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

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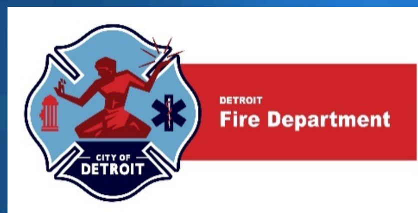
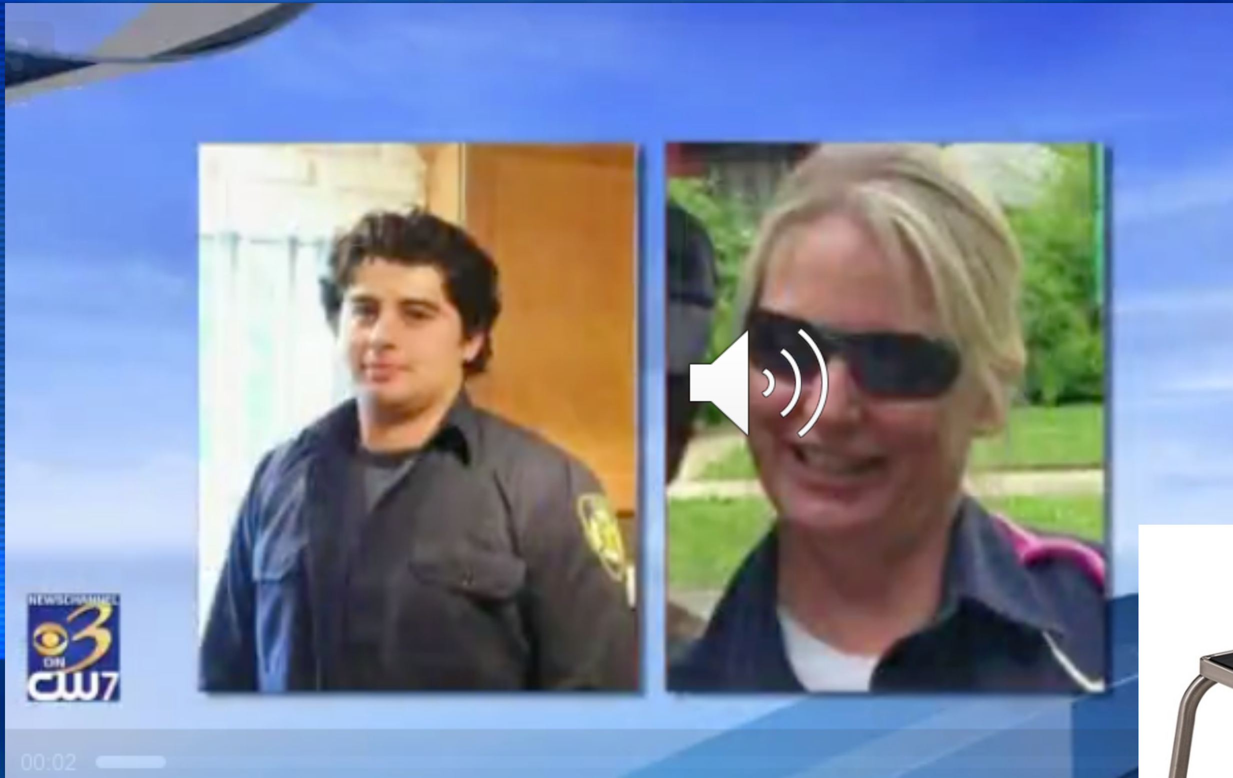
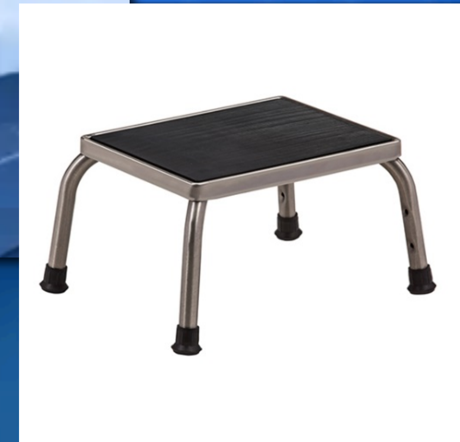
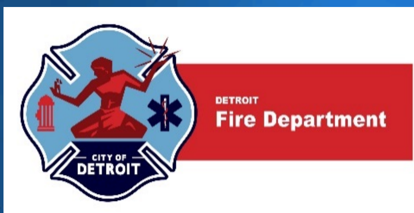


