

# RESPONSE

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## Basic Defence for EMS Staff

A review of the ISR Matrix technique

Jerry Barrett

Looking around the room I had to ask myself “what the heck was I doing”? Here I am, a 45 year old Paramedic surrounded by a group of younger and fitter people all confessing to be serving military/law enforcement personnel, security consultants and sporty martial art types. We were all in sports gear and requested to bring boxing gloves and mouth guards. This was the moment I thought that I had put myself in a position that I may live to regret!

But wait; there are a few older people in the room; in fact there's a 66 year old standing over there and a few others that have grey hair and were born in the same decade as myself, a strange mixture of people all here for the same reason; to learn a new skill.

**“knowing others is wisdom, knowing yourself is Enlightenment”** [LaoTzu]<sup>1</sup>

### Why do we need to know self-defence?

My wife tells me that it must be down to a touch of ‘mid-life crisis’ trying to relive a time when I was younger, fitter and serving in some of the worlds elite special forces as a tactical medic, but after much inner thought I realise that it is not why I am here. Anyone who works in the health care system is in danger of attack from the very people that we are trying to treat, this is summed up by Fernandes et al in their survey of 163 health care workers stating that *“Violence in the workplace is a well-recognized concern for health care workers with most perpetrated by patients and, to a lesser extent, visitors. Substance abuse and psychiatric disorders are among the main factors contributing to violence in the emergency department”*<sup>2</sup>.

This is also a reality for EMS staff who are called to deal with potentially explosive situations every day, people charged up on alcohol, drugs or just pure emotion can be irrational and lash out at anyone close enough in a moment of madness.



To counter this threat there are short courses on ‘verbal judo’ to help pacify potentially violent situations, and these are invaluable tools to have. I have personally used these skills many times to diffuse an escalating situation.

During my time in the health care system I have also seen many attempts to train Nurses and Medical staff in self defence moves just in case the situation turns ugly and talking yourself out of it is no longer the option. I have seen numerous well intended efforts to teach these skills to a profession who have the ultimate aim of compassion and not of violence.

Most of the techniques taught in these classes are taken from Karate, Kung-fu or quasi military unarmed combat programs. I have no doubt that these techniques can be effective in trained hands but they need constant practice and training to be reactive or effective, without this they are at best just a distraction to the assailant but at worse they offer a false hope of inflicting a blow that will stop a charging bull only to find that you have now entered the affray as a combatant and thrown any moral ground of passiveness away.

To someone fuelled up on a cocktail of rage, drugs or emotion once this barrier has been breached then that person is ‘fair game’ to be slapped!

Even if a person attends a regular martial arts class it does not automatically turn them into a mean lean fighting machine, even Gichen Funakoshi the “father” of modern day Karate noted that *“You may train for a long, long time, but if you merely move your hands and feet and jump up and down like a puppet, learning Karate is not very different from learning to dance. You will never have reached the heart of the matter; you will have failed to grasp the quintessence of Karate-do”* [Joe Hyams]<sup>3</sup>.

The trouble is that this training does not simulate real combat, it does not get you ready for that explosive moment where the situation gets out of control and the fists start to fly. This is why I am attending this class, this is the reason that I intend to learn some basic skills that will help the next time I have a drunk launch himself at me and I have to react to avoid being king hit.

Another thing is that we need to look at the news and current political and legal system to appreciate that even when public servants get involved in trying to protect themselves in a possible assault they too can stand accused of assault, or using excessive force.

What may seem like an expertly delivered martial art technique in the heat of an assault, if captured on film and played in the cold light of day could seem like an act of aggression or excessive force and land the defender in court facing assault charges. This is why I have been looking for a system that can teach me to evade the direct impact of aggression and NOT attempt to fight it.





"You need to have been put under pressure of someone trying to tear your head off and know that you can deal with it and it's not going to kill you" these are the words of a veteran police officer as he explains why he teamed up with Luis Gutierrez to develop a self defence system for law enforcement, military personnel and civilians called ISR Matrix.

