

South Metro Fire Department
Clinical Policies and Procedures

Title:	Violence and Threats to Safety
Effective Date:	December 15, 2015
Authorized By:	Keith Wesley, MD Medical Director
Standard:	Patient Care and Transport
Policy:	<p>Communication of possible threats and constant situational awareness should be practiced by all HEMT/SMFD patient care providers as a best practice that will result in early recognition and mitigation of potential safety risks.</p> <p>For any situation where personal safety is in jeopardy, and after all reasonable and prudent attempts to mitigate or control threats from individuals have failed, the HEMT/SMFD patient care providers may retreat prior to evaluating, treating or transporting patients. A retreat may include departing the scene or stopping the vehicle during transport in order to exit the patient compartment.</p>

I. Purpose

- To ensure the safety of patient care providers, passengers, patients and vehicles when engaged in situations involving a risk of violence, weapons, criminal activity, combative or aggressive persons, or any other situations where the behavior of others poses a threat of injury to providers.
- To establish the general roles and specific actions for HEMT/SMFD patient care providers to follow when engaged in situations where the behavior of others results in a threat of violence or creates a safety risk for EMS operations.

II. Definitions

None

III. Procedure

- A. Dispatch information, initial scene size up, and maintaining communications with other response agencies should be used to identify situations which pose a risk for entering or continuing involvement at a scene.
- B. Patient care providers are expected to “stage” before entering a scene when requested by the DCC, or law enforcement to do so, and should remain staged until the perceived threat has been mitigated or determined unfounded by other responders.
- C. Stage in a safe and secure location with adequate access and egress from the scene. Crews should not drive ambulances into unsecured areas where the vehicle or personnel could be attacked, inadvertently hit by gunfire, or be subjected to other types of dangerous or violent activity.
- D. Patient care providers should not enter an unsecured area, but rather should request

that potential patients be brought to them at a secured location.

1. The only exception is when patient care providers have received 3 Echo training and are accompanied into an unsecured area by law enforcement personnel.
- E. Attempting to assess, treat or transport a patient who has capacity but refuses care, strongly resists, or threatens a crew with physical violence should be avoided.
- F. Request and involve law enforcement as soon as possible for any situation where an individual verbalizes a threat, their behaviors suggest a threat or aggression, or they engage in physical violence toward a patient or a provider.
- G. The on-call administrative supervisor shall be notified as soon as possible of any situation where the patient care provider was threatened or where the patient care provider was not able to provide the usual care and transport of patient do to violence or safety threats.

IV. **Documentation**

- Use the appropriate SMFD incident reporting process or forms (e.g. Ninth Brain) to provide detailed documentation of the event. This should be completed before the end of the shift.
- Whenever a voluntary written statement is provided to law enforcement, a copy should be obtained and attached to the SMFD incident report.

Previous Versions: