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

Center for Firefighter Injury Research & Safety

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