


HANDBOOK FOR PARTICIPANTS

Training for Ambulance and Pre-Hospital
Response in Risk Situations



**HEALTH IT'S A
CARE MATTER
IN OF LIFE
DANGER & DEATH**

 **Norwegian Red Cross**

Handbook for Participants

Supplementary material to: *Training Manual for Ambulance and Pre-Hospital Response in Risk Situation*, ISBN 978-82-7250-273-6 (printed), 978-82-7250-274-3 (PDF).

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Dear participant of the Training for Ambulance and Pre-Hospital Response in Risk Situations,

This handbook has two main objectives: help you track your learning pathway during the training and offer you dedicated material to take back to your daily routine, with key points from the course and where you can also write your own notes.

Each topic of the training is described here with:

- Learning objectives of that module,
- Important reminders from the content,
- Indication of further resources you can find online, in case you are interested,
- A few pages for notetaking.

There is also a final section with reminders on rights and responsibilities of health personnel working in conflict and other emergencies, as well as extra reminders on safe behavior.

Enjoy the training and safe deployments in your work!

VIOLENCE AGAINST HEALTHCARE PERSONNEL

Learning objectives:

- Understanding violence against healthcare, and what are common acts of violence
- Understanding different triggers of violence and its circumstances
- The impact of violent acts in the delivery of healthcare

Key messages from this section

Violence against healthcare deprives access to life-saving assistance when it is most needed. There is a knock-on effect on the entire health system, hindering the provision of preventive and curative healthcare.

Violence against ambulance providers is usually not an isolated, individual problem, but a structural, strategic problem embedded in economic, social, organisational and cultural factors.

Triggers of violence may include interpersonal aggression (perhaps family members or neighbours attacking ambulance providers); tension or frustration within communities; organised violence (such as gang-related violence); armed conflict.

Perception and trust can be important to reduce or prevent violence, as information can be easily forgotten, misinterpreted or misrepresented.

Violence is never just 'part of the job': it may bring negative consequences to the physical and mental health of individuals, it reduces the capacity of providing care and may even affect the functioning of organizations.

Further resources on this topic



Website – Health Care in Danger (HCiD)

An initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, health workers, facilities and vehicles, and ensuring safe access to and delivery of healthcare in armed conflict and other emergencies.

healthcareindanger.org



Video – The Human Cost

14-minute video that can be used during this session to address the problem of violence against health personnel.

tinyurl.com/yckjb253



Gathering Evidence-Based Data on Violence Against Healthcare

Report with review of scientific studies and operational data from the International Committee of the Red Cross, presenting recent data on violence against healthcare.

tinyurl.com/344w9hey



Health Care in Danger – Time to act!

Brief report available in various languages, presenting the issue of violence against healthcare.

tinyurl.com/ye2368sm

Add your own key message(s):

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USING A RISK MANAGEMENT METHODOLOGY

Learning objectives:

- Understanding key concepts in risk management and using a risk matrix
- Applying the logic of risk management on the local context of work, identifying risks and discussing potential mitigation measures
- Understanding the importance of reporting and key elements to report after an incident

Key messages from this section

Ambulance and pre-hospital healthcare take place in environments where there are many unknowns and where it is not possible to control all the elements, so we must undertake regular risk assessments when responding to calls.

There is a difference between personal and organisational risk. Everyone in the organisation has some degree of responsibility in identifying and managing risks.

Using a risk matrix, it is possible to assess and prioritise risks that need to be treated. Assessing risks is a continuous process and should be regularly renewed and updated.

Incident reporting is not about getting people into trouble. It is an essential tool for identifying and reducing the risks of recurring incidents. *All* incidents should be reported, including threats, violence or crime that can have lasting physical and emotional effects on everyone involved.

