

SECOND QUARTER 2013

# E.V.E.N.T. Provider Violence Report



## Welcome!

### Welcome to the EMS Voluntary Event Notification Tool (E.V.E.N.T.)!

This is an aggregate report of the provider violence events reported to E.V.E.N.T. for the second quarter of 2013 (April through June 2013). We want to thank all of our organizational site partners. For a complete listing of site partners, see page 4.

E.V.E.N.T. is a tool designed to improve the safety, quality and consistent delivery of Emergency Medical Services (EMS). It collects data submitted anonymously by EMS practitioners. The data collected will be used to develop policies, procedures and training programs to improve the safe delivery of EMS. A similar system used by airline pilots has led to important airline system improvements based upon pilot reported "near miss" situations and errors.

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate E.V.E.N.T. Notification Tool (Patient Safety Event, Near Miss Event, Violence Event, Line of Duty Death). The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

This is the aggregate Provider Violence E.V.E.N.T. summary report for Second Quarter 2013.

### PROVIDED BY:



*The Center for Leadership, Innovation, and Research in EMS (CLIR)*

### IN PARTNERSHIP WITH:

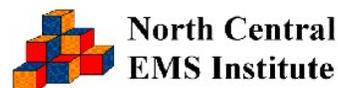


Table 1: Violence Events Quarterly

	2010-2011	2012	2013
Jan - Mar		1	3
Apr - Jun	1		3
Jul - Sep	1	8	
Oct - Dec		10	
Total	2	19	6

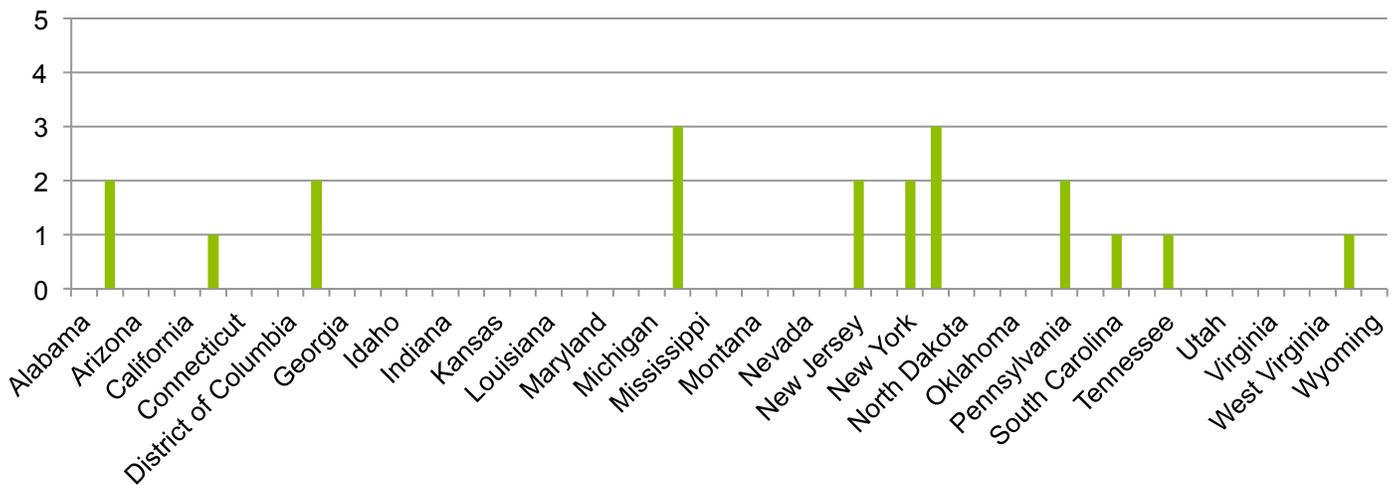


As you review the data contained in this report, please consider helping us advertise the availability of the report by pointing your colleagues to [www.emseventreport.com](http://www.emseventreport.com).