Example







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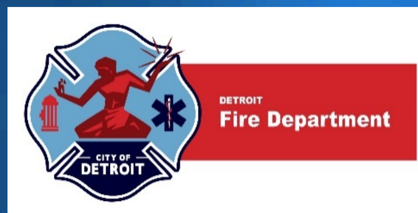
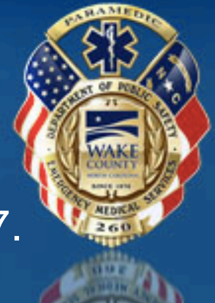
A National Description of Violence toward Emergency Medical Services Personnel

Mirinda A. Gormley, MSPH, NRP, Remle P. Crowe, BS, NREMT, Melissa A. Bentley, MS, NRP, Roger Levine, PhD

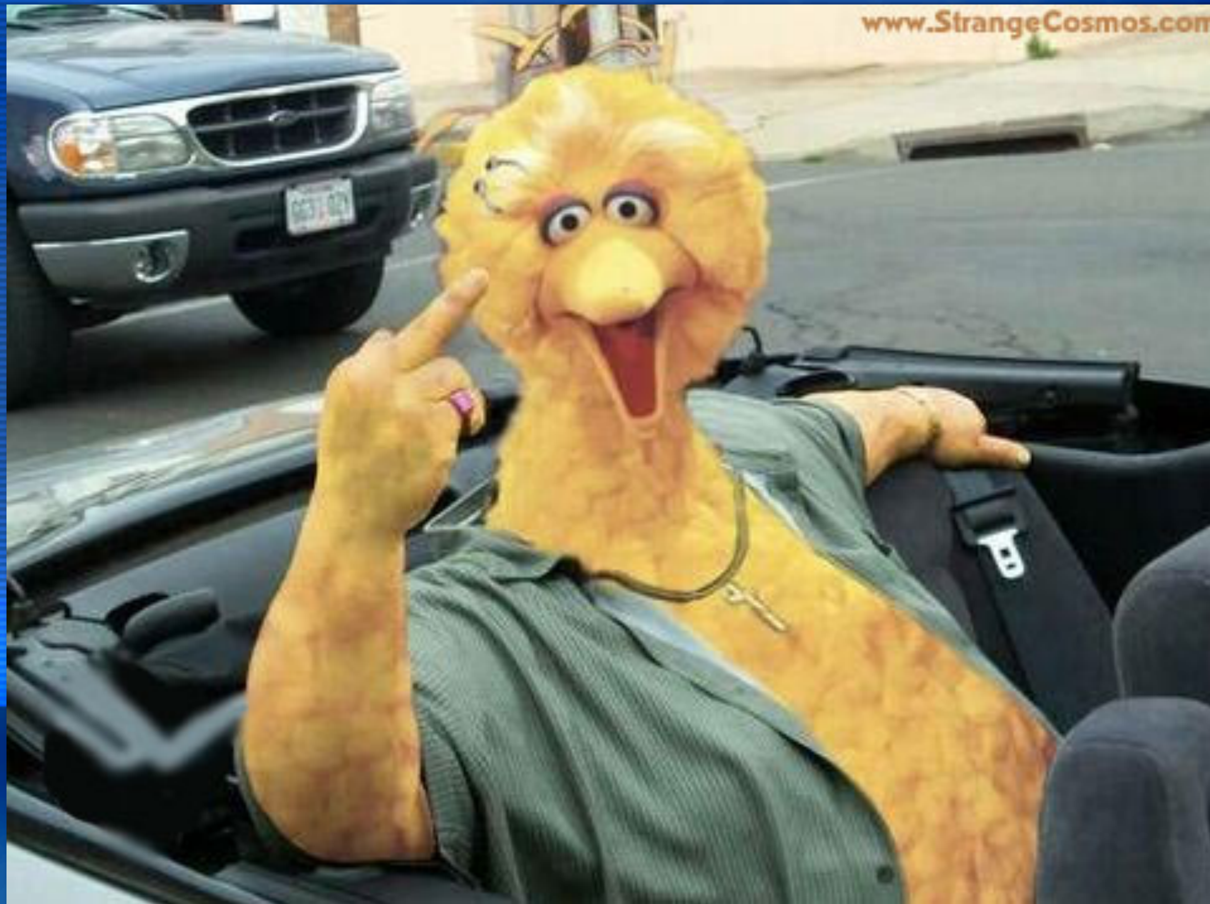
- 69.0% experienced at least one form of violence in the past 12 months
- Verbal violence was more prevalent than physical (67.0% vs. 43.6%)
- Urban personnel had increased odds of experiencing physical and verbal violence

