

THIRD 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 third quarter of 2013 (July through September 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.

"...EMS deals with a lot of situations that can turn from good to bad really quick and I think something needs done. This website is a great idea, but if we do not act on all the data you get, the point of the website is pointless. No one was hurt in this incident, but someone could have been very quickly." – 3Q2013 EVENT Provider Violence Report #7

This is the aggregate Provider Violence E.V.E.N.T. summary report for Third 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		4
Jul - Sep	1	9	16
Oct - Dec		11	
Total	2	21	23



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.



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)

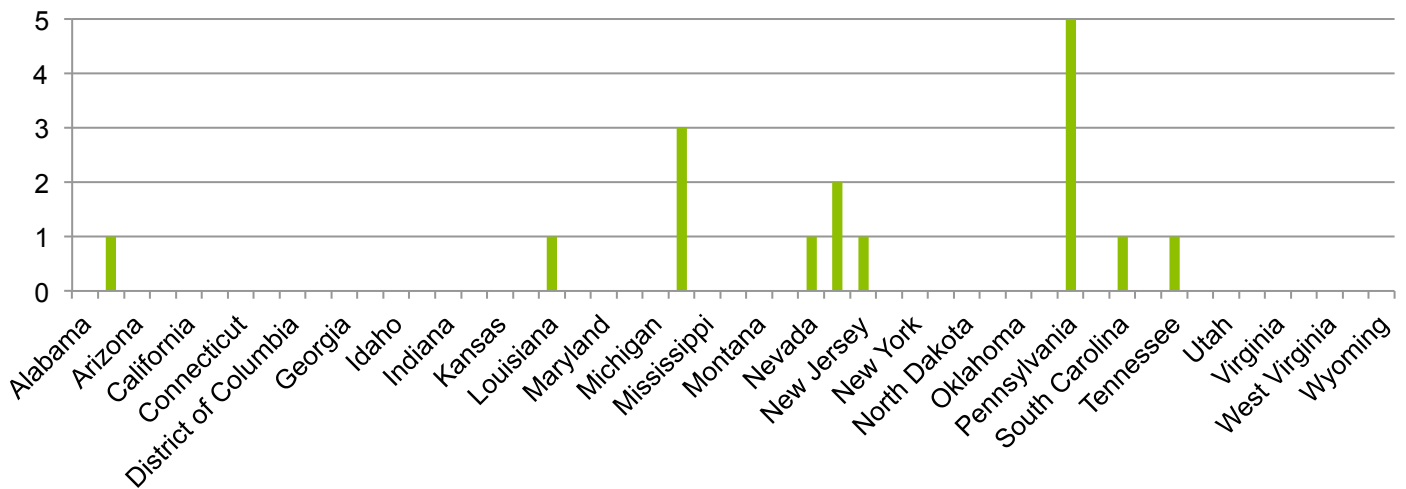


Figure 2: Quarterly Violence Events in Canada and U.S. Territories

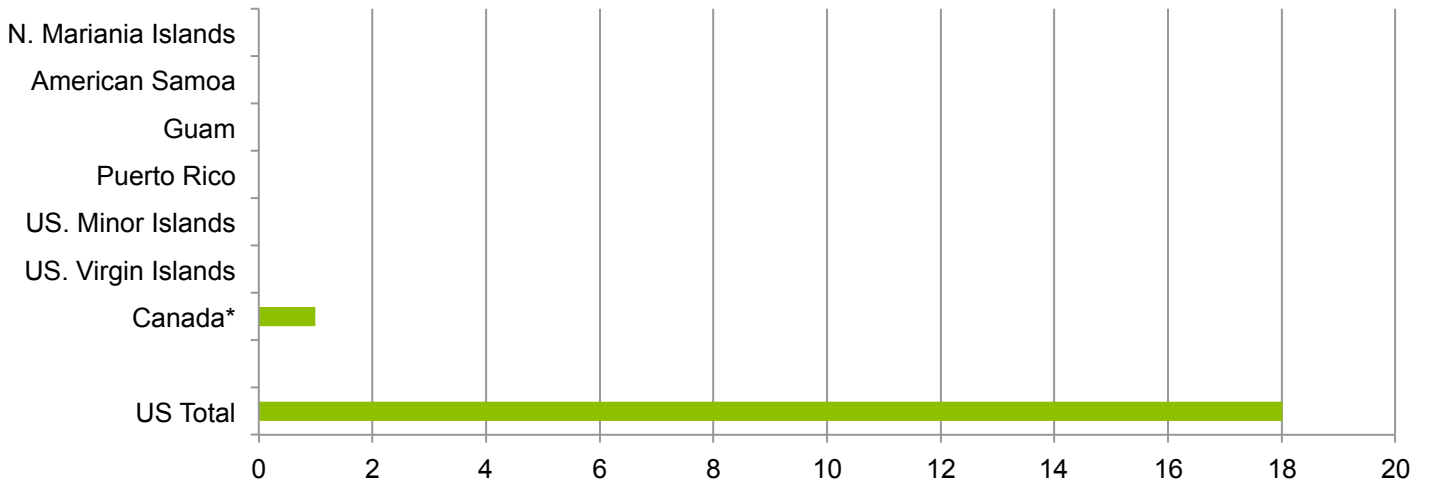
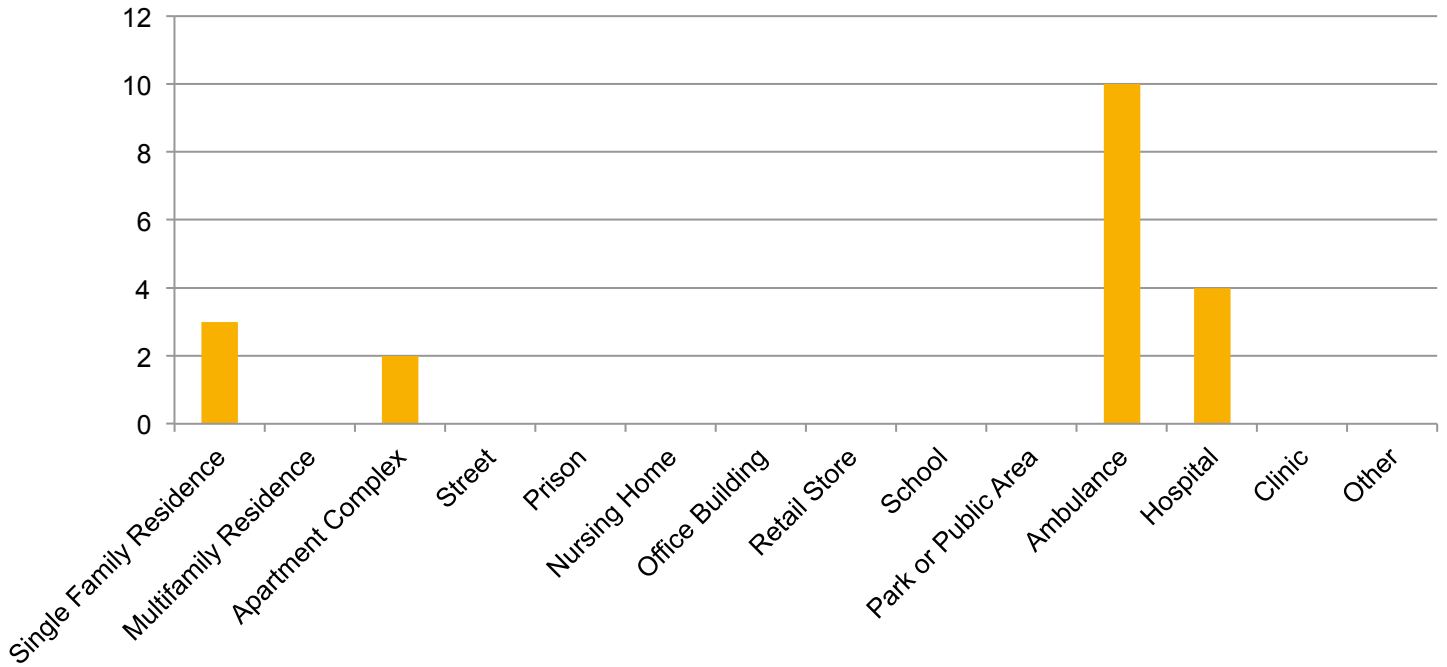


