

Running head: VIOLENCE AGAINST FIREFIGHTERS

Violence against firefighters: Angels of mercy under attack

Howard M. Munding

Peoria Fire Department, Arizona

Executive Fire Officer Program - Leading Community Risk Reduction

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

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Abstract

The members of the Peoria Fire Department have been in situations without police support where violence erupted and our members were injured. It is estimated that nationally there are 700,000 assaults on paramedics and EMTs on an annual basis. The purpose of this applied research project is to identify what approaches relating to the emerging issue of violence against firefighters to include self defense and/or defensive tactics that may be available to protect our members from injuries as a result of violent patients or bystanders.

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Introduction

The Peoria Fire Department in Arizona responds to more than 10,000 calls for service each year. The problem is that members of the Peoria Fire Department have been in situations without police support where violence erupted and our members were injured.

The purpose of this applied research project (ARP) is to identify what approaches relating to the emerging issue of violence against firefighters, self defense and/or defensive tactics that may be available to protect our members from injuries as a result of violent patients or bystanders.

From the literature review, surveys, and interviews violence against firefighters and EMTs is a definite hazard of the job (Perry, 1996, 27). As bizarre as it sounds, all too frequently firefighters and emergency medical technicians (EMT) are being attacked. Sometimes these attacks are from bystanders, the patient's family, or even the patients themselves.

The fact that firefighters' are being attacked presents a risk to the entire community and can have a ripple effect on the entire emergency medical service system.

The effects of this issue could range from slower response times because of waiting for a police response, prejudices could develop toward a class of people, their race, or area of town resulting in a decrease in customer service, less emergency units available in the community because of sending multiple units to a call for firefighter safety. The list could continue into many different areas or facets of the community.

The events following Hurricane Katrina in the Gulf Coast region of the United States provided the world with images of firefighters and other rescuers being shot at following the collapse of law and order in New Orleans. These events were extreme however, firefighters have

been under attack for some time and the occurrences of these attacks are becoming more prevalent (Boston Herald, 2005).

When compared to the total number of calls for service, the occurrence of violence against firefighters is low, approximately one out of twenty calls for service (Mock, Wrenn, Wright, Eustis, & Slovis, 1998). But this low frequency does not reduce the high risks associated with these type incidents.

Firefighters are called upon by the public to provide treatment and medical transportation for a myriad of reasons. After arriving at the customer's home, it is not unusual for the nature of the emergency to be altogether different from what was called into the 911 dispatch center.

A common call for service is classified as an injured person. This classification is not very descriptive and does not provide the responders with a good mental image of the situation that they will be walking into. An injured person could be anything from a benign fall injury to a domestic violence or child abuse situation. The decision of what units to send and how to classify the call is made by the dispatcher based upon the information provided by the caller.

More often than not, firefighters are left to deal with most situations without police support. In the City of Peoria it is not standard practice for the police to be dispatched along with the fire department on an injured person or most other calls for service. If police assistance is requested by the fire units, the police will respond, but by the time they arrive it is usually too late.

Last year one Peoria firefighter was attacked while providing care off duty at an automobile collision and one was attacked while providing medical aid at an alternative rock concert.

In the past 17 years the Peoria Fire Department has had only one extremely close call. While on scene of a medical emergency, a firefighter returned to his fire engine for a piece of equipment to find a person attempting to steal a portable radio from the cab. When the firefighter confronted him, the would be thief lunged at the firefighter with a knife and stabbed the firefighter in the chest. Fortunately the knife struck the sternum and no vital organs were hurt and the firefighter recovered. The attacker was arrested but did not stand trial because it was determined that he was not mentally competent.

The current philosophy of the fire service is one of being an all risk department. We equip our members with the latest and best tools and training to eliminate or mitigate our customer's emergency, but do not always take care of ourselves.

The mindset of the fire service is that violence is an accepted part of the job (Pozzi, 1998). Hence, the true numbers of these incidents are not reported. If this macho attitude is not changed and if we do not train our members how to safely and effectively handle these violent situations, we will continue to be vulnerable to continued injuries and deaths.

This ARP will use the descriptive research method to determine the need for training Peoria firefighters in self defense and defensive tactics by answering the following questions:

1. What, if any, are the national standards relating to self defense for emergency services personnel?
2. What, if any, are the Arizona state standards relating to self defense for emergency personnel?
3. What standards, if any, are metropolitan fire departments using to protect their members in the event of violent situations?

4. What standards, if any, are departments of similar size to Peoria, AZ Fire Department do to protect their members in the event of violent situations?

5. What, if any, are the self defense standards that the Peoria Fire Department could use to protect their members in the event of a violent situation?

Throughout this ARP the term firefighter will be used to refer to public, private, and volunteer fire service personnel, paramedics, and EMTs.

Background and Significance

Violence against firefighters is like the elephant in the living room, everyone knows it exists but no one talks about it. It is estimated that nationally there are 700,000 assaults on paramedics and EMTs on an annual basis (Boston Herald, 2005). The Bureau of Labor Statistics (BLS) estimates that assaults on healthcare workers occur at a rate of 8.3 assaults per 10,000 workers, which is four times greater than that of all private sector industries (Centers for Disease Control [CDC], 2002). A study by Vanderbilt University concluded that violent situations occurred in five percent of all EMS calls in their study (Mock, Wrenn, Wright, Eustis, & Slovis, 1998).

With the advent of today's 911 system, firefighters and EMTs are called by the public to provide assistance for a wide spectrum of customers needs. What was originally intended for life threatening emergencies had undergone a paradigm shift into a catch all, government funded, home health care agency, and trouble shooting service.

As a result of this paradigm shift, the public's view of firefighters and EMTs is declining from that of a respected position and hero to one of just another public servant or symbol of authority (Hough, 1998).

This is not the view of everyone, but it is becoming more prevalent. There was a time when there was an unwritten code that the *bad guys* would not think of harming a firefighter because they respected our neutrality in an event (Pozzi, 1998). This view has long since gone away. Firefighters are seen as just another extension of the government and are considered open game.

That new paradigm was most evident during Hurricane Katrina when rescuers were shot at and assaulted by the survivors in New Orleans. These attacks were brought into living rooms across America via television. The public, who is usually protected from having to see these type events, was given a first hand look at the lawlessness of society.

Economics has been suggested as a hypothesis for this paradigm shift of violent behavior not only during Hurricane Katrina but in every day society.

There is an increasingly wider gap between the wealthy and the poorest of classes of society by the shrinking of what was once called middle class. This disparity of income levels and the rising cost of goods create higher levels of frustration. Many people in America today cannot afford health insurance or the price of their medications so they call 911 for their medical needs. It is conceivable that their frustration carries over and in many times is brought to bear on the closest symbol of authority or government representative at the moment, the firefighter.

Another reason for the increase in violence toward first responders and other healthcare professionals is the increased use of mind altering drugs like crystal methamphetamines that result in paranoia and other psychotic behavior (Page, 2000).

There is also an increase of functionally mentally ill patients being released from mental institutions without follow up care (Occupational Safety and Health Administration [OSHA], 2004, 6). These patients have the right to refuse medicine and can not be involuntarily

hospitalized unless they pose an immediate threat to themselves or others (OSHA, 7). Medically it stands to reason that if these patients are not compliant with their medications it is likely that they would revert back to their original state prior to being admitted in the mental institution.