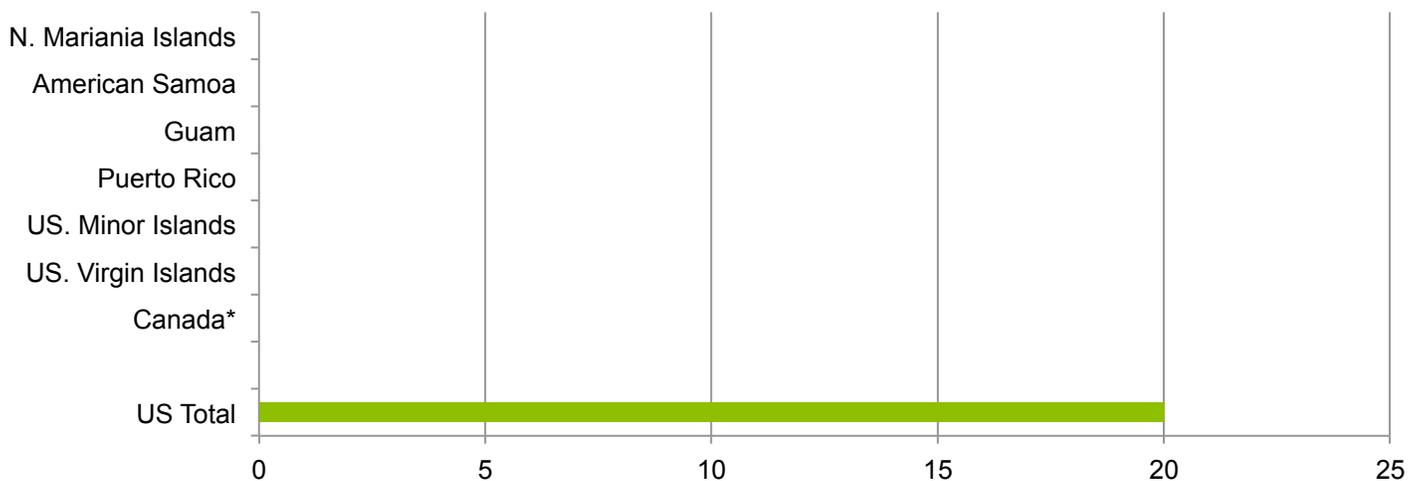


When an anonymous EVENT report is submitted, our team is notified by email. In the United States, the anonymous event report is shared with the state EMS office of the state in which the event was reported to have occurred. The state name in the report is then removed and the record is shared through our Google Group and kept for this summary report. Canadian records have the Province name removed, and then the reports are shared through the Paramedic Chiefs of Canada, and kept for inclusion in aggregate reports.

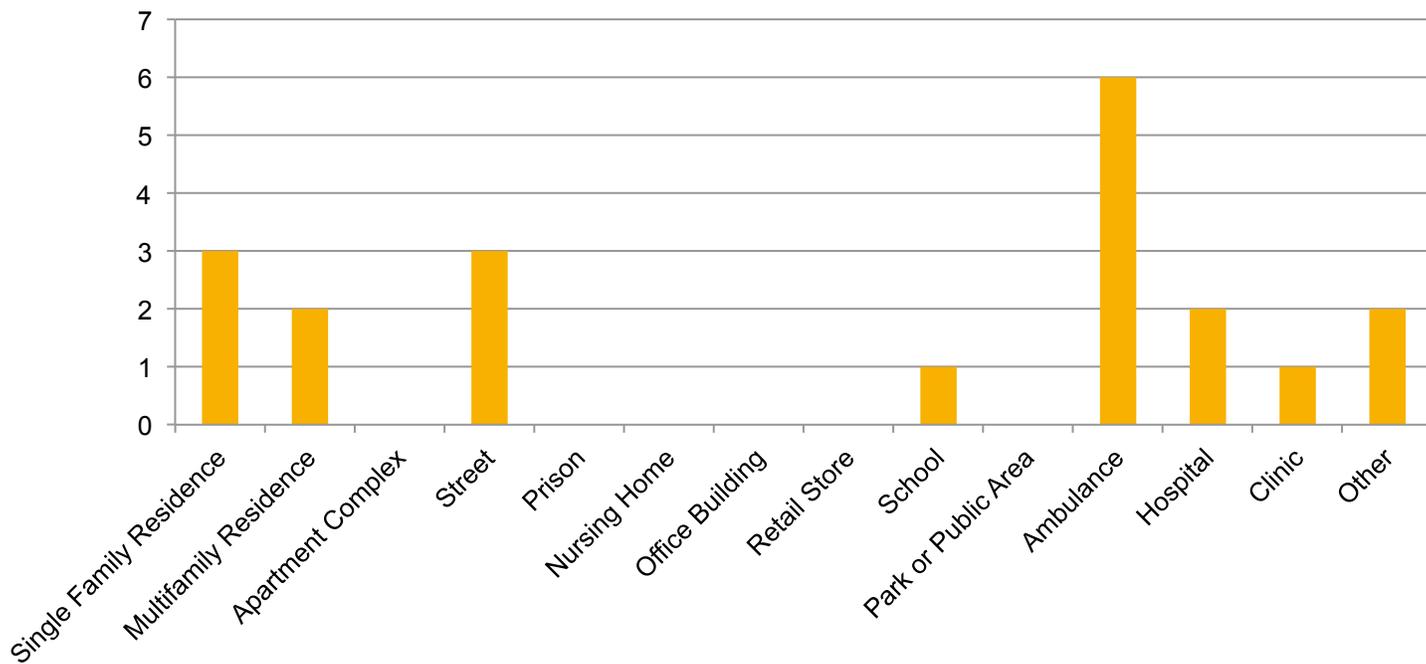
Figure 1: Violence Events by State (United States of America)



