During January 2008, two EMT’s were shot and killed by patients in separate incidents in small towns. In one incident, the crew was dispatched to a patient with an anxiety attack. On arrival the patient admitted the crew into his home. The crew began assessment and care. Reports indicated the patient became agitated, and eventually grabbed a rifle and shot the 25 year old EMT in the back as he and his crew fled.

Unfortunately, these are not isolated incidents. EMS providers are increasingly becoming victims of violence in the workplace. While some incidents are from co-workers and domestic acquaintances, more and more violent acts are committed by patients. This lesson plan discusses tips to recognize potentially dangerous situations.

The basics of scene safety are something EMS providers need to practice on every call. Establishing good habits of situational awareness can help EMTs from becoming victims. There are no guarantees that you’ll never get caught unaware, but these tips should help.

The pneumonic BE ALERT has been developed to help remember the tips.

**Behavior / Body position of patient** – Patients who seem distracted, or have to repeat your questions back to you before answering, may be thinking of something else. Watch their hands. Are the hands kept near a pocket, or a pillow, or between the car seats? Does the patient display signs of unusual anxiety, or deceptiveness?

**Enlist Others** – make effective use of police or firefighters, if on scene. Make sure Dispatcher knows your exact location at the address. Give frequent updates to dispatcher. Have a discreet ‘distress’ word to alert Dispatchers to keep a closer tab on the crew, or to send additional help.

**Area** – know troublesome neighborhoods. Coordinate with police to keep informed on current levels of tension in communities. Train in Gang Awareness. Also, certain rooms, such as kitchens, present additional hazards.

**L-Positioning** – one provider should be positioned in front of patient while the second member remains at the patient’s right or left side. If another member is present, form a T, with the third member on the opposite side of the patient. This will buy time if the patient attacks.

**Exit Routes** – make sure all members know where the safe retreat is located. Retreating is always the first option and members should try and keep a way out to their backs. Only as last resort, should an EMT physically react to the patient.

Learn verbal exit strategies. If a line of questioning is agitating the patient, recognize the behavioral signs and redirect your questions.

**Reassess** – constantly reassess the BE ALERT factors. Conditions change. Patients change. EMTs must be ready to change.

**Trust Your Instincts** – if something doesn’t feel right, it probably isn’t. EMTs need to develop a sixth sense.

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This lesson plan is intended for general information purposes only. It should not be construed as legal advice or legal opinion regarding any specific or factual situation. Always follow your organization’s policies and procedures as presented by your manager or supervisor. For further information regarding this bulletin, please contact your Safety Director at 877.398.3046.

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June 2010