Chapter 56
Crime Scene Awareness

Learning Objectives

• Describe general techniques for determining whether a scene is violent and choosing the appropriate response to a violent scene.
• Outline techniques for recognizing and responding to potentially dangerous residential calls.
• Outline techniques for recognizing and responding to potentially dangerous calls on the highway.
Learning Objectives

• Describe signs of danger and emergency medical services (EMS) response to violent street incidents.
• Identify characteristics of and EMS response to situations involving gangs, clandestine drug labs, and domestic violence situations.

Learning Objectives

• Outline general safety tactics that EMS personnel can use if they find themselves in a dangerous situation.
• Describe special EMS considerations when providing tactical patient care.
• Discuss EMS documentation and preservation of evidence at a crime scene.

Why isn’t it always possible to identify a dangerous scene before arriving at the scene?
Approaching the Scene

• For paramedics and other responders, determining personal safety is basic part of analyzing scene
  – Begins before paramedics arrive at scene with information provided by dispatching center
  – Key point in ensuring personal safety is to identify and respond to potential dangers before they threaten
  – Information may be available from dispatching center that should alert EMS crew to possible dangers

Approaching the Scene

• Such information includes known locations of unsafe scenes (e.g., through computer-aided dispatch systems) and/or presence of:
  – Large crowds
  – People under influence of alcohol or other drugs
  – On-scene violence
  – Weapons

Approaching the Scene

• Other information can sometimes be gathered en route to scene from:
  – Crew members
  – Dispatchers
  – Other emergency responders monitoring call who have previous experience with particular area or address
Approaching the Scene

• Be aware of additional inherent hazards that may exist at scene
  - Downed power lines
  - Busy roadways
  - Toxic substances
  - Potential for fire
  - Dangerous pets
  - Vehicle hazards and dangers
• If scene is not safe, EMS crew should retreat
  - Stage at safe location to await arrival of law enforcement and/or other rescuers

Approaching the Scene

• When responding to scene with potential for danger, begin observation several blocks from scene
  - Use audible and visual warning devices (AVW devices) appropriate for call
    • Responding with AVW devices to urban scene may draw crowd of bystanders
    • Lights generally required for safety at highway scenes
• Joint fire-EMS-law enforcement responses should be defined through preplanning

Approaching the Scene

• Scene safety considerations for all types of danger must continue throughout EMS response
  - Scene that has been made safe can become unsafe, even when police are present
    • Can happen if violence resumes, crowds gather or turn violent, other people enter scene
    • Violence against EMS providers also may occur if mistaken for police officers or when they exit emergency vehicle that has AVW devices
    • Must be familiar with local protocols when intervening in violent situations
    • Must have strategic escape plan ready
Scenes Known to Be Violent

- If scene is known to be violent, remain at a safe, out-of-sight distance from area until secured ("out of sight, out of scene")
  - Remaining at safe staging area away from violent scene is important for several reasons
    • If paramedics can be seen, people will come to them
    • Entering unsafe scene adds one or more potential victims
    • Paramedics may be injured or killed
    • Paramedics may be taken hostage
    • Paramedics may become additional patients in a scene that is already a multiple casualty incident

Scenes Known to Be Violent

- If scene is known to be violent, remain at a safe, out-of-sight distance from area until secured ("out of sight, out of scene")
  - If scene is unsafe, EMS crew should not enter
  - Retreat to staging area and wait for resource personnel who can provide scene safety

Weapons at the Scene

- Most states (excluding Illinois and Wisconsin and District of Columbia) have enacted laws that permit some citizens to carry handgun or other weapon
  - Paramedics will likely respond to emergency calls where weapons are present
  - All weapons should be secured by law enforcement personnel if officers are present at scene
  - If law enforcement is not present, request that weapons be safely secured away from scene
    • Request should be explained as additional safety measure for EMS crew, patient, bystanders
Dangerous Residence

