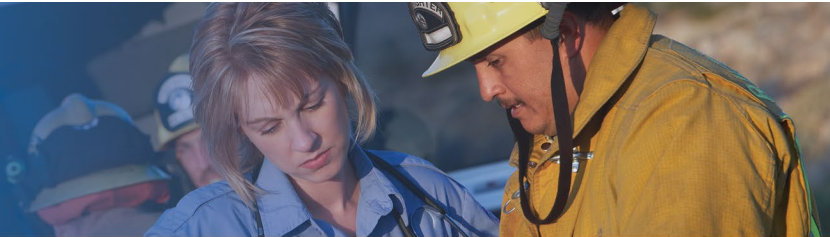




SHIFT BRIEFING



SCENE AWARENESS BEST PRACTICES

Violence is the second most frequent cause of nonfatal injuries to emergency medical services (EMS) providers, according to 2020 data from the [National Institute for Occupational Safety and Health \(NIOSH\) Data Tracking](#). Most of these injuries are caused by the patients the EMS providers treat. This Shift Briefing discusses tips to recognize potentially dangerous situations.

EMS providers need to practice the basics of scene safety 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 mnemonic **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, 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 the dispatcher knows your exact location at the address. Give frequent updates to the dispatcher. Have a discreet 'distress' word to alert Dispatchers to keep a closer tab on the crew or to send additional help.

Area – know neighborhoods with a history of violence against emergency responders. 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 the patient while the second member remains on 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 – ensure all members know where the safe retreat is. Retreating is always the first option, and members should try and keep a way out to their backs. Only as a last resort should an EMT physically react to the patient. Learn verbal exit strategies. If a line of questioning agitates 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.

Discussion

Pull an article from a current magazine that describes an incident of a patient attacking an EMS rescuer. Read the description of the attack.

ASK: How could BE ALERT have helped prevent or mitigate the attack?

BE ALERT

- B** – Behavior & body position of patient
- E** – Enlist the eyes & help of other responders

- A** – Areas of concern; neighborhoods & rooms
- L** – L-positioning of responders
- E** – Exit routes to back
- R** – Reassess the situation continually
- T** – Trust your instincts