As a result of these and other societal changes, attacks on firefighters are not considered as unusual as they would have been 20 years ago. The healthcare industry overall is exposed to more violence in the workplace than most other professions (OSHA, 2004, 5). It is so common place that healthcare workers, EMTs, and firefighters have come to accept this as just part of the job (OSHA, 6).

Attacks on firefighters and EMTs appear to becoming more frequent but are under reported (Pozzi, 1998, 322). The incidents that have been reported show a wide range of situations where these lifesaving professionals are at risk (Louderback, 1998, 15).

Some examples of this problem are listed below:

In an email from the Gila River Fire Department, Arizona their EMS chief was asking what other departments in the Phoenix area were doing besides staging to protect their crews. In recent months their fire trucks and crews have received gunfire while responding to and on the scene of EMS calls (A. Parrish, personal communication, December 5, 2005).

October 20, 2005, Toledo, Ohio during civil unrest, two firefighters in their life squad were attacked by people throwing bricks and other objects (Hall, 2005).

September 2005, one firefighter was assaulted by a participant attending “The Edge Fest”, an alternative rock concert held each year in the City of Peoria (City of Peoria, n.d.).

On June 30, 2005, a veteran Chicago Fire Department Paramedic was struck in the face by a group of teenagers while treating a patient on Chicago’s west side (Firefighter Close Calls.com [FCC], June 30, 2005).

August 25, 2005, Anderson Township, Ohio, four teenagers shoot paramedics with pellet guns (Relyea, 2005).

March 2, 2004, while providing aid to the victim of a rollover, Las Vegas Firefighters had to wrestle a .45 caliber handgun away from the vehicle's driver after being shot at (Krebs, 2004).

February 13, 2004, Lexington, Kentucky a fire lieutenant was killed and her partner was wounded as they approached a home where they were dispatched to for a domestic violence call (Blackstone, 2005).

January 30, 2002, San Diego, California a patient broke loose from the stretcher kicking the attending medic in the face and placing the driver in a choke hold causing the ambulance to veer off the road (Krebs, 2003, 189).

March 16, 2002, Roswell, New Mexico, the fire chief and an EMT were gunned down at the scene of a house explosion by a burn victim (Fallen Brothers Foundation [FBB], 2002).

April 29, 2002, Los Angeles, California a firefighter was shot by a passing motorist while driving the ladder truck (Louderback, 1998, 14).

November 6, 2002, Merseyside, UK a crew of firefighters were attacked by a crowd (McDougal, 2002).

2001, Washington D.C., while transporting a shooting victim the fire department ambulance was forced off the road and a gunman opened the rear doors and fatally shot the patient to death (Louderback, 1998, 14).

The incidents of violence are also seen internationally. The French Ministry of the Interior has been studying the increasing attacks on firefighters. One town reported that 70% of their firefighters had been verbally or physically assaulted (Hough, 1998, 3).

With the trend of violence against firefighters and EMS personnel, departments need to take proactive efforts to address the issue. According to OSHA, employers can be cited if there is a recognized hazard of workplace violence and they do nothing to prevent or abate it (OSHA, 2004, 3).

Literature Review

A review of the books, magazines, periodicals, and applied research projects at the National Fire Academy's Learning Resource Center (LRC) and the internet revealed that the issue of violence against firefighters is relatively well known and accepted fact in fire service circles.

Predominately there are procedures to protect firefighters during responses to known violent incidents, but what was missing was what the fire service doing to prepare and train these rescuers to deal with situations that suddenly turn violent. Some EMT or paramedic textbooks skim the issue if they acknowledge it at all (Page, 2000).

The first question to be answered was what, if any, are the national standards relating to self defense for emergency services personnel? Generally all textbooks and curriculums that were reviewed emphasized the protection and safety of emergency workers when responding to or on the scene of any call for service.

Research performed at the LRC and requests for information from survey participants did not produce procedures or directives outlining self defense actions. The absence of written directives does not alleviate the legal responsibility that firefighters and EMS personnel have to protect the patient, themselves and others from injury.

Does this mean that firefighters can not defend themselves? The answer is definitely no. However, they can only use the amount of force reasonable to control the patient or the attacker

(Goldstein, 1983, chap. 8). Conventional wisdom defines reasonable force as force equal to the degree of force used by the patient or the attacker to prevent the patient or attacker from harming themselves and/or others (Cohn, 1998, 88).

Some organizations have developed procedures for firefighters responding to known violent incidents. The Phoenix Regional Automatic Aid Consortium consists of 22 fire service agencies in the Phoenix Metropolitan area to include the City of Peoria. The regional consortium has established a violent incident procedure that requires responding fire and EMS units to stage at least one half mile and out of sight of the incident, with their emergency lights off, until the scene is cleared by police (Phoenix Fire Department [PFD], 2004, 2). The cities of Yuma, Arizona; Los Angeles, California; and Cedar Rapids, Iowa have similar policies for incidents involving weapons or civil unrest.(City of Yuma, 2002; Cedar Rapids Fire Department [CRFD], 1998; Los Angeles Police Department [LAPD], n.d.)

The second question was what, if any, are the Arizona state standards relating to self defense for emergency personnel? The State of Arizona does not separate out self defense standards for emergency personnel as opposed to a layperson. The Arizona Revised Statutes (ARS) are specific on what constitutes self defense and the lawful use of physical force.

ARS 13-404 states: "...a person is justified in threatening or using physical force against another person when and to the extent a reasonable person would believe that physical force is necessary to protect himself against the other's use or attempted use of unlawful physical force" (State of Arizona, n.d.).

The phrase "...to the extent a reasonable person would believe..." is a key point. Seven out of twelve jurors must believe that your use of force was necessary to protect yourself from

harm. The reasonable person standard is what would a person do if placed in your position with comparable knowledge, training, and experience?

The State of Arizona has recognized the vulnerability of firefighters and EMTs. In an effort to discourage assaults on firefighters in the State of Arizona, assaulting a firefighter or EMT in the performance of their duties, is considered aggravated assault, a class 6 felony (State of Arizona, n.d.).

A layperson may read that statement and think, that such a law is standard across the country however this is not necessarily the case. It took nearly a year after the shooting death of Lieutenant Brenda Cowan for the State of Kentucky to pass S.B. 91 making attacks on firefighters a felony (Blackstone, 2005).

The third question was what standards, if any, are metropolitan fire departments using to protect their members in the event of violent situations?

The City of Glendale, Arizona has developed a written procedure for the use of body armor. Each fire service unit is equipped with a minimum of five body armor vests. Body armor is required to be worn during all potentially hazardous or violent events.

The City of Aurora, Colorado did provide self defense training for their fire fighters in the early 1980s. They have since discontinued this training according to Battalion Chief K. Ridenhour (personal communication, February 8, 2006).

A survey was conducted to seek answers to the fourth question, “What standards, if any, are departments of similar size to Peoria Fire Department do to protect their members in the event of violent situations?”