## What is ISR Matrix?

ISR stands for intercept, stabilise and resolve. Once combined this system is remarkably effective for avoiding a damaging blow to the head, neutralising an opponent and restraining and disarming them to effectively render them safe to deal with. What I believe it has to offer over every other system that I have worked with is the five basic techniques that form the 'Intercept' part of the system, the techniques that allow us to avoid getting hit and allow us to get in the safest position next to a physical body intent on doing us harm..., behind them! Of course we never knowingly place ourselves in danger, our colleagues in the Police force are excellent at responding to our calls of assistance should we assess the situation and deem it too dangerous for us to go into. But hindsight is a wonderful thing, and there are times when a situation turns ugly without warning.

Devising a limited set of techniques that would apply in a variety of situations was a challenge to Gutierrez, the President of ISR Matrix. It was deemed essential, though, because most police, security personnel or civilians have a limited amount of time to train. Gutierrez settled on a small number of moves that can provide real world utility against all levels of threat, hence the 'Matrix' in the title. And, being modular the system is built from components and training methodologies that can work in virtually any combination. While it draws from wrestling, judo and boxing, the techniques are easily legally defensible and with virtually zero injury potential for the patient or the health care worker. Unlike many other systems that teach a certain move for a certain type of attack the ISR Matrix system teaches one defensive move 'the helmet', and that is practiced time and time again. It must be instinctive, as must any life saving or injury

saving manoeuvre. By the end of the course we will be spinning ourselves round and round, in true party game style to simulate disorientation prior to defending ourselves against the slaps of a boxing glove from the front, side and rear, we will train at avoiding an attack with our eyes closed in true Jean Claude Van Dam style all to demonstrate how well the technique truly works and add the confidence that these techniques will protect you....but more of that later.

## The Instructor

Our instructor was Dave, a man with a wealth of knowledge as well as being the ISR Matrix representative in Australia. Dave commenced his career in the Australian Defence Force in reconnaissance, force protection, leadership and instructional roles. Within the civilian sector, he has worked within Corrective Services, Police and in health care. Over the past 17 years he served in various roles including diplomatic protection, intelligence, riot squad, emergency response team, operational safety training and project management. Dave has an in depth understanding of the health care system as he has also worked as a training coordinator in health care and a number of his close family members are nurses. That made it so much easier to relate to the tales of drunken patients threatening violence to health care workers.

Dave specialises in Defensive Tactics instruction and although the Australian chapter of ISR Matrix International has been established less than 2 years, Dave has conducted a total of 15 public courses in this period for individual Police, Military, Corrections and Security Officers along with several courses for Government Departments

After seeing with his own eyes the need for an adequate professional personal protection self defence system for those of us who are in the care giving role Dave is constructing a specialised short course to cater for health care workers, just teaching the basic protection and evasion techniques that we could use to get out of a violent attack or situation without having to engage with the assailant, a purely 'get out of trouble' course that is based on 5 basic techniques.

## The Techniques

So what of the techniques that we practiced, why does this make such a good system for us traditional non-combatants? Do you have to be fighting fit?

Well I am a prime example of a 'not quite as fit as I should be' Paramedic, family life and a love of Red Wine have caught up with me and I must confess that my trips to the gym have eased off a bit. I was dreading a martial arts type of warm up drill, designed to stretch muscles in places that have long been forgotten or used..... but the warm up was the first move.



The '4 point drill' is taught as a 'passive move' to avoid any potential assailant from making hand contact with you. We have all been there, there are always those patients that get into your personal space and try to place their hands on you. This is not always a threat, and the need to react in a passive manner is invaluable so as not to escalate the situation, nor cause offence if it was done on an unintentional motive. We do not want to start using ninja type movements on the dear old lady that just wants to touch our arm as a mode of reassurance!

### Avoidance moves

There are, however, many occasions that I can think of when a patient fuelled up on the normal Friday night cocktail starts grabbing at the sleeve, or just invading that small envelope of personal space that we need to develop to ensure our own safety. What the 4 point drill teaches is just a gentle method of deflecting their advances, but that can follow on to another technique called the 'arm drag' if required.

