

NMAS Says No Mas! Reported Violence & Abuse Against EMS Providers

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DISCLOSURE STATEMENT

- * CME Speaker for ZOLL Circulation/Alsius Corp
- * Specializing in Resuscitative Hypothermia and Emergency Medicine related issues

MN. NICE

ya sure you betcha





Pre-hospital provider violence

How big is this problem??

LOGAN, Utah — A 30-year-old man pleaded not guilty to attempted murder after shooting at first responders at a crash scene.

LEXINGTON, Ky. — A firefighter was punched while assisting a crash victim Tuesday morning.

MILWAUKEE — Milwaukee's fire chief is encouraging people to put their guns down after a firefighter was shot early Monday.

WICHITA, Kan. — A Wichita firefighter was taken to a local hospital after he was sprayed with Mace while tending to an injured person Monday night.

Pre-hospital provider violence

What do we truly know, and
what do pre-hospital providers
think!!

Detroit medics stabbed, in serious condition
An agitated male assailant wounded both medics
before they were able to escape with 'horrific'
injuries

Oct 20, 2015

**2 San Diego Fire-Rescue Firefighters Stabbed on
Duty**

A man walked up and stabbed the firefighters
more than once, according to San Diego Fire-
Rescue officials.

**Study: Medics assaulted more often than
firefighters**

Researchers found that assault-related injuries are
often not reported, not acknowledged by officials
and internalized as a "part of the job"

Jan 25, 2016

Pre-hospital provider violence

- * What is the level of violence against pre-hospital providers?
- * What do pre-hospital providers define as violence?
- * How can this be assessed?
- * What is in place for the protection of pre-hospital providers?
- * How do state laws define violence against pre-hospital providers and what are the penalties?

Pre-Hospital Provider Safety Survey

- * On-line survey done in conjunction with an EMS journal directed at pre-hospital providers
- * Answers provided were all anonymous
- * Respondents were from the US only
- * Limitations were that the respondents were self selected, and that they may have responded due to concerns or dissatisfaction

Pre-Hospital Provider Safety Survey:

Assessment tool parameters

- * @ 700 pre-hospital providers responded to on-line survey with 27.5% EMTs, 70% paramedics, and 2.5% RNs
- * @ 62% respondents from Minnesota, and included urban, suburban and rural services.
- * @ 65% respondents were male, with age range from 20 to 68.
- * Had an accumulated total of >5000 years of pre-hospital experience.

Pre-Hospital Provider Safety Survey

- * Questions:
 - * What are the perceptions of pre-hospital providers?
 - * Does staff feel safe in the performance of their jobs?
 - * Does staff feel that their safety is becoming endangered?
 - * Does staff feel that they have the adequate tools and training to perform their jobs?
 - * What does staff feel they need to do in order to protect themselves?

Pre-Hospital Provider Safety Survey:

What are the perceptions of pre-hospital providers?

- * @ 72% felt they had not had appropriate training to deal with violent patients
- * @ 25% had personal safety training offered to deal with violent patients encounters
- * @ 65% report no personal safety training
- * @ 73% felt that their work environment is becoming more unsafe
- * @ 65% see provider directed violence as “part of the job”

Pre-Hospital Provider Safety Survey:

Does staff feel safe in the performance of their jobs?

- * @ 75% report being physically assaulted in their career
- * @ 40% report dealing with a violent patient in the last year
- * @ 90% report verbal threats against them and/or their families by patients
- * @ 70% feel that this violence is being fueled by the increasing use of intoxicants

Pre-Hospital Provider Safety Survey:

Does staff feel that their safety is becoming endangered?

- * @ 60% experience increased threats of violence from patients when narcotics are involved (offered/requested/demanded)
- * @ 70% report the regular use of chemical restraints for violent patients
- * @ 37% often use law enforcement placed restraints
- * @ 55% report the regular use of other physical restraint techniques for violent patients
 - * @ 80% can't place these on a violent patient by themselves
 - * @ 17% have had patients escape from restraints

Pre-Hospital Provider Safety Survey:

Does staff feel that they have the adequate tools and training to perform their jobs?

- * @ 10% were asked by their services **not to report** threats of physical or verbal violence
- * @ 30% report not having adequate reporting resources for violent patient encounters/threats
- * @ 35% feel they are rarely supported by their organizations in dealing with these episodes
- * @ 50% don't have a service agreement to report these incidents to the local LE agencies