**Figure 2: Quarterly Violence Events in Canada and U.S. Territories**



**Figure 3: Place Violence Occurred**

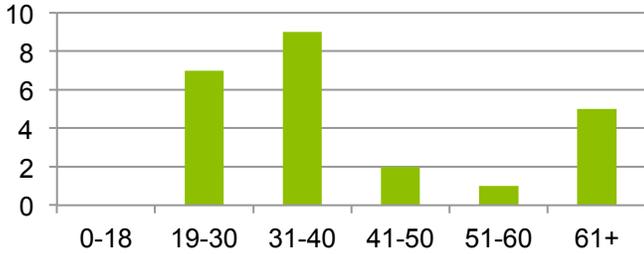




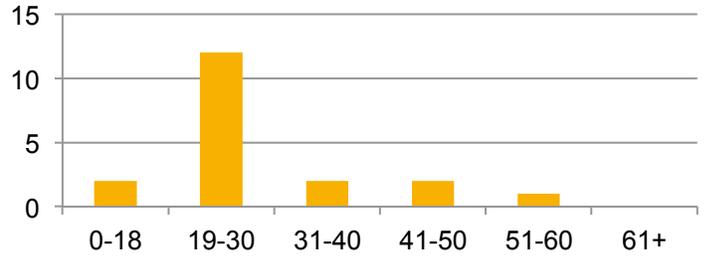
Supporting Those Who Serve



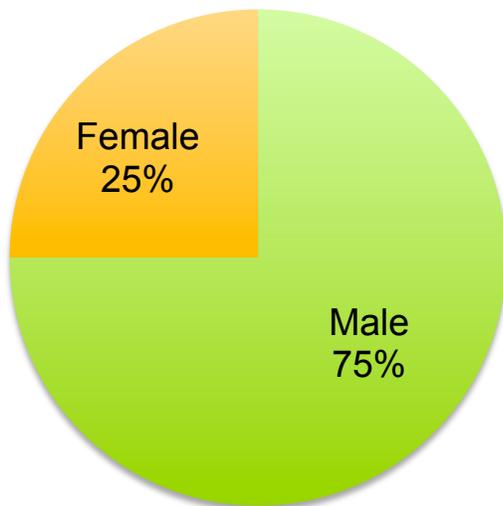
**Figure 4: Victim Age**



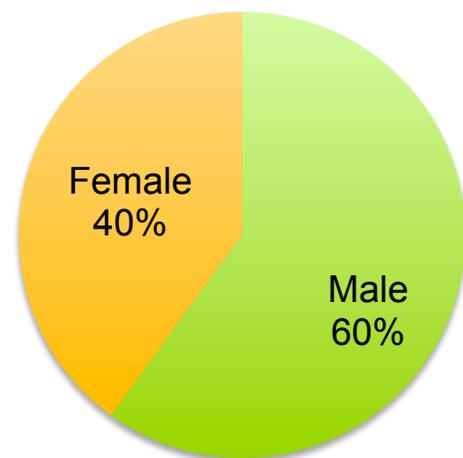
**Figure 4A: Assailant Age**



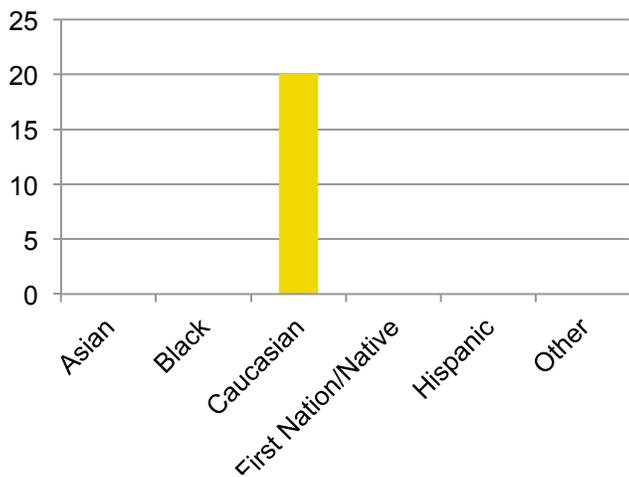