This drill is called the '4 point drill' as it develops the movement from all 4 points of the body that may be invaded on the upper and the lower torso. It is designed to protect not only the physical body but also any equipment that we may carry such as personal radios on our upper body or mobile phones and shears on our belts. The drill is practiced by pairing up with a partner, it is soft and passive, yet effective. We change partners frequently to avoid getting too familiar with one person and also to train using different body types and shapes. This first drill is also used as an excellent 'ice breaker' as we are encouraged to talk to each other and introduce ourselves during the drill, to practice the time when you are using the verbal judo skills on someone yet still deflecting curious body contact that may well be a precursor for an attack. We learn the skill of multi tasking [something my wife tells me I can't do] whilst not appearing to take an aggressive stance. This drill also warms up the body and after the first session I feel that I have been put through a mini activity.

***"You and your opponent are one. There is a coexisting relationship between you. You coexist with your opponent and become his complement, absorbing his attack and using his force to overcome him" – Bruce Lee [ Joe Hyams]<sup>3</sup>.***

So the 4 point drill can be used on any occasion that we do not want to be touched, it is a brush off from physical contact and cannot be seen as an act of aggression by anyone.



But what if the assailant is persistent or their intent is clearly to grab you or a piece of equipment? Then we learn the next move in the matrix, the arm drag. This move can follow on from the 4 point drill as a fluid movement. It's a method for seizing your assailants arm and guiding him away from the path he wants to follow, thus creating an opening for you to gain a better position by moving to the side or back, originating from wrestling<sup>4</sup>.

This move has great potential for the person that lunges at you, it is still a passive move and one that cannot be seen as an act of aggression. This is vital as any aggressive move can be seized on by bystanders or the potential attacker as an escalation of the situation. The arm drag simply diverts the direction of the assailant and places us in the safe zone away from any potential attack, it also gives us an opening to get away from the situation. The only physical connection that occurs is the initial brush off using the 4 point move and a light touch of the upper arm to redirect the body; it works so well yet looks so flaccid!

***"If I wish to extricate myself from a dangerous position, I must consider not only the enemy's ability to injure me, but also my own ability to gain an advantage over the enemy. If in my counsels these two considerations are properly blended, I shall succeed in liberating myself..." - Sun Tzu<sup>1</sup>***

### ***Evasive moves***

So the first two moves; the 4 point drill and the arm drag can be used effectively on any type of aggressive move whether it is a focused personal attack or an alcohol fueled lunge. But what if the assailant is all fueled up and ready to do some damage to whoever they connect with? What if there is no place to run, that you are trapped in a room with the patient who is uncontrollably aggressive or violent? Then comes the 'seat belt' maneuver. As a profession we are not trained to stand toe to toe with an attacker, nor do we have any routine training in neutralizing any attack as the police do.

So what better place to be when confronted with an aggressive attacker than behind them?



The 'Seat Belt' move is a fluid continuation of the 'arm drag' technique and only involves using the other hand to grab hold of the assailants hip and staying close to their back. Our head stays firmly attached to their back and effectively removes any part of us from danger. Quite simply this extension of the 'arm drag' movement takes us behind the danger zone of flailing fists or kicks and positions us firmly onto the back of the assailant. We become the unreachable itch that no attempt of manipulation can reach.

The secret of this technique is to stay close to their back, with our head pressed on to their scapular with one of our hands on their hip and the other just distal and inferior to their A/C joint; in that position we are safe from being grabbed and can also remain elusive to any attempt to grab us. This safe position can buy valuable time for assistance to arrive in the form of security or police.



Again we practice this additional move in the class, switching partners to simulate attack from as many different body types as possible, from the large powerful build to the slim and slight frame. Once we have mastered these drills we line up one behind the other with one person facing a line of potential attackers.



In this practice each person stands in the way of multiple people all walking forward in a 'zombie walk' with arms outstretched attempting to walk through the person in front of the line. This practice installs confidence that these techniques work, and to maybe perfect our techniques if they don't! Believe me having 20 people come at you in an aggressive pose intent on walking through you and being able to avoid them is a great confidence booster.

