National Fire Fighter Near-Miss Reporting System:

Reports Related to Interfacing with Law Enforcement on Incidents

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Report Number: 05-0000267

Synopsis: Patient holds crew hostage.

Event Description: On (date deleted), at 0255, Engine(unit number deleted), with 4 Career EMT/Firefighters, Medic(unit number deleted), with 2 Career Paramedic/Firefighters, and Ambulance(unit number deleted) with 3 Volunteers -Driver was EMT/FF, OIC was EMT, third was a Firefighter, were dispatched along with (name deleted) police to (address deleted)for an attempted suicide. The correct address turned out to be (different address, deleted), Apartment 101. Engine(number deleted) and Medic(number deleted) arrived on the scene first and waited for the police to secure the scene. Once the police declared the scene secure, Engine(number deleted) and Medic(number deleted) entered the apartment. Ambulance(number deleted)arrived less than a minute later.

Upon entering the apartment, personnel found the patient with lacerations on her wrists. The lacerations were not life-threatening in nature. Ambulance(number deleted) personnel entered the apartment and assisted Medic(number deleted) with bandaging the patient's wounds. Engine(number deleted) was released by Medic(number deleted). Medic(number deleted) turned the patient over to Ambulance(number deleted) for BLS transport to the local hospital. The patient was escorted outside to Ambulance(number deleted). Ambulance(number deleted) personnel instructed the patient to lie on the cot, but the patient became slightly agitated and refused. The patient was allowed to sit on the bench seat and was seat belted. Medic(number deleted)cleared the scene.

Ambulance(number deleted) remained on the scene to continue patient assessment. All three volunteers were in the back of the Ambulance. Ambulance(number deleted)'s Officer in Charge (OIC), who was sitting across from the patient, began asking the patient questions as part of the assessment and in attempt to establish a rapport with the patient. The patient became annoyed. The OIC moved to the bench seat to avoid being directly in front of the patient. The patient was calmed, and the assessment continued. While obtaining further patient history, the patient became irritated and drew a 3-inch blade from her pajama bottoms. The patient grabbed the OIC's neck and started choking her, and immediately placed the blade to her neck and stated, "I'm going to [expletive] kill you." Ambulance (number deleted) driver activated the Emergency Alarm, EA, button on the portable radio that was in her back pocket. She then turned down the volume on the mobile radio so that the patient would not grow suspicious of verbal calls from (Communications). She also turned down the portable radio, keeping it loud enough only for her to hear. At the same time, the volunteer who was riding third put his hands up in the air and backed away from the patient, speaking in a calm voice and presenting himself as a non-threat to the patient in an effort to calm the patient. The crew, the driver and the 3rd, requested that the patient hand over the blade. The patient initially refused. The volunteers continued to talk calmly to the patient and repeatedly requested that she turn over the weapon and release the OIC. (The patient continued to choke the OIC, the OIC was not able to speak.)

30 seconds after the EA Activation, (Communications) called Ambulance(number deleted)advising them of their EA Activation. (Communications) did not get a response. Ambulance(number deleted)’s crew was unable to respond, as they were trying desperately to save the OIC‘s life. They were unable to verbally communicate with (Communications). (Communications) again called Ambulance(number deleted), advising them of their EA activation. (Communications) again did not receive a response. Ambulance(number deleted) personnel finally were able to convince the patient to hand the blade over to the driver. Ambulance(number deleted)'s driver asked the patient if she had any other weapons, and

the patient responded “No”. The OIC was able to free herself at this time. Ambulance(number deleted)'s driver exited the ambulance with the blade and radioed (Communications) that she needed police immediately. (Communications) was unable to copy this message, and replied, "Your EA has been activated." Ambulance(number deleted) re-advised (Communications) of its request for immediate police assistance, which was copied this time. (Communications) dispatched police back to the scene.