• Response to residence is everyday occurrence for most EMS personnel
  – Calls that appear "routine" require scene size-up that begins before EMS crew leaves emergency vehicle
  – Warning signs of danger in residential calls
    • History of problems or violence
    • Known drug or gang area
    • Loud noises (e.g., screams, items breaking, possible gunshots)
    • Seeing or hearing acts of violence
    • Presence of alcohol or other drug use
  – Warning signs of danger in residential calls
    • Smell of chemicals or presence of empty chemical containers
    • Evidence of dangerous pets
    • Unusual silence or darkened residence
  – If any warning signs are present, retreat from scene and call for law enforcement assistance

• When approaching suspicious residence, EMS crew should choose tactics that match threat or situation
  – Safety measures
    • Avoid use of AVW devices
    • Take unconventional pathways (rather than using sidewalk)
    • Avoid position between ambulance lights and residence (backlighting)
  – Listen for sounds indicating danger before announcing presence or entering home
    • Stand on side of entry door opposite hinges (doorknob side)
    • If danger becomes evident, immediately retreat from scene
Dangerous Highway Encounters

• Response to traffic incident should never be considered routine
  — Involve inherent dangers associated with
    • Traffic flow
    • Emergency vehicle positioning
    • Extrication

• Danger of violence may exist
  — Vehicle’s occupants may be
    • Armed, wanted, or fleeing felons
    • Intoxicated or drugged
    • Violent and abusive because of altered mental state
Dangerous Highway Encounters

• When approaching vehicle, one-person approach is recommended
  – Allows partner who remains in ambulance to notify dispatch of
    • Situation
    • Location
    • License plate number
    • State registration of suspicious vehicles
  – At night, ambulance lights should be used to illuminate interior of vehicle and surrounding area

Dangerous Highway Encounters

• Paramedic who approaches car should do so from passenger side of vehicle
  – Provides protection from vehicular traffic
  – Usually is opposite approach driver would expect from law enforcement personnel
  – Do not walk between ambulance and other vehicle
    • Avoid being trapped or injured if vehicle backs up
  – Walk around rear of ambulance and then to passenger side of vehicle

Dangerous Highway Encounters

• Car posts A, B, and C provide better ballistic protection as opposed to windows and doors
  – Observe for unusual activity in rear seat and do not move forward of post nearest threat unless no threats exist in these areas
  – Observe front seat from behind post B and move forward only after ensuring it is safe to do so
  – If signs of danger are present, immediately retreat to safe staging area
  – From that area, request help of law enforcement, if not already present at scene
In your community, what type of EMS calls routinely merit a law enforcement response?

Violent Street Incidents

- Murder, assault, and robbery are common occurrences in U.S.
  - Many of these crimes involve dangerous weapons
  - Violence may be directed toward EMS personnel from perpetrators at scene (or who return to scene)
  - Violence may even come from injured and distraught patients
  - Dangerous crowds and bystanders quickly can become large in number and volatile
  - May direct violence toward everyone and everything in surrounding area
Violent Street Incidents

• Warning signs of potential danger in violent street incidents
  – Voices that become louder, escalating in tone
  – Pushing and shoving
  – Hostility toward people at scene (e.g., perpetrator, police, victim)
  – Rapid increase in size of crowd
  – Use of alcohol or other drugs by people at scene
  – Inability of law enforcement personnel to control crowd

Violent Street Incidents

• Constantly monitor crowds and retreat from scene if necessary
  – Location and careful parking of emergency vehicle is important for personal safety
    • Position ambulance so it cannot be blocked by other vehicles (allowing for easy retreat from scene)
  – When possible and when safe to do so, patient should be removed from scene as crew retreats
    • May eliminate need to return to scene

Violent Groups and Situations

• According to study completed by Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP), more than 770,000 gang members currently belong to more than 27,500 gangs throughout U.S.
  – Most gangs and other threat groups operate through intimidation and extortion
Gang Characteristics

• Gang can be defined as any group of people who engage in socially disruptive or criminal behavior
  – Usually are territorial, and often but not always of same gender
  – Operate by creating atmosphere of fear in community
  – May choose name, logo, specific color, or method of dress to identify its members and counterparts

In addition to consulting police sources and familiarizing yourself with gang markings, dress, and colors, how can you obtain information about gang activity in your community?

