Expect the Unexpected: Firefighters Guide to Street Survival

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Professional Background:

- Norman Police Paramedic
- · 25-year veteran of Oklahoma City Fire.
- EMS Training Officer, Fire Training Officer, Fire Training Center Coordinator, Quality Assurance Officer, Community Service Liaison, State EMS Instructor, Rescue Diver, Critical Incident Stress Management/Peer Support Team Member, Station Officer and 606 District Ride Out.

Lesser-Known Facts

- I have traveled to Africa 15 times
- Unsuccessfully jumped a motorcycle off the Broadway Extension



Major Dane Yaw



RULES OF THE ROAD

STAY ENGAGED

Please ensure phones are muted and put away.

BE RESPECTFUL

Be conscious of differing thoughts or opinions, this is a safe space!



PURPOSE

The purpose of this session is to teach essential Fire and EMS personnel the skills to **promote personal safety** and **avoid dangerous situations** one may encounter through the course of one's daily role.





THE CLASS



WHAT IT IS

- An awareness training
- An opportunity to challenge how you respond to calls
- A place to learn from peers



WHAT IT ISN'T

- A self defense class
- A live role playing training / physical exercise
- A formal lecture style of instruction



MODULES







UNDERSTANDING HAZARDS

Learn how to proactively recognize potential hazards prior to and upon dispatch

EVALUATING RISK

Learn how to effectively size up the scene to minimize safety risks

PREDICTING DANGER

Learn about key behaviors, body language. hostage situations, and weapons on scene





"The danger which is least expected soonest comes to us."

-VOLTAIRE



HOPEFORTHE BEST, BUT PREPARE FOR THEWORST

THE NATURE OF THE JOB

PSA: SCENES CAN BE VERY HAZARDOUS!

It must be understood that sometimes patients, family, and/or bystanders at the scene will want to harm you.

CONSIDER SOME OF THE REASONS:

- Assumption you carry narcotics
- Behavior may be impaired by drugs or alcohol
- · Mental Health Issues
- You are an Uninformed Intervention
- Civil Disobedience



Throughout your workday, you will see people on their worst day.





UNDERSTANDING HAZARDS



SITUATIONAL AWARENESS (SA)

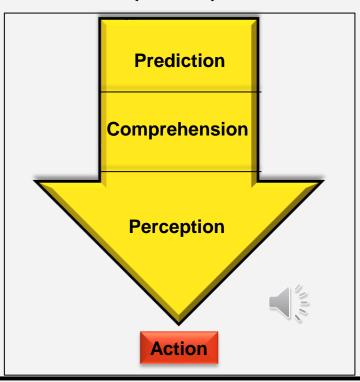
What is SA?

Situational awareness refer to the degree of accuracy of one's <u>perception</u> of an environment match the true <u>reality</u> of the environment.

How do you develop SA?

To have situation awareness you must develop:

- Prediction: Identifying patterns to prevent dangerous situations
- Comprehension: Understanding what patterns mean for your safety on scene
- Perception: Recognize unsafe factors in your environment



CIVILIAN SITUATIONAL AWARENESS (SA)





FIRE DEPARTMENT SITUATIONAL AWARENESS (SA)



UNDERSTANDING THE SA DIFFERENCE

PERCEPTION

- What you think you are responding to and plan to encounter at the scene
- Examples:
 - O This is a medical call

REALITY

- What is actually occurring at the scene that you need to address in a safe, efficient manner
- Examples:
 - It is a domestic with weapons involved



When you have a handful of flags





SIZING UP RISK

Finding the flags



THINK FIRE GROUND SIZE UP......

This same awareness can be expanded to assist you in <u>avoiding</u> or surviving a potentially killing situation or "Street Survival"





How Do You Size Up Risk?

Pre-arrival Information

- · Historical Events In That Area (PREPLANS/WALK THROUGHS IDENTIFY TARGET HAZARDS FOR FIRE ALARMS)
- What is the time of day? (VICTIM PROFILE-DO I EXPECT VICTIMS)
- Dispatch information (MULTIPLE CALLS.....GOING TO WORK)

Exterior Size Up

- Does The Exterior Match The Call (COMMERCIAL ALARM BUT IT IS A RESIDENTIAL ADDRESS...Check address)
- Are There Visual Sign That Cause Concern (FULLY INVOLVED FIRE DRIVES A DEFENSIVE TACTIC)

Interior Size Up

- ■What Are The Conditions..... Are They Getting Better Or Worse (WE CHANGE TACTICS ON INTERIOR FIRE SIZE UP)
- ■Do We Know Where Everyone is Located?
- What Is Their Body Language Saying?