Two minutes later the police arrived. The patient was transported by Ambulance(number deleted) under police escort and with an officer in the back of the Ambulance to (name deleted) Hospital. Ambulance(number deleted) personnel requested that (Communications) notify the Duty EMS Captain. Police took the OIC to the Magistrate's Office to swear out a warrant against the patient. Although the Magistrate initially refused to issue a warrant, a warrant was issued a few hours later. OIC rejoined her crew at the hospital. No medical attention was needed for the OIC. The EMS Captain then met with all three crew members at the hospital to hold an initial debriefing. The volunteers were offered a poor version of critical incident stress debriefing four days later.

The patient was treated at (name deleted) Hospital and released. She was arrested and jailed several days later, but released on bail until her trial on (date deleted). The patient was charged with assaulting a public safety officer with a concealed weapon, a felony which carries a minimum sentence of one year in jail.

On (date deleted), the charges were plea-bargained and reduced from a felony to a misdemeanor. The weapon charge was dropped. The plea bargain was agreed upon by the (name deleted)'s Attorney and the Defense Attorney without any consultation with the victims, the (name deleted) Rescue Squad, or the (name deleted) Fire Department.

The sentencing was extended until (date deleted, one year later) so that the patient could undergo a psychiatric evaluation. Prior to the trial, the Fire Chief sent a letter to the Judge, with a copy to the (name deleted)'s Attorney, requesting that the patient receive the maximum sentence. At the sentencing hearing on (date deleted), the OIC was asked to testify. The Judge sentenced the patient to one year in jail, with six months suspended, and three years’ probation, without the possibility of early release. However, under (state name deleted) law, the patient was required to serve only half of the six month sentence. The patient was released in (date deleted, less than two years later), and is currently residing again on (address deleted).

<u>Lessons Learned:</u>

1. All distraught or psychologically disturbed patients should be transported on the stretcher. If a patient refuses to be transported on the stretcher, fire department personnel should request police assistance to require that the patient comply. Patients who are violent or unsettled should be restrained with police assistance, and transported under police escort.

2. When transporting a patient who has demonstrated violence against himself/herself recently or in the past, fire department personnel should request that a police officer ride to the hospital in the ambulance or follow the ambulance to the hospital. In this incident, the police cleared the scene with Medic(number deleted) under the impression that Medic(number deleted) was transporting the patient to the hospital, thus leaving Ambulance(number deleted) personnel alone at the scene with the patient. The police officer realized his error, when the medic unit turned into the fire station. A lot of

jurisdictions have both ALS and BLS ambulances responding to the scene. It is important to make sure the police know which unit is transporting, so this error can be minimized.

3. Police officers must ensure a thorough check of a violent patient to make sure that all weapons are removed. It was learned later that the blade that the patient used to cut her wrists was taken away in the apartment by the police, but the patient had hidden a second blade in her pajamas. The second blade was missed on the search.

4. The EA button is an important tool for summoning help. In this incident, the EA button provided initial notification of an emergency. Even though this was the first real emergency EA activation in the fire department, many EA activations have occurred either accidentally or unintentionally since the 800mhz radio system was installed. This incident illustrates the importance of avoiding false EA activations.

Sub-Note: It is important for ECC to have “specialized communication” with a unit that has activated their EA. The results would have been tragic had the driver not turned down the volume on the two radios. The patient would have heard “Ambulance(number deleted), your EA is activated. Are you OK?” This is not something the patient needed to hear, as this was stated twice by ECC. Had the patient heard this, she probably would have figured out we called for help. This could have made a bad situation worse.

5. Critical incident stress debriefing is important for all personnel involved in a traumatic incident. It should be offered equally to both volunteer and career personnel.

Report Number: 06-0000242

Synopsis: Vehicle fire with report of mentally deranged driver taxes crew.

Event Description: Single engine was dispatched for report of a vehicle fire. A single engine responded with crew of 4.