Graffiti and Clothing

• Graffiti ("tagging") is probably most visible sign of gang criminal activity
  – Usually marks territorial boundaries (known as turf)
• Gang-related clothing often is unique and specific to group
  – Worn to identify affiliation and rank
Safety Issues in Gang Areas

- Common gang activities
  - Fighting
  - Vandalism
  - Armed robbery
  - Weapon offenses
  - Automobile theft
  - Battery
  - Drug dealing
    - Not all gang members are engaged in illegal activities

Safety Issues in Gang Areas

- Criminal activity usually is committed for
  - Status
  - Monetary benefit
  - Gang in general
  - Single member
- Likelihood for those violent acts and that EMS personnel often "look like" law enforcement officials require paramedics be very cautious about personal safety when working in gang areas
Clandestine Drug Labs

- Illegal manufacture of drugs can pose significant hazards for emergency personnel
  - Activities that take place in some clandestine drug labs
    - Creating drugs (synthesis) from chemical precursors
    - Drug’s form can be changed (conversion)

Clandestine Drug Labs

- Processes of drug synthesis and conversion can produce oxygen-depleted atmospheres
  - Can create highly explosive and toxic gases
    - Can readily be absorbed through skin in fatal amounts
    - Toxic solvents involved in drug-making processes can lead to lab explosions and exposure to dangerous chemicals

Clandestine Drug Labs

- Other safety hazards associated with clandestine drug labs include booby traps that can maim or kill intruder
  - Those who operate labs are sometimes armed or otherwise violent
  - Clandestine labs usually are located in area that ensures privacy
  - Generally are well ventilated
  - Usually have access to water, electric, gas utilities, which are required for drug-making process
  - Suspicious individuals, activities, deliveries often are at site
What type of calls might EMS crews respond to at a drug lab?

Clandestine Drug Labs

• When responding to scene that may be site of illegal drug manufacture, be alert for suspicious signs
  – Chemical odors and presence of chemical equipment
    • Glassware
    • Chemical containers
    • Heating mantles
    • Burners

• If drug lab is identified, EMS crew should
  – Leave area at once
  – Notify law enforcement and request appropriate agencies and personnel
    • Hazmat teams
    • Fire service personnel
    • DEA personnel
    • Chemistry specialists
  – Initiate incident management system and Hazmat procedures per protocol
  – Assist law enforcement personnel to evacuate surrounding area in orderly fashion to ensure public safety
Domestic Violence

• Violence that occurs between people in a relationship
  – Perpetrator may be male or female
  – May be in opposite-sex or same-sex relationship
  – Results in physical, emotional, sexual, verbal, economic abuse
    • May occur in several combinations

Domestic Violence

• Signs
  – Apparent fear of household member
  – Different or conflicting accounts by parties at scene
  – One party preventing another from speaking
  – Patient who is reluctant to speak
  – Injuries that do not match reported mechanism of injury
  – Unusual or unsanitary living conditions or personal hygiene

Domestic Violence

• EMS personnel should be aware that acts of violence may be directed toward them by perpetrator
  – Take all safety precautions
  – If scene is considered safe for EMS crew, treat patient’s injuries
  – Notify medical direction and other authorities consistent per standard procedures and protocol
    • Mandatory reporting may be required
Domestic Violence

• To help ensure scene safety for crew and abused person, paramedics should not be judgmental about relationship
  – Should not direct accusations toward abuser or victim
  – When appropriate, supply victim with phone numbers for
    • Domestic violence hotlines
    • Community support programs
    • Available shelters