PROACTIVELY PREPARE (pre-arrival)







REPUTATION

Some neighborhoods are are known for problems. Anticipate risks for these areas: Dungee, Dumas, The Courts, Kerr Village.

EXPERIENCE

Past experience can predict the future. Consider if you have had multiple responses to this location.

ASSISTANCE

What kind of assistance can you expect at the scene, such as Police, house authority, etc.

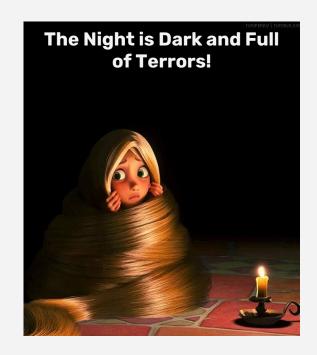


(pre-arrival)

TIME OF DAY...IT MATTERS!

- Violence occurs at a higher degree During the Night
- Time of day impacts your ability to fully appraise a scene
- You may not see a dangerous situation due to lower levels of visibility





DISPATCH INFORMATION

DISPATCH INFORMATION

- Is "ballpark" information only
- Not always the full picture never assume you have all the information

RED FLAGS

- Type of call- Violence on scene, Check the welfare, Nature unknown
- No call back number or unlikely address
- Reporting party information sounds suspicious



AWARENESS IS THE BEST TOOL FOR SURVIVAL (LEFT OF THE BANG)

QUESTIONS TO ASK YOURSELF

What information is available to you?

Consider conditions, bystanders, and events

What does it mean?

 Consider how this may pose a threat to your safety and other's safety

What is the next course of action?

Consider what strategy will mitigate your risk



ARRIVING ON THE SCENE

QUESTIONS TO ASK YOURSELF

- Is there a shooting? Think staging!
- · Where are the police?
- Is the caller outside of the house as anticipated?
- Where is the reporting authority?
- What does scene reveal about the inhabitants?

BEST PRACTICES

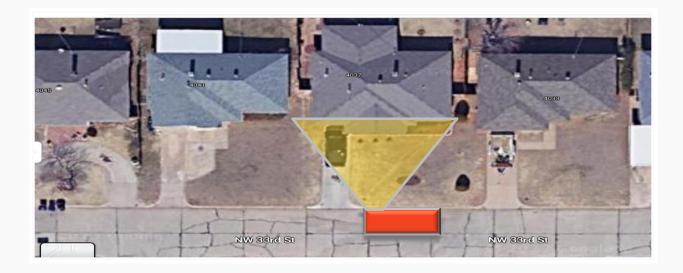
- Look at the structure for clues to hazards
- Help call the appropriate resources that are needed
- Turn off your lights and siren in advance of arrival. This prevents broadcasting your arrival and drawing attention.







IMPORTANT: View all 3 sides of the structure!



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IMPORTANT: Cab is outside the shooting angle

THIRD PARTY CALLS



THE LAW IS NOT ON YOUR SIDE

Why are 3rd Party calls Sketch

The Address may be incorrect, and you <u>are</u>
 Breaking and Entering

 The Person inside didn't call 911. They may not know why you are there and think you are robbing them or B&E.

How to Avoid an Issue

- Verify address through call back
- No call back number, slow down, get PD on scene, Do a 360
- Determine if it is a GO/NO GO
- Reflective vest, Fire Helmet, Flashlights, ANNOUNCE YOUR PRESSENCE.
- Size up from exterior Sounds, lights on inside



SIZE UP THE STRUCTURE



What do you notice as you consider the scenes above?

What are your Flags as you Approach?



MAKING CONTACT

WHAT IS THE BEST APPROACH... The Nontraditional Approach

- Knock and ensure you are standing on the DOORKNOB side
- Position your body in line with the door frame
- · Be sure to identify yourself
- Wait for the occupant to open the door

POTENTIAL HAZARDS

- Occupant may be concealing a weapon
- You may be outnumbered by unanticipated bystanders





It is important to follow best practices to minimize your risk!