**Figure 5: Victim Gender**



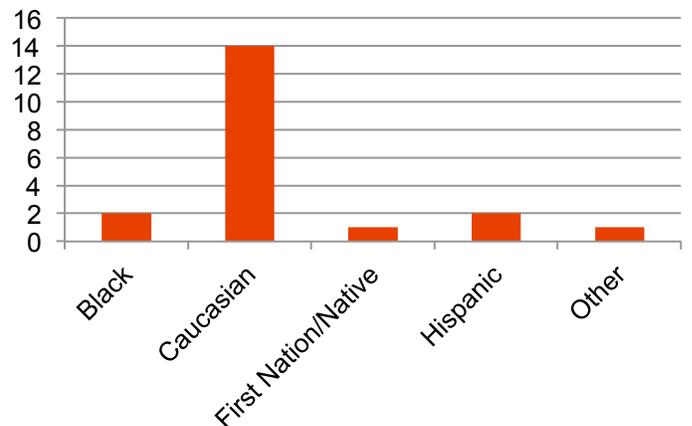
**Figure 5a: Assailant Gender**



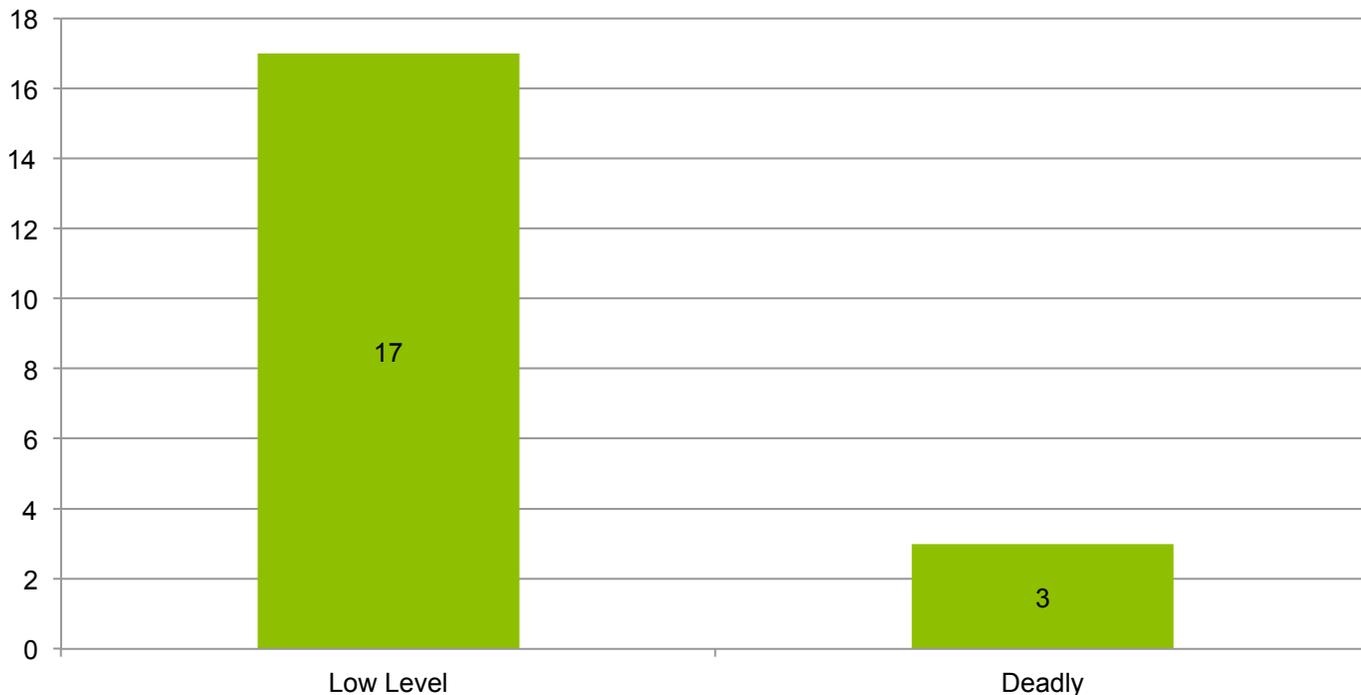
**Figure 6: Victim Race**



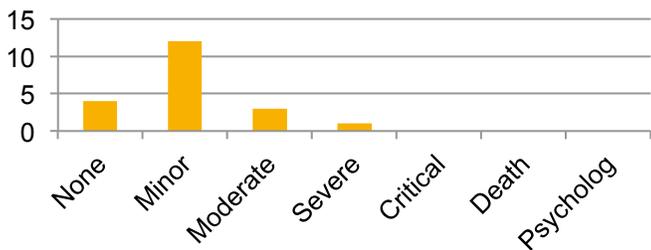
**Figure 6A: Assailant Race**



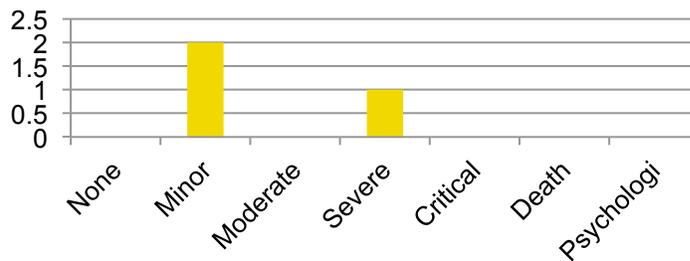
**Figure 7: Paramedic's Perception of Harm**