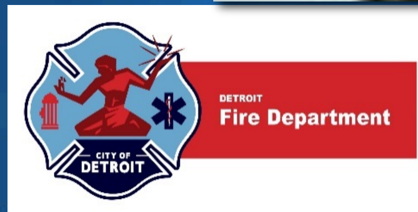


Prehosp Emerg Care. 2016 Jul-Aug;20(4):439-47.



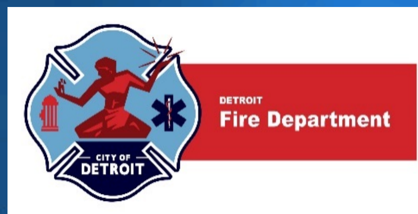
Everyone Has a Breaking Point





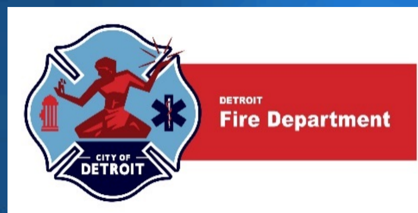
Descalation

- 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 inceident



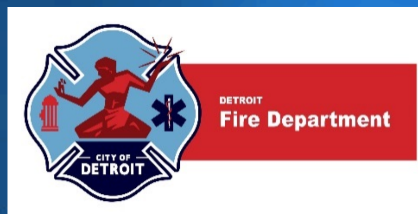
Medication Protocols

- 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



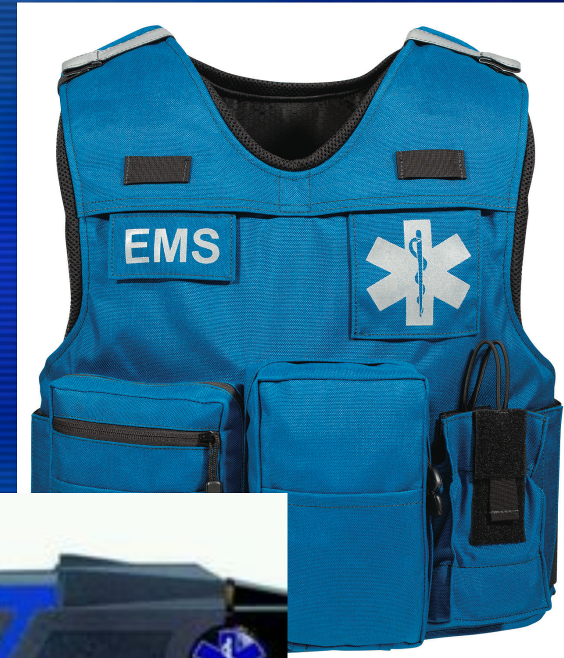
Self Defense Training

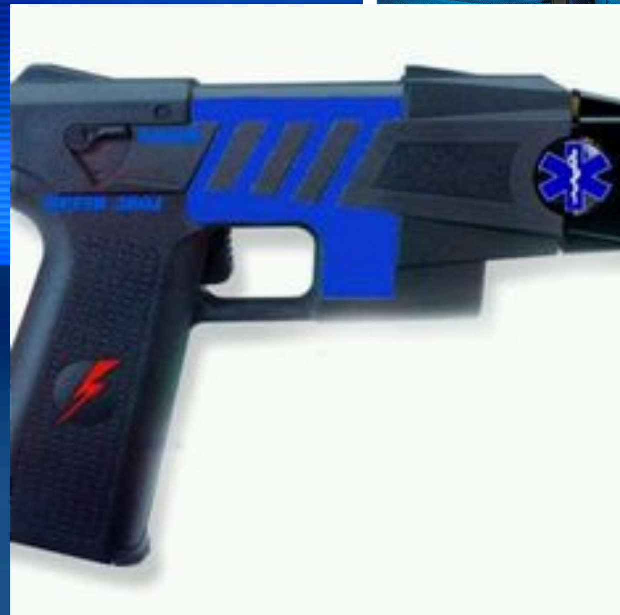
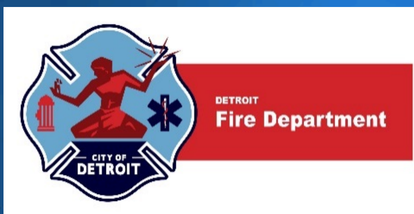
- Needs to be a core competency of every department – Many options - DT4EMS
- Staging Protocols
- De-escalation must be a part of it
