**Purpose:** To ensure the safety of fire department personnel, due care and caution shall be utilized when interacting with violent or potentially violent citizens. All GFD department personnel should pay close attention to all individuals in the area of any incident and notify command of anything out of the ordinary.

**Definitions**

PPE – Personal Protective Equipment  
Staging – Stopping a minimum of one block away from incident scene.  
Scene Secure – Police officers on scene have entered the building/area involved and have confirmed that it is safe for fire personnel to approach.  
OIC – Officer in Charge  
Concealment – In a crisis situation, objects that will hide you, such as shrubbery.  
Cover – In a crisis situation, objects that will both hide you and stop bullets, such as a large tree.  
Friendly Angle – A non-confrontational angle of 45 degrees, allowing for rapid egress.  
Killing Zone – In a crisis situation, the area potentially exposed to gunfire.

**Potentially violent incidents** –

Potentially violent incidents may include, but are not limited to the following:
- Domestic violence incidents
- Shooting or stabbing incidents
- Fights
- Incidents involving drugs and/or alcohol
- Reports of injuries due to unknown causes
- Suicide attempts
- Domestic or international terrorist groups
- Gang activity
- Organized drug trafficking
- Thefts of PD/FD radios, uniforms, gear and PD weapons

**GUIDELINES**

**Responding**

- When responding to incidents where domestic disturbances or violence has occurred, all members shall use due caution before rendering assistance.
- If a potentially violent situation is evident in the short report, GFD units shall stage and wait for police.
- The OIC shall determine the status of police units, including their availability, response information, and their ETA.

**Staging**

- If waiting for police, personnel shall stage their apparatus several blocks from the incident. The OIC shall advise Dispatch of the staging location. Apparatus emergency lights should be deactivated in the staging area.
- When police arrive and advise the scene is secure, personnel may enter the scene. However, it shall be at the discretion of the OIC to enter a scene.
On Scene

- When approaching the scene after staging, apparatus should be parked two or three houses away from the address, or safely outside the killing zone. If someone inside the house has a gun, an area about 120° in front of the house is at least partially exposed to gunfire.
- Personnel shall work in pairs when entering a scene of a potentially hostile situation. If police have not been notified, they shall be notified immediately when it is determined that a domestic disturbance or other violent act has occurred. Additional GFD units may be necessary depending on the availability of police.
- GFD personnel should use plain and descriptive English when requesting police assistance if PD is not on location.

Child Abuse, Neglect and Sexual Assault

- Police shall be requested when personnel suspect child abuse, sexual assault or neglect. If police are unavailable, or immediate transport is required, the patient should be transported to the hospital and an officer requested to meet there.
- If parents or guardians refuse to allow a child to be transported, personnel shall remain at the scene until police arrive.
- Personnel shall document statements, observations, and any pertinent information when child abuse, sexual assault, or neglect is suspected. This information should be documented on the department incident statement form.

Approaching the Scene

- Approach on the grass, not directly up the sidewalk.
- If using a flashlight, hold it beside and not in front of your body.
- If walking with a partner, walk single file. The last person in line should carry equipment and the first person should carry the flashlight.
- As you approach the scene, make a mental map of all possible concealment (objects that will hide you, such as shrubbery) and cover (objects that will both hide you and stop bullets, such as trees). Keep scanning the darkness for movement.
- If you are going up a stairway, keep your back to the wall or railing. That way you only need to make a 90° turn to retreat.
- Stand to the side of a door when you knock on it-- never stand in front of it.
- As soon as the door is open, reassess the situation before you decide to enter, or retreat and call for help. Scan the area for possible weapons, such as scissors, knives, and firearms.
- Keep the door to the room open, and identify as many exits as possible. Regardless of the situation make absolutely sure that you have at least one certain route of escape.
- Have other GFD members or police remove other people slowly from the room to a safer place.

Patient Management

- Try to visually locate the patient before you physically approach.
- Ask the patient or police if anyone else is home.
- Attempt to determine whether the patient is disoriented, whether drugs or alcohol are involved, whether the patient has a gun or weapon and whether other people are involved.
- Determine if you and your partner can handle the patient alone or if additional manpower or police are required.
• Never appear to block the patient’s route of escape.
• Approach the patient slowly and quietly-- do not rush. Let the patient see clearly that you are not going to make a sudden move. Stay at least 6 feet away from them as you talk, and stand at a “friendly angle” of 45 degrees.
• Communicate with the patient from a safe distance (at least 6 feet away) and position (facing the patient); never turn your back on the patient. Talk quietly, and use a non-confrontational tone of voice.
• Encourage the patient to think. Ask for detailed responses to questions. Doing this will divert his attention to the situation instead of to the patient’s anger.
• Use calm, soothing manner when interacting with the patient; avoid reacting with anger and defensiveness. Try to calm the patient if he or she begins to exhibit hostile behavior. If your efforts to calm the patient are ineffective, exit the situation and call for help.
• Never ignore or disregard a weapon. If one is suddenly brandished, calmly tell the patient that you want to help but cannot until the weapon is released. Ask the patient to put the weapon in a neutral place. If the patient continues to brandish the weapon exit the situation and call for help.
• Show your concern and actively show the patient that you are listening. Nod your head, and repeat some of the things he or she is saying in your own words to show that you understand.
• Use the words “we” and “us” to inspire a feeling of cooperation.
• Don’t disturb the patient any more than necessary. If he or she becomes agitated, abandon your efforts to provide examination and treatment until calm is restored.
• Do not take the patient’s anger personally, and avoid over-reacting to anything said.
• Explain what you are doing carefully, step by step. Do not lie. If trust in you is not established, the patient may become violent.
• Acknowledge the patient’s fear and concerns.
• Give the patient instructions regarding his or her behavior. Clearly state the consequences of an aggressive behavior before it happens.
• Tell the patient briefly and honestly what he or she can expect from you.

Fire Control
• Small fires that are not in danger of spreading to structures or threaten lives shall only be extinguished without increasing the threat of violence to responders.
• Working fires in structures will not be attacked offensively if a large number of violent individuals are present and unwilling to allow access by Fire Department members.
• In areas with active large scale disturbances, fire suppression activities shall be of a primarily defensive nature.

If violence is directed at Fire Department Personnel
• If possible, immediately withdraw from the area where violence is occurring.
• If withdrawal is not possible, activate a “MAYDAY” on mobile and portable radios and give as much pertinent information as possible to Dispatch.
• If radio traffic would potentially draw attention or escalate the violence, members should use any method necessary to request assistance.