**Figure 8: Type of Victim Injury**



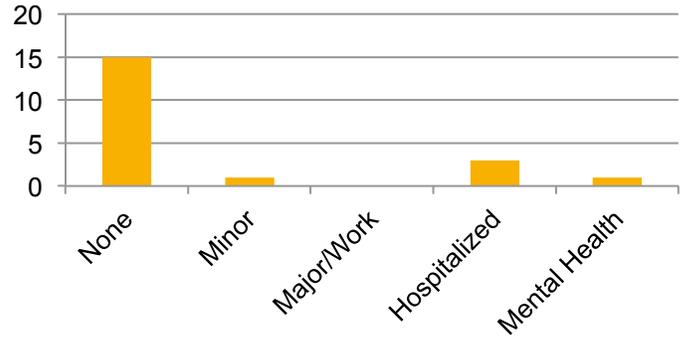
**Figure 8A: Type of Assailant Injury**



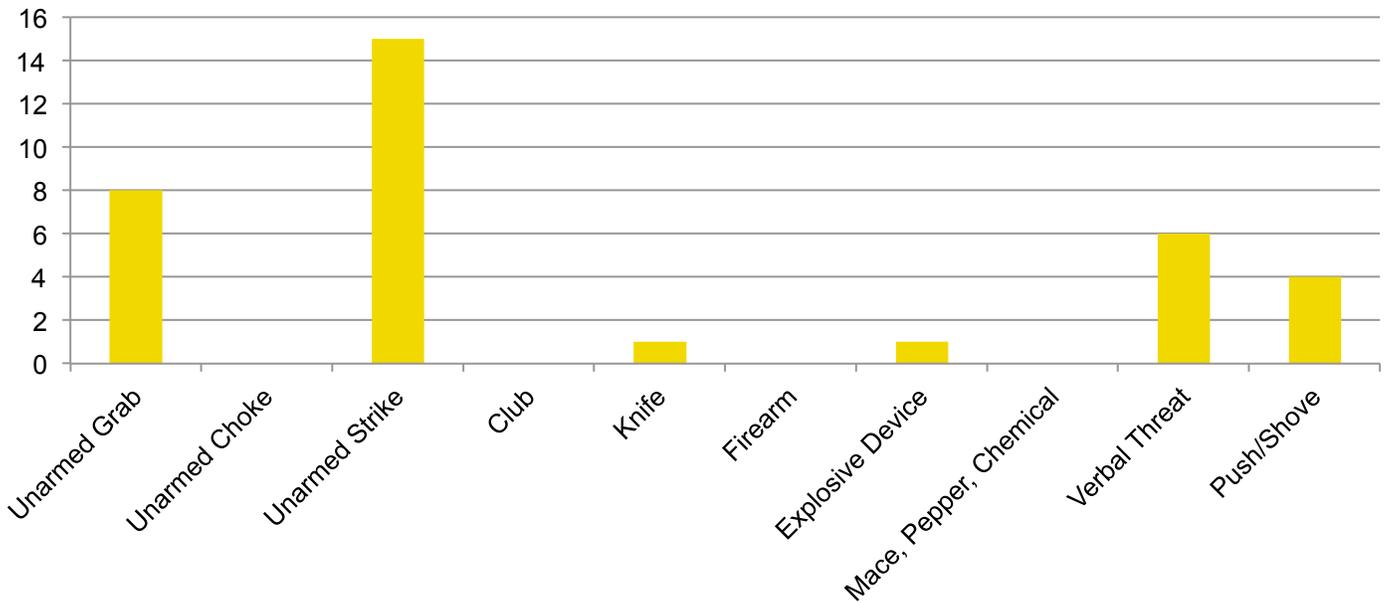
**Figure 7: Type of Victim Treatment**



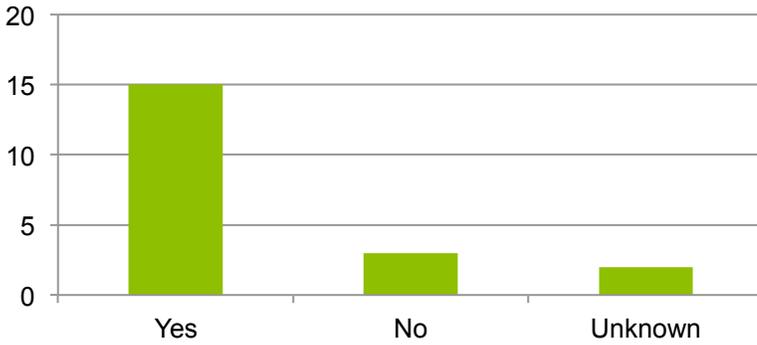
