

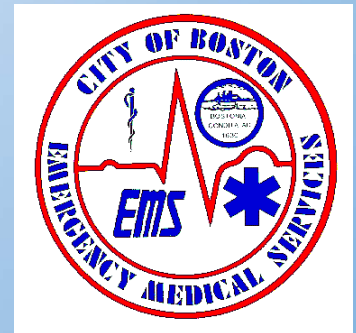
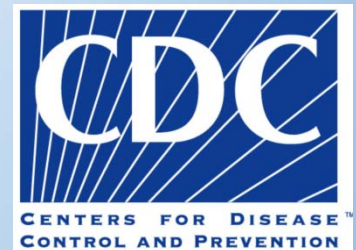
Placing Our Troops into Protective Custody: *When the EMS Providers are Victims of Violence*



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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

- Taylor et al. *American Journal of Industrial Medicine* 2016; 59: 150

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



