**Section 400 – Emergency Operations**

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| Operational Safety – 400.00  |
| S.O.P # 400.03 | **Hostile Patients and/or Family Members** | Page: 1 of 3 |
| EFFECTIVE: 10/14/2019 | Authorized: Board of Directors |
| REVISED: |  |

**400.03.01 Purpose**

To give staff guidance on best practices in relation to encounters with violent and/or hostile

patients, their family, and/or their friends.

**400.03.02 Cited References**

Oregon Revised Statutes 163.165(1)(g)

**400.03.03 General**

When responding to emergency medical calls, threats of violence to EMS workers can come

from patients, family members or even bystanders. The Centers for Disease Control and

Prevention estimates that 2,600 EMS workers received hospital treatment in 2014 for injuries

resulting from work-related violence.

ORS 163.165(1)(g) prohibits a person from intentionally, knowingly or recklessly causing physical injury to an emergency medical services provider, as defined in ORS 682.025, while the emergency medical services provider is performing official duties.

**400.03.04 Best Practices**

1. Attend Defensive Tactics Courses when they are offered by the District or master a self-defense art on your own accord.
2. Be cognizant of the dispatch information being given to you by the 911 Communications Center.
3. Review the CAD notes prior to your arrival on-scene.
4. Prior to arrival, pre-plan a code word with your partner for an immediate action evacuation and/or notification of law enforcement should a violent encounter occur.
5. Stage your vehicle in a smart location where rapid egress can be obtained if needed.
6. Always maintain situational awareness.
7. When you are clear to enter the building or residence, clearly identify yourself as “EMS”, “Paramedics” or “EMTs.”
8. Put something between you and the patient (or individual) during your approach. This will provide a block and may slow any attacker trying to get to you.
9. Don’t get tunnel vison on the patient or individual you’re talking to – remember to look around. Understand where your nearest exit is and whether it’s clear of any obstructions.
10. If you don’t like the room or if the environment seems off, then move. Remember patient condition does not dictate where patient care is done, the environment does.
11. If the patient, family members and/or bystanders become violent; employ de-escalation procedures.
12. If de-escalation procedures don’t work, remove the patient to the back of the ambulance and treat en route.
13. If you are unable to de-escalate and/or avoid violent contact with the aggressors:
	1. Employ defensive tactics and escape to a safe location,
	2. Notify Dispatch of your situation and need for law enforcement;
	3. Leave the scene if possible or find shelter in a safe location.
14. If you choose to shelter in a safe location always notify Dispatch of the location you choose to shelter in and await support from law enforcement.
15. Post incident perform a par check and note any injuries and/or missing personnel.
16. Seek medical attention as required.
17. Post incident always report the incident and document everything with law enforcement and your immediate supervisor.
18. The Duty Officer should consider the need for Peer Support Services.
19. The Duty Officer should conduct and immediate post-incident debriefing.

**400.03.05 De-escalation Techniques**

Once a first responder arrives and there is now a relatively dangerous situation, it becomes

particularly important for first responders to have a good understanding of how to safely get

themselves into a safe situation, call for assistance and/or de-escalate the situation as best as

they possibly can.

Eight (8) concepts for first responders to adopt:

1. Situational assessment,
2. Actively listen;
3. Remain empathetic;
4. Maintain a safe, physical distance;
5. Be mindful of your non-verbal communication;
6. Clearly establish limits;
7. Do not rush the individual in crisis;
8. Conduct an immediate, post-incident debriefing.