

# Self-Defense for EMTs and Firefighters

**v1.0**

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# EMT Self-Defense

## Part 1 – Classroom

Thanks to Chief Bert DuVernay, EMT,  
New Braintree, MA Police Department  
for his contributions to this program

- ❖ About one EMT per year dies as a result of job-related violence (National EMS Memorial Service)
- ❖ In 2006, 28 percent of the 193 injuries suffered by city EMTs were the result of violence, a figure that has held constant over the past five years, according to Boston Emergency Medical Services. (Boston Globe 8/29/07)
- ❖ Most EMTs are assaulted during their career
- ❖ Bottom line: it's worth worrying about

## Number of Attacks on EMTs

- ❖ There are dangerous calls, as you well know
  - ❖ Certain areas, businesses, residences, people
- ❖ But there are no low risk or safe calls! None!
- ❖ Every non-known risk call is an unknown risk call
  - ❖ Therefore you never let your guard completely down
  - ❖ You always stay alert for things to go south on you

## Safe and dangerous calls?

- ❖ In theory, you never enter a scene unless it's "secure" or "safe"
- ❖ But who declares it safe? You? The police? The FD?
  - ❖ What does your policy say?
  - ❖ It should address this issue
- ❖ The police aren't at every call, at least not initially.
  - ❖ Even if they declare it "safe", they might be wrong or things may change
  - ❖ They may declare it "safe" and then leave or go deal with traffic
- ❖ Even if they stay, they may be dealing with other people, witnesses, other victims, etc.
- ❖ If you declare it "safe", you could be wrong or things might change
- ❖ You've all entered scenes that seemed safe without the police checking it out first (and usually you were right, but...)

## Scene Security

The reality is:

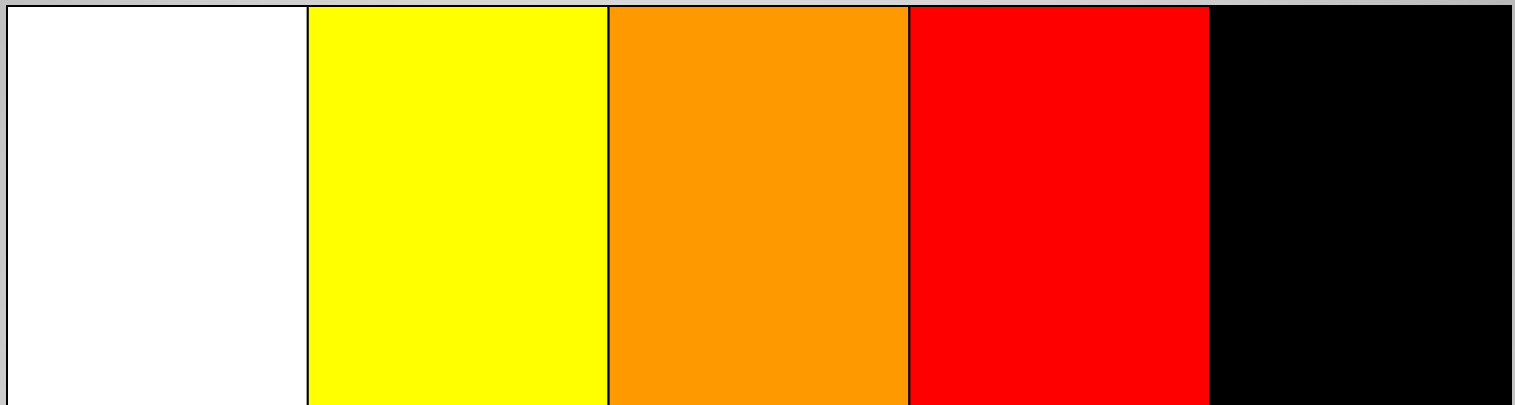
- ❖ You are in a profession with a high risk of being assaulted
- ❖ You never know if a scene or a person is really safe or when it may change from safe to dangerous
- ❖ No one (such as the police) can guarantee scene security
- ❖ You must remain vigilant all the times at any scene, and...
- ❖ You are responsible for your own safety—this responsibility can not be outsourced

## Scene Security – Bottom Line

The key to both avoiding and surviving physical attacks is to see them coming, or to realize that they may be imminent

## Awareness

Your awareness level can be described by the color code system that police use



unaware

under attack

**Awareness color codes**



# UNAWARE OF ONE'S SURROUNDINGS

- ❖ "Zoned out"

- ❖ Examples:

  - ❖ Driving while not paying attention to anything but what's right in front of you

  - ❖ Attending to your work without being aware of your surroundings

  - ❖ Reading; talking on the phone

- ❖ Many people spend much of their days in condition white

## Condition White

## RELAXED AWARENESS

- ❖ Constantly monitoring your surroundings and aware of them
- ❖ Both relaxed and aware – no tension
- ❖ It is possible to spend your entire waking hours in condition yellow with no ill effects
- ❖ This is how you need to be while on duty, and how you should be for much of off duty

## Condition Yellow

# SOMETHING'S WRONG

- ❖ Something you see, hear, smell or just “feel” tells you something's not right
- ❖ You may not know what it is, but you know that something's up
- ❖ It's that feeling in the pit of your stomach, the hair standing up on your neck, or just an overall feeling that you get
- ❖ This is the time to:
  - ❖ Stop what you're doing and pay attention
  - ❖ Adopt a defensive posture or position
  - ❖ Look for the source of the trouble

## Condition Orange

## **THAT'S WHAT'S DANGEROUS**

- ❖ You have identified the source of the problem
- ❖ This is the time to:
  - ❖ Challenge an assailant and/or
  - ❖ Access a weapon and/or
  - ❖ Move to somewhere safer and/or
  - ❖ Call for help and/or
  - ❖ Get out of there

## **Condition Red**

# **COMBAT**

- ❖ You are in the act of defending yourself
- ❖ Here you need the skills to do so
- ❖ Your goal is to get to safety and/or end the attack
- ❖ Your partner's safety must be considered, too

## **Condition Black**

- ❖ Awareness starts as soon as you receive the call
- ❖ That call should not only tell you that you're about to go to work, but that you need to amp up your awareness to yellow if you're not already there
- ❖ Pay attention to what's going on as you are en route and especially as you get near the scene
  - ❖ Who's around? What are they doing? Are they suspicious? Do they fit in? Do they seem agitated?
  - ❖ Does something tell me to go to condition orange?
  - ❖ Does something tell me not to continue?

## Awareness – En route

- ❖ As soon as you pull up to the scene, take a long deep breath (to focus and to pause for 3-4 seconds) and look closely around...before you exit the truck. Keep the truck running.
- ❖ Does anything suggest any danger at all?
- ❖ If so, either exit the scene or get the truck in position to quickly drive away
- ❖ If you want to talk to someone to gather more information about what's going on, do so from the *locked* truck through a partially rolled down window
- ❖ Most cops have developed a "sixth sense" about something hinky; you probably have, too
  - ❖ Trust it
  - ❖ Make sure your policy allows you to
  - ❖ Flee or don't get out if you even suspect it's unsafe

## Awareness – Arriving on Scene

- ❖ As you enter a building or advance to the patient, don't be shy about taking 2 seconds to pause and look 360 degrees (by 360 if stairwells and landings are present)
- ❖ It took you minutes to arrive; another few seconds spent assessing safety won't add to the delay
- ❖ Look closely at everyone present and assess them for any danger signals
  - ❖ Doctors have a term: "JNR" (just not right). It applies to danger signals, to. If you sense it, trust yourself.
- ❖ Do not immediately focus in on the patient - assess the scene for a couple seconds. Look for:
  - ❖ Bad guys
  - ❖ Weapons
  - ❖ Danger
- ❖ Do not get tunnel vision on the patient.

## Awareness – Entering the Scene



- ❖ Just because you judged it safe enough to work on the patient (or the police told you it was safe) don't assume that it will stay safe
  - ❖ Sometimes that assumption is a pretty safe one
  - ❖ Many times it's not warranted
- ❖ The history-taking EMT should get their head up and around (for a full 360) twice a minute or so and assess the situation again. Things change.
- ❖ If it feels unsafe, the history-taking EMT should alert the patient-working EMT
  - ❖ Drop your gear; forget about it
  - ❖ Get to a line of escape and keep it open
  - ❖ De-escalate from a defensive position or posture, and/or
  - ❖ Put something between you and the aggressor, and/or
  - ❖ Flee, and/or
  - ❖ Fight

## Awareness – Working on the Patient

- ❖ A standard tactic that you can borrow from law enforcement is *contact/cover*
- ❖ While normally one person attends to the patient and the other takes history...
- ❖ If the situation gets “iffy”, consider making one EMT the *contact* EMT and the other the *cover* EMT until the situation resolves or escalates

