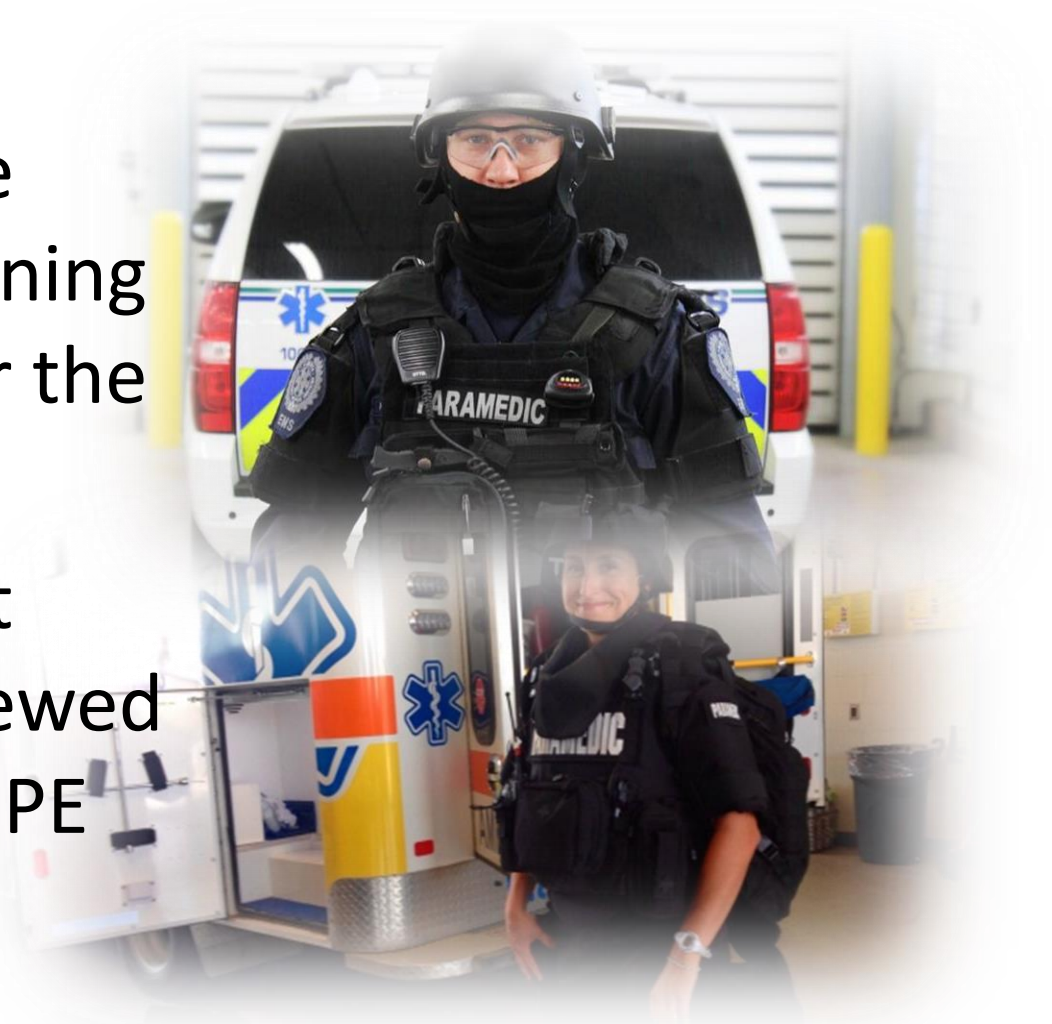
Contact Provider	Cover Provider
Initiates and provides direct patient care.	Observes the scene for danger while the “contact” provider cares for the patient.
Performs patient assessment.	Generally avoids patient care duties that would prevent observation of the scene.
Handles most interpersonal scene contact.	In small crews, may perform limited functions, such as handling equipment.

- 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



- 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.

- 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.
- Whenever in doubt, save or treat an object as evidence.
- Develop an awareness of evidence.
- Record only the facts at the scene of a crime, and record them accurately.

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

- 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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