STANDING AT DOOR

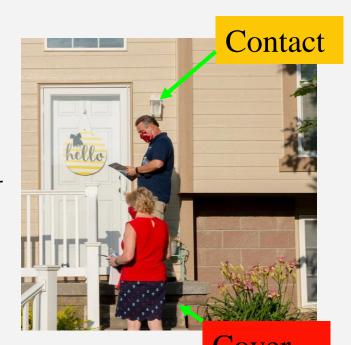
CONTACT & COVER

Contact

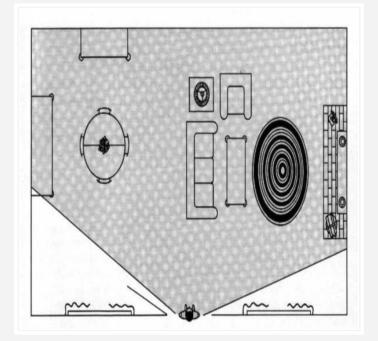
- Approaches correctly, listens for trouble inside, Knocks, Makes announcement.
- Let the occupant open the door fully to expose themselves
- Opens door cautiously as last resort

Cover

- Watches windows and exterior for any hazards
- If things go wrong, they can call for help



SIZE UP: INTERIOR



What potential hazards could be inside the structure?

SIZE UP TIPS

- **O1** Beware of the doorway (Kill zone)
 - Enter quickly hesitation increases reaction time of assailant

Quickly scan the room for threats

INSIDE THE STRUCTURE

OBJECTIVE: CLEAR THE SCENE

- · Quickly sweep the inside of the house
- Turn on lights in all rooms (Think back to the night is full of terrors!)
- Know who else is on the scene (including emergency personnel, police, and bystanders)
- Know why they are there
- · Keep people in your line of sight

BEST PRACTICES

- Reduce your distractions!
- Ask people to turn off radios and TVs
- Adjust light levels to ensure visibility
- · Move furniture to provide a clear path
- Move patient
- · Choreograph equipment placement



ADDRESSING THE SCENE

OBJECTIVE: SAFELY REACH THE PATIENT

- · Have the occupant show you to the patient
- Remember, your emotions and behavior can have an influence on others, thus it is critical to practice calm self control to maintain control of the scene

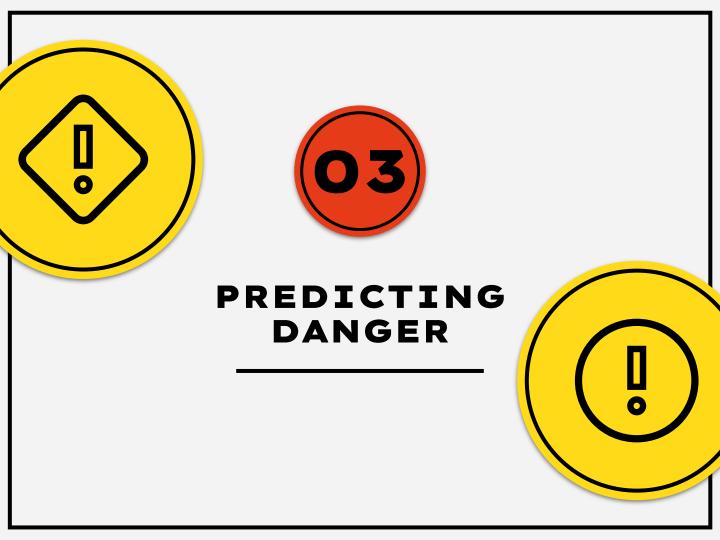
BEST PRACTICES

- Self control = Scene Control
- · Keep your voice down
- Control your tone of voice, people will meet your level in your tone and volume
- Know your temper and your partner's avoid exceeding your personal limits
- · Never run on an emergency scene



Where are the Flags





The Power of Observation



- Sounds of Fighting, breaking glass, shouting, etc.....FLAG
- Alcohol or drugs in view or in use......<u>FLAG</u>
- Patient, Family members or bystanders are unruly or aggressive......
- Weapons in view or accessible to patient......
- Domestic violence or disputes.....<u>FLAG</u>
- Large crowds or unruly crowds...........FLAG
- Unusual or unexplained inactivity at a scene...

IDENTIFY SCENE RISKS

QUESTIONS TO ASK YOURSELF

- Is the situation under control or am I loosing control?
- Do I need to call for help (10-90)?
- Do I have a clear path to the patient?
- Do I know where an alternative exit are?
- Am I making the scene worse through my body language?





