



JOB AIDS

WORKPLACE VIOLENCE PREVENTION
FOR FIRST RESPONDERS



AGGRESSION CONTINUUM

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Use this scale to identify and categorize patient behavior.
Remember, any individual can jump between any phase at any time.

CALM AND NON-THREATENING	COOL	<p>The individual is calm, exhibits a non-threatening disposition, is cooperative, and complies with care.</p> <p>WHAT TO DO: Maintain eye contact, listen attentively, don't interrupt, and don't judge.</p>
VERBALLY AGITATED	WARM	<p>While the individual is verbally expressive, their energy is not directed specifically at you or your partner.</p> <p>WHAT TO DO: Problem solve with them, acknowledge their needs and redirect their behavior.</p>
VERBALLY HOSTILE		<p>While the individual is not directing energy at your or your partner, they cannot easily cooperate with care.</p> <p>WHAT TO DO: Remain at eye level, keep your hands visible, and maintain a "buffer zone".</p>
VERBALLY THREATENING	HOT	<p>The patient or bystander is now verbally projecting a threatening energy at you or your partner.</p> <p>WHAT TO DO: Avoid making the person feel trapped, and consider using restraints.</p>
PHYSICALLY THREATENING		<p>The individual has now become a plausible physical danger to you or your partner.</p> <p>WHAT TO DO: Call for backup, use restraints, and look for a safe withdrawal path.</p>
PHYSICALLY VIOLENT		<p>The individual has now made physical contact with you or your partner.</p> <p>WHAT TO DO: Call a MAYDAY, relay "who," "what," and "where," and start your escape.</p>

Collopy KT, Kivlehan SM, Snyder SR (2011). Recognizing and defusing aggressive patients. EMS World, 40(11), 36-45. PMID: 22171466.



CULTURAL HUMILITY CHECKLIST



1.

APPROACH AND ENGAGE THE PATIENT WITH AN EYE TOWARD RESPECT.

Every patient's right to their identity, beliefs, and practices should be respected.

2.

DO NOT ASSUME.

Explain each step of care to the patient in a calm and non-threatening manner, ask for clarification if you are unsure.

3.

ASK QUESTIONS IN AN APPROPRIATE AND RESPECTFUL MANNER.

Examples include: How would you like to be addressed? Are there any cultural or religious beliefs I should know about to respect and support your needs? State that you are willing to modify care if they become aware of any needs later.

4.

ASK FOR INFORMATION FROM FAMILY MEMBERS OR BYSTANDERS.

Do this if it is appropriate or necessary. Otherwise, defer to what the patient tells you.

5.

PAY ATTENTION TO VERBAL AND NONVERBAL CUES.

What the patient is saying, as well as their body language, can communicate what they are trying to say to you regarding their care.



WHEN SOMEONE DISRESPECTS YOU...

ERRR ON THE SIDE OF CAUTION

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E
R
R
R

Excuse yourself and take a time out.

Remind them that their language is disrespectful, unnecessary, and will not be tolerated.

Reorganize by exchanging roles with your partner.

Redirect by moving the conversation in a different direction.



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IMMEDIATE MENTAL HEALTH RESOURCES

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FRONTLINE HELPLINE

1-888-676-7500

FIRE/EMS HELPLINE

1-888-731-FIRE (3473)

NATIONAL SUICIDE PREVENTION LIFELINE

988

SAFE CALL NOW

206-456-3020 or 1-877-230-6060 24-hour crisis referral service for all public safety personnel, all EMS personnel, and their family members.

SAMHSA RESPONDERS RESOURCE PORTAL DISASTER DISTRESS HELPLINE

1-800-985-5990 Call or text 24/7, 365 days crisis counseling and support for individuals experiencing emotional stress related to disasters.



MAKING CARE PERSoNAL

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What **P**ronouns do you want me to use?

What is your **E**thnicity?

What is your **R**ace?

What **S**ex were you assigned at birth?

Is the **N**ame on your ID what you want me to call you?

Anything else I should know that would affect your care?

What is your primary **L**anguage?



SAVER MODEL POLICY PAUSE POINTS

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PRE-EVENT

If you have knowledge that this is a violent location, have you requested and waited for law enforcement backup?



TRAVEL TO EVENT

Before exiting the ambulance, are all of the necessary resources in place to safely begin patient care?



SCENE ARRIVAL

Before transport, does your patient require restraint and have they been checked for weapons?



PATIENT CARE

Are you mentally and physically ready to return to service?



RETURNING TO SERVICE

If you have experienced verbal or physical violence, have you utilized the appropriate method for reporting?



POST-EVENT

Have you sought and received the physical and mental health resources that allow you to feel ready to return to work?



SELF SIZE-UP

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CHECK YOURSELF AND YOUR PARTNER

Are **YOU** physically and mentally ready to respond to this call?



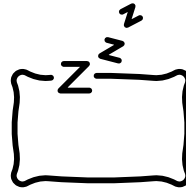
How are you feeling?



Did you eat?



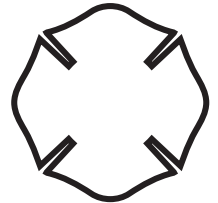
Did you drink enough water?



Did you get enough sleep?



How is your partner doing?



What job roles will you hold?



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HAVE YOU EXPERIENCED VIOLENCE ON THE JOB? TELL SOMEONE!

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YOUR DEPARTMENT AND UNION

This may be in the form of a **first report of injury** submitted by your company officer or a call to your union steward. Please provide as much information as you can so future events can be predicted and prevented.

POLICE

If you experienced physical violence, you should file a police report. Please refer to your department's policy to support members who've been targeted by violence. Examples of policies can be found in the free, online **IAFF Workplace Violence Prevention for First Responders course**.

EVENT

If you are interested in making sure there is a robust national database of violent events against firefighters, consider contributing your experience to **EVENT**, the EMS Voluntary **Event Notification Tool** from EMSForward. It is an anonymous tool where responders can report near-miss, patient safety, and violent events. <https://www.emsforward.org/event>



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