## Contact/Cover

- ❖ The idea of contact/cover is that one person (the *contact* EMT) does all the interaction and...
- ❖ the other EMT (the *cover* EMT) does nothing else but stand at a distance silently and observe everyone at the scene
- ❖ The cover EMTs job is to watch for danger and to protect the contact EMT
- ❖ Contact/cover allows one person's undivided attention to be focused on potential danger
- ❖ If people at the scene try and talk to the cover EMT, he/she should say something like "Sir, we'll get to that shortly" while continuing to alertly monitor the situation and all people present

## Contact/Cover (2)

- ❖ If the situation de-escalates, you can go back to your normal roles if it's safe to do so
- ❖ If the situation escalates, you can stop what you're doing and go into a defensive mode
- ❖ If police are on scene, they should be assume the role of the cover person for the two contact EMTs
  - ❖ Unless the scene is safe and they're needed for tasks such as traffic control or assisting with the patient(s)
  - ❖ Not all police officers are truly conversant with putting the contact/cover principle into practice

## Contact/Cover (3)

- ❖ Directional look / target glance
- ❖ Step back (usually with strong foot)
- ❖ Bending/flexing knees
- ❖ Fists clench, muscles tighten
- ❖ Head set / shoulder shift
- ❖ 1,000 yard stare

## Pre-attack Cues

- ❖ Head bob, scanning
- ❖ Facial wipe
- ❖ Growl
- ❖ Jaw clenches
- ❖ Eyes bulge
- ❖ Ignores you
- ❖ Squints
- ❖ Voice changes

## Pre-attack Cues (2)

- ❖ Voices violent intentions
- ❖ Words become spastic and distracted
- ❖ Twitches
- ❖ Nostrils flare
- ❖ Breathing increases/takes one big sudden breath
- ❖ Face color changes, maybe reddens or pales
- ❖ Veins bulge

## Pre-attack Cues (3)

- ❖ Fingers and fists clench
- ❖ Blood leaves the extremities
- ❖ Fingers drum surface tops
- ❖ Hands shake
- ❖ Hands and arms position near possible weapons on or near him
- ❖ Fake head scratch, a yawn or a stretch

## Pre-attack Cues (4)



- ❖ Rises from a seated positions
- ❖ Tries to wander
- ❖ Gets too close
- ❖ Takes off shirt or jacket
- ❖ Heel and toe tapping
- ❖ Positions near potential weapons
- ❖ Positions himself very near you

## Pre-attack Cues (5)

- ❖ Pay attention! Act on them!
- ❖ Create distance
- ❖ Use your de-escalation skills
- ❖ Adopt a defensive or reactionary posture
- ❖ Get to a safe position
- ❖ Call for help
- ❖ Disengage
- ❖ Don't be afraid to determine the situation is too dangerous to continue

**If you see these Cues**

- ❖ Remember that it's not just the patient who might get violent, it's anyone present
- ❖ Some "bystanders" won't want you there
  - ❖ Criminal activity afoot
  - ❖ Gang activity involved
  - ❖ Perpetrators of the injury
  - ❖ Domestic incidents
  - ❖ Authority figures unwelcome
- ❖ Pay attention to everyone present!

**Not just the patient**

- Many times, “everyday” items are modified to be used as weapons
  - These can be bought everywhere these days
  - Your local PD will have a collection to show you
- Common items can be used as improvised weapons
  - Stick
  - Beer bottle
  - Etc.

## Improvised Weapons-BG

(Bad Guy)



A standard ballpoint pen casing hiding a 2 5/8" steel blade, serrated towards the handle. Modified from a Parker ballpoint pen, and sold at gun shops for \$4.00. *Still writes as a pen.*

## Pen Knives



Can come in many different styles and colors. The handle unscrews from the bristles, and is the grip for a hard poly-resin blade.

## **Hair-Brush Daggers/Knives**



May come in many different styles and colors. A small knife blade is where the actual lipstick would be, and it "twists up" just like an actual lipstick tube. Could easily be made at home by anyone.

## Lipstick Knives



# Lighter Knife





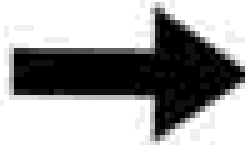
## Key chain "Brass Knuckles" / Knives



## Coin key Chains/Knife



**Closed, it looks like a key...**



**...Open, it's really a knife!**

## **Key Knife**



Commonly used by factory, farm, feed, and other workers to cut twine on bundles. The blade can be easily used as a slashing instrument.