Further resources on this topic



Security Risk Management for Health Services

Learn how to implement appropriate security risk management measures to protect healthcare workers and communities, available in various languages.

tinyurl.com/5h8t5k34



Safety and Security Information Management (SIIM)

Handbook on how to report a safety and security incident within your organisation.

tinyurl.com/5h8t5k34

Add your own key message(s):

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SECURITY AND SAFE BEHAVIOR

Learning objectives

- Understand the importance of personal identification, use of uniforms and respect to code of conduct
- Learning practices of situational awareness, to improve positive perception and trust

Key messages from this section

The behaviour of an individual ambulance provider can influence the acceptance of the ambulance service and impact the security of all in the team

When the ambulance and pre-hospital service has a good reputation within the local community, an acknowledged personal identification and uniform helps protect ambulance providers and makes access easier.

A code of conduct communicates a picture of the organisation to the public and reduces the risk of variations in behavior of different individuals.

Good communication improves the safety of ambulance providers. There are differences between internal and external communications, and effective ways to communicate are largely defined by context.

It is difficult to ensure situational awareness at all times when dealing with acute needs. Given the importance of a safer response, ambulance providers should proactively develop and maintain a relationship with the community, respecting its culture, religion and social norms.

Further resources on this topic:



Best Practice for Ambulance Services in Risk Situations

Report based on experiences of the Red Cross and Red Crescent National Societies, provides a set of examples of best practices for EMS.

tinyurl.com/chrb5yeh



Multicultural Awareness for Prehospital EMS Professionals

A manual provided by Washington Health Department.

tinyurl.com/2p8caxjm



Safer Access Framework (Red Cross/Red Crescent Movement)

Website for the Safer Access: Increasing acceptance, security and access to people and communities in need.

tinyurl.com/3xuvf49w



Stay Safe (IFRC)

Booklet featuring checklists and tips to help you conduct site security assessment for residential and office sites, and describes the IFRC minimum security requirements that apply.

tinyurl.com/yp3j5vsx



Increasing Resilience to Weapon Contamination through Behaviour Change

This document covers developing and conducting risk awareness and safer behaviour interventions to reduce the likelihood of casualties among staff, volunteers and the civilian population.

tinyurl.com/yvzv68hc

Add your own key message(s):

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MANAGING AGGRESSION AND INTERPERSONAL VIOLENCE

Learning objectives

- Understanding connections between reactions, emotions and needs
- Learning basic elements of de-escalation and non-violent communication
- Becoming familiar with practical skills for conflict management

Key messages from this section

When met with aggressive behaviour, ambulance providers can influence the situation by the way they react and behave. This requires the capacity to be aware of and manage one's own emotions.

When we meet people who are angry or aggressive it can often be more effective to identify their underlying emotions and meet their underlying needs, rather than to react to the anger itself. This may also help to keep your own calm, rather than to inherit the feelings and reactions of the other party.

The nonverbal signals that we display when another person is talking to may affect that person and facilitate (or not) the communication of a certain message.

Non-violent communication can be an effective tool for meeting people that are experiencing strong emotions, like fear, anger or sadness to be able to identify and meet their needs.

Some tips to practice active listening:

- Seek eye contact, if this is locally appropriate
- Be aware of body language (e.g. nodding, facial expressions, posture, sitting position)

- Make noises and give feedback (e.g. 'mmm', 'oh', 'exactly', 'oh really?', 'how interesting')
- Think about the tone of voice you are using, see if you need to adjust it
- Be aware of our own judgments, prejudices and interpretations: what is going on in your head?
- Avoid interruptions or criticisms
- Ask questions about things you might not have understood, or simply to have the speaker go into greater detail about the topic

Some tips to verbally de-escalate tension:

- If possible, first listen to the other person.
- When answering, use the 'I-language', formulating your ideas with yourself as the subject of the sentence: 'I would like to explain what will be the next steps to transfer your family member', instead of 'You need to listen to what I am saying'
- Avoid using generalizations like 'always', 'never', 'you cannot', 'you have to'
- Ask the person: what could I offer you to support?