Safety Tactics

• Tactics that help ensure personal safety
  – Avoidance
  – Tactical retreat
  – Cover and concealment
  – Distraction and evasive maneuvers
• Many programs teach tactics for safety and patient care
  – Some EMS providers are specially trained and equipped to work in tactical law enforcement settings

Avoidance

• Avoidance is action of keeping away from or preventing from happening
  – Always preferable to confrontation
  – To practice avoidance, must continually be aware of scene
    • Stay aware by being observant and by being knowledgeable about warning signs that may indicate a dangerous situation
    • Must be knowledgeable about tactical responses for avoiding danger or for dealing with danger that cannot be avoided
      • Example: staging
      • With staging, dispatching center learns of danger and advises EMS crew not to approach scene until secured by appropriate authorities
Tactical Retreat

- Describes leaving scene when danger is observed or when violence or indicators of violence are displayed
  - Requires immediate and decisive action
  - Retreat on foot or by vehicle (in calm, safe manner) involves choosing mode and route of retreat that provides least exposure to danger
  - During tactical retreat, be aware that risks faced are now located behind them
  - Must stay alert for associated dangers

Tactical Retreat

- Required distance from danger for safe tactical retreat must be guided by nature of incident
  - Safe distance must
    - Protect crew from any potential danger
    - Keep crew out of immediate line of sight
    - Protect crew from gunfire (i.e., provide cover)
    - Keep crew far enough away to give them time to react if danger reappears

Could the EMS crew be charged with abandonment if they make a tactical retreat and leave the patient?
Tactical Retreat

• Once tactical retreat has been achieved, notify other responding units and agencies of danger
  – Notify other units using interagency EMS and law enforcement standard operating procedures and agreements
  – Interagency procedures that deal with violent situations should be established in preplanning stages so that each agency is aware of its specific duties

Tactical Retreat

• Documentation is essential to reducing liability if injuries or deaths occur
  – Thorough documentation should include observations of danger at scene
    • Who was notified of danger
    • Actions at scene
    • Accurate times that retreat or return to scene occurred
  – Most legal authorities do not consider tactical retreat for appropriate circumstances to be patient abandonment

Cover and Concealment

• Provide protection from injury
  – Cover provides ballistic protection and is often in form of large, heavy structures
    • Large trees
    • Telephone poles
    • Vehicle’s engine block
  – Concealment hides body
    • Offers little or no ballistic protection
    • Bushes
    • Wall-boards
    • Doors of vehicles
Cover and Concealment

- Should be integrated into tactical retreat or used when EMS crew is "pinned down" (e.g., by gunfire) or in other dangerous settings
  - When need for cover or concealment arises, paramedics should
    - Constantly be aware of their surroundings
    - Be aware that "stepping off" cover may actually provide more protection than "hugging" your cover (Figure 56-4)
    - Constantly look for ways to improve protection and location
    - Be aware of reflective clothing (e.g., trim, badges) that may draw attention or serve as target

What parts of your ambulance provide cover?
Distraction and Evasive Tactics

- Can be used as self-defense measures during retreat
  - Can be used when retreat and cover and concealment are not available options
    - Equipment may be used to provide distraction
    - Stretcher may be wedged in doorway to block aggressor, or equipment may be thrown to trip or slow pursuer
    - Actions may allow EMS crew to make safe retreat or gain adequate cover and concealment
    - Evasive tactics involve anticipating moves of aggressor and using unconventional pathways during retreat

Distraction and Evasive Tactics

- Paramedic crews trained in tactical EMS often use preassigned roles for distraction and evasive maneuvers
  - One paramedic usually is contact provider who initiates and provides direct patient care
    - Includes patient assessment and most elements of interpersonal scene contact

