

1                   **National Emergency Medical Services (EMS) Advisory Council**

2                                   **RESEARCH/DRAFT/INTERIM/FINAL**

3   **Advisory and Recommendations**

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5   **Title: Workplace Violence Against EMS Clinicians**

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7   As prepared by the Subcommittee on Professional Safety

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9   **BACKGROUND**

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11   There is a growing number of reports of violence against Emergency Medical Services (EMS)

12   clinicians. This increase, as reported in the medical literature and the lay press, demonstrates a

13   non-sustainable trend that, unless mitigated, has the potential to significantly and negatively

14   impact this nation’s EMS workforce.

15   Current data suggests that workplace violence against EMS clinicians is a growing and complex

16   problem. Maguire, et al report an increase in violence-related injury rate from 5.2 in 2007 to

17   37.8 in 2020 (cite). Moreover, the literature clearly defines this as an under-reported

18   phenomenon. As such, it is a worse problem than we currently recognize.

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20   **RECOMMENDATIONS**

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22   **FICEMS should commission a task force composed of industry stakeholders and subject**

23   **matter experts to develop strategic and operational plans to address the issue of workplace**

24   **violence against EMS clinicians.**

26 Violence against EMS personnel is a multifactorial problem, and it will take subject-matter  
27 experts from the spectrum of EMS to develop strategic and operational plans to adequately  
28 address this growing issue. Frontline EMS personnel, industry stakeholders and leaders,  
29 government and non-government agencies, and researchers/academicians must be included for  
30 well-rounded development of said plans. An initial task will be to formally adopt a definition of  
31 workplace violence against EMS personnel that can be consistently used across data collection  
32 systems, plan development and initiation, and analysis of plan effectiveness. (author highlights  
33 the problem of inconsistent definitions in his paper...) Further work by this task force must  
34 include identifying causal factors, epidemiological factors, and demographic factors that are  
35 highly correlated with violence against EMS personnel. The well-known and well-described  
36 issue of under-reporting of EMS workplace violence must be addressed by this commission. A  
37 full analysis of the reasons for under-reporting must lead to strategies that induce a cultural shift  
38 in favor of reporting. Additionally, a thorough review of mitigating practices that have been  
39 implemented and found to be effective at combating violence against EMS personnel must take  
40 place. Elucidating best practices that can be replicated across multiple agencies in varied  
41 environments would ensure efforts are expended and resources are utilized in the most effective  
42 manner. Multiple organizations (list examples) across the nation have initiated efforts to address  
43 workplace violence against EMS clinicians. Funding and consolidating these efforts at the  
44 federal level would afford a more robust enterprise and elevate these efforts to a higher platform.

45

46 **FICEMS should work with the Secretary of the Department of Transportation to fund and**  
47 **develop a data warehouse to consolidate current reporting and drive future needs.**

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49 In 2006 a DOT funded EMS Consensus Panel was formed to determine the need and feasibility  
50 of creating an EMS illness and injury surveillance system. The resulting report was entitled  
51 “Feasibility for an EMS Workforce Safety and Health Surveillance System” and was submitted  
52 to NHTSA in May 2007. The EMS and data system stakeholders who participated reviewed  
53 fourteen existing systems that are variably managed at local or national levels. They concluded  
54 that no one pre-existing system adequately served the data-collection needs to fully understand  
55 and address EMS-related illnesses and injuries. They classified seven of the systems as being

56 of low suitability and the remaining seven as being of medium suitability with respect to meeting  
57 overall data collection needs. Obviously, none were rated as being of high suitability. They  
58 further concluded that the most ideal course of action would be an integration of the existing data  
59 systems with further development of data collection points to afford comprehensive and rigorous  
60 scientific reviews of valid data. The resulting Surveillance Program as described in the report  
61 would have the following characteristics: 1) an ability to capture information from a variety of  
62 available data sources or create new data sources, 2) an ability to capture information regarding  
63 the injury or illness event (including the specific EMS activity) at the time of the injury or  
64 illness, 3) an ability to capture denominator data, 4) implementation and use of standardized  
65 coding schemes, 5) an ability to facilitate systematic analysis, 6) the ability to generate technical  
66 and non-technical output that is user friendly, 7) the inclusion of ongoing planning and  
67 evaluation, 8) the provision of outputs useful for evaluation of preventive measures, and 9)  
68 responsive to the needs of the EMS community at the local, state, and national levels. To date,  
69 no such program exists. Designing, implementing, and analyzing effectiveness of measures to  
70 address the growing threats against the EMS workforce requires robust and valid data.  
71 Limitation in EMS research secondary to this current lack are frequently cited in the EMS  
72 literature.

73

74 **FICEMS should work with DOJ to engage with state, local, tribal, and territorial**  
75 **governments to encourage the development, refinement, and enforcement of laws**  
76 **addressing workplace violence against EMS clinicians.**

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78 Jurisdictional penalties and enforcement of existing laws is highly variable across the nation.  
79 Some jurisdictions have equated violence against EMS personnel with violence against other  
80 primary responders (ie, fire and police). In these situations, the act of violence against EMS  
81 carries enhanced penalties and is raised above the level of a simple assault. Many localities do  
82 not have enhanced penalties with respect to EMS. In multiple localities where laws specifically  
83 addressing violence against EMS personnel do exist, there are highly variable reports with  
84 respect to enforcement. This has been hypothesized to lead to a culture of under-reporting.

85 When victims perceive that consequences for infractions against them are non-existent, said  
86 victims are hesitant to report the incident.

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88 **FICEMS should encourage the Secretary of the Department of Transportation to request**  
89 **congressionally designated funding for research that is geared towards further**  
90 **understanding EMS workplace violence and that leads to predictive models for risk**  
91 **mitigation.**

92

93 **FICEMS should revise and/or develop training modules and tools to identify, prevent,**  
94 **respond to, and defend against EMS workplace violence.**

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96 Objective 5.1 of Goal 5 in the Strategic Plan published by FICEMS in April 2021 specifically  
97 outlines that FICEMS will work with Federal partners to address ongoing and emerging risks  
98 that affect the safety of EMS practitioners, to aid in their preparedness and to enhance practices  
99 to respond to increasingly dynamic situations. Included in the prominent topics FICEMS  
100 outlined in this objective is assault related physical injury. FICEMS is encouraged to revisit this  
101 component of its Strategic Plan and place emphasis on the advancement of this goal.

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