- Personal Defense
- Do not wait till you have an incident
- Linkage with Law Enforcement
- Think "seat belt"
- Survival Mindset



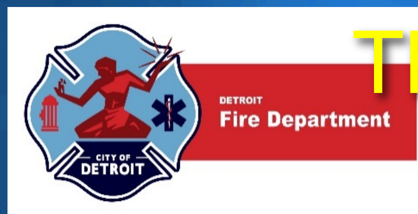
Equipment

- Ballistic Vests?
  - Other Areas
    - Eagles Survey
  - Detroit Examining
- Weapons?
  - Firearms?
  - Less Lethal?



- Still in process
- Retraining/updates
- Better planning with law enforcement
- Staging issues
- Dispatch issues
- Continued focus situational awareness



Thanks for all the support

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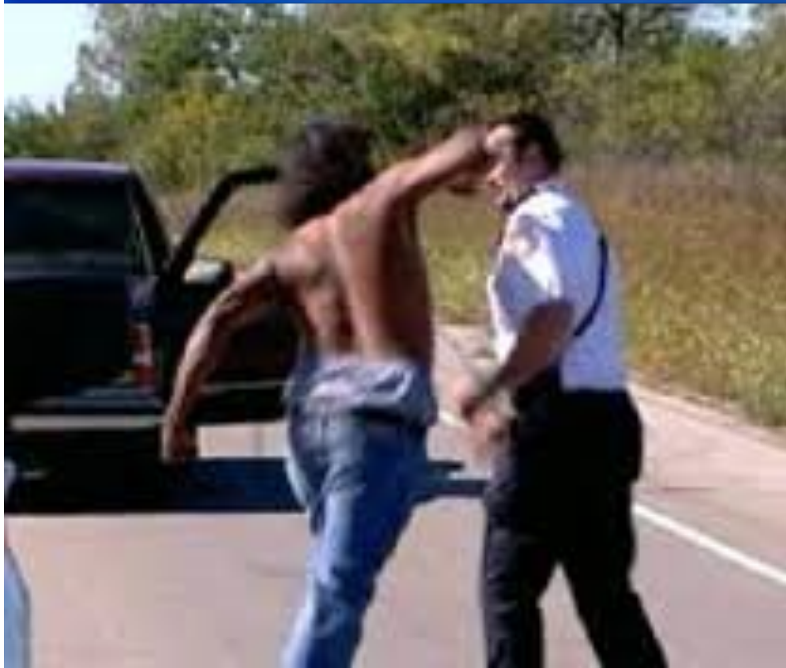
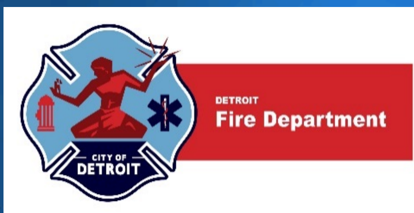
Unanticipated Violent Encounters