Distraction and Evasive Tactics

- Paramedic crews trained in tactical EMS often use preassigned roles for distraction and evasive maneuvers
  - Another crew member serves as cover provider
    - Ensures safe cover for contact providers while they provide patient care
    - Includes monitoring scene for danger
    - Does not perform patient care duties that would prevent observation of scene
    - May be responsible for ensuring safekeeping of equipment, drugs, and supplies while at scene
Distraction and Evasive Tactics

• Methods of communication between contact and cover providers should be developed in advance
  – Can alert team members of potential dangers without alerting aggressor
  – Often can be done with subtle verbal and nonverbal signals
    • Using coded terms
    • Scratching neck
    • Rubbing nose

Distraction and Evasive Tactics

• Crucial to maintain radio contact with dispatching center
  – Involve dispatcher in danger signal process
    • If dispatcher hears coded term that means danger, priority response of proper personnel can be initiated

Tactical Patient Care

• Patient care activities that occur inside scene perimeter
  – Also known as hot zone
  – Provision of EMS in hot zone requires
    • Special training and authorization
    • Body armor and tactical uniform
    • Compact and functional equipment
    • In some operations, personal defensive weapons
  – Tactical EMS in hot zone often requires risks not taken in standard EMS situations
Tactical Patient Care

- Tactical medics provide immediate medical care to injured during special weapons and tactics (SWAT) operation
  - Medics treat injured on site or stabilize them and extract them from scene
  - Tactical medics generally work alongside law enforcement officers
  - Some agencies use individuals who are cross-trained in law enforcement and tactical EMS

Body Armor

- Soft body armor (also known as bulletproof vests) offers protection from some blunt and penetrating trauma
  - Absorbs and distributes impact of ballistic missile or penetrating object
  - Effective against most handgun bullets
  - Equipment does not protect against knives or pointed, sharp objects
  - Does not provide protection from high-velocity rifle bullets or thin or edged weapons
Body Armor

• Effective only when properly worn
  – Must be in good condition
  – Some body armor (e.g., Kevlar) degrades with age
  – May carry ballistic expiration date that should be observed
  – Wet or worn vests do not provide optimum protection
  – Type III or higher level of protection generally is recommended for tactical EMS providers

Body Armor

• When wearing body armor, do not develop false sense of security
  – Never try maneuver that wouldn’t normally be done without body armor
  – Does not cover entire body
  – Severe injury can still result from forces of blunt trauma (in absence of penetration) even when vest is properly worn
  – This "back-face signature" (transmitted impact energy) is variable according to type of vest and projectile

EMS Care in the Hot Zone

• Most tactical medics (EMT-Ts and SWAT medics) are trained in following
  – Team health and management
  – Care under fire
  – Officer rescue
  – Medical operations planning and medical intelligence
  – Responding to active shooter
EMS Care in the Hot Zone

• Most tactical medics (EMT-Ts and SWAT medics) are trained in following
  – Special medical gear for tactical operations
  – Personal protective gear
  – Special needs for extended operations
  – Preventive medicine
  – Management of weapons of mass destruction and toxic hazards

EMS Care in the Hot Zone

• Most programs involve training exercises
  – Physical assessment under sensory deprivation/overload conditions
  – Medical threat assessment
  – Advanced medical-tactical techniques
  – Field expedient decontamination
  – New technologies for safe searches

EMS Care in the Hot Zone

• Most programs involve training exercises
  – Management of dental injuries
  – “Officer down” rescue and extraction
  – Aeromedical evacuation
  – Medical management of clandestine drug lab raids
  – Safe search techniques
  – Remote physical assessment
EMS Care in the Hot Zone

- Patient care in dangerous settings involves special concerns
  - Frequent need to remove patient from area safely
  - Frequent care of trauma patients
  - Need to modify patient care
  - Medical and transport actions that must be coordinated with incident commander

EMS Care in the Hot Zone

- Often tactical EMS providers work under protocols and standing orders that differ from those of “standard” EMS practice
  - Medical direction issues regarding patient care are dictated by nature of event
  - Also determined by uncontrolled and hazardous scene in which emergency medical services are provided