**Figure 7A: Type of Assailant Treatment**



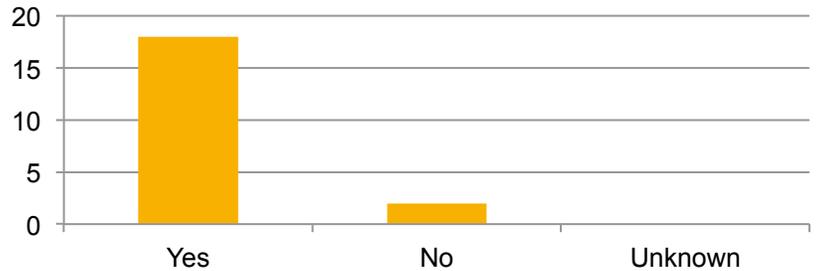
**Figure 8: Method of Assault**  
 Note: Multiple Options Reported



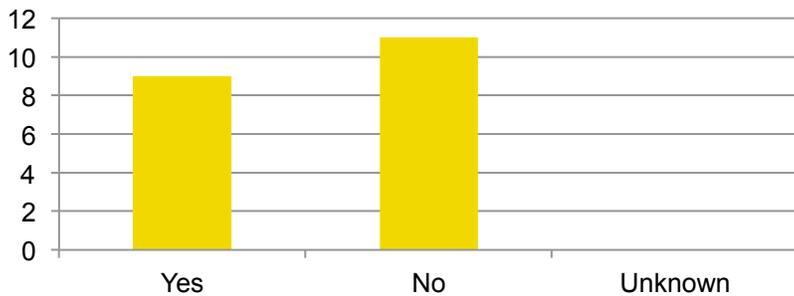
**Figure 9: Internal Agency Report Filed**