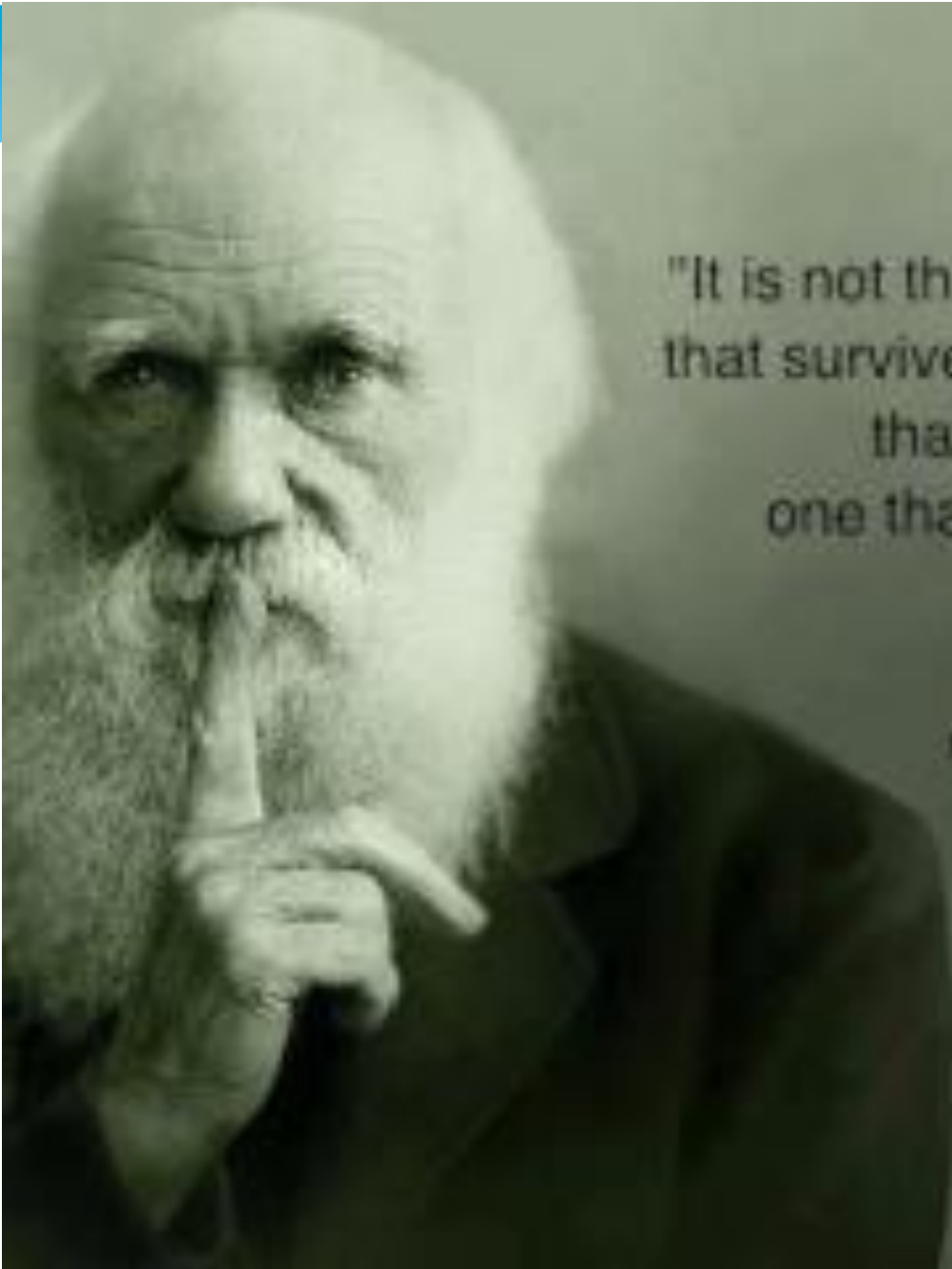
Pre-Hospital Provider Safety Survey:

What does staff feel they need to do in order to protect themselves?

- * @ 60% state they attend personal safety training when it is offered
- * @ 10% carry unauthorized restraint devices while on duty
- * @ 15% wear tactical protective devices while on duty
- * @ 15% carry unauthorized offensive weapons while on duty
 - * Batons/chemical sprays/knives/TASERS/firearms

SUMMARY

- * The pre-hospital environment is becoming more unsafe for providers due to a number of factors
- * Providers feel that their level of training to deal with these patients/situations are inadequate both from a training and resource perspective
- * Providers are resorting to their own resources and devices to deal with this problem



"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change".

Charles Darwin

THOUGHTS

- * There is an overwhelming need to quantify and qualify these issues. **What cannot be measured, cannot be changed.**
- * There is a need to work with our pre-hospital providers on what they feel are the best areas to pursue in this work.
- * This needs to be done not only be done at the local levels, but in the setting of a national dialogue.
- * **WE MUST EVALUATE AND ADAPT!!**

RECOMMENDATIONS

- * There is a clear indication that further training and resources are needed to deal with this increasing problem
- * The increasing variety and use of intoxicants is playing a significant part in this process
- * The option for LE agency co-response in these situations is becoming increasingly more unfeasible

RECOMMENDATIONS

- * 1) The adoption of an organized national program/
database for the reporting of incidents
 - * **CLIR-EMS EMERG, EMSARN or E.V.E.N.T. systems (examples)**
- * 2) Encourage uniform language at the state level defining
violence against pre-hospital providers during the
performance of their duties and penalties
- * 3) Adoption of policies for LE in assisting pre-hospital
providers with violent patients **and** accompanying them to
the hospital for any patient in restraints when feasible

RECOMMENDATIONS

- * 4) Guidelines for training pre-hospital staff in:
 - * Situational awareness
 - * Verbal de-escalation (Verbal Judo)
 - * Personal protection when dealing with a violent patient
- * 5) Guidelines for the acceptable use and types of physical restraints
- * 6) Guidelines for the acceptable use and types of chemical restraints
- * 7) Guidelines for protective equipment for pre-hospital personnel

SOLUTIONS

Is this the answer?

Definitely not!

The solutions should be multi-faceted, and geared to provide the safest outcomes for both the pre-hospital providers and the patients.



* THE “VALENZUELA” SPECIAL

Why we are really nice in MN





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