BODY LANGUAGE

10% OF THE MESSAGE WE DELIVER TO OTHERS IS VERBAL **90% OF THE MESSAGE** WE DELIVER IS NON-VERBAL



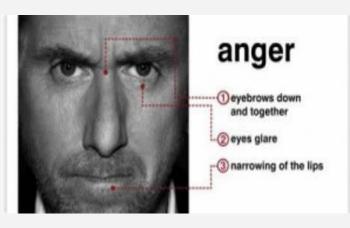
BEHAVIOR PATTERNS

RED FLAGS

- Conflict is still on going
- · Bystander or patient will not calm down
- · Rapid changes in posture
- Their anger switches from those around them to YOU.

QUESTIONS TO ASK YOURSELF

- Is it controllable?
- Is their behavior consistent with the situation?



Micro expressions telegraph what a patient or bystander may be thinking or about to do!

BODY LANGUAGE





Look for body language warning signs – i.e., aggressive stance, hand clenching

BODY LANGUAGE EXAMPLES

OBJECTIVE: BE AWARE OF YOUR BODY LANGUAGE

You can unknowingly exacerbate a scene through your non-verbal communication such as:

- Standing over patient
- Pointing
- Hands on hips
- · Arms crossed
- · Hands to the side
- Hands behind back





POTENTIALLY COMBATIVE PATIENT



What do you notice about this patient on scene?

POTENTIALLY COMBATIVE PATIENT

OBJECTIIVE: SAFELY INITIATE PATIENT CONTACT

- Approach to see hands
- Use head to toe survey to check for weapons
- Be careful as your own equipment can be used as weapons against you....stethoscope around the neck, knife on belt, etc.

BEST PRACTICES

- Have code to let your Department know your in trouble but can not talk.
- · Be aware of concealed weapons
- If you cannot remove the weapon, immobilize the patient



Imagine you are initiating contact, what potential hazards could there be in the above picture?

WHEN CONFRONTED WITH A WEAPON



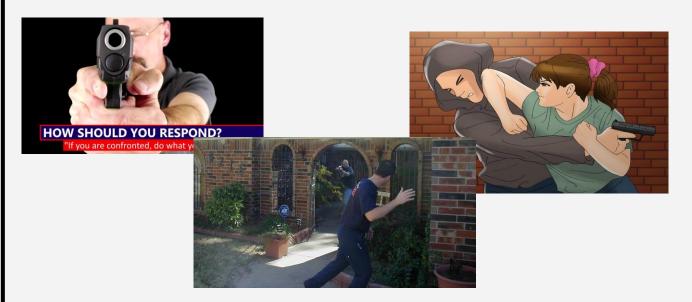
If it is a close quarters weapon: Use equipment as a shield, distractor, or barrier

CONFRONTATIONS WITH A WEAPON



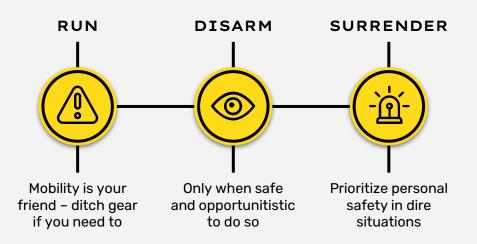
IMPORTANT: Kitchen has more weapon per square foot than any other part of the house....What do you do about it?

WHEN CONFRONTED WITH A WEAPON



When it is a reach out and touch you weapon: Only three options

WHEN CONFFRONTED WITH A WEAPON



WHEN CONFRONTED WITH A FIREARM

 DITCH YOUR GEAR....SPEED AND MOBILITY ARE YOUR FRIENDS



COVER VS. CONCEALMENT

WHAT IS COVER?

Cover provides visual protection and will stop a round.

- Tree
- · Engine block
- Hydrant
- Brick wall
- · Axel of vehicle
- Curb (yes, a curb!)

WHAT IS CONCEALMENT?

Concealment only offers you visual protection.

- Rig/ambulance doors or side panels unit
- Most interior walls
- Shrubs, bushes, etc.
- Most entry doors on houses, even if they appear substantial



HOSTAGE SITUATIONS

WHAT IF YOU BECOME A HOSTAGE?

 Hostage situations, much like workplace violence, don't typically involve terrorist but rather an opportunistic stranger, abusive spouse, or angry former employee is the perpetrator

HOSTAGE NEGOTIATION FACT CHECK

- Majority of hostages survive unharmed
- The longer the talking goes the less likely violence is to occur
- An armed assault is generally the last option if negotiations fail



HOSTAGE SITUATIONS

Body Position

- Position yourself away from windows and doors
- If gunfire or tear gas is used, stay down and stay still

Body Language

- Tactical team will find it difficult to recognize the "good guys" from the "bad guys" – be aware of your body language!
- Show submissive body language (assume the position) and don't be surprised if it is rough.