**Figure 10: Law Enforcement Present or Notified**



**Figure 11: Assailant Arrest**



#1	None Provided
#2	While caring for a mentally ill female who was under the influence of alcohol she struck the paramedic twice in the head.
#3	While working in the apparatus bay at the fire station, personnel noticed a male staggering across the outside ramp near the overhead doors. "Walk-in" calls are not uncommon at this fire station and the crewmembers immediately approached the man to assess his condition and render aid. All members noted that man exhibited signs and symptoms of alcohol intoxication. The crew walked with the individual to the staff door at the east side of the station, where several crewmembers stayed with him while another went inside to retrieve medical equipment. In that employee absence, the individual threw a punch with his right fist, striking the other employee in the face. The employee did not fall or lose consciousness, but rather with crew assistance, restrained individual on the ground and called for law enforcement assistance over the radio. Crews reported the individual did not appear to be agitated by their presence or assistance and that the punch was not provoked or expected. Law enforcement responded to the scene with two officers, who placed the individual into custody, restrained with handcuffs. Examination of crewmember noted minor soft tissue injuries, did not request further medical evaluation and remained on duty.
#4	Called for chest pain, double critical care paramedic crew. Performed normal exam and 12-lead on patient in her home. Patient had no desire to go to the hospital and refused transport. While putting away the ECG cables the patient screamed and grabbed my partner and managed to scratch his face a couple times. He was defending himself from her unarmed strikes with our tablet computer. I dropped the ECG cables and pulled her off of him, and she then attempted to bite my arm. I was able to push her onto the bed and that time her boyfriend ran into the room and restrained the patient. For safety and since the patient had already signed all the forms and did not want to be transported we left the scene and reported the incident to management right away. They were not interested in the report since we were no longer on scene. No follow up was ever performed by the company and we were disciplined for the incident later because the patient called and complained about us.
#5	Pt was possibly high on unknown substance. Pt was swinging at firefighters and EMS went behind patient to take him to the ground. Pt was fighting for 10 minutes and IM versed was given.
#6	Patient was intoxicated and grabbed at hair and struck victim; also verbally abusive.
#7	Crew called to psychiatric floor of a medical clinic for a "man down." 28 y/o patient was now calmly sitting in chair with parents & MD stating pt. was found collapsed on lobby floor earlier. During assessment & without warning, pt. punched attendant in head resulting in incapacitation & minor concussion. After 2nd outburst damaging property in exam room, pt. transported by a 2nd crew. Pt. also attempted to punch medic on transport crew.
#8	During the course of treatment, patient became physically assaultive. Patient was advised to cease and desist assaultive actions; patient did not. The violent actions of the patient were noted to escalate, in which the provider felt that an imminent danger existed. The patient was physically restrained by provider in a manner that did not impede airway, breathing or circulation, until police presence was available. The patient was handcuffed by law enforcement, with hands in front of the patient, and patient's handcuffed hands were restrained above and behind the patient's head. Once the ability of the patient to assault providers, the patient calmed and became compliant with legal orders.
#9	Ambulance crew medic at foot end of stretcher was kned in the left rib area by the patient while attempting to restrain & strap to stretcher. Pt. initially cooperative & suddenly erupted to site of police. Response was to detox center where staff knew this pt. could be violent. Pt. was under influence of ETOH & possibly other drugs & required 7 responders to complete restraining to stretcher before transport. Chemical sedation was also needed to effectively control combativeness. Police rode with pt. in ambulance to hospital.