## Twine-Cutter Ring



# Belt Buckle Knife



# Keychain Push Dagger



# Umbrella Spike / Sword Cane



- ❖ Resembles a standard 4 inch Mini-Mag flashlight (2 AA battery size)
- ❖ Fires a single .380 round



## Mini-Maglite Gun





This is a 5 shot .22 caliber pistol with a grip that folds over the barrel and cylinder

## Folding Gun

- ❖ Many people you encounter are armed
- ❖ Maybe your patient,
- ❖ Maybe others on the scene
- ❖ During your scan, look for them

## Armed People

- ❖ Must be accessible to be useful / dangerous
- ❖ Usually carried accessible to dominant hand
  - ❖ Usually the right hand
  - ❖ Watches are usually worn on non-dominant arm

## Weapon Accessibility

- ❖ Waistband
- ❖ Jacket or pants pocket
- ❖ Inside of left ankle
- ❖ Beneath left arm
- ❖ Usually no holster
  - ❖ Easier to conceal
  - ❖ Easier to dispose of

## Weapon Locations

- ❖ Reflexive touching of weapon to keep it in place
- ❖ Repeated adjustments
  - ❖ Particularly laying on stretcher
- ❖ Arm held closer to body on gun side
- ❖ When confronted, weapon side turned away
- ❖ Will hold onto weapon when active – running, etc.

## Behavioral Patterns

- ❖ Protrusion near waistband
  - ❖ Cell phones / MP3 players protrude, too
- ❖ Shirts worn outside pants (who doesn't today?)
- ❖ Jacket pocket sags/swings
- ❖ Jacket pocket held with hand

## Clothing

- ❖ The key is to watch the body language and what they're doing
  - ❖ With a concealed object
  - ❖ In a concealment location
- ❖ Don't get too focused on what the object appears to be
- ❖ If you have to remove a firearm to work on someone, grasp the grip with two fingers and remove it
  - ❖ Do not try and unload it—simply put it somewhere secure

**Soooo...**

- ❖ Animated/ambulatory person/victim
  - ❖ Assess situation and disengage/retreat?
  - ❖ Call police if not on scene
  - ❖ Possibly ask them to slowly remove it so you can treat them (good guys carry weapons, too)
- ❖ Unanimated/ambulatory victim
  - ❖ What does your policy say? It should address this
  - ❖ Remove it
  - ❖ If a firearm, only if you know how (see previous side)
  - ❖ Notify police

## What to do if you suspect a Weapon



- ❖ You always have a legal right to defend yourself from attack and/or injury using *reasonable force*
- ❖ What's your policy say about this?
  - ❖ It should say that you are allowed to use *reasonable force* to defend yourself
  - ❖ *Reasonable force* is a legal concept that means something

**You can defend yourself...**

- ❖ Your employer should indemnify you against claims as a result of your reasonable actions
  - ❖ Check your employer's insurance policy to make sure it does *and that it has any riders necessary*
- ❖ If your policy doesn't allow you to use force to defend yourself and indemnify you, push to make it happen. Otherwise you will be personally responsible for any claims against you
- ❖ If it isn't in policy it doesn't exist!