The fifth and final question was, “What, if any, are the self defense standards that the Peoria Fire Department could use to protect their members in the event of a violent situation?” A

review of City of Peoria Administrative Guidelines, Peoria Fire Department Standard Operating Procedures, and the Treatment Protocols, Standing Orders, and Guidelines for Paramedics was conducted.

The City of Peoria, Arizona has recognized the vulnerability of firefighters to a limited degree. They have placed four sets of body armor (vests) on the battalion chief's vehicle for possible use in a violent situation. Unfortunately recent inspections of these vests revealed that the vests were too old and no longer serviceable. Peoria does not currently have a written procedure for the use of body armor.

Possible self defense or self protection standards that have been identified through the literature review are: body armor, staging, pepper spray, self defense training, police response to all EMS incidents, conflict resolution, scene awareness training, physical restraint, offensive weapons.

The issue of violence against firefighters is an issue that does not appear to be going away but is increasing. In contrast the Peoria Fire Department and the fire service in general have not adequately addressed this issue to provide the line firefighter with the tools and skills needed to prevent reduce the risks of the firefighters and if need be to protect themselves.

Procedures

The procedures used to evaluate the problem of violence against firefighters were a combination of literature reviews, interviews, personal observations, and surveys. The purpose of the ARP was to identify what approaches relating to self defense and/or defensive tactics that may be available to protect our members from injuries as a result of violent patients or bystanders.

To answer the research questions, a literature review was performed of the materials located at the LRC and Peoria Fire Department library. An internet search for violence or assaults against firefighters, EMTs, paramedics and an interview was conducted with Steve Burg the Peoria Deputy City Attorney assigned to represent the Peoria Fire Department.

The City of Peoria is located in the northwest corner of the Phoenix metropolitan area. Peoria is approximately 185 square miles with a population of nearly 140,000. Peoria is a bedroom community with the bulk of its revenue coming from sales tax.

To determine what standards, if any, that department's of similar size, smaller, and larger to the Peoria Fire Department were doing to protect their members in the event of violent situations a convenience survey was conducted. Convenience surveys were sent out to the line firefighters and department management in cities of comparable size to Peoria, many Arizona departments, and some major metropolitan cities in the United States such as Los Angeles, Phoenix, Cincinnati, and others.

At the completion of the survey period, a total of 461 line personnel, 49 of which were from the Peoria Fire Department, responded to the survey.

To provide a clearer picture of the respondents to the survey, to provide background information needed to address the research questions, and to provide a current picture of the violence against firefighter's issue, several background questions were asked of line personnel. The questions and responses were broken out by population groups as was the City of Peoria to aid in the comparison. These responses are listed in appendices A through E.

In addition to responses from the Peoria Fire Department, replies were received from the following cities and organizations:

- Palm Beach, FL
- Glendale, AZ
- Goodyear, AZ
- San Jose, CA
- Clark County, NV
- Seminole County, FL
- Oxnard, CA
- Tempe, AZ
- Odessa, TX
- El Mirage, AZ
- Avondale, AZ
- Prescott, AZ
- Clay County, FL
- Yuma, AZ
- Los Angeles, CA
- Scranton, PA
- Rialto, CA
- Air Evac
- American Medical Response

The convenience survey was chosen because it was felt that the issue of violence against firefighters was not restricted to large metropolitan areas. It was theorized that because of the sheer volume of calls, that large departments have, there is a higher probability of violent attacks and more data. Information from smaller and similar size departments was also collected to provide a more complete picture of the problem.

The total number of responses from each department was not statistically significant when compared to the number of firefighters, EMTs, and paramedics across the country; however assumptions can be made based upon the available data. These assumptions may not reflect a true and accurate depiction of the situation in other cities.

The literature review, surveys, and internet search were used to answer the following questions:

1. What, if any, are the national standards relating to self defense for emergency services personnel?
2. What, if any, are there the Arizona state standards relating to self defense for emergency personnel?
3. What standards, if any, are metropolitan fire departments using to protect their members in the event of violent situations?
4. What standards, if any, are departments of similar size do to protect their members in the event of violent situations?
5. What, if any, are the self defensive standards that the Peoria Fire Department could use to protect their members in the event of a violent situation?

In addition to the survey sent to the line personnel a separate survey was sent to the administration/management of the organizations. The separate survey was conducted to determine if there was any difference in the perception of the issues between management and the line personnel. A total of 46 management personnel responded to the survey listed in Appendix F.

This ARP did have some limitations. First was the number of responses received from each department that participated in the survey. For example only one line firefighter, out of a force numbering more than 2,000, from the City of Los Angeles responded to the survey.

Second, was that the questions in the survey could be interpreted differently. For instance, what is considered a verbal threat by one person could be dismissed as no big deal by another person. The reader must keep in mind that the answers provided are based upon the respondent's perception of the events.

Third, was the low response to requests for information and copies of standard operating procedures by the departments that surveys were sent to.

Fourth, was the lack of historical data that was available on local or national levels. The major collectors of fire service and/or injury data, the National Fire Protection Association, National Fire Administration, Bureau of Labor Statistics, and OSHA, have not collected data specific to the issue of violence against firefighters. The result of this lack of objective data required that subjective data based upon perception and memory be used to evaluate this issue.

Results

To provide a clearer picture of the respondents to the survey, to provide background information needed to address the research questions, and to provide a current picture of the violence against firefighter’s issue, specific questions were asked of line personnel. The results are grouped by service area population along with the City of Peoria broken out for ease of reference.

1. How many years of service do you have as a pre-hospital provider?

The years of service of the respondents that answered the survey were well distributed from zero to five years of service to greater than twenty years of service as pre-hospital providers as shown in Table 1.

Table 1.

Comparison of respondent’s years of service by service area population

Service area by population	0 to 5	6 to 10	11 to 15	16 to 20	>20
Peoria	12.2%	18.4%	24.5%	20.4%	24.5%
100K-200K	12.0%	17.4%	17.4%	22.8%	30.4%
<100K	14.4%	29.8%	14.4%	15.4%	26.0%
>200K	13.8%	18.4%	26.1%	13.8%	28.0%

2. What type of organization do you work for?

Nearly all respondents were from professional fire departments (see Table 2).

Unfortunately the results did not provide data on what was happening in the ambulance industry or in the volunteer fire and EMS service.

Table 2.

Comparison of respondent’s type organization by service area population

Service area by population	Professional Fire	Volunteer Fire	Volunteer Ambulance	Professional Ambulance	Hospital	Other
Peoria	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
100K-200K	96.7%	0.0%	0.0%	0.0%	1.1%	2.2%
<100K	97.1%	1.0%	0.0%	0.0%	0.0%	1.9%
>200K	99.2%	0.0%	0.0%	0.8%	0.0%	0.0%

3. What is the staffing level of your unit or crew?

The staffing levels reported were predominately four person crews, followed by three person crews, then two person, then greater than four, and finally single person crews (see Table 3).

Table 3.

Comparison of respondent’s staffing level by service area population.