Another group practice is the circle; this is slightly more advanced than the line practice as it enhances our peripheral vision. One student takes their place circled by the other students in the group, in this practice the attack can come from any direction at any time. Sometimes these attacks are from multiple attackers in several directions, in which case we are taught to use the assailant that we have latched on to in a parasitical pose as a shield to protect us from attack, it works.....and although it will be rare for us to be in such a situation, we can now be assured that it will work for us if we need it.

So far we have been taught how to evade assault, and position ourselves in a safe stance behind the aggressor. Dave is constantly walking around and offering advice to us, or answering 'what if' scenario questions from the other students. He can draw on years of experience to back up his explanations and give examples to help justify the technique or provide the legality of using certain techniques.

It is obvious from our group that each individual has their own agenda to fulfil, their own set of encounters in which to relate to and the sharing of these experiences with the rest of the class broadens our perception of the roles of different professions in the class.

***For to win one hundred victories in one hundred battles is not the acme of skill. To subdue the enemy without fighting is the acme of skill***  
– Sun Tzu<sup>1</sup>

### Protective moves

What next? Do we permanently attach ourselves on the back of an assailant until help arrives? Well yes, maybe we do; however Dave explains that we also need an avenue of escape, a method



to disengage from our position of safety without getting hit. This is where we use 'The Dive'.

The fourth element of this ISR Matrix is called 'The Dive', it is a basic maneuver that consists of a two handed thrust of the arms whilst bringing up our arms to allow our biceps to protect the sides of our face and head. From the 'seatbelt' position we are trained to thrust our arms out aiming at the solid mass of the assailants scapular with both the heels of the hands to push the body away from us, and allow that moment to escape. Once linked with the other techniques of the 'arm drag' and 'seatbelt' this escape maneuver fits in so fluidly that it becomes one easy, but very effective, move.

To see it being practiced by other members of the group there is nothing aggressive in the entire movement, it simply looks like the assailant has missed their mark and stepped away. In a real situation, on-lookers will not see any aggression on behalf of the caregiver, no excuse to wade in and help their mate from what is sometimes mistakenly seen as an assault from a person in uniform. No, these simple moves provide no reason to retaliate and no provocation to escalate the situation and are ideal for those drunken lunges that occur when the situation has not yet turned overtly violent.

***"A defensive war is apt to betray us into too frequent detachment. Those generals who have had but little experience attempt to protect every point, while those who are better acquainted with their profession,***

***having only the capital object in view, guard against a decisive blow, and acquiesce in small misfortunes to avoid greater."*** – Frederick the Great's INSTRUCTIONS TO HIS GENERALS

The moves taught to us so far are great for those instances where we do not want to escalate the situation, or where the advance may be either unintentional or not overly aggressive. But what of that scenario where the assailant has full intent of landing a knockout blow, in causing injury to us. We have all been there, we are presented with a person sizing us up and ready for a fight, what do we do now?

### Defensive moves

This is where the last, and most important technique comes into its own, the aptly named 'Helmet'. This is one of the ISR Matrix primary defensive moves and serves to channel the flinch response into a default cover-up against strikes to the head and protect those areas of the head that will cause a potentially fatal blow.

To execute a helmet your lead hand comes back and cups the back of your neck with the elbow pointing forward. The other arm comes across the front of your head with your bicep tight against the side of your head.

The arm cupping the neck is bent along the side of your head with the upper arm and forearm protecting the side of your head and jaw, thus guarding your 'knockout triangle.' Gutierrez says that if he had one thing he would teach a private citizen, this would be the chosen technique. This simple technique is the default cover-up position either before the blows start raining down on us or as a reflex movement if taken by surprise, it is taken from the contact sport of Muay Thai.

The knockout triangle is a term coined to describe those areas of the head that would lead to a fatal blow, the temple area, jaw and back of the neck. Simple protection of those points will form a level of protection to use to escape serious injury from an assault.