Figure 3: Place Violence Occurred





Supporting Those Who Serve



MEL AND ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

Figure 4: Victim Age

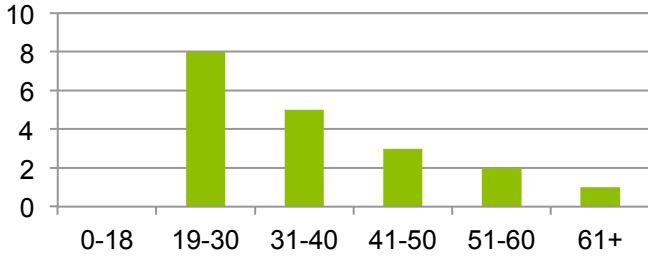


Figure 4A: Assailant Age

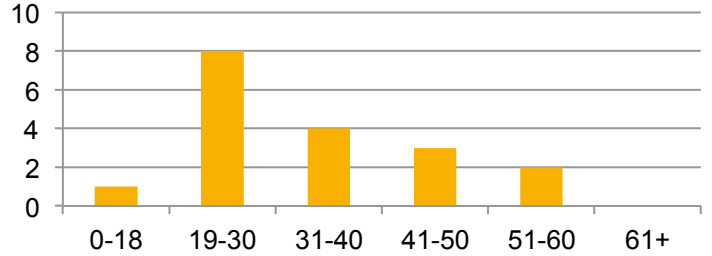


Figure 5: Victim Gender

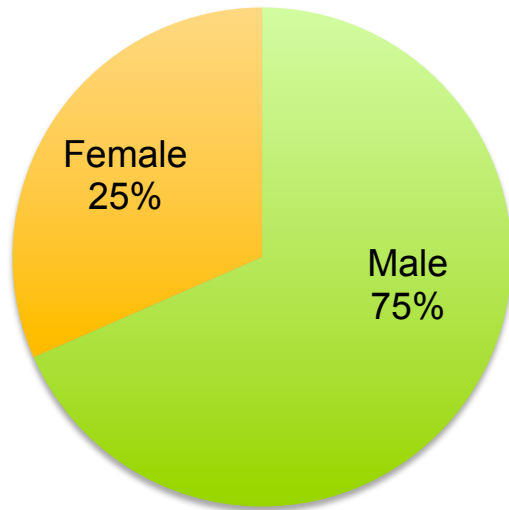


Figure 5a: Assailant Gender

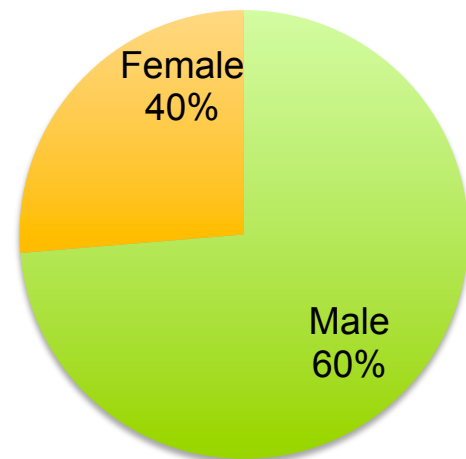


Figure 6: Victim Race

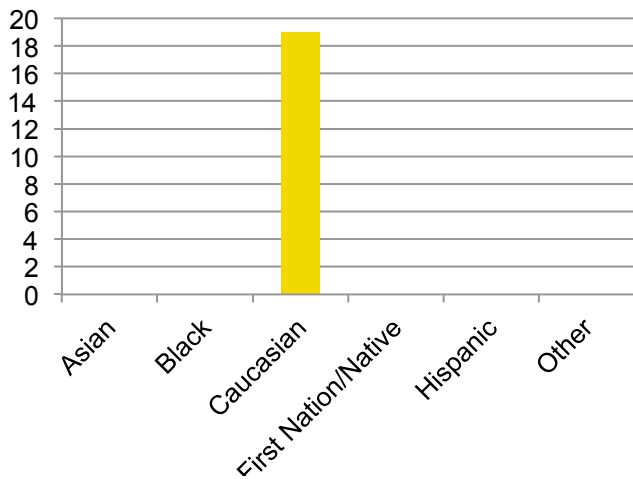


Figure 6A: Assailant Race

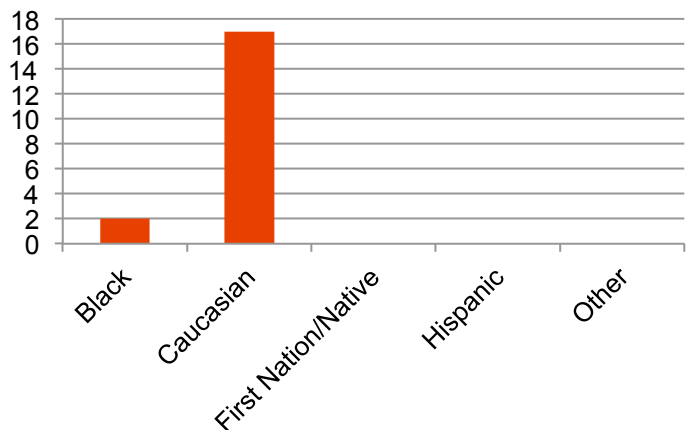


Figure 7: Paramedic's Perception of Harm

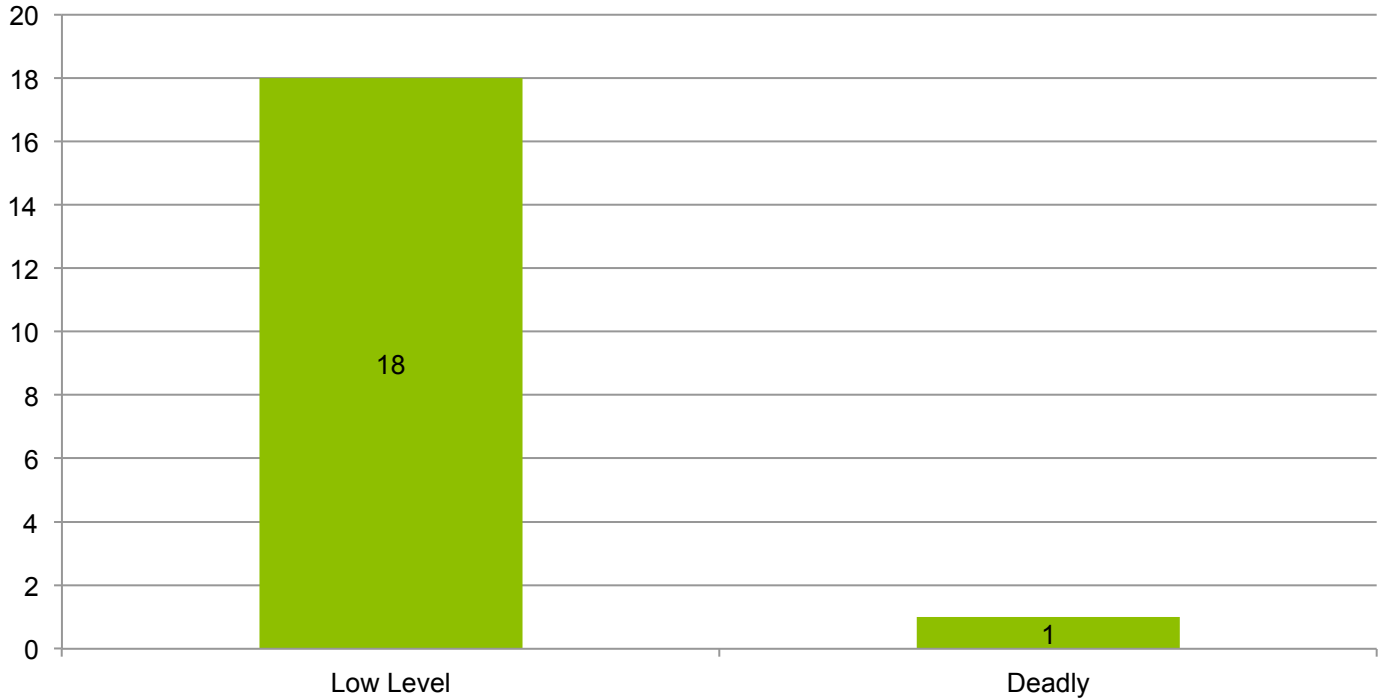


Figure 8: Type of Victim Injury

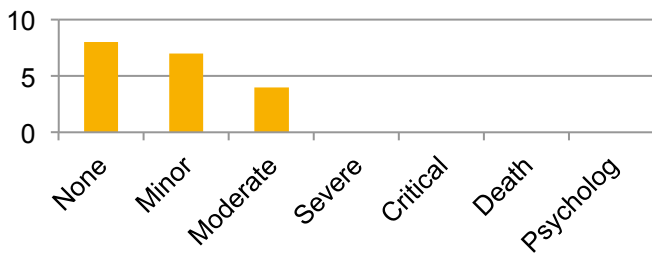


Figure 8A: Type of Assailant Injury

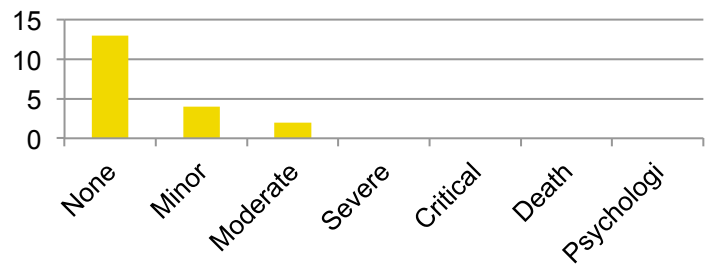


Figure 7: Type of Victim Treatment

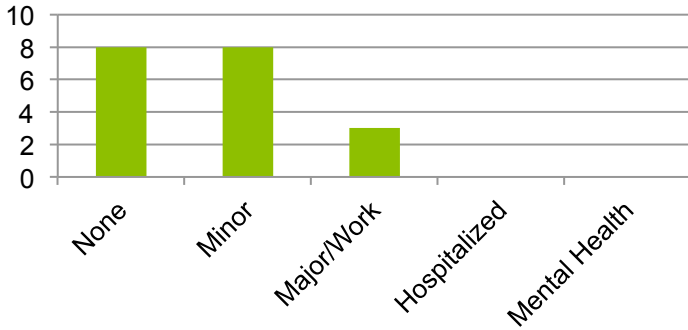


Figure 7A: Type of Assailant Treatment

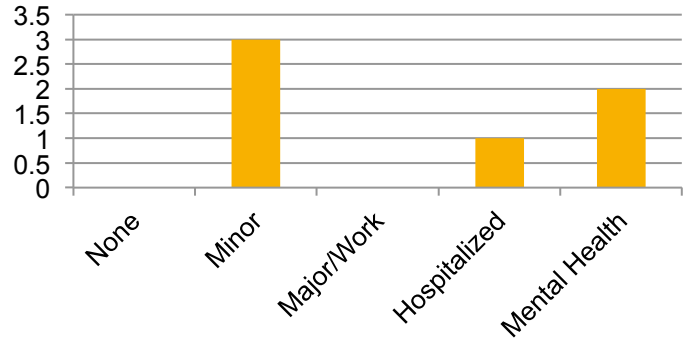


Figure 8: Method of Assault
 Note: Multiple Options Reported

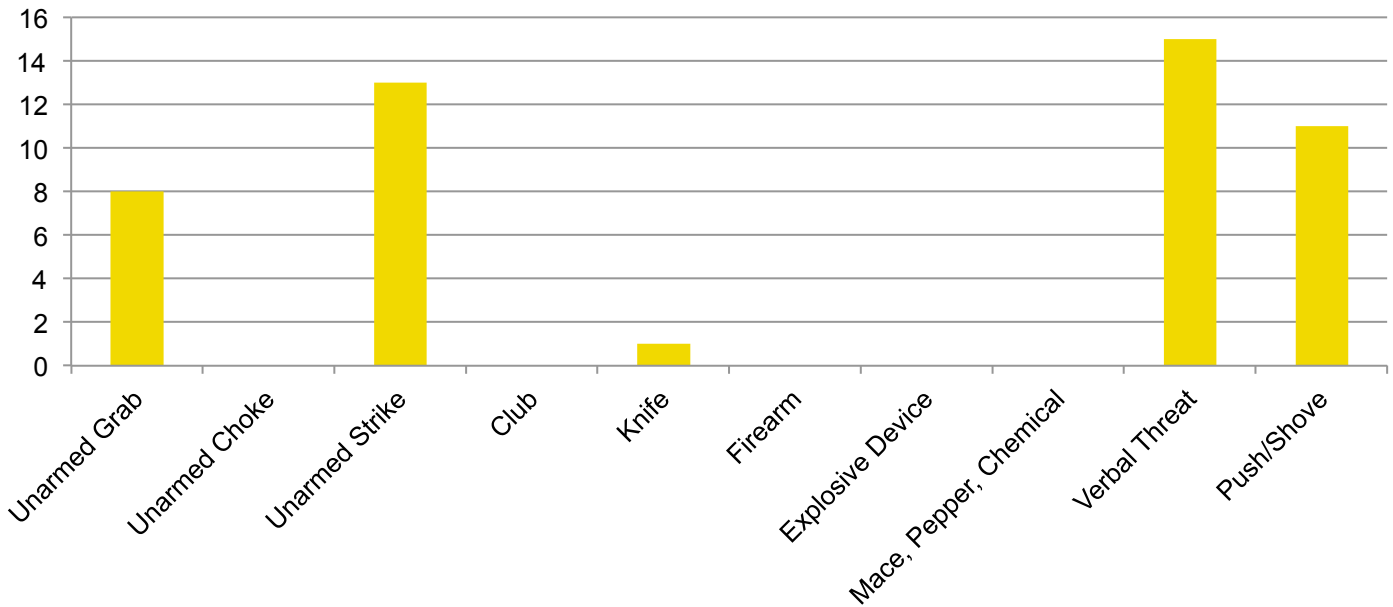


Figure 9: Internal Agency Report Filed

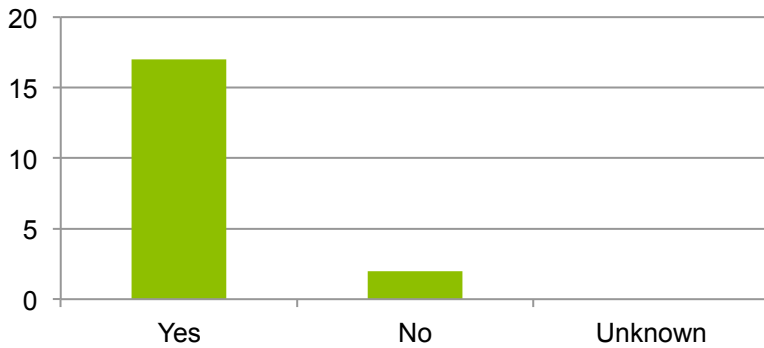


Figure 10: Law Enforcement Present or Notified

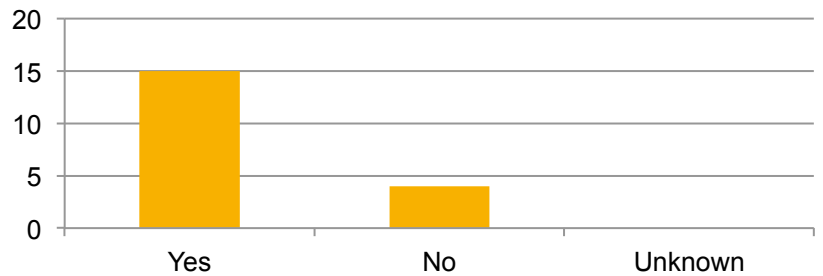
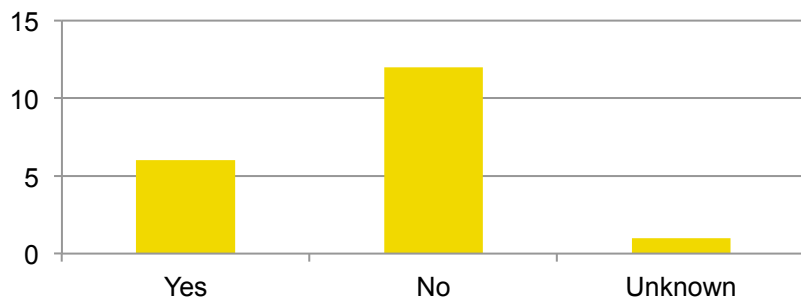


Figure 11: Assailant Arrest