Service area by population	1	2	3	4	>4
Peoria	0.0%	4.1%	2.0%	95.9%	0.0%
100K-200K	6.5%	10.9%	21.7%	57.6%	5.4%
<100K	2.9%	16.3%	19.2%	50.0%	11.5%
>200K	2.3%	2.3%	8.2%	82.9%	5.8%

4. Does your organization have a clear written policy for dealing with violent situations/patients?

The line personnel that responded to the survey indicated that 60% to 77% of their departments had such a policy (see Table 4).

Table 4.

Comparison of the percentage of respondent’s that have written policies for dealing with violent situations/patients by service area population.

Service area by population	Yes	No
Peoria	77.1%	22.9%
100K-200K	60.4%	39.6%
<100K	61.8%	38.2%
>200K	65.6%	34.4%

5. Have you ever been verbally threatened while in the performance of your duties?

The respondents indicate a significant number, more than 86%, of them have been verbally threatened (see Table 5).

Table 5.

Comparison of the percentage of respondents that have been threatened by service area population.

Service area by population	Yes	No
Peoria	98.0%	2.0%
100K-200K	96.7%	3.3%
<100K	88.5%	11.5%
>200K	86.2%	13.8%

6. Have you ever been physically assaulted while in the performance of your duties?

The number of respondents that answered that they had been physically attacked was 53% to 60% (see Table 6). This is 30% lower than those that had been threatened.

Table 6.

Comparison of the respondents that have been physically assaulted by service area population.

Service area by population	Yes	No
Peoria	59.2%	40.8%
100K-200K	60.9%	39.1%
<100K	56.7%	43.3%
>200K	53.3%	46.7%

7. If you have been assaulted in the course of performing your duties, how many times has this happened?

The survey results showed a pattern of assaults similar in all service areas. The frequency of assaults in Peoria were consistent with those in similar size service areas (see Table 7).

Table 7.

Comparison of the frequency of assaults by service area population.

Service area by population	1	2	3	4	5	6	7	8	9	10	>10
Peoria	32.3%	12.9%	16.1%	12.9%	6.5%	3.2%	0.0%	0.0%	0.0%	0.0%	16.1%
100K-200K	30.6%	21.0%	9.7%	11.3%	6.5%	4.8%	0.0%	1.6%	0.0%	0.0%	14.5%
<100K	32.4%	22.1%	10.3%	8.8%	11.8%	5.9%	1.5%	1.5%	0.0%	0.0%	5.9%
>200K	31.5%	18.8%	13.3%	7.3%	4.8%	4.2%	1.2%	1.2%	0.0%	0.6%	17.0%

8. If you have been assaulted, were you injured as a result?

The percentage of injuries compared to the percentage of assaults is relatively low and show no correlation between population and the number of assaults. It was significant that the Peoria Fire Department is the highest group (see Table 8).

Table 8.

Comparison of assaults resulting in injuries by service area population.

Service area by population	Yes	No
Peoria	13.5%	86.5%
100K-200K	12.9%	87.1%
<100K	8.3%	91.7%
>200K	8.2%	91.8%

9. If you have been assaulted and were injured, did you receive medical treatment for your injuries?

The number of physical assaults on firefighters that resulted in injuries requiring medical treatment is very small except for the smaller service areas (see Table 9).

Table 9.

Comparison of assaults with injuries requiring medical treatment by service area population.

Service area by population	Yes	No
Peoria	2.00%	97.90%
100K-200K	1.10%	98.90%
<100K	19.0%	98.1%
>200K	3.1%	96.9%

10. If you were assaulted while in the performance of your duties, what weapon or weapons were used?

The type weapons used to assault firefighters in the City of Peoria in order from most often to least are: Hands, feet, spitting, biting, blunt object, other, with knives and guns being tied for last. This was consistent when compared to all service areas population groups (see Table 10).

Table 10.

Comparison of weapons used to assault respondents by service area population.

Service area by population	Hands	Feet	Biting	Spitting	Gun	Knife	Blunt Object	Other
Peoria	83.9%	41.9%	22.6%	64.5%	12.9%	12.9%	16.1%	19.4%
100K-200K	90.0%	46.7%	30.0%	61.7%	11.7%	10.0%	8.3%	6.7%
<100K	85.7%	61.9%	42.9%	61.9%	6.3%	6.3%	9.5%	4.8%
>200K	87.2%	60.1%	35.8%	59.5%	8.8%	10.1%	14.2%	8.8%

11. Did you file a police report about the assault?

The respondents indicated that police reports were filed on the physical assaults less than 25% of the time. The City of Peoria respondents filed the least percentage of police reports compared to the other service area population groups (see Table 11).

Table 11.

Comparison of assaults on respondents that required a police report by service area population.

Service area by population	Yes	No
Peoria	11.4%	88.6%
100K-200K	16.7%	83.3%
<100K	25.4%	74.6%
>200K	21.8%	78.2%

12. Who was the assailant?

All service population groups listed the patient as the primary assailant, followed by a family member (see Table 12).

Table 12.

Comparison of assailants by service area population.

Service area by population	Patient	Family Member	By Stander	Other
Peoria	87.1%	32.3%	9.7%	9.7%
100K-200K	86.9%	23.0%	3.3%	9.8%
<100K	93.8%	20.3%	6.2%	4.7%
>200k	90.3%	22.1%	20.8%	3.2%

13. As a result of being assaulted have you ever experienced any of the following?

Depression, anger, violent tendencies, prejudices, loss of job satisfaction, ulcer, loss of sleep, fear, or other.

Despite the fact that most of the respondents stated that they were not physically injured, they were affected emotionally. This is exhibited by their reports of the respondent’s experiencing anger, prejudices, fear, and a loss of job satisfaction (see Table 13).

Table 13.

Comparison of effects of assaults on respondents by service area population.

Service area by population	Depression	Anger	Violent Tendencies	Prejudices	Loss in job satisfaction	Ulcer	Loss of sleep	Fear	Other
Peoria	0.0%	50.0%	0.0%	43.8%	6.2%	0.0%	0.0%	12.5%	31.2%
100K-200K	3.7%	55.6%	0.0%	33.3%	18.5%	0.0%	7.4%	11.1%	29.6%
<100K	0.0%	32.3%	3.2%	29.0%	19.4%	0.0%	3.2%	9.7%	32.3%
>200K	4.8%	43.4%	1.2%	36.1%	19.3%	0.0%	4.8%	13.3%	27.7%

14. Do you make it a practice to search your patient's for weapons?

Even though guns and knives were used in nearly 13% of the assaults on Peoria Firefighters, they do not regularly search patients for weapons. The practice of searching patients for weapons was not practiced by the other service area population groups (see Table 14).

Table 14.

Comparison of practice of weapon searches by service area population.

Service area by population	Yes	No
Peoria	28.6%	71.4%
100K-200K	25.0%	75.0%
<100K	28.8%	71.2%
>200K	20.3%	79.7%

15. Have you ever received formal training in weapons management?

Most respondents stated that they have not received training in weapons management (see Table 15).

Table 15.

Comparison of weapon's management training by service area population.

Service area by population	Yes	No
Peoria	12.2%	87.8%
100K-200K	10.9%	89.1%
<100K	13.5%	86.5%
>200K	10.7%	89.3%

16. Have you ever received formal training in the management of violent situations?

The majority, greater than 67%, of the respondents stated that they have not received formal training in the management of violent situations (see Table 16).