While en route crew given report of "half-naked man standing on the top jumping up and down", "at first it looked like he was burning stuff in the back, now flames are coming from the cab.” 2nd caller reported that the "male walking away westbound, 40ish, white male, 5'11", thin long hair, didn't appear to have a shirt on, was wearing jeans.” Another caller, "male yelling profanity, no shirt on, appears under the influence.” The department SOP for responding to potentially hostile environments is to stage until the arrival of law enforcement. At this point, it appears as though the male could be gone from the scene, as well as the information given could be interpreted as non-hostile.

Engine Company arrived to find fully involved 1/2 ton p/u. Engine Company stated during critique of this call that they did not see the male on scene during arrival. He approached during operations.

Engine Company proceeded with suppression operations. Officer sitting in officer seat was then approached by a male that was covered on his upper torso and face with soot, also had a cut around his neck similar to a knife cut. The male requested to sit inside the engine and get warm. Also stated there was someone after him with a gun. The officer, recognizing the peculiar circumstances, denied his

request. The engineer at the pump panel then noticed the male and brought him to the compartment at the side of the engine with the EMS equipment in it. The engineer then proceeded to treat the male for his wound. A BLS transport unit was then requested. During treatment of the male, he asks if the engineer has a gun. The male appears to be calm but very nervous. The male sees the AED sitting in the compartment and pulls it out asking if it is a gun. The engineer grabs the AED, manages to get it away from the male, and explains what it is used for then shuts the compartment. After this point, law enforcement is arriving and the male appears to become very nervous. He gets up and proceeds to the back of the engine where he notices another LE (law enforcement) patrol car arriving. The male grabs an axe mounted on the rear of the engine and then starts wandering around purposefully wielding the axe. Law enforcement officers approach him with weapons drawn advising him to drop the axe.

During this point in time, the engine crew has observed the actions, the officer has honked the air horn to alert the crew on the hose line, and all crew members outside of the vehicle have stopped and gotten out of the way of the circumstances happening. The officer inside the engine has given "play-by-play" traffic to the fire dispatcher alerting them to what was going on. He has also alerted incoming units to stage due to the situation.

After the LE officers approach the male, he begins to taunt them with the axe. At which point he lunges toward the closest officer with the axe. The LE officer shoots him in the chest/abdomen.

After this point, the officer on the engine alerts fire dispatch that there is 1 patient down with a GSW to the chest and to start a medic unit. Police then handcuff the male and secure the axe.

The incident ends with the male being transported to the local hospital after having to be subdued by 2 police officers and medics in the back of the medic unit.

Behind the story is the male's use of methamphetamines. The truck he was using was stolen from another male he had been doing meth with that night.

Lessons Learned: Recognizing potential hostile environments was recognized through critique as a valuable lesson. Asking appropriate questions to the fire dispatch that may queue suspicions of potential threats to personnel responding. Recognizing key information with an attitude more geared towards suspicion than responding to a typical incident. Also recognizing when a situation goes bad is important, not just during response. Being able to pull people away from the incident and to a safety zone is an important procedure that all should be familiar with.

Bottom line is that we may not always be able to prevent similar incidents like this but we must be prepared for them to occur and not turn a blind eye to their potential at any incident we respond to.

Another issue recognized was the dispatcher downplaying the reports from callers and from the on-scene personnel's radio traffic. The dispatcher according to our protocol is supposed to repeat radio traffic exactly as it is heard and not alter or make the comments come across in a different manner. During the critique it was recognized while listening to the taping of the radio traffic that the dispatcher did not clearly state the facts of the incident or repeat transmissions as heard, but more of a cleaned up version. Also, some information was omitted on the radio but was visible on the mobile data terminal for the officer, which was not online during this incident. No telling if this played any important role in this scenario, but should be a point to dispatchers that there job is important to responders in painting a clear picture of the incident.

Report Number: 07-0000745

Synopsis: Crew nearly hit by reckless drivers on windy, wet, foggy road.