#1	Assailant brought to ED by EMS for psychiatric evaluation and potential self harm with medications/drugs. Was verbally abusive to all people involved especially females. Had gotten up from her bed leaving her room when an ED RN asked her to return to her room and then placed her hand on the patient's elbow lightly. The patient turned cursing the RN and pushed her into a wall. EMS provider stepped between the patient and the RN and the patient calmed down. Suddenly the patient swung at the RN with her fist attempting to strike the RN in the face. The EMS provider grabbed the patient's fist and pinned the patient against the wall. The EMS provider placed his forearm across the patient's chest and held her until she calmed down. The patient then realizing that she could not continue calmed down and allowed herself to be escorted back to her room.
#2	Patient struck a nurse.
#3	An ETOH intoxicated patient. En route to hospital became combative and attempted elopement as ambulance was waiting to enter hospital ED garage. Patient removed stretcher safety belts & attempted to exit vehicle. Attendant became slightly injured in scuffle before both crewmembers and hospital ED staff were able to physically restrain patient back on the stretcher. Patient then required chemical restraint at hospital ED. No apparent harm to patient, who was well known to law enforcement, hospital staff & is a frequent user of EMS. Medic attending patient sustained fingernail scratch to arm and was kicked in stomach while restraining patient from exiting ambulance.