EMS Care in the Hot Zone

- Awareness programs are available for those who supervise or manage personnel assigned to tactical team
  - Programs also available for physicians (and others) who provide medical direction for rescuers who work with tactical law enforcement teams
  - Quality assurance programs and direct physician involvement at local level are recommended
EMS at Crime Scenes

• Crime scene is location where any part of a criminal act has occurred
  – Can be location where evidence relating to crime may be found
  – Important physical evidence that may be found
    • Fingerprints
    • Footprints
    • Blood and other body fluids

EMS at Crime Scenes

• Fingerprints and footprints
  – Unique to individual
  – No two people have identical prints
  – Ridge characteristics often are left behind on surface, along with oil and moisture from skin

EMS at Crime Scenes

• Blood and other body fluids can be tested for DNA and ABO blood typing
  – Have characteristics that may be unique to individual
  – Particulate evidence (e.g., hair, carpet, and clothing fibers) can provide useful information and is considered valuable at crime scene
EMS at Crime Scenes

- Paramedic’s observations at crime scene are important
  - Should be documented carefully on patient care report or other appropriate form
    - Victims’ positions
    - Injuries
    - Conditions at scene may be helpful to law enforcement personnel in solving crime
  - Documentation also should include any statements made by patient or other people at scene and any dying declarations

EMS at Crime Scenes

- Paramedics should be careful to
  - Record their observations objectively
  - Record patients’ or bystanders’ words in quotes
  - Avoid personal opinions that are not relevant to patient care
- Patient care reports are legal documents
  - May be used in court
  - Avoid labeling ballistic injuries as “entrance” or “exit” wounds
    - Wound and characteristics of wound should be described and documented in PCR

Preserving Evidence

- Patient care is paramedic’s ultimate priority, even at crime scenes
  - Evidence can be protected while caring for patient
    - Can be accomplished by being careful not to disturb scene unnecessarily or destroy evidence
    - Be observant of scene and surroundings
    - Should touch only what is required for patient care
    - Wear latex gloves for infection control and to avoid leaving additional fingerprints at scene
If the main goal is caring for the patient, why should a paramedic be concerned about preserving evidence?

Summary

• Key point in ensuring scene safety is to identify and respond to dangers before they threaten
  – If scene is known to be violent, EMS crew should remain at a safe and out-of-sight distance from area
    • Should remain at this distance until scene has been secured

Summary

• Paramedic should look for warning signs of violence during response to a residence
  – Retreat from scene if danger becomes evident
• Response to a highway incident may present dangers associated with traffic and extrication
  – May present danger from violence
    • Occupants may be armed, wanted or fleeing felons, intoxicated or drugged, or violent/abusive from an altered mental state
Summary

- Paramedic should monitor for warning signs of danger in violent street incidents and retreat from scene if necessary
- A gang is any group of people who take part in socially disruptive or criminal behavior
  - Some are involved in violent criminal activities
  - EMS personnel often look like law enforcement officers
    • Should be very cautious about personal safety when working in gang areas

Summary

- Clandestine drug lab activities can produce explosive and toxic gases
  - Other risks include booby traps that can maim or kill an intruder, and armed or violent occupants
- EMS personnel who respond to a scene of domestic violence should be aware that acts of violence may be directed toward them by the perpetrator; they should take all safety precautions

Summary

- Tactics for safety include avoidance, tactical retreat, cover and concealment, and distraction and evasive maneuvers
- Tactical patient care refers to care activities that occur inside scene perimeter
  - Known as the “hot zone”
    • Providing care in this area calls for special training and authorization, body armor and a tactical uniform, compact and functional equipment, and in some operations, personal defensive weapons
Summary

• Paramedic’s observations at a crime scene are important
  – Should be carefully documented
  – Evidence should be protected while caring for patient
    • Can be done by not unnecessarily disturbing scene or destroying evidence

Questions?