Event Description: We were operating at an MVA on a section of two lane winding highway in the middle of a series of S bends. It was early in our day shift and it was the first run of the day. It was raining hard and was foggy also. A single vehicle south bound into the rock wall was facing north bound. Police were on scene and all traffic north bound was stopped by our fire truck and police cars. It was obvious that south bound traffic was still going by. A police officer and I were walking in the north bound lane to set up flares and cones so the south bound traffic would slow or yield. As we approached the crest of the south bound lane at the first S bend, a north bound vehicle appeared on the rise and was traveling at a high rate of speed. Clearly too fast for the posted limit and road conditions. We literally dove out of the way but were simultaneously almost struck again by yet another vehicle traveling at a high rate of speed also going south bound. We again dove out of the way; this time it was an all out head first dive to miss being hit. The vehicle was close enough as it passed us that I actually slapped the side panel as it went by. This vehicle was completely out of control now and was heading for our fire truck and a police car. There were two firefighters and a police officer along with two civilians in the vehicles path. One firefighter shoved the civilians out of harms' way and along with the police officer dove across the hood of the cruiser to avoid being struck. We were all amazed that no one or any vehicle was struck as the driver finally managed to halt his vehicle. But, he also sped from the scene and avoided being nabbed by the police. The first vehicle however was not so lucky, he was fined heavily, and his car impounded. These vehicles were both traveling above posted speed limits and above the condition of the roads (winding, wet, limited visibility). The police, who were there first, should have used their cars to block traffic in both directions well ahead of the crash site prior to the arrival of any other emergency services. This was the single most contributing factor.

Lessons Learned: Have the police ensure traffic is fully controlled before people are walking on the roadways to work. The company officer needs to direct the police to do so if they have not already. As a crew, review SOG's on operating at MVA's.

Report Number: 07-0000808

Synopsis: Suicidal woman poses threat to rescuers.

Event Description: We were called to the scene for a possible suicide. Upon arrival, we staged outside near the driveway (back then we didn't stage as far away as we do now). Police were on-scene and inside the house gaining information. Two teen children came out of the house and explained that their mother was emotionally upset and they feared that she would hurt herself. The police radioed us and said it was safe to come in. We advanced to the second story, but found that our patient had now locked herself in the bathroom. We eventually talked her into coming out, but had the police double check her for any weapons. They said she was once again safe to approach. As we assessed her and were gathering information, we noticed that one hand remained clenched and she wouldn't open it. We had the police force her hand open and found that she was palming a razor blade. We were shocked since the police had confirmed that the situation was safe. The rest of the call was uneventful. The police

officer later came to the firehouse to apologize and you could tell he felt awful, but we all learned a valuable lesson that day...keep your guard up!

Lessons Learned: We learned not to blindly trust others, and to keep our guard up at all times. We later learned to stage blocks away for suicidal persons in the event that they are waiting to take a shot at us.

Report Number: 07-0000815

Synopsis: Suicidal patient poses threat to crew.

Event Description: We were dispatched to an EMS call for a subject who had slit their wrists. I, as the evening's duty officer for our department, advised dispatch I was en route. I also verified that law enforcement was en route and advised dispatch "All <department> units would stage until <law enforcement> advised the scene was safe." I then radioed en route on our department fire ground channel and advised all units to "stage until <law enforcement> advises the scene is safe." Several privately owned vehicles (POV) called en route to the scene as well as one of our rescue squads. The first arriving firefighter in a POV called on scene to dispatch, then advised on the fire ground channel that he was in staging, and could hear family members outside screaming. As I continued en route, a lieutenant who had arrived in a different POV advised me on the radio "there is no weapon and the scene is under control." In response, I told the lieutenant, "When <law enforcement> arrives and advises the scene is safe, we will go in." Approximately 2 minutes later, as I pulled behind the ambulance crew, which was staged approximately one-half mile from the scene, the lieutenant advised dispatch "you can slow <law enforcement> down, there is no danger." The firefighter and lieutenant who had arrived on scene had entered the house and treated the patient. Upon my arrival, after the law enforcement agency, I observed the serrated knife that the patient had used lying next to the patient on the nightstand. The patient was unconscious upon my arrival, but awoke in an agitated state shortly after I arrived. The patient was loaded into the ambulance and transported to the hospital for treatment.