#4	Patient became agitated on scene. While en route the patient became verbally and physically violent. The patient attempted to grab and swing at EMS unsuccessfully. The patient also threatened EMS by saying, "If I see you in the streets, I am going to [redacted] you up!" along with other general sayings of "[redacted] you".
#5	<p>Patient is known to agency providers as was recently arrested (within last 30 days) of threatening agency responders and representatives. Restraint order made to where patient is not to come onto agency property and law enforcement automatically dispatched to scene upon crew(s) recognition of patient's identity. Picture and name of individual circulated to all stations and personnel with directives.</p> <p>In this incident crews responded to medical emergency; law enforcement requested upon arrival. Patient was cooperative and requested transport to local medical facility for evaluation for abdominal pain. During transport patient became verbally combative to paramedic. Patient removed gurney restraints and began making threatening moves towards provider. EMT driving the ambulance immediately pulled over and both providers exited ambulance, requesting local law enforcement and military law enforcement. The ambulance had just passed through a military guard post enroute to military hospital; crew was able to flag down security forces from guard post as patient exited ambulance and made towards them making verbal threats. Upon seeing military security forces, patient ran into thick vegetation and woods. Patient was quickly apprehended by security forces, put into custody, and transported directly to ED.</p>
#6	<p>Ambulance and FD first responders responded to an apartment, well known to EMS for various social disturbances (i.e. assault/battery, excessive ETOH use, known psychiatric patients, etc.), reference to an extremely intoxicated male. EMS & Fire arrived simultaneously; FD was first to enter and was met by intoxicated psych patient wielding a knife. Initially attempted to back out of apartment and requested law enforcement. It was known to EMS/FD that another person resided in the residence, which they could not hear or see. They were advised by dispatch that the closest Deputy was 40 miles away. The patient advanced toward the EMS/fire personnel and was easily restrained and the knife taken into control of responders.</p> <p>The patient was restrained, treated and transported per protocol without further notable incident, prior to arrival of law enforcement. The other resident was found, unharmed; in a deep (suspected alcohol induced) sleep. Knife was removed from the scene and taken to FD station to be turned over to law enforcement at a later time. As a result of incident dispatch has been asked to "red flag" the address in CAD to prompt law enforcement dispatch to any incident. Also, both EMS/Fire personnel have been advised to stage until scene secured by law enforcement for any dispatches to said address.</p>