Some tips for conflict management:

- Be alert for signs of stress and rising tension
- See if it's possible to offer privacy and sitting places to communicate, especially if there are bad news to be shared
- Avoid sitting or standing very close to your interlocutor, try to remain close to an exit for the case of an emergency
- Involve others in the management of a tense situation, ask for the presence of colleagues in a room or call for help
- Make sure you always have a functioning mean of communication with you!

Further resources on this topic:



Interpersonal Violence Prevention and Stress Management in Health Care Facilities

A training manual for Red Cross and Red Crescent facilitators to teach and sensitise personnel in health care facilities.

tinyurl.com/36uvpf7m



De-Escalating Violence in Health-care Settings

Page from the Healthcare in Danger initiative, with different material (including a printable poster) to help health workers to de-escalate violence.

tinyurl.com/2r86c3va



Defusing violent behaviour in health-care settings

Poster (to print) with de-escalation tips and ideas

tinyurl.com/mttwpc9j



Center for Nonviolent Communication

Website of the global organisation helping people peacefully and effectively resolve conflicts in personal, organisational, and political settings.

cnvc.org

Add your own key message(s):

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STRESS AND PSYCHOSOCIAL WELL-BEING

Learning objectives

- Understanding how events experienced during the service can affect psychosocial well-being
- Gaining awareness of signs of stress and distress, including after overwhelming situations or security incidents
- Becoming familiar with actions to mitigate risks of stress

Key messages from this section

For ambulance providers to care for others to the best of their abilities, their own basic physiological and safety needs must be met. Yet they often work in challenging situations, and put aside their own needs.

Psychological processes are internal, including thoughts, feelings, emotions, understanding and perception. Social processes are external: social networks, community, family and environment. What happens in one of these areas will affect aspects of the others. How we feel internally affects how we relate to the environment around us. Similarly, our traditions, customs, and community affect how we feel.

Not everyone who is exposed to stressors or a potentially traumatic event develops psychological trauma, but it is important for the individual's wellbeing that difficult experiences can be talked about without stigma.

Stress does not need to be something we simply experience; it can be something that we manage. This implies taking measures to ensure some level of control over the experience of stress and to try to prevent or mitigate the development of mental health conditions.

Some reminders on risks for enhanced stress:

Personal risks: unrealistic expectations about how to help others, feelings of guilt about limitations, moral or ethical dilemmas

Interpersonal risks: feeling unsupported by colleagues, working with colleagues who are burned-out or overstressed

Risks related to working conditions: working under high pressure, exhaustion, with none or too short rotations, witnessing traumatic events in the emergency response, being victim of violence, lack of information or lack of preparation for emergency response, working without being valued

Some reminders on signs of stress and distress:

Physical: rapid heart rate, high blood pressure, sleep problems, digestive problems like unexplained nausea or diarrhoea, constant feeling of tiredness, headaches, muscle tension, back and neck pain, being frightened very easily

Mental: poor concentration, feeling confused, disorganized thoughts, forgetting things quickly, difficulty with decision-making, intense dreams and/or nightmares, intrusive thoughts, increasingly negative about life, feeling discouraged and without hope, anger and agitation

Behavioral: enhanced risk-taking (driving recklessly, increased alcohol intake, crossing streets without attention, etc), overeating or undereating, verbal outbursts, compulsive behavior (repetitive actions, nervous tics, etc), withdrawal and isolation

Some reminders on stress management, care for yourself and others:

Individually: perform routine tasks that give you a sense of routine and self-care (regularly, showering, spending time with family and friends,

etc); find a healthy way to vent that works for you, for example through writing; seek professional advice when you feel your own self-care is not sufficient to restore your wellbeing; do not self-medicate; take breaks (if possible) when you feel tolerance levels are dropping

As a colleague: Informal support both during and after work, including in remembering colleagues to take breaks, drink liquids, rest; support when you're both out in the field, check in on how things are going; seek opportunities to listen to others and share knowledge, and opportunities to encourage and support your peers

As an organization: ensure team leaders have knowledge to identify and support initial signs of stress and distress in the team; establish rotations that enable enough rest, eating and hydrating time; ensure sufficient briefing and preparedness of the teams, especially for complex responses; ensure access to follow-up after traumatic and stressful experiences (anonymously, if needed); facilitate time for ambulance providers to recover, reflect and assess how they can improve future responses.