WRAP UP



FACTORS THAT INCREASE RISK



CALL TYPE

More hazardous calls increase risk (such as crimes, violence)



Past bad behavior predicts future risks, especially with previous calls





POVERTY

Lower Socio-economic factors can push people to do dangerous things that could harm you and others

BEHAVIOR

Aggression is active or increasing . No response to de-escilation tech.



MENTATION ISSUES

Drugs or Alcohol on scene Mental Health Issues Metabolic Issues



HOW TO MITIGATE RISK

Equipment

- Portable radios for entire crew
- · Have an Emergency word
- · Vest?

Awareness & Training

- Use police presence appropriately
- · Practice the Techniques mentioned above
- Continue Crisis Training
- Dispatch Training

Behavior

- Do not fall into a Deviancy of Normalcy
- Be aware of your body language
- Make the Space Safe

IS A CONFRONTATION DEVELOPING HERE?

QUESTIONS TO ASK YOURSELF

- · Can you talk down the aggressor?
- Are they listening to your explanation?
- Is your body language nonaggressive?

RED FLAGS

- Shouting, loud voices
- · Pushing, shoving
- Hostility towards those on the scene
- · Rapid increase in crowd size



IS THIS SCENE CONTROLLED?

QUESTIONS TO ASK YOURSELF

- Are weapons still available to the assailant?
- Is there group behavior potentially threatening?
- Is the arrival of the police likely to create more hostility?
- Are you the focus of the aggression?
- · Compliance?

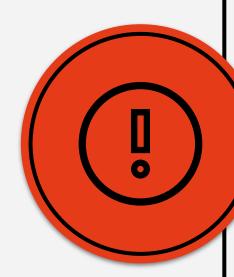


WHAT IS THE BEST SOLUTION TO AVOID DANGEROUS SITUATIONS...

Recognizing the warning signs and taking swift, appropriate actions early.

If the scene is not safe - DON'T GO IN.

If it becomes uncontrolled, Try to de-escliate it or get out until it is safe.



TAKEAWAYS

RECOGNIZE THE SIGNS

- Don't have tunnel vision on the patient – be aware of your surroundings (SITUATIONAL AWARENESS)
- Watch out for high-risk areas
- Connect the dots to recognize an escalating situation



AVOID RISKS

- Don't let anyone get between you and a way out
- Have a personal strategy for your safety.....PREPLAN
- Quickly package the patient and go or leave them if they will not go.

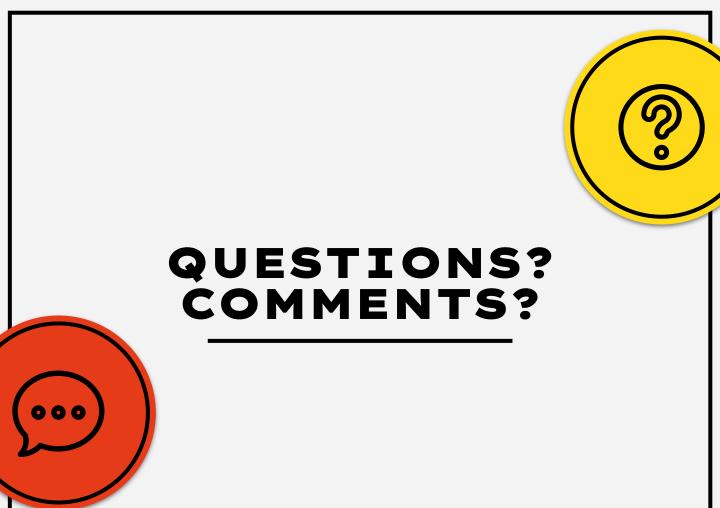
The whole lecture in two slides!

"If it is predictable it is preventable"

Gordan Graham

"Just pay attention to what is going on around you"

Richard B. Gassaway



CAPCE Mobile App

First Step

Download CAPCE app in Apple or Android app store. It is free

- Click register and complete information.
- Your email address is your username
- Create password. 8 or more characters, 1 upper case, 1 lower case, 1 special character
- Sign in the home page
- Click settings to add address and license information
- Log out and then back in again

Second Step

After you attend any CAPCE Accredited lesson, scan the QR code provided.

- Log into your CAPCE app
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- Click "download certificate" to view you certificate
- Must have PDF reader to view on mobile device.





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