Lessons Learned: Several errors were made that could have led to a firefighter injury or death at the hands of a suicidal patient. The first error was mine; I should have told the units en route where to stage, either by landmark or address well away from the incident scene. By just advising the units to stage, I allowed them to drive right up to the house. In fact, the situation I found on arrival; the firefighters in POVs had pulled directly in front of the house, intended to wait in their vehicles until law enforcement arrived. This is unacceptable; I allowed the units to "see" the scene, meaning they were too close.

The second error was a judgment error made by the firefighters arriving in POV's. Even though I didn't advise a location, no unit should stage close enough to a violent incident to be addressed by victims or family members until law enforcement arrives. If family members observe help arrive but not take any action while awaiting law enforcement, it multiplies the stress level of all involved and can lead to potentially violent confrontations. Obviously, this issue needs more emphasis in training.

The third error involves a lack of SOP/SOG involving response to violent incidents. This was discussed at the completion of the incident with our assistant chief, and will be resolved in the next few days with the adoption of an SOP.

The fourth error involves the actions of senior members/officers at similar incidents. I have observed senior members/officers take similar actions in the past (not waiting for law enforcement). Hopefully, the training emphasis and SOP adoption will take care of this issue, but this is a culture change, so it will be the hardest of all to correct.

It should also be noted that the ambulance crew, from a different agency than my department, handled the situation flawlessly in my opinion. The ambulance crew staged about one-half mile from the scene and waited for law enforcement. My department can use their actions as an example and possibly reference their SOP/SOG to formulate ours SOP.

Report Number: 08-0000097

Synopsis: Crew experiences zero visibility taking elevator to fire floor.

Event Description: The department was dispatched for a fire alarm with smoke reported on the 5th floor of a five story class one building. The occupancy is a multi-residence, 100 unit, 150' x 150', U shaped building constructed in the early 1900's. It has two stair wells and two wet standpipes. The on-duty Assistant Chief arrived and established command. He observed light smoke rising from the B side. The first arriving engine was running with an acting Captain that day. The acting Captain had 28 years of experience. He and a firefighter with 7 years experience entered the lobby. A police officer met them and reported the problem as smoke in apartment 518.

The crew carries forcible entry tools and high rise pack. The fire fighter suggested taking the stairs to investigate. The acting Captain over rode this proper procedure and decided to take the elevator to the 5th floor. The police officer said he would come along to assist. When the elevator opened on the 5th floor they were met with heavy smoke banked to the floor. It was zero visibility but not great heat. The door would not close and return to a lower floor. Possible because of equipment dropped in the doorway. The fire fighters donned their face pieces but the police officer was in an IDLH situation. The fire fighters told him to stay put and they left the elevator to find an apartment to enter for shelter. They found an apartment they could enter, returned to the officer and lead him to the apartment. The officer at this point was having much trouble breathing. The acting Captain shared his facepiece with the police officer as they crawled to the apartment. The apartment was on the A side. A female occupant was in this apartment. A 105" ladder was raised to this apartment window and the officer with smoke inhalation exited out onto the ladder. Due to his smoke inhalation he had difficulty and almost fell off the ladder.

The original fire fighters returned to the hallway with the high rise pack and crawled towards apartment 518. The apartment was fully involved and had burned through the entry door and extended into the hall. The fire was extinguished without any great difficultly from this point. Additional units arrived during this time to establish ventilation and search and rescue operations on the 5th floor.

The police officer was transported to a hospital and admitted with smoke inhalation. Due to the experience and abilities of these first fire fighters they were able to think their way out of this bad situation and recover to have a happy ending. It was a very bad broken play that turned into a "Hail Mary." If other members of this Department with less experience and ability had made these same mistakes it would have ended in at least a fatality of the police officer.