Further resources on this topic:



Interpersonal Violence Prevention and Stress Management in Health Care Facilities

A training manual for Red Cross and Red Crescent facilitators to teach and sensitise personnel in health care facilities.

tinyurl.com/36uvpf7m



IFRC Reference Centre for Psychosocial Support

Website and resources on psychosocial support from the PS Centre.

pscentre.org



Training in Psychological First Aid

Three-day training to introduce participants to PFA in Groups – Support to Teams.

tinyurl.com/329vr58h



Caring for Staff and Volunteers in Crises

Guidelines outlining different ways of giving recognition and psychosocial support to staff and volunteers deeply affected by crises they are responding to.

tinyurl.com/bfcyrmte

Add your own key message(s):

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RECOMMENDATIONS FOR ACTION

Learning objectives:

- Defining some possible measures to ensure risks are mitigated or prevented
- Discussing actions that can support safety and wellbeing of the ambulance personnel
- Creating a set of pocket cards for action!

Add your own key message(s) according to the group discussion!

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REMINDERS ON RIGHTS AND RESPONSIBILITIES OF HEALTHCARE PERSONNEL WORKING IN EMERGENCIES¹

Your responsibilities

- To treat people with humanity and respect.
- To provide impartial care to all who need it, with the highest achievable quality of care.
- To respect patients' dignity and autonomy and preserve medical confidentiality.
- Not to exploit patients' situation or vulnerability.
- To do everything within your power to prevent violence against patients.
- To refuse to obey orders that are unlawful or that compel you to act contrary to health-care ethics.

Your rights

- To be respected in the performance of your duties, including not being subjected to violence (a right shared by the patients).
- To provide care to all who need it, without adverse discrimination.
- Not to be punished for discharging your responsibilities in accordance with accepted standards of health care.
- Not to be compelled to act contrary to the law or health-care ethics.
- Not to be compelled to give information about patients beyond what is required by domestic law or regarding notification of infectious diseases.
- Not to be punished for disobeying an illegal or unethical order.

¹ This is an excerpt of the Participants' handbook of the training in De-escalation of Violence in Health-care Settings, published by the International Committee of the Red Cross. A longer version of rights and responsibilities is available in this other publication: **Health Care in Danger: The Responsibilities of Health-Care Personnel Working in Armed Conflicts and Other Emergencies** (you can download at tinyurl.com/5zfxderm)

EXTRA TIPS ON SAFE BEHAVIOR!

- Make sure to make careful use of light and sound alerts in the ambulances, within a defined framework: they should support quicker transport and not enhance security risks!
- If you need to cross a checkpoint, make sure all checkpoint procedures are agreed upon prior to deployment of an ambulance. Some part of the negotiation might need to be done by management, before the team arrives at the barrier. Make sure you have all needed identification and documents for authorization. Don't forget to document how long the team was held at a checkpoint to monitor undue delays and other blockages.
- Discuss with the team scenarios in which you should stay in the car, and those in which you should seek external shelter. In general, if there is shooting and/or fire, you should not stay in the vehicle, seeking protection in other places. On the contrary, if a mob is harassing you, the car might offer protection.
- Agree with your colleagues discreet codes to indicate you might be in danger. You can use particular medical terms or an odd call such as 'I need to call my mom', and this can help to indicate risks that others might not be aware of (presence of weapons, need to evacuate the scene quickly, rising tension with the community)
- The use of GPS and other digital systems might support security measures but might also become a liability in areas with strong digital surveillance by a violent party. Make sure these systems and their risks are included in your risk assessment.