The Helmet move is practiced until it becomes second nature to us, it must as the next time we use it could be for real.



This is where the boxing gloves come into the training, unlike the potentially passive actions that would cause us to employ the arm drag, seat belt or dive, this technique will be used to protect us from a violent encounter.

Dave explains to us that the only way we will know that we are performing the correct technique is by being on the other end of a beating, and realizing that if the movement is performed correctly then it will protect us. Initially and in pairs we practice defending ourselves from light blows from the partners boxing gloves and then we repeat the same line drills as before, only instead of a zombie walking line of potential assailants we must now protect ourselves from arm swinging thugs with boxing gloves on, intent on raining blows to our head.

Once we have mastered that, we set about on practicing to use the Helmet in adverse conditions, this is the part I mentioned earlier where we all rehearse spinning on the spot to make ourselves dizzy and then leaning to cover up from a few unexpected light blows to the head from our partner. Next we close our eyes and wait for the blows to start coming before we instinctively cover up and protect ourselves, all very life like and all very real to life. How many have heard about colleagues who have been attending a patient when the suddenly get attacked from a bystander??

The last exercise is the ring practice, where one by one we take turns in standing in a circle, surrounded by the rest of the group who will take turns in attacking us with their gloves on and react by instantly performing the helmet move for protection.

Another example where the matrix of moves taught on the course is so fluid is when we are sick of getting a beating from our training partner we change our stance from the protection of the helmet and adopt the 'Dive' maneuver to push the attacker away, whilst still protecting our head and vital areas.

The Grand Finale is having the lights turned out and performing our moves in the ring, working from sheer reaction we realize that these moves work and if performed correctly we can escape from a possibly crippling assault with just a few bruises.

## Summary

This course was worth the money, you do not have to be Danny Green or Bruce Lee to use the training. It has been designed for normal working people. Even the 66 year old came away from the course unscathed after some brutal attacks not to mention the flabby 45 year old paramedic who just wants a level of protection to use when the situation turns ugly.

I would thoroughly recommend this training to any health care professional who comes into contact with the general public, especially those that deal with mental disorders or substance abuse as these people can be unpredictable and violent. I wish to add that I paid for my training and am in no way connected to ISR Matrix, I signed up for the course for my own protection but feel that it would be of benefit to all ACAP members.

There are only 5 basic techniques to learn, these protect us from most type of common assault; these can occur while we do our best to look after people in need of assistance.

There are several clips of the ISR Matrix on you-tube if you wish to see the complete system, these also show its potential for dynamic techniques that law enforcement



can use based on the same fluid concept as the defensive techniques that we learn on the basic health care course. Dave and the team can be contacted via <http://www.isrmatrixaustralia.com> or by mailing [info@isrmatrixaustralia.com](mailto:info@isrmatrixaustralia.com).

## References

1. Tzu, Sun. (1993). The Art of Warfare. The First English Translation incorporating the recently discovered Yin-chu'ueh-shan texts. Translated by Roger Ames. Ballantine Books; 1st edition.
2. Fernandes, C.M., Bouthillette, F., Raboud, J.M., Bullock, L., Moore, C.F., Christenson, J.M., Grafstein, E., Rae, S., Ouellet, L., Gillrie, C., & Way, M. (1999). Violence in the emergency department: a survey of health care workers. Canadian Medical Association Journal. Vol 161(10): 1245-1248.
3. Hyams, J. (1988). Zen in the Martial Arts, Bantam Books.
4. Lawrence, E. (2005). Defensive program for law enforcement offers valuable lessons for civilians. Black Belt Magazine; September 2005.
5. Funakoshi, G. (1981). Karate-Do. My way of life. Kodansha International Ltd.

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Jerry has been a Paramedic for many years, working in conflict areas across the globe. He was an 'arrest & restraint' instructor in the British army a long time ago, but understands that as he gets older he must get 'smarter' in avoiding violent situations.

He currently practices Traditional Chinese Medicine whilst also working as an Occupational Health and Medical Response Coordinator for a remote mine site.