The Scene is **NOT** Safe
(and neither are you!)

Rethinking the Concept of EMS Scene Safety
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SCENE SAFETY!!  BSI!!

IF YOU FORGET BSI, SCENE SAFETY
YOU'RE GONNA HAVE A BAD TIME!

Because....Skill sheets!!
There's only one problem with that....

.....SAFETY.....

IS AN ILLUSION
The “scene” is constantly changing!

The scene is safe!

Until you get to the end of the driveway...
Is this room “safe”?
What about this one?
Which person on scene is “safe”?

OOPS...Bias Showing!!!
They thought they were safe....
So did they.....
What Would You Rather Know?

The scene is safe at the beginning of your encounter
(“Scene safety/BSI”)

OR

The scene is safe **THROUGHOUT** your encounter?
(Scene **Management**)
EMS “SCENE SAFETY”, as it is usually taught, is simply a point in time (which is why it means and guarantees nothing!)
SCENE MANAGEMENT = CONSTANT SITUATIONAL AWARENESS
Situational awareness

“we didn’t realise that…”

“I wasn’t aware that…”

“we were very surprised when…”

“I was so busy attending to…”

“we were convinced that…”

“I didn’t notice that…”
extreme visual clarity, tunnel vision, diminished sound, and the sense that time is slowing down. This is how the human body reacts to extreme stress.

— Malcolm Gladwell —
The “SAFETY OFFICER” ROLE in ICS

• Identify hazardous situations associated with the incident.
• Exercise emergency authority to stop and prevent unsafe acts.
The “SAFETY OFFICER” ROLE in ICS

- Continuously monitor workers for exposure to safety or health hazardous conditions.
- Alter, suspend, evacuate or terminate activities that may pose imminent safety or health danger.
- Take appropriate action to mitigate or eliminate unsafe condition, operation, or hazard.
AT AN INCIDENT INVOLVING SINGLE RESOURCES (YOUR TYPICAL AMBULANCE CALL)....... YOU ARE THE SAFETY OFFICER!
They Did Not Maintain Situational Awareness!
So How Can YOU Be Safe(r) In A Rapidly Changing Environment?

• “Keep your head on swivel”
• Maintain good communication with your crew
• Identify potential hazards early on (obstacles, potential weapons, people on scene, environmental, etc.)
• Do your job (patient care) but don’t fall victim to “tunnel vision”
• Reassess the scene the same way you reassess patients—look for improvement or deterioration
• Decide whether you should “load and go” or “stay and play” (sound familiar??)
So How Can YOU Be Safe(r) In A Rapidly Changing Environment?

- NEVER FORGET THAT A “SAFE SCENE” CAN BECOME “UNSAFE” AND DANGEROUS IN A SPLIT SECOND!
- YOU CAN DO EVERYTHING “RIGHT”, BUT NOT EVERYONE ELSE IS FOLLOWING THE SCRIPT!
- BE PREPARED TO REACT, BUT DON’T OVER-REACT!
REMEMBER....

• “Safety” can only be confirmed in retrospect
• Threats to safety come in all forms
• Threats may be statistically measurable, but are often random
• Paranoia, NO, Situational Awareness, YES
• Don’t be a “hero” (or a d*ck)
• Be aware of your own biases – and overcome them
• **DON’T BECOME A SLAVE TO A SKILL SHEET!**
...And Finally, Always Always Remember…….
SAFETY FIRST.
JUST KIDDING,
COFFEE FIRST.
SAFETY'S LIKE
THIRD OR
FOURTH.
“Stay safe, my friends!”