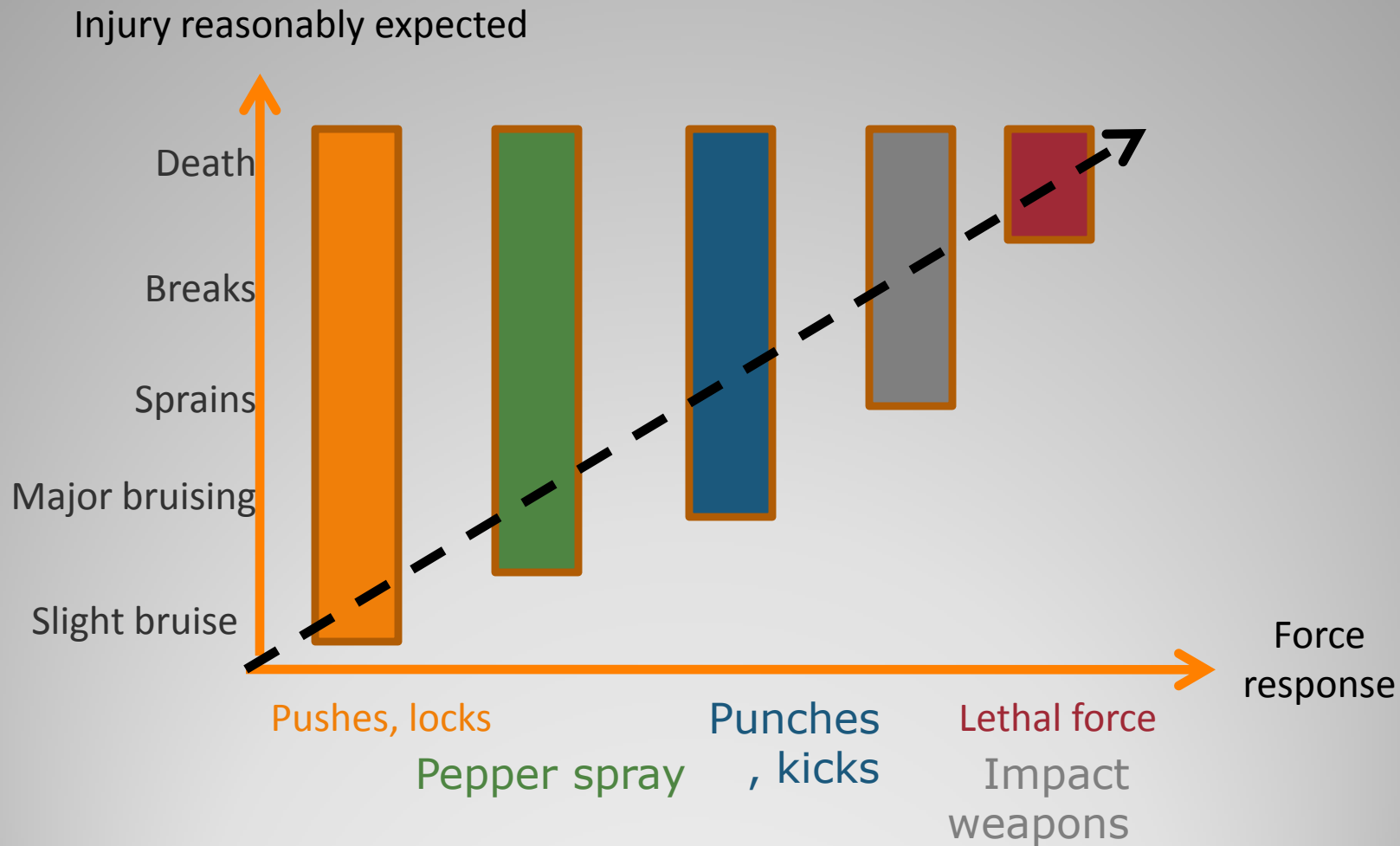
## Your policy

- ❖ *Reasonable force* is a common law concept that says you are allowed to do what a reasonable person would do in your shoes
  - ❖ Knowing what you know about the situation and the people present
  - ❖ This is known as the “reasonable man” standard
- ❖ It may sound very loose, but it works in your favor in that it appeals to the common sense of the DA and the jury

## ***What's Reasonable Force?***

- ❖ Reasonable force is usually related to the injury you *reasonably* fear
  - ❖ Fear alone is insufficient – the fear must be reasonable
- ❖ Greater levels of reasonably expected injury allow you to use greater levels of force
- ❖ Note that the level of your force response is tied to your potential injury, not the particular action of the assailant
  - ❖ A punch from a 7-year old boy is not the same as a punch from a 200-pound 22-year old man

## Response tied to Injury



**Illustrating the Concept**  
(A very rough guide)

- ❖ Some EMTs carry pepper spray, some other weapons
- ❖ Throwing coffee can be an improvised weapon at about the pepper spray level
- ❖ Impact weapons abound in most environments
- ❖ Many EMT's carry knives, which can be employed as a lethal force weapon
- ❖ Etc.