Table 16.

Comparison of violent situation management training by service area population.

Service area by population	Yes	No
Peoria	32.7%	67.3%
100K-200K	28.3%	71.7%
<100K	26.0%	74.0%
>200K	26.4%	73.6%

17. Have you ever received formal self defense training?

The majority of respondents report that they have never received formal self defense training (see Table 17).

Table 17.

Comparison of respondents receiving self defense training by service area population.

Service area by population	Yes	No
Peoria	32.7%	67.3%
100K-200K	27.2%	72.8%
<100K	25.0%	75.0%
>200K	19.2%	80.8%

The Peoria respondents had the most members that have received such training. This training is not being provided by the Peoria Fire Department or the base hospitals.

18. Have you ever sought out self defense training on your own?

The percentage of respondents that have sought out self defense training is very close to those that reported receiving formal self defense training (see Table 18).

Table 18.

Comparison of respondents seeking self defense training by service area population.

Service area by population	Yes	No
Peoria	31.3%	68.8%
100K-200K	24.2%	75.8%
<100K	22.3%	77.7%
>200K	23.5%	76.5%

This similarity between the responses to questions 17 and 18 makes it probable that departments are not providing the formal self defense training indicated in Table 17. The fact that 20% - 30% of the individual members are concerned enough to seek this training out on their own, is a good indicator of the extent of the issue.

19. Have you ever restrained a patient?

In direct contrast to the percentage of respondents that have received training in self defense nearly all of the respondents stated that they have restrained patients (see Table 19).

Table 19.

Comparison of respondents that have restrained patients by service area population.

Service area by population	Yes	No
Peoria	100.0%	0.0%
100K-200K	100.0%	0.0%
<100K	99.0%	1.0%
>200K	96.9%	3.1%

Lacking formal training these firefighters are using their best judgment as to how to restrain these patients. The treatment protocols do provide the firefighters with guidance on when to restrain a patient, but are not specific on what is a reasonable technique or amount of force

Arrowhead Hospital, Banner Estrella Medical Center, Banner Thunderbird Medical Center, West Valley Hospital, October 2005).

20. Have you ever worn a bullet proof vest?

Roughly one third of all respondents' state that they have worn a bullet proof vest (see Table 20).

Table 20.

Comparison of respondents that have worn a bullet proof vest by service area population.

Service area by population	Yes	No
Peoria	30.6%	69.4%
100K-200K	28.3%	71.7%
<100K	0.8%	69.2%
>200K	27.2%	72.8%

The Peoria Fire Department has four bulletproof vests on the battalion chief vehicle for use in violent situations. While it is a proactive step it does not provide the responders with protection until after the battalion chief arrives.

21. Have you ever carried a weapon for self defense?

The survey responses received indicated that 7% to 14% of the respondents admitted to carrying weapons for self defense. This is another good indicator that the line personnel are concerned and possibly afraid for their safety (see Table 21).

Table 21.

Comparison of respondents carrying weapons for self defense by service area population.

Service area by population	Yes	No
Peoria	14.3%	85.7%
100K-200K	9.8%	90.2%
<100K	7.7%	92.3%
>200K	8.8%	91.2%

Even more concerning is that the largest group, 14% of the respondents, of firefighters carrying weapons for self defense is in the Peoria Fire Department.

Some firefighters have scoffed at these responses saying that most firefighters carry knives and that the respondents were probably referring to their knife as a weapon for self defense. Whatever the weapon is, the fact that the respondent views it as a weapon for his/her self defense is the issue.

22. What best describes your service area?

The majority of the respondents are from either urban or suburban areas. Less than 10% were from what they considered to be rural areas (see Table 22).

Table 22.

Comparison of respondent’s service area description by population

Service area by population	Urban	Rural	Suburban
Peoria	55.1%	0.0%	44.9%
100K-200K	60.9%	7.6%	31.5%
<100K	55.8%	8.7%	35.6%
>200K	87.0%	0.8%	12.3%

Based upon the above questions, the profile of the respondents is as follows:

- They have less than 20 years of service in a professional fire department
- They work on a 4 person crew serving an urban/suburban population.
- They have been verbally assaulted and physically assaulted by a patient at least once in their careers.
- The assaults have not resulted in a physical injury but have left the respondent angry.
- They have little to no training in self defense
- They do not have a written procedure for dealing with violent situations.

This profile sets the stage to be able to answer and analyze the main research questions.

Research Question 1: What, if any, are the national standards relating to self defense for emergency services personnel?

The literature review that was performed did not produce a national standard of self defense for emergency services personnel or for the lay person. The legal definition and laws relating to self defense was left to the interpretation of each state. However, there are legal principles that are common to most states, they are: apprehension, duty to warn, duty to retreat (Brown, 1998, 66-101).

In general terms, for use of force to be considered self-defense, first the defender must be apprehensive about being assaulted (Brown, 67-72). Second, the defender has a duty to warn the attacker of his/her intent to defend themselves if in the opinion of the defender doing so will not antagonize the attacker and inflame the attack (Brown, 72-73). Third, if the defender can not retreat from the attacker or scene safely (Brown, 75-78).

There are exceptions to these principles; however the defender must be able to substantiate his/her decisions and actions regarding each of these basic principles.

Research Question 2: What, if any, are the Arizona state standards relating to self defense for emergency services personnel?

A review of the Arizona Revised Statutes (ARS) did produce standards governing self defense and the use of force. The statutes that pertain to self defense and the use of force are ARS 13-403 and ARS 13-404.

There were some sections in both of these statutes that were directed towards the emergency services profession. The paragraphs of ARS 13-403 that covers justification for the

use of physical force as it would pertain to the situations that firefighters would encounter are paragraphs four, five, and six.

13-403. Justification; use of physical force

The use of physical force upon another person which would otherwise constitute an offense is justifiable and not criminal under any of the following circumstances:

1. A parent or guardian and a teacher or other person entrusted with the care and supervision of a minor or incompetent person may use reasonable and appropriate physical force upon the minor or incompetent person when and to the extent reasonably necessary and appropriate to maintain discipline.
2. A superintendent or other entrusted official of a jail, prison or correctional institution may use physical force for the preservation of peace, to maintain order or discipline, or to prevent the commission of any felony or misdemeanor.
3. A person responsible for the maintenance of order in a place where others are assembled or on a common motor carrier of passengers, or a person acting under his direction, may use physical force if and to the extent that a reasonable person would believe it necessary to maintain order, but such person may use deadly physical force only if reasonably necessary to prevent death or serious physical injury.

4. A person acting under a reasonable belief that another person is about to commit suicide or to inflict serious physical injury upon himself may use physical force upon that person to the extent reasonably necessary to thwart the result.

5. A duly licensed physician or a registered nurse or a person acting under his direction, or any other person who renders emergency care at the scene of an emergency occurrence, may use reasonable physical force for the purpose of administering a recognized and lawful form of treatment which is reasonably adapted to promoting the physical or mental health of the patient if:

(a) The treatment is administered with the consent of the patient or, if the patient is a minor or an incompetent person, with the consent of his parent, guardian or other person entrusted with his care and supervision except as otherwise provided by law; or

(b) The treatment is administered in an emergency when the person administering such treatment reasonably believes that no one competent to consent can be consulted and that a reasonable person, wishing to safeguard the welfare of the patient, would consent.