- #7 An ALS ambulance and Paramedic Supervisor was dispatched to a residence for a 45yo male patient possible cardiac arrest. Upon arrival to find a 45yo male patient who had obviously passed away overnight. Many family members were on the scene and EMS had determined that the scene was a crime scene and that family would need to step away from the deceased and clear the residence until the corner and medical command could be contacted to see what course of action they would like to go with this patient. While phone calls were being made by EMS one or two of the younger sons of the patient started to make verbal threats that they were going to get into the house to see their father. After contacting the coroner, he stated that it would remain a crime scene and that he would be on his way to investigate. Meanwhile EMS remained on scene of the incident until the coroner arrived to take over the scene. While waiting for the coroner (30-45min) several family members started to arrive as they found out what had happened. The crowd became increasingly more verbal in their threats to EMS and other family members. Family became physical with each other and one of the victim's sons actually tried to push around one of the EMS personnel. It was determined that police presence was needed after the two sons started to show physical signs of aggression and outrage. Police were dispatched but unable to provide an ETA and almost 30min went by after requesting police till they arrived. I have been working EMS for 20+ years and have run into a few situations like this that I truly felt worried for my life. I am 100% against lethal force by EMS but agree 100% that we should have some type of non-lethal force to protect ourselves. I believe that all EMS should have the proper training of a Taser or pepper spray before being released into the field and be required to have mandatory yearly updates. EMS deals with a lot of situations that can turn from good to bad really quick and I think something needs done. This website is a great idea, but if we do not act on all the data you get the point of the website is pointless. No one was hurt in this incident, but someone could have been very quickly.
- #8 Male trauma patient struck paramedic in chest while paramedic was providing treatment.
- #9 Suicidal male. In an effort to determine whether police were present, we needed to approach house (around corner, couldn't see front of house until at corner of lot). Wife was outside, we talked, assailant came outside, saw EMS, made several verbal threats ("I'm going to kill you" type threats, and comments about the physical appearance of one of the EMS members) and then went inside. As police showed up, the assailant escaped into the forest near the residence. Unknown if found/arrested.
- #10 A patient that was most likely having a medical event began to have altered mental status. The patient became agitated at EMS and attempted to grab EMS several times. The patient was physically and chemically restrained. The patient attempted to bite at EMS personnel en route to the hospital.
- #11 While on scene at a call for a domestic assault after being cleared to enter the scene by police officers already on scene, three male subjects started a fight with the two police officers. The three medical personnel on scene became involved when it became apparent that the lives of all responders were threatened by the possibility of the assailants obtaining the police officer's firearm during the fight. One assailant knocked down one of the medical personnel, causing a shoulder separation and dislocation that has resulted in multiple surgeries and an inability to return to work at the present time. Eventually all three assailants were arrested and taken to jail, and the other responders all sustained minor injuries.
- #12 Mental health patient being transferred to another facility. Initially cooperative then became verbally abusive. Attempted to restrain patient, patient began punching crewmember in the face. Partner came to assist in the patient compartment at which time patient punched him. Male crewmember retreated out of ambulance, as did female crewmember. Female crewmember fell near side door and patient began to punch her multiple times. Partner opened door and pulled female crewmember from ambulance. Patient followed and continued assault. Patient finally began walking down road and when law enforcement arrived stripped naked and

became aggressive towards law enforcement and then tazed.

#13

Having responded to a possible suicide attempt we encountered a 22yr female that reported taking a large number of Advil same date and having attempted self-harm day prior involving a knife. Patient was cooperative providing it was my female partner who cared for her -- I rode as a passenger in the front of the rig (3rd crew member driving). Shortly after going enroute patient became uncooperative. Police were requested and I made my way to the rear patient compartment just as the patient attempted to open the back doors and jump out.

The primary provider and myself were able to restrain the patient and prevent her from jumping from the moving vehicle. During the course of restraining the patient her right arm was let go of (by my partner) - at which time the patient began hitting me in the face with a closed fist.

Patient was further restrained with cravats, PD arrived for ride along and patient was delivered to the ER. Follow-up care found that I had suffered a nasal fracture and soft tissue damage. No time was lost from work. Criminal charges were filed against the patient.