**(Improvised) Weapons-for you**

- ❖ Most EMTs are unarmed, so empty hand skills are necessary
- ❖ Even if you carry some sort of weapon, empty hand skills will usually be necessary to initially ward off an attack, and you may never be able to create time to access your weapon
- ❖ Many EMT's carry a folding knife, which is a great lethal force weapon
  - ❖ But it's only a lethal force weapon, and thus useful in a small minority of attacks
  - ❖ It takes time to access and open, and
  - ❖ Opening it may not be possible while under attack

## Carrying Weapons

- ❖ Few EMTs carry firearms and the practice is highly controversial
- ❖ Pepper spray (OC) is usually recommended to EMTs, but...
  - ❖ Spraying indoors or in the ambulance will also "spray" you
  - ❖ If you carry OC, a stream version would be best
- ❖ Bottom line: you will probably have to rely on empty hand skills

## Carrying Weapons (2)



Massad Ayoob is one of the best known police and firearms trainers in the world. His list of conflict safety priorities applies whether or not you have a weapon. In order, they are:

1. Awareness
2. Tactics
3. Skill with weapon or technique
4. The particular weapon or technique

## Ayoob's Priorities

- ❖ You can't defend against what you are unaware of
- ❖ Seeing danger coming--and avoiding it or taking early action—is the best way to win a conflict
- ❖ Awareness isn't really a skill, it's a *habit* that's developed
- ❖ "An ounce of awareness is worth a pound of skill"

## Awareness

- ❖ Once danger appears, the tactics you employ are generally more important than your skill at fighting. For example:
  - ❖ Taking cover
  - ❖ Moving to safety
  - ❖ Verbal challenges and de-escalation
  - ❖ Taking up a defensive position or posture

## Tactics

- ❖ If you have to fight, your skill at a technique or with a weapon is generally more important than the particular technique or weapon that you employ
- ❖ In business they say it as: "A mediocre strategy executed well beats a great strategy executed poorly" (This applies to firefighting, too)

## Skill with Technique

- ❖ The last thing that matters is the particular technique or weapon you use in a defensive situation
- ❖ Yet this is where much of the attention in training for these events is placed (and where trainers spend time disagreeing with one another)
- ❖ Pick techniques that appeal to you, and then *practice them* to get skilled at them

## The particular Technique

- ❖ That appeal to you
- ❖ That work with your body type
- ❖ That work with your coordination and athleticism level
- ❖ That you are comfortable with
- ❖ Then practice them!

**Pick Techniques...**



How can you take this corner so you see potential danger early rather than (too) late?