Lessons Learned: The building had a pre-plan in the first arriving command vehicle with diagrams of all floors and information on stairs, stand pipes and apartment locations. Use the pre-plan! It might be a real fire not a pan of food over cooked. It was not used until the fire had been knocked down. The Incident Commander and all fire crews CAN NOT read smoke and fire conditions in this type and size of building from the exterior. The apartments on the B and C sides have windows of wired glass that did not break under the intense fire conditions. This helped hide the fire and smoke conditions in the fire apartment. Do not be surprised to find a working fire when you have been dispatched to a fire! Never take the elevator in a 5 story building when dispatched to a fire alarm. Walk the stairs. Never take police or civilians into an area that could be hazardous to them.

It comes down to being fully engaged, situational awareness, make smart decisions, and follow SOP's. Make tactical decisions on worse case scenarios. Follow your training and use the pre-plan on all responses. When a working fire occurs it will come as second nature.

Report Number: 09-0000452

Synopsis: Shots fired at wellness check.

Event Description: Yesterday I responded to an incident that I think has a strong message/lesson for the new people and a reinforcing one for the people who have been around awhile.

Engineer, firefighter, and I were dispatched to a police assist at 1205 hours. We were requested to respond Code-2. Upon our arrival, we were met in the street by the police department. This two story apartment complex was on a setback with the principal unit at the back. The police requested us to force entry into the apartment for a welfare check. The woman being checked on had not been to work in 1.5 days and was the subject of past domestic abuse. I explained to the police officer that was in charge, the various ways we could gain entry. He stated that he could do that as well (no attitude here, I just think he thought we had some wonder tool that would not cause any damage) then he suggested checking the second floor windows. He stated that he had already checked one window with an available ladder and it was locked. I suggested we could check the rest and he agreed. A firefighter placed a straight ladder to the next window in line to be checked. At this point, I did not request police to enter the window and they did not offer any assistance.

The firefighter checked the window and found that it was open. I had another firefighter spot the ladder and I went up behind the firefighter that was already on the ladder. I requested the firefighter to give out some loud “Fire Department” call out at the window and take a good look inside. This was done with no response or further indication of the situation inside.

The firefighter and I entered the apartment (approximately 600 square feet/one bedroom one bath) and I immediately saw a blanket covering something on the floor behind a chair in the living room. I confirmed (with my hand) the presence of a body under the blanket. I then told the firefighter that there was a body under the blanket and this was a crime scene. We went through the kitchen to the front door (the other option was stepping over the body and going past the bedroom door) in an attempt not to disturb the crime scene further. I requested the firefighter retrieve the ALS gear to confirm death and I let the police department inside the apartment. I explained to the police officer in charge that we had a crime scene and a body under a blanket. He responded with "really"! I guess we all had our guard down. I know I did.

The engine company firefighter entered the room behind the two police officers and I explained to him the situation. Since he had gloves, he was going to check for a pulse on the victim. When the next door neighbors attempted to enter the scene, the engine company firefighter escorted them away. At this time, I was still in the kitchen and the police were examining the scene. I then heard the police state that there was another individual in the bedroom and that he was breathing. I peeked around the kitchen wall toward the bedroom and saw a male laying face down on the bed. I then heard a police officer yelling commands to the individual and the individual yelling at the police officer for them to get out. At this point, I heard several gunshots coming from more than one gun.

I retreated to the back of the kitchen and tried to get as small as I could. The gunshots ceased and there was a long silence. I could not see the police or the individual because of the kitchen wall. I was considering my best option out (a bail to the ladder at the window or run out the front door) when I saw additional police officers entering through the front door. I ran out behind them through the front door and encountered the engine firefighter on the stairs. We met the firefighter coming back with the ALS gear and I requested an additional engine and ambulance thinking we had multiple gunshot victims. I am told I sounded rattled on the radio. That's because I was!

Police advised an all clear with no police injured (thankfully). We, along with others on the scene, confirmed death of the two individuals in the apartment. Eventually, (after talking with police) we went home.