#14

Adult male patient who drank ½ gallon of vodka and "Xanax throughout the day" was found with blood from nose. When EMS approached he was verbally abusive and became physically resistant. EMS on scene prior to law enforcement attempted to keep the patient from falling and becoming injured further. Patient began to strike EMS provider, mayday attempted over portable radio however the transmission would not penetrate the mid-sized residence. Second EMS provider retreated from residence attempting to obtain signal to transmit the mayday, this time successful and bringing in law enforcement and secondary EMS unit. The primary EMS provider was able to keep a safe distance from the patient until law enforcement arrived. Upon arrival of law enforcement the patient was physically restrained and attempted to be chemically sedated. During this second altercation the primary EMS provider was again struck several times with law enforcement present. Law enforcement took the liberty of physically restraining the patient and assisting with transport to the hospital.

#15

EMS responded for patient with altered mental status. Upon arrival found intoxicated psychiatric patient resisting attempts of law enforcement to restrain him.

Carried to ambulance stretcher by multiple law enforcement personnel and held while attempts were made to physically restrain the patient. Law Enforcement Officer sustained human bite to forearm and EMS personnel sustained punches, kicks, and grabs. Patient eventually chemically restrained with Haldol and Valium. Physical restraints applied and transport to ED accomplished with Law Enforcement Officer accompanying patient in ambulance.

#16

At destination hospital, while on stretcher at registration desk, patient became uncooperative and bit one crewmember on arm as he attempted to tighten chest level stretcher strap. Patient was already in handcuffs by L. E. since scene where police ordered transport for emotional/behavioral crisis. Patient had been cooperative en route & restrained with stretcher straps and handcuffs. No patient harm. Patient now placed in 4-point restraints at hospital.

#17

Responded to res. for female patient complaining of pain all over. Upon arrival it was obvious that both the patient and her boyfriend were heavily intoxicated. Patient and boyfriend both admitted to doing "shots" and taking painkillers. The boyfriend and patient both were very upset that their doctor refused to prescribe better pain meds or believe that she even really hurt. BF begins to become very angry and verbally abusive

towards crew. Patient moved to truck and loaded, we radioed for police to respond due to bf's escalating anger. BF got into truck and placed himself on the squad bench and refused to move so that we could attend to patient. Both EMS crew and his girlfriend pleaded with him to get out of truck for several minutes. Requested ETA of LEO. BF eventually called 911 to report us as being unprofessional, which recorded the remainder of the incident. Bf was on the phone with 911 while we were trying to get him out of the truck when he became aggressive and charged toward me, I pushed him off of me and he fell down, when he got back up the first time he fell onto patient causing her to complain of further injury to her arm. BF got up again and charged at me, striking me in the side of the head, I was able to restrain him and pin him against the action area wall with my body and control him with a "head lock". During the restraint my elbow "popped" causing pain, I was able to get the boyfriend calmed enough for me to get out of the truck. BF continued to want to fight but stayed on truck. LEO finally arrived and took BF into custody for public intoxication and drug paraphernalia. I pressed charges for assault on 8/27 and subject was arrested again and out on bond several hours later. I later found out that our dispatch never heard our initial calls for help and that other crews out on calls had relayed to them that we were in trouble along with 911 and sheriffs' department hearing the boyfriends call. The sheriffs department contacted our dispatch to let them know what was going on. I was put off from work with sprained elbow, possible torn ligament. Investigation is still ongoing into the event.

#18

EDITED: Arrived on scene and found patient sitting in chair at home. Patient was calm and respectful, answering all questions and following commands appropriately. Patient refused to allow ALS to start IV. Patient agreed to sign appropriate refusal paperwork. Transported patient to XXX. During transport to hospital there were several occurrences of rough movement. Almost upon arrival squad became lost. Patient noted that squad was lost and became agitated asking what was going on. At this point we were arriving at the hospital. The back doors opened to get the patient out. The patient became agitated. At this point the patient unbuckled himself from the stretcher. He stepped out of the ambulance and began swinging his fists. I immediately called for security. I held patients hands down until security arrived. Security arrived and patient calmed down. I removed the stretcher from the ambulance and asked to patient to sit back down on the stretcher. Patient easily complied. Moved patient into hospital and transferred patient to hospital stretcher. Transferred patient care to ER nurse w/o incident.

#19

MVC rollover patient became combative during transport to hospital while on LBB & c-collar and struck out at attending EMT. Medic was sitting in jump seat at patient's head. His eyeglasses were knocked off his face yet no injury. No harm to patient.

Patient admitted to ETOH use & was uncooperative and yelling profanities at scene & en route. The patient's anger & uncooperativeness escalated in response to placement in a CC & on LBB, which aggravated his back pain. No assault charges filed by crew.