EMS Providers at risk

Locations

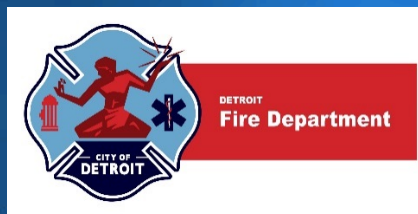
- Violence in the community
- Increase crime
- Civil unrest
- Mass-gathering events

High-risk times

- Nights, holidays, weekends

High-risk clinical conditions

- Assaults
- Substance abuse
- Mental health crisis
- Excited delirium



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Undifferentiated Patient Encounter

Best time to intervene

Worst time to intervene

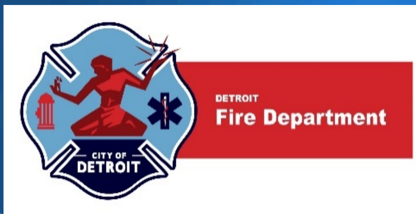
Calm

Irritable

Verbal

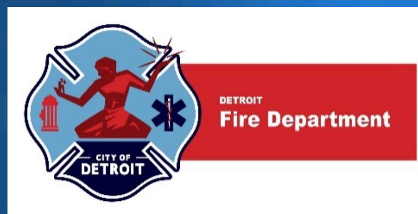
Physical

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

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Lessons Learned

Role confusion

- Application of policy

Safety

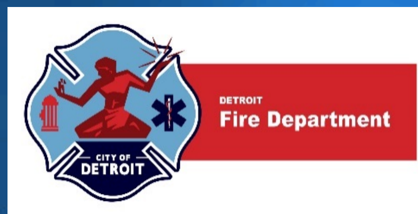
- Situational awareness
- Distractions

Identifying threats

- Recognition point of no return
- Decision to leave

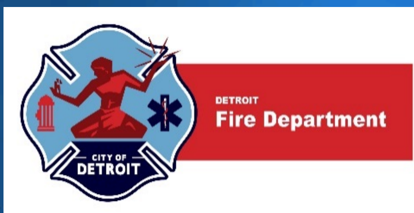
Communication

- Request for Law enforcement



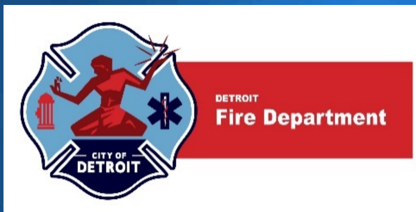
Post-Simulation Plan

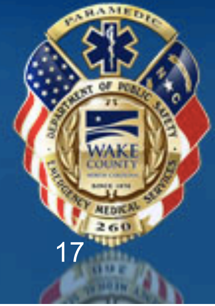
- **Developed In-depth training Plan**
  - EMS Department policy
  - Verbal Judo
  - Basic Self-defense
  - Simulation practice



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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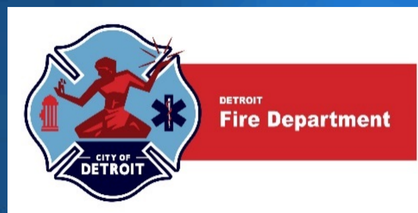

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