I wish the story I had to tell was "Police went up the ladder - not us" but I can't. I've always considered myself to be a cautious person. From watching traffic while the EMS gear is being put away, to requiring my crew to wear their PPE, and always thinking "this job is a dangerous gig." However, yesterday, I let my guard down. I placed my crew and myself in a bad situation. I am really going to work hard to keep that from ever happening again. Please learn from my cautionary tale. Be safe and always take care of each other.

Lessons Learned: Police assists are dangerous and we must remember we are to do just that; assist police. Situational awareness was a factor in this case. Sending the police up the ladder first would have been the right call.

Report Number: 10-0000386

Synopsis: Trauma call results in FFs held at gunpoint.

Event Description: My partner and I were dispatched to an assault with gun shots fired and reports of several people down. Upon arrival, my partner and I were staged a block away awaiting the police department to confirm that the scene was safe. My partner and I had [time deleted] on with this department and had [time deleted] experience as firefighter paramedics. We both knew our SOPs very well and felt our actions were within our scope. Within a few minutes of our staging time, several PD cruisers flew by us and were on the scene we were waiting to arrive at. We waited for a few minutes and were advised that PD had stabilized the scene and we approached. When we turned the corner, we saw several cruisers parked with no officers in the area. Dispatch advised us that they had suspects in custody on an adjacent street, so we felt safe to enter. When we pulled up, our initial assessment revealed 2 victims lying on the ground with obvious gunshot wounds. The first victim was obviously deceased so we approached the next and found a critical patient and immediately began treatment. In the process of treating this patient, we failed to notice several people beginning to surround us. This crowd turned out to be the gang members involved and the patient we were treating was apparently on the rival gang because my partner and I were held at gun point and told to leave that patient alone and go back to the first patient we found and "save" him. At that point we felt it prudent to obey their demand and left the patient lying on the ground. We then began treatment on the victim that had obviously fatal wounds and picked the patient up and moved him to our truck and immediately left the scene. We then advised dispatch of the situation and requested backup for the real patient left on scene.

Lessons Learned: The lesson we learned was that scenes can change quickly. And in this incident, we should have requested a confirmation of safety and to have a PD officer on scene with us at all times as a potential assault situation. After this incident was investigated, our SOP changed and it is mandatory to have law enforcement on scene with us at all times in an assault type incident.

Report Number: 10-0001020

Synopsis: Gun found on patient/suspect.

Event Description: We were dispatched on an EMS call and, upon arrival, found approximately six police cars and six officers around a handcuffed individual who had been tazed. We learned that we had two patients, the individual in custody (Patient One) and a police officer who had suffered some minor injuries. Patient One had been involved in a spoiled criminal act and was tazed after reaching for his gun. The patient received some minor injuries as a result of the fall. The ambulance arrived and treated the police officer while fire personnel treated Patient One. Approximately 10 minutes after our arrival, it was inquired as to whether or not the suspect had been searched. The two police officers standing near us could not answer the question. As the fire officer on scene, I requested a police officer to search the patient. During the search the police officer immediately found a second loaded gun along with additional ammunition, both of which were easily accessible to the patient. The firearm was secured and then the scene was safe.

Lessons Learned: I learned several things from this event. First, safety is a team effort. We are all human and, because of this, all agencies must work together to ensure the safety of one another. The next item is situational awareness. We hear so much about situational awareness in the fire service and how important it is, but do we really practice what we preach? Here is an incident where the events leading up to it should have alerted us to some possibilities that we should have been cognizant of. Whether it is a fire call, EMS call, or hazmat incident, everyone from the officer to the firefighter must truly be aware of what is going on. Thankfully, this scene was made safe before something bad happened. The last item is complacency. Here is another "band-aid call" where complacency could have prevented us from going home to our families. We need to be alert and not complacent from the minute our shift starts.

Report Number: 11-0000387

Synopsis: Loaded gun not secured during EMS call.

