NFPA 455-Proposed 2026 Edition
(Proposed new title) Standard for Emergency Medical Services (EMS)
TIA Log No.: 1829
Reference: 11.4(new)
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1. Add new 11.4 to read as follows:

Chapter 11 Training and Education.

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11.4 Medical Self-Defense Training.
11.4.1 Providers shall ensure practitioners are provided self-defense training.
11.4.2 Initial self-defense training and annual refresher training shall include the following:
(1) Verbal de-escalation
(2)* Standing defenses
(3)* Bedside defenses
(4)* Ground defenses
A.11.4.2(2) Standing defenses include concepts such as distance management, which can consist of training practitioners to maintain a safe distance and remain prepared for an ambush entry. Additional standing defenses can include wrist releases and defenses from front and rear choking attempts, uniform grip breaks, hair and bite defense, and edged weapon defense.
A.11.4.2(3) Bedside defenses can include wrist releases, front choke defense, uniform grip break, hair grab defense, bite defense, and edged weapon defense.
A.11.4.2(4) Ground defenses can include mount and guard survival.

Substantiation: Practitioners frequently encounter unpredictable and potentially violent situations, yet there is no current requirement ensuring they receive structured self-defense training. While de-escalation techniques are often emphasized, EMS providers are still at risk of physical assaults from patients, bystanders, or other individuals on scene. Without proper training in both verbal de-escalation and physical self-defense, practitioners may be unprepared to protect themselves in escalating situations, leading to increased injuries and compromised patient care.

The proposed language change establishes a clear requirement for initial and annual self-defense training, incorporating essential skills such as verbal de-escalation, standing defenses, bedside defenses, and ground defenses. By providing EMS personnel with the necessary tools to manage threats safely, this change enhances provider safety, improves response capabilities in high-risk encounters, and aligns EMS training with best practices for workplace violence prevention.

Garner, D. G., Deluca, M. B., Crowe, R. P., Cash, R. E., Rivard, M. K., Williams, J. G., Panchal, A. R., & Cabanas, J. G. (2022). Emergency medical services professional behaviors with violent encounters: A prospective study using standardized simulated scenarios. JACEP Open, 3(2), e12727. https://doi.org/10.1002/emp2.12727

Abstract: "Introduction: To evaluate emergency medical services (EMS) professional response to escalating threats of violence during simulated patient encounters and describe differences in behaviors by characteristics. Methods: EMS professionals of a large county-based system participated in 1 of 4 standardized patient care scenarios. Each 8-minute scenario included escalated threats of violence such that EMS personnel should escape the scene for safety.

Trained evaluators recorded EMS professionals' performance using standardized data elements. Outcomes included EMS personnel escape and verbal de-escalation attempts. Descriptive statistics and univariable odds ratios (OR) with 95% confidence intervals (95% CI) are reported. **Results:** There were 270 EMS professionals evaluated as individual members of 2-person crews. Overall, 54% escaped the unsafe scene and 54% made an adequate de-escalation attempt; 20% did not make an adequate de-escalation attempt nor escape the unsafe scene. Paramedics demonstrated lower odds of escaping compared to emergency medical technicians (OR: 0.40; 95% CI: 0.17–0.94), yet greater odds of adequate de-escalation (OR: 3.17, 95% CI: 1.38–7.31). EMS professionals with more than 20 years of experience (OR: 0.32, 95% CI: 0.13–0.79, ref:2 years or less) and those with military experience (OR: 0.37; 95% CI: 0.17–0.81) demonstrated reduced odds of escaping. Crisis intervention team (CIT) training was associated with reduced odds ofescape (OR: 0.38; 95% CI: 0.21–0.69), but increased odds of adequate de-escalation (OR: 2.19; 95% CI: 1.19–4.04). Conclusions: Nearly half of EMS professionals did not remove themselves from a simulated patient care scenario with an escalating threat of physical violence. EMS-specific training for de-escalation as a first-line technique, recognizing imminent violence, and leaving a dangerous environment is needed."

Maguire, B. J., O'Neill, B. J., O'Meara, P., Browne, M., & Dealy, M. T. (2018). Preventing EMS workplace violence: A mixed-methods analysis of insights from assaulted medics. Injury, 49(7), 1258-1265. https://doi.org/10.1016/j.injury.2018.05.007

Abstract: "This mixed- methods study includes a thematic analysis and directed content analysis of one survey question that asked the victims of workplace violence how the incident might have been prevented. Results: Of 1778 survey respondents, 633 reported being assaulted in the previous 12 months; 203 of them believed the incident could have been prevented and 193 of them (95%) answered this question. Six themes were identified using Haddon's Matrix as a framework. The themes included: Human factors, including specialized training related to specific populations and de-escalation techniques as well as improved situational awareness; Equipment factors, such as restraint equipment and resources; and, Operational and environment factors, including advanced warning systems. Persons who could have prevented the violence were identified as police, self, other professionals, partners and dispatchers. Restraints and training were suggested as violence-prevention tools and methods. Conclusions: This is the first international study from the perspective of victimized EMS personnel, to report on ways that violence could be prevented. Ambulance agencies should consider these suggestions and work with researchers to evaluate risks at the agency level and to develop, implement and test interventions to reduce the risks of violence against EMS personnel. These teams should work together to both form an evidence-base for prevention and to publish findings so that EMS medical directors, administrators and professionals around the world can learn from each experience."

