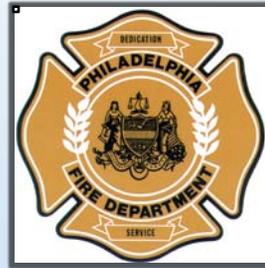


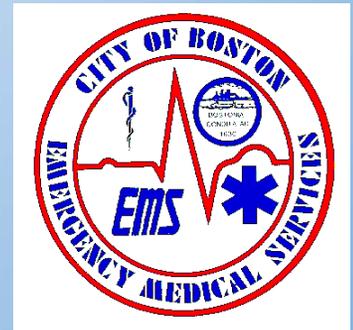
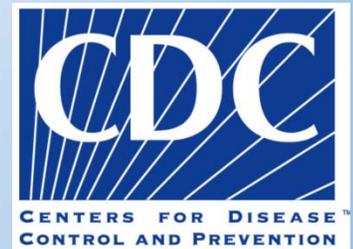
# Placing Our Troops into Protective Custody: *When the EMS Providers are Victims of Violence*



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# Setting the Stage

- ~22K injured EMS providers seen in EDs (2016)
  - 3500 resulted from assaults
  - Probably many more go unreported
- Survey of Boston EMS providers
  - The majority had concerns for their safety
  - 88% reported verbal assaults
  - 80% reported physical assaults
  - < 50% filed police report or sought care



# Best Practices To Prevent Violence

- Limited research on violence, guidance for EMS
- Some proposed best practices:
  - Procedures for responding to potentially violent situations
  - Partner with police to better identify safety threats
  - Ensure priority police assist when needed
  - Training on situational awareness and verbal de-escalation
  - Real-time information exchange between caller, dispatcher, EMS





# Literature from Philadelphia



- Drexel University examined assaults on PFD personnel
- Medics 14x more likely to be assaulted than FFs
- Most by patients, often with acute medical condition
  - Hypoglycemia, post-ictal, intoxication, psych
- Males, females equally likely to be assaulted
  - Females more likely to be injured



# Literature from Philadelphia



- Assaulted providers felt lack of leadership support
- Legal process complicated, hostile
  - Revictimized, often no consequences
- Insufficient training on managing combative patients
- Desire for personal protection tools
  - Pepper spray, stun guns, martial arts
  - Conflict with medical mission, EMS regs



# Assaults and the PFD

- Historically treated like other work-related injuries
- Failed to acknowledge physical, psychological impact
  - Depression, social isolation, substance abuse, PTSD
- Inconsistency in how cases were handled
- Violence Working Group convened to find better way
- Street provider-driven, input from Drexel
- *Operational Procedure for Member Assaulted on Duty*

# Operational Procedure Features

- Covers initial assessment, treatment, follow-up
- Specifies reporting process, documentation, tracking
- Member has right to refuse care - documented/tracked
- ERO ensures member gets needed support
- FMO interfaces with DA, represents provider
- Health and Safety Office analyzes, tracks incidents

# Drexel and the SAVER Project

- Need better data, evidence to guide policies
- Drexel to study violence in fire-based EMS systems
- Identify risk factors, predictors of violence-related injuries
- Develop checklist, APP for violent incidents
  - Permit better reporting, detailed study
- Implement in Philly, other partner cities
- Goal to develop targeted interventions



Stress and Violence in fire-based EMS Responders

# Closing Thoughts

- Violence against EMS providers is widespread
- Can impact health, wellness, job satisfaction
- We owe it to our providers to do better
- Solutions include:
  - Acknowledge and determine scope
  - Leadership and department-wide buy-in
  - Specific policies, procedures, training
  - Research to guide solutions



