Utilizing Simulation, Protocols and Training to Protect Personnel In Harm’s Way

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A National Description of Violence Toward Emergency Medical Services Personnel

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- 69.0% experienced at least one form of violence in the past 12 months
- Verbal violence was more prevalent than physical (67.0% vs. 43.6%)
- Urban personnel had increased odds of experiencing physical and verbal violence

Everyone Has a Breaking Point
Descalation

- One study showed reduction in aggression from 37% to 3% by instituting preventive training. (Taylor, 1999)
- A study in VAs showed 92% decline in violence by institution of preventive measures.(Knapp 2013)
- Immediate training using verbal Judo program after incident
Medication Protocols

• Reeducated on Medical Restraint
• Physical restraints should = medication
• Versed – “Excited Delirium” protocol, best evidence is from ED’s
• Valium – Less effective
• Ketamine – Small case series, commonly used around US (Surveys, ACEP, Eagles), recently approved in Michigan
Self Defense Training

• Needs to be a core competency of every department – Many options - DT4EMS
• Staging Protocols
• De-escalation must be a part of it
• Personal Defense
• Do not wait till you have an incident
• Linkage with Law Enforcement
• Think “seat belt”
• Survival Mindset
Equipment

• Ballistic Vests?
  • Other Areas
    • Eagles Survey
    • Detroit Examining

• Weapons?
  • Firearms?
  • Less Lethal?
Thanks for all the support

- Still in process
- Retraining/updates
- Better planning with law enforcement
- Staging issues
- Dispatch issues
- Continued focus situational awareness
Unanticipated Violent Encounters
EMS Providers at risk

Locations
- Violence in the community
- Increase crime
- Civil unrest
- Mass-gathering events

High-risk times
- Nights, holidays, weekends

High-risk clinical conditions
- Assaults
- Substance abuse
- Mental health crisis
- Excited delirium
Undifferentiated Patient Encounter

Best time to intervene

Worst time to intervene

Calm

Irritable

Verbal

Physical

Challenge of Recognition
Methodology

• We engaged law enforcement subject matter experts
• Simulation exercise at unfamiliar location
• Providers completed a survey after simulation
• All simulations were recorded for post event audit/debrief
Dispatched to a fall
Lessons Learned

Role confusion
- Application of policy

Safety
- Situational awareness
- Distractions

Identifying threats
- Recognition point of no return
- Decision to leave

Communication
- Request for Law enforcement
Post-Simulation Plan

• Developed In-depth training Plan
  • EMS Department policy
  • Verbal Judo
  • Basic Self-defense
• Simulation practice
Take Home Points

• Any Encounter can go bad
• High-fidelity simulation allows to recreate potentially violent encounters
• Identify training needs for your system
• Engage your providers to understand their perspective
• Training must be ongoing
Questions?

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