Event Description: The three-person EMS crew responded to a call dispatched out as medical unknown problem, patient in pain. The patient disconnected before any more information could be obtained. Upon arrival at the mobile home, the police arrived and approached the home with weapons drawn. One EMS person at the front door remained with the officer until his partner motioned for him to return to the ambulance. Once the police officer cleared the mobile home and found a subject possibly dead from a self-inflicted gunshot to the head, the officer motioned for the EMS crew to come in. He did not secure the handgun next to the victim. A request was made to secure it, but the police officer stated it would interfere with the investigation.

It was eventually secured and the crew went in and confirmed death with the medical control approval. After investigating the call with dispatch and listening to the recorded 911 tape, it was determined dispatch did not recognize what a "45 lock and loaded" meant. They thought it meant a loaded gun, but locked in a safe. This information was never relayed to the EMS crew ,but was given to the police officers.

Lessons Learned: Better communication would have prevented our crew from even approaching the scene until police officers cleared it. It is also important to note that our EMS crews should have pulled back the ambulance to a safe distance as soon as the weapons were drawn by the police officers. Our fire department has since implemented training with dispatch and police on proper use of priority dispatch for every call involving police. Police were refusing to follow priority dispatch due to time involved.

Report Number: 11-0000416

Synopsis: Multiple shots fired at medical call.

Event Description: A local ambulance service, along with the local law enforcement agency responded to a call where one subject stated they had shot their significant other, who had been ill. The ambulance service arrived at the same time as law enforcement and staged about a ½ mile away, waiting for law enforcement to secure the scene. The chief of the ambulance service (who had a prior fire and law enforcement background) established the Incident Command System and assumed the role as the I.C. The I.C. also functioned as a lookout for law enforcement. As the law enforcement officers approached the residence in their patrol vehicles, someone inside the residence fired a single shot, which struck a patrol officer's vehicle. The patrol officer radioed for backup, retreated and established a perimeter. Additional law enforcement officers from the initial responding agency, as well as another local law enforcement agency arrived and reinforced the perimeter. Approximately 30 minutes into the incident at least two more shots were heard from within the residence, followed by a hissing sound which was followed within seconds by an explosion which lifted the roof of the residence. Within seconds this explosion was followed by a much larger explosion which threw debris up to 400 feet away. The concussion wave was felt by the I.C. and the ambulance crew which was located a ½ mile away. Two law enforcement officers received minor injuries when they were thrown by the force of the explosion. This initially was thought to be a possible murder/suicide. Due to the unknown nature of what had caused the explosion and given the possibility of additional explosions, the I.C. made the decision to let the residence burn itself out. While the fire was burning itself out, multiple small explosions were heard which were later determined to be thousands of rounds of ammunition. After the fire died down, the local fire department moved in to extinguish hot spots, under the protection of a SWAT team, what appeared to be an Improvised Explosive Device was discovered. The fire department retreated and overhaul was suspended.

Lessons Learned: Subsequent investigation revealed multiple satanic symbols which decorated the inside of the residence as well as the back yard. The front of the residence looked normal from the driveway. A quick background check via the internet revealed the owner of the residence was a Satan worshiper. Based on revealed information it was discovered that this date is a significant holiday for Satan worshipers. It is theorized the occupants had intended to take the EMS crew hostage and then to ambush the remaining responders who would attempt a rescue. This theory was further reinforced by the fact that a man and woman could be heard conversing inside the residence before the explosion. This incident occurred in an area which has not seen this type of a scenario play out. Had the caller reported chest pain instead of stating that they had shot their significant other, the EMS crew would have walked right inside without any indication of foul play, until it was too late. Recommendations include staging your ambulance in a position which will tactically allow a rapid escape for the crew. Additionally, I do not recommend any crew member enter a building unless met at the door. This will allow the EMS crew to assess the person's body language, which may provide an indication that all is not well. Further, all responders should have a portable radio issued to them for the shift.