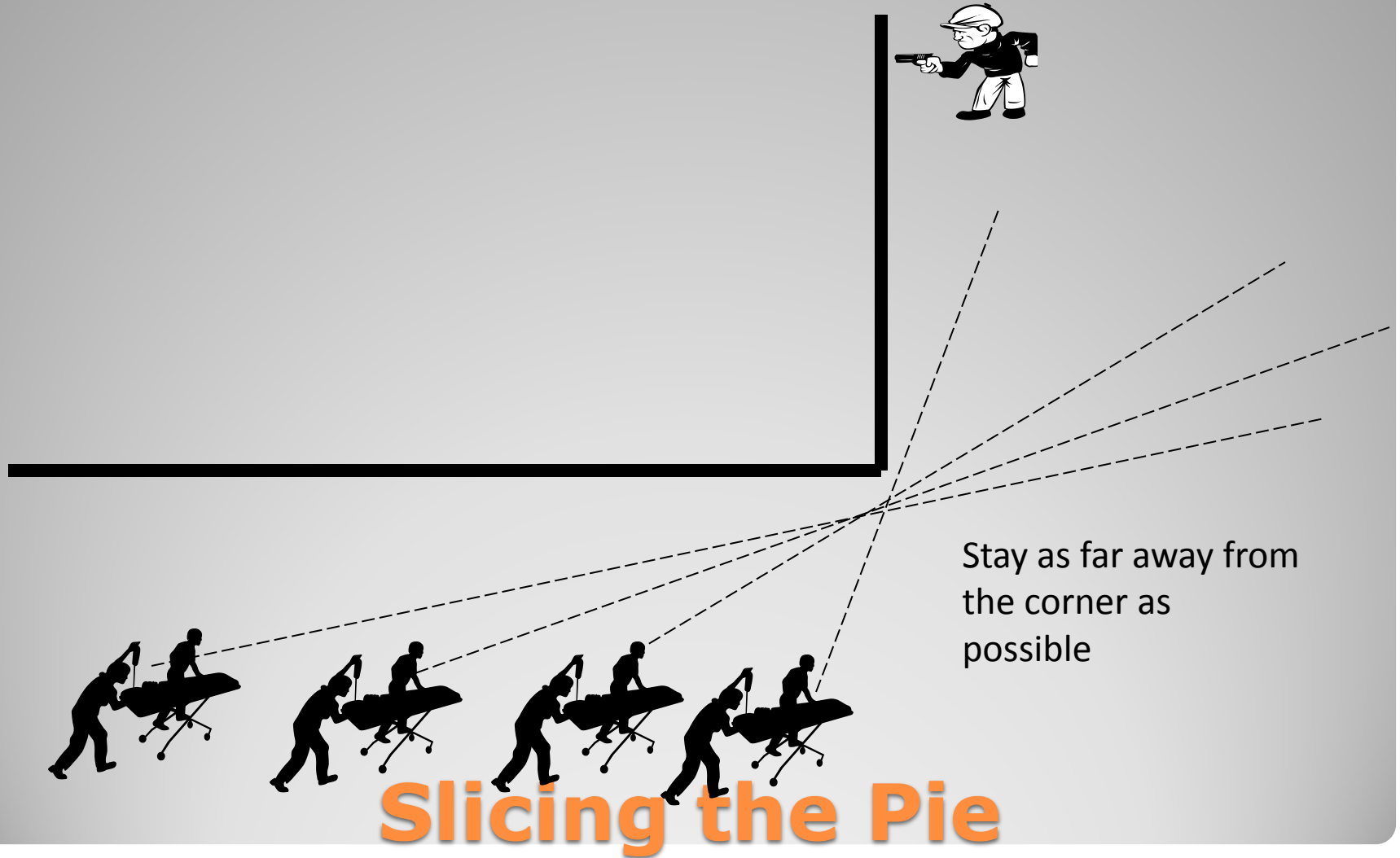


# Unknown Risk Corners

- ❖ There is a technique to going around corners so that you see danger as early as possible
- ❖ It is called “slicing the pie”
  - ❖ Stay as far away from the corner as possible
  - ❖ Actively look into each “slice” of area beyond the corner as it becomes available to your eyes

## **Safely using Corners / Obstacles**







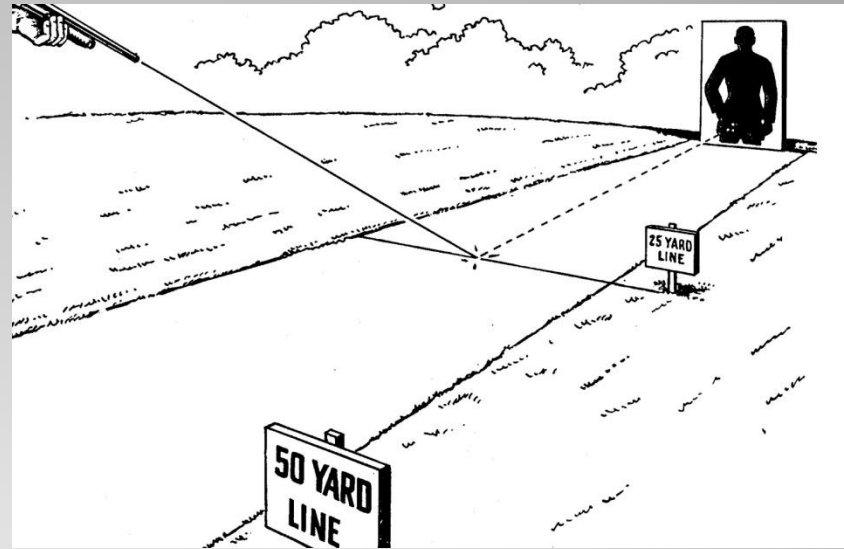
This is what the BG sees as you first see him: only a bit of your head. He knows you are there (if he's looking in your direction) but you haven't walked headlong into him and you have time to react.

## What the Bad Guy sees

- ❖ If you are caught in gunfire, or hear it nearby, put something solid between you and the source
- ❖ *Cover* stops bullets; *concealment* merely shields your view of the gunfire
- ❖ Find actual cover: masonry, engine blocks, etc.
  - ❖ Most parts of a car are mere concealment

## Gunfire

Bullets “hug” a solid surface that they impact at a narrow angle, and continue to travel at a high rate of speed inches from it.



## Skipped Bullets

- ❖ “Hitting the dirt” may not be the best tactic
- ❖ Don’t hug a wall that’s at any angle to the source of gunfire
- ❖ Best tactic is to move (right now!) behind true cover at right angles to the source
- ❖ If you are the intended target, or may be, mere concealment is better than nothing

**Therefore...**