#10	<p>EMS was dispatched for an unconscious 20ish year old male. Patient was under the influence of an unknown substance and while EMS crew was attempting to secure the patient to the stretcher he suddenly and without warning became combative kicking my 63 year old partner in the chest and making attempts to strike other EMS personnel, police officers, and bystanders. Upon securing the patient and loading him into the ambulance he was able to free his legs kicking me in the face. Crew immediately with the assistance of PD restrained the patient and contacted medical control for online orders for 4-point soft restraints. After placing the pt in restraints the transport was uneventful. Upon arrival at the ER while crew was attempting to remove the stretcher from the ambulance the pt was able to remove one of the lower stretcher straps and began violently thrashing around, I attempted to secure his legs and was immediately thrown backwards out of the open back doors of the ambulance causing an injury to the back of my left leg (laceration and bruising). Pt was re-restrained again and taken into the ER. I only sustained minor injuries and was not treated at the ER however I was treated by my supervisor for the laceration and he was present during this entire event. Patient was treated at the ER however his outcome was unknown. Due to his violent thrashing he had sustained minor cuts and abrasions however no known other injuries. It took 8 medical providers to transfer the patient from our stretcher to the hospital bed; most of us were over 100kg.</p>
#11	<p>While transporting a patient he stated that he was going to shit us. He was asked what did he say and he repeated, "I am going to shot you." This was reported to police and he was arrested. It should be noted this patient has a very long criminal record.</p>
#12	<p>A Psych pt. being discharged to be transported to a psych facility after being treated for smoking K2 and fighting law enforcement. As pt. was being escorted outside to ambulance (company policy allows pt.to self ambulate to vehicle if compliant at time of transport), he became verbally abusive and began wrestling with my partner who was trying to reassure and redirect him towards the ambulance. Pt. swung repeatedly at her before fleeing the scene. Local PD was notified and pt. was located short time later by police dog hiding in a dumpster. Charges have been filed for attempted assault on EMS. My partner and I have adopted the practice of securing EVERY pt. onto a stretcher at time of initial contact regardless of pt. disposition.</p>
#13	<p>Patient had verbal altercation with crew at her home after having been requested through 911. Patient refused transport by crew and threw them off property. Shortly after, while crew was delivering a different patient to local hospital, original patient who had arrived at hospital by POV verbally threatened crew and agency with "I'm going to blowing you all up and your station". Law Enforcement was notified, report taken, and individual arrested. Individual awaiting arraignment and will most probably be sent back to jail for parole violation with additional time for aggravated harassment.</p>
#14	<p>Crew responded to an MVC involving a car and a bicycle on a multi lane road with a speed limit of 35 MPH during rush hour. Bicyclist was struck by the car and thrown to the ground striking his head. Crew found him lying on the ground next to the road being combative. Due to the nature of the injury, the crew and FD first responders were immobilizing patient when the patient struck the lead Paramedic with an open hand on the right side of the face. Before the right arm could be restrained, he then pushed her away causing blood to cover the right front of her shirt. Subsequent to this, the patient was successfully secured to the spine board and appropriate care rendered prior to placing him on the helicopter for transport to the local trauma center. The crewmember did not sustain any injury and changed uniform after the incident.</p>
#15	<p>Crewmember injured by combative female patient while attempting to restrain to the stretcher during short transport to hospital. Injury was caused by patient digging one of her fingernails into attendant's wrist while holding patient's arms. Pt. also tried unsuccessfully to bite &amp; spit at crewmember. Only standard 5 stretcher safety belts were deployed. On arrival at hospital, patient continued to be uncooperative &amp; tried to escape and was placed in full 4-point restraints and spit-hood applied. Pt. placed on 72- hour hold by law enforcement.</p>
#16	<p>While on-scene with law enforcement the patient became violent and assaulted the officer. She has her hands on his duty weapon attempting to remove it from his holster. Fearing the patient would get the gun EMS personnel assisted in detaining the patient. Due to the triple retention system, officer defensive tactics and EMS assistance the patient was hand cuffed. While handcuffed the victim kicked one of the EMS personnel. Braking</p>

	his glasses and nose and possible orbital fracture. He was seen at the local ER and treated. Patient was arrested and charged as an adult with multiple assault charges.
#17	While responding to 23 YOF; heavily intoxicated, 2 personnel were assaulted by patient while attempting to physically restrain after combative presentation. One responder received a knee to the testicles and the other while attempting to restrain legs from further assault received a knee to the chin. Chemical restraint in the form of Versed was administered for further control. After breaking through soft restraints, Patient was placed in hard restraints (handcuffs) and law enforcement rode in the ambulance during transport. Charges were filed by both responders upon arrival to destination hospital. Patient was arrested post discharge from receiving hospital.
#18	16 yo on LSD having hallucinations. Family called 911 because they were scared. while assessing subject he grabbed EMS personnel's uniform and pulled them towards himself. Later while securing him to the stretcher he open handed, soft "smack" to EMS personnel face.
#19	A patient's boyfriend was belligerent and intoxicated. He was very upset that I would not allow him to ride in the back of the ambulance with his friend, particularly in his (admitted) state of inebriation.
#20	Employee was paramedic who treated and transported patient to a local hospital ED. Crew finished transferring the patient onto the ED bed; employee was at the feet left side and reached over to remove a blanket that was wrapped around the leg of the patient. As employee reached over the patient's legs employee was kicked with patient's right foot striking employee on the left shoulder and head. Employee did turn their body and raised their arm to deflect the foot lessening the blow. Employee immediately pinned the patient's legs and ED staff assisted in restraining the patient. There had been no indication that the patient would turn violent before the attack, the transport was reported as uneventful. Injuries to employee were pain to the left shoulder and left side of the head. Employee does not intend to seek medical treatment. Law enforcement arrived at ED, took statement and patient was arrested.