6. A person may otherwise use physical force upon another person as further provided in this chapter [italics added](State of Arizona, n.d.).

The statute governing self defense that applies to both the layperson and firefighters is covered in ARS 13-404, which states:

13-404. Justification; self-defense

A. Except as provided in subsection B of this section, a person is justified in threatening or using physical force against another when and to the extent a *reasonable person* [italics added] would believe that physical force is immediately necessary to protect himself against the other's use or attempted use of unlawful physical force.

B. The threat or use of physical force against another is not justified:

1. In response to verbal provocation alone; or

2. To resist an arrest that the person knows or should know is being made by a peace officer or by a person acting in a peace officer's presence and at his direction, whether the arrest is lawful or unlawful, unless the physical force used by the peace officer exceeds that allowed by law; or

3. If the person provoked the other's use or attempted use of unlawful physical force, unless:

(a) The person withdraws from the encounter or clearly communicates to the other his intent to do so reasonably believing he cannot safely withdraw from the encounter; and

(b) The other nevertheless continues or attempts to use unlawful physical force against the person (State of Arizona, n.d.).

Research Question 3: What standards, if any, are metropolitan fire departments using to protect their members in the event of violent situations?

Of the metropolitan departments that responded to the survey 66% of the line personnel respondents stated that their department had a clear written policy for dealing with violent situations and patients. The perception of the line personnel did not match how the fire department management answered as shown in Table 24.

Table 24.

Perception of labor and management regarding policies for dealing with violent situations/patients.

Does your organization have a clear written policy for dealing with violent situations/patients?	Yes	No
Line Personnel	66.2%	33.8%
Management	39.1%	60.9%

Seventy-five percent of the Peoria Fire Department line personnel that responded to the survey stated that Peoria has a clear written policy on how to deal with violent situations, patients, family members, or bystanders.

While there is a written procedure for what to do when responding to a known violent incident (PFD, 2004), there is not a written policy or procedure for what to do if verbally or physically assaulted by a patient, family member, or bystander.

Research Question 4: What standards, if any, are departments of similar size to the Peoria Fire Department doing to protect their members in the event of violent situations?

Forty-six fire department management staff responded to this survey. The results showed that very few of the departments that responded provide written guidelines, training, or

equipment for personal protection against violent patients, family members, or by-standers (see Table 25).

Table 25.

Comparison of Department Standards for protecting members in the event of violent situations.

Based upon responses from 46 fire and/or EMS organizations of varying sizes

Survey Question	YES	NO
Does your department have a written policy on how to handle violent situations?	39.1%	60.9%
Does your organization have a written policy on how to handle violent patients, family members, or bystanders?	28.3%	71.7%
Does your organization have a policy mandating reporting of violent encounters with patients, family members, or bystanders?	43.5%	56.5%
Does your organization provide training to your first responders in self defense?	6.5%	93.5%
Does your organization provide formal training in conflict resolution to your first responders?	28.3%	71.7%
Does your organization provide weapons related training (searching for and confiscation of weapons) to your first responders or staff?	0.0%	100.0%
Does your organization equip your members with pepper spray or other "defensive" weapons?	0.0%	100.0%
Does your organization provide bullet proof vests for your first responders or staff?	19.6%	80.4%

Most departments in the Phoenix area stage for known or highly probable violent incidents. The research did not discover departments that had provided guidance for anything other than known violent incidents.

Research Question 5: What, if any, are the self defense standards that the Peoria Fire Department could use to protect their members in the event of a violent situation?

Peoria Fire Department paramedics, along with paramedics and EMTs of all organizations that use Arrowhead, Banner Estrella, Banner Thunderbird, or West Valley hospital

as their base hospital, have specific guidelines commonly referred to as Standing Orders. These guidelines are established by the base hospital and approved by the Arizona Department of Health Services (State of Arizona, n.d.).

The standing orders for the use of restraints against a violent patient directs that the pre-hospital provider confronted by a combative patient is to use only the force needed to protect the safety of himself, bystanders, and the patient when the patient presents an immediate threat to himself or others (Arrowhead Hospital, Banner Estrella Medical Center, Banner Thunderbird Medical Center, West Valley Hospital, October 2005, ATG33).

It further directs that unreasonable force should be avoided and that the use of additional manpower should be utilized as needed (Arrowhead Hospital, Banner Estrella Medical Center, Banner Thunderbird Medical Center, West Valley Hospital, October 2005, ATG33).

This document is the only written guidance that Peoria firefighters have that discusses, albeit only cursory, self defense and the use of force for firefighters. However, the document does not explain how to subdue the person or define what unreasonable force is.

Discussion

The convenience survey of line firefighters from various departments revealed that there is sufficient evidence that the problem of violence against firefighters is wide spread and that the City of Peoria is experiencing the same issues as departments serving communities of similar size.

In Peoria, as in the rest of the United States, the number of verbal threats was nearly double the number of actual assaults. It is important that verbal threats are not disregarded. Every threat has the potential to become a violent act. The only thing separating the two is a matter of seconds.

The background questions and corresponding tables identified some interesting issues that provide insight into the violence against firefighters issue.

First area of interest was that in table 5 and table 6. Similar levels of violence and threats were being perpetrated against firefighters across the United States regardless of population size.

More than 85% of all respondents reported being verbally threatened and more than half were physically assaulted. The majority of the respondents stated that they had been assaulted only once or twice (see Table 7).

What is concerning is the number of respondents that have been assaulted more than 10 times. This brings up two questions. First, are these firefighters in areas more prone to violence? Unfortunately there is insufficient data to accurately answer this question.

Second, do these firefighters have difficulty in dealing with people? There are indications that in addition to physical injuries firefighters are experiencing emotional trauma as well. This is important because the firefighter's emotional state is critical to how they will be interacting with the next patient. It is possible that because of prejudices, unresolved anger, and fear that the care and treatment of future patients could be compromised. This unresolved emotional trauma could create a propensity for that firefighter to create an atmosphere that could lead to more violence.

Each respondent was asked, "Do you make it a practice to search your patient's for weapons?" The overwhelming response by a ratio of approximately 3:1 was "No." This corresponded with the results of the next question, "Have you ever had formal training in weapon's management?" The response at a ratio of approximately 4:1 was also "No."

This lack of formal training could be a contributing factor the low percentage of firefighters searching patients for weapons.

There did not appear to be any correlation between threats or violence and the number of years on the job, the staffing levels of the unit or crew, nor the population of the service area.

Given these results, it can be implied that the issue of violence against firefighters is not restricted to the City of Peoria but is a national, if not international, problem.

Conversely, the number of violent incidents and threats reported in the line personnel survey did not correspond with the responses from the management survey. These results were consistent with earlier studies by the CDC and Pozzi that violence was accepted as part of the job and therefore not reported. This attitude is a predisposing factor that reinforces the belief that violence is part of the job and not a safety issue that needs to be addressed.