Kupas, D. F., Wydro, G. C., Tan, D. K., Kamin, R., Harrell, A. J., & Wang, A. (2021). Clinical Care and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners. Prehospital Emergency Care, 25(5), 721-723. https://doi.org/10.1080/10903127.2021.1917736

Abstract: "The National Association of EMS Physicians (NAEMSP) has had a position statement on patient restraint since 2002 (Citation1), which was updated in 2017 (Citation2). This document updates and replaces these previous statements and is now a joint position statement with the National Association of State EMS Officials (NASEMSO), National EMS Management Association (NEMSMA), National Association of Emergency Medical Technicians

(NAEMT), and the American Paramedic Association (APA).The NAEMSP, NASEMSO, NEMSMA, NAEMT, and APA recognize that emergency medical services (EMS) personnel frequently care for agitated, combative, or violent patients who require clinical treatment and transportation. These situations are often complicated by alcohol use, substance use, or mental health illness. When clinical monitoring and treatment are indicated, these become health care issues. When such encounters occur, patients, the public, and all emergency responders are at risk for injury. Furthermore, delirium with agitated behavior is associated with continued patient agitation or struggling, with or without physical restraint, and is associated with hyperthermia, hyperkalemia, rhabdomyolysis, and cardiac arrest. In these severely impaired patients, rapid pharmacologic management/sedation may prevent these adverse and life-threatening conditions and maximize patient safety."

Blatman, J., Cobb, C., Cohen, M., Florin, A., Hedeen, G., Kaull, K., Szczygiel, M., Thomas, M., & Goodwin, J. (2019). NAEMT *Violence Against EMS Practitioners.* https://www.naemt.org/docs/default-source/2017-publication-docs/naemt-violence-report-web-10-02-2019.pdf

Conclusion: "EMS practitioners expressed strong interest in more training and education to deal with potentially violent situations in the field, particularly verbal de-escalation and self-defense tactics. In conversations outside of this survey, EMS managers have expressed concerns that teaching self-defense may blur the line between police and EMS, forcing providers to act as an arm of law enforcement rather than as medical professionals. Other concerns are that self-defense courses may give EMS professionals a false sense of security or cause EMS practitioners to take unnecessary risks when the safest course of action is to exit the situation rather than engage in a confrontation. The cost of providing training is also a barrier. EMS practitioners responding to this survey do not seem to share those concerns. The number one request for additional training was education in verbal de-escalation, including skills such as anticipating who might become violent and learning how to prevent a situation from escalating. Many respondents also expressed a desire for hands-on self-defense training, and additional protective gear. At the same time, EMS practitioners want to feel supported by their agency and EMS colleagues in walking away from situations that may be dangerous."

Wirth, T., Peters, C., Nienhaus, A., & Schablon, A. (2021). Interventions for Workplace Violence Prevention in Emergency Departments: A Systematic Review. International Journal of Environmental Research and Public Health, 18(16), 8459. https://doi.org/10.3390/ijerph18168459

Abstract: "Emergency departments (EDs) are high-risk settings for workplace violence, but interventions to prevent violent incidents and to prepare staff are not yet consistently implemented, and their effectiveness is often unclear. This study aims to summarise evidence on workplace violence prevention interventions that were implemented in EDs to reduce violent incidents caused by patients/relatives or to increase the knowledge, skills or feelings of safety of ED staff. A systematic review was conducted. The databases MEDLINE, Web of Science, Cochrane Library, CINAHL and PsycINFO were searched for studies dated between January 2010 and May 2021. Interventional and observational studies reporting on behavioural, organisational or environmental interventions among healthcare workers in hospital EDs were included. Studies were assessed for methodological quality using the Johanna Briggs Institute Tools. Key findings of studies were summarised narratively. Fifteen studies were included, of which eleven examined behavioural interventions (classroom, online or hybrid training programmes) on de-escalation skills, violent person management or self-defence techniques.

Four studies included in addition, organisational and environmental interventions. Most studies showed that interventions had a positive effect in the form of a reduction of violent incidents or an improvement in how prepared staff were to deal with violent situations; however, evidence is still sparse. Further studies should consider in particular, environmental and organisational interventions and ensure a high methodological quality."

Emergency Nature: See substantiation above.

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