Accurate reporting is needed to establish a baseline in order to track trends, develop education, prevention and intervention programs, and to measure the effectiveness of such programs.

Until the fire service and pre-hospital providers understand the issue and believe that they are personally at risk this attitude will continue.

Of the 461 responses received, 60% - 70% stated that their organization had a clear written policy for dealing with violent situations however only 39.1% of the management of the departments surveyed stated that their department had such a written policy.

From this large difference in responses one can infer that a communication gap exists between the line firefighters and management regarding these issues. The City of Peoria is no exception.

In 1996, B. Brenneman asked a similar question to 75 departments. His results showed that only 33% of the departments surveyed had a written plan on how to deal with violent situations (Brenneman, 1996, 17).

What is disappointing is that in comparing the results from a 1996 survey by Brenneman with the survey conducted for this ARP listed in Table 24, there has been very little change in the percentage of departments that have proactively addressed the issue of violence in the past ten years.

Additionally less than 33% of the respondents had received formal training in the management of violent situations and less than 13% had ever received formal training in weapons management.

This lack of formal training is concerning given the fact that only up to 30% of the respondents routinely search patients for weapons and 99% - 100% of all respondents report having restrained a patient. By not searching patients for weapon and then having to restrain the patient, this places the firefighters at considerable risk.

It could be implied that the lack of formal training in these areas is a concern for some line personnel since 22% - 31% of the respondents have sought out self defense training on their own.

The culture of the fire service is one of action, if there is a job that must be done, whether they have had training or not, a firefighter is going to do it. They will do the job using their best judgment given the circumstances at the time. Under those circumstances the organization has little or no control of the event or the outcome.

With the issue of violence against firefighters clearly identified and shown to be relevant to the City of Peoria, the question then is what can be done to protect firefighters and other pre-hospital workers in this environment?

The first two research questions asked if there were national or state standards related to self defense for firefighters or other pre-hospital personnel. Neither a national nor a state standard specific to self defense of firefighters was located, leaving only the general self defense standards to guide the firefighter in these tense situations.

In reviewing Arizona Revised Statutes 13-403 regarding self defense and 13-404 on the use of force, the key to both standards is the phrase “...*to the extent a reasonable person would believe that physical force is immediately necessary to protect himself...*” This is commonly referred to as the *reasonable person standard*.

If a suit were filed against the firefighter or EMT their actions would have to be justified by the reasonable person standard. To appropriately apply the reasonable person standard it would be preferred that the person making that judgment was a practicing firefighter and/or EMT because they have first hand experience of what the job of providing emergency services in the field entails and therefore will have a basis on which they can fairly evaluate if the actions were reasonable.

In addition justifying their actions using the reasonable person standard, the determination of whether excessive force was used will need to be addressed. Some factors that could be taken into consideration would be the size and strength of both parties (George, 1980, 213).

3. What standards, if any, are metropolitan fire departments using to protect their members in the event of violent situations?

The standards located only provided guidance for what crews should do in known violent incidents. The general consensus was to stage any where from one block to one half mile from the scene until the scene was secured by law enforcement. The Phoenix Regional Fire Standard Operating Procedures covers the City of Phoenix and 22 surrounding cities is the largest metropolitan fire department consortium in Arizona. They do a good job of addressing scene safety and awareness but stop short of providing guidance on what a firefighter should or could do if attacked other than call for police assistance (Phoenix Fire Department [PFD], 1995).

4. What standards, if any, are departments of similar size do to protect their members in the event of violent situations?

The City of Glendale, Arizona provides body armor for all of their response units and directs that the body armor is to be worn during potentially hazardous or violent incidents. The company officer may mandate the wearing of body armor at any time. Again, the procedures only provide guidance for known or suspected violent incidents (Glendale Fire Department [GFD], 1997, 102.4).

The City of Tempe, Arizona has a policy regarding civil disturbances (Tempe Fire Department [TFD], 2003, 209.05). The City of Yuma, Arizona has procedures on staging for incidents involving weapons (City of Yuma, 2002).

All of these procedures fall short of identifying what actions a firefighter can or should take if a benign situation suddenly turns violent. This is not meant to be derogatory. These prominent and respected cities in Arizona, along with the Peoria Fire Department, have not provided their members with a vital part to protecting firefighters if they are attacked.

None of these cities know what to expect if one of their crews is attacked. The outcome may or may not be one that the city attorney can defend. But without the proper training and knowledge should the firefighters be held responsible?

The late James O. Page asked a similar question in his article *Unfinished Business* in 2000. Page stated, “Should firefighters be disciplined if we don’t like the way they handle violent patients? It’s like telling firefighters to enter a burning building, but failing to provide them with the necessary equipment or training – then punishing them when we don’t like the way they perform” (Page, 2000).

According to Paul Maniscalco, Deputy Chief with New York City EMS, “...With the continued trend of violence directed toward EMS personnel, it is incumbent upon the employer to provide some kind of orientation or training that addresses the issue of personal safety” (Perry, 1996, 29).

James R. Cross, attorney/consultant with Infection Control/Emerging Concepts and adjunct instructor at George Washington University School of Medicine recommends that EMS providers need to know what the policy is for dealing with an out of control patient. If the EMS provider is properly trained they will respond in a reasonable manner rather than leaving the type and level of response to the judgment of the individual (Perry, 1996, 30). This position is also supported by Daniel Smiley, chief deputy director for the California EMS Authority. Smiley’s position is that if you train your people to a certain level the liability is lessened rather than allowing them to set their own guidelines (Perry, 1996, 30). According to conversations with Steve Burg, Deputy City Attorney for the City of Peoria, because the City of Peoria is aware of the potential for violence against firefighters and EMTs, if it does not take some action to better

prepare its members how to deal with these situations the City’s liability is increased (S. Berg, personal communication, January 30, 2006).

5. What, if any, are the self defensive standards that the Peoria Fire Department could use to protect their members in the event of a violent situation?

Self defense and defensive tactics encompasses a wide spectrum of activities, many of which are simple and easy to implement. Some options are too far out of the scope of what a firefighter could or should be asked to do. Most of the tactics involve training and awareness. Some will require changes to our normal operating procedures.

Utilizing a tool known as the Haddon Matrix the event of a firefighter being assaulted was analyzed. This tool was used to identify potential intervention points where proactive preventative measures could disrupt the chain of events and prevent or limit the possibility of injuries (see Table 26).

Table 26.

Haddon Matrix analysis of a firefighter assault.

Phase	Host (human)	Vector (vehicle)	Factors	
			Physical Environment	Socioeconomic Environment
Pre-Event	Macho attitudes, Culture, Naive to problem	Lack of written policies, Lack of self defense and awareness training	Patient's homes, On the street, Night clubs	Department management and line personnel do not see need, Funding for training
Event	Tunnel vision, awareness of surroundings	Rushing into scene, Lack of information from dispatch	Low level lighting, Lack of egress, Confined spaces/rooms, Wide open scene approaches	Low income customers, Language barrier
Post Event	Physical injury, Emotional trauma, Prejudices, Legal liabilities, Disciplinary action, Infectious disease exposure	Lack of written policies, Lack of training, Blood and/or airborne diseases	Counseling, Treatment for injuries, Overtime impacts, Hospitalization, Contraction of communicable disease	Increases in health insurance premiums, Financial impact on firefighter due to lost work time

Utilizing the information obtained from the Haddon Matrix, the literature review, and the surveys there are several different options that the Peoria Fire Department could use or at least consider for its members protection.

The following list includes possible options that have been identified to address the issue of violence against firefighters:

- Training in
 - Scene Size-up
 - Weapons awareness
 - Weapons management
 - Approaching the scene
 - Approaching a vehicle
 - Entering a structure
 - Conflict management
 - Searching for and confiscation of weapons
 - Self defense techniques
 - The legal issues surrounding self defense and the use of force
 - Cover and concealment techniques
- Provide bullet proof vests for all members.
- Provide members with offensive weapons.
- Provide members with defensive weapons such as pepper spray.

Recommendations

Based upon the results of this ARP, I will be recommending the following changes to the Peoria Fire Department Policies and Procedures to address the issue of violence against firefighters.

Based upon the Haddon Matrix in Table 26, efforts should be concentrated on disrupting the event sequence to prevent or limit the effects of a violent incident.

The first area of focus should be directed to address the factors in the Pre-Event phase of the event sequence.

The first step should be to address the firefighter's attitude and culture that violence is part of the job. To accomplish this task, a program would need to be developed to educate the line firefighters on the extent of the violence against firefighters issue before changes are made to policy. It is important that this be accomplished jointly between labor and management to garner the support and buy-in of the line personnel.

Secondly, because there is not a standard or guideline for Peoria firefighters to follow in the event they are attacked or find themselves in a potentially violent situation, I recommend that through the Labor/Management process the Peoria Fire Department take steps to create such a standard operating procedure. Such procedure would require working closely with the Peoria Police Department and the City Attorney's Office, to set clear and realistic limits.

The third component of the Pre-Event phase would be to develop a training program that includes but not be limited too the following areas: management of violent individuals, scene awareness, approaching vehicles and homes, cover and concealment techniques, how to de-escalate situations, avoid confrontations, weapons management (search and confiscation), legal

issues surrounding self defense and use of force, effective communication, reporting requirements.

The fourth and final phase of the Pre-Event phase would be to develop a program to train firefighters in practical yet effective escape and self-defense techniques and principles. These techniques need to be easily retained and performed under considerable stress.

At a minimum personnel should receive this training upon graduation from the fire academy, before being assigned to a emergency response unit. Continuing education and refresher training should be conducted annually at a minimum. To make the training easier to follow and to keep the issue of firefighter safety in the forefront of every member's thoughts, a segment should be taught each month.

To address the factors identified in the Post-Event phase of the event, a program should be in place to deal with the emotional trauma that was identified in Table 13.

Having support systems such as employee assistance programs, counseling, good medical insurance, and short term disability should all be considered.

To evaluate the effectiveness of these programs accurate data must be collected. A written policy mandating that all violent incidents, verbal or physical, are reported in writing to the Peoria Fire Department Emergency Medical Services Chief for tracking and follow-up.

The report should include at a minimum the date, time, and location of incident, a narrative of the events prior to, during, and after the incident occurred, nature of injuries both to the patient and the firefighter(s), and any other information that the company officer feels is pertinent to the incident.

This data would be evaluated to determine the effectiveness of the interventions implemented by the Peoria Fire Department and to monitor changes or trends. In this way adjustments can be made to continuously improve the safety of the firefighters.

Only through education and training coupled with the collection and analysis of accurate data can we effectively address this issue.

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Appendix A

Responses from line personnel in Peoria, AZ

How many full years of service do you have as a pre-hospital provider?	Response Total
0-5	6
6-10	9
11-15	12
16-20	10
>20	12
Total Respondents	49
(filtered out)	412
(skipped this question)	0

What type of organization do you work for?	Response Total
Professional Fire Department	49
Volunteer Fire Department	0
Volunteer Ambulance Service	0
Professional Ambulance Service	0
Hospital	0
Other (please specify)	0
Total Respondents	49
(filtered out)	412
(skipped this question)	0

What is the staffing level of your unit/crew?	Response Total
1	0
2	2
3	1
4	47
>4	0
Total Respondents	49
(filtered out)	408
(skipped this question)	4

Does your organization have a clear written policy for dealing with violent situations/patients?	Response Total
Yes	37
No	11
Total Respondents	48
(filtered out)	408
(skipped this question)	5

Have you ever been verbally threatened while in the performance of your duties?	Response Total
Yes	48
No	1

Total Respondents	49
(filtered out)	412
(skipped this question)	0

Have you ever been physically assaulted while in the performance of your duties?	Response Total
Yes	29
No	20
Total Respondents	49
(filtered out)	412
(skipped this question)	0

If you have been assaulted in the course of performing your duties how many times has this happened?	Response Total
1	10
2	4
3	5
4	4
5	2
6	1
7	0
8	0
9	0
10	0
>10	5
Total Respondents	31
(filtered out)	266
(skipped this question)	164

If you have been assaulted were you injured as a result?	Response Total
Yes	5
No	32
Total Respondents	37
(filtered out)	302
(skipped this question)	122

If you have been assaulted and were injured did you receive medical treatment for your injuries?	Response Total
Yes	1
No	11
N/A	37
Total Respondents	49
(filtered out)	412
(skipped this question)	0

If you have been assaulted while in the performance of your duties what weapon or weapons were used?	Response Total
Hands	26
Feet	13
Biting	7
Spitting	20
Gun	4
Knife	4
Blunt Object	5
Other (please specify)	6
Total Respondents	31
(filtered out)	242
(skipped this question)	188

Did you file a police report about the assault?	Response Total
Yes	4
No	31
Total Respondents	35
(filtered out)	270
(skipped this question)	156

Who was the assailant?	Response Total
Patient	27
Family Member	10
Bystander	3
Other (please specify)	3
Total Respondents	31
(filtered out)	250
(skipped this question)	180

As a result of being assaulted have you experienced any of the following? Please check all that apply.	Response Total
Depression	0
Anger	8
Violent Tendencies	0
Prejudices	7
Loss in job satisfaction	1
Ulcer	0
Loss of sleep	0
Fear	2
Other (please specify)	5
Total Respondents	16
(filtered out)	126
(skipped this question)	319

Do you make it a practice to search your patient's for weapons?	Response Total
Yes	14
No	35

Total Respondents	49
(filtered out)	412
(skipped this question)	0
<hr/>	
Have you ever received formal training in weapons management?	Response Total
Yes	6
No	43
<hr/>	
Total Respondents	49
(filtered out)	412
(skipped this question)	0
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Have you ever received formal training in the management of violent situations?	Response Total
Yes	16
No	33
<hr/>	
Total Respondents	49
(filtered out)	412
(skipped this question)	0
<hr/>	
Have you ever received formal self defense training?	Response Total
Yes	16
No	33
<hr/>	
Total Respondents	49
(filtered out)	412
(skipped this question)	0
<hr/>	
Have you ever sought out self defense training on your own?	Response Total
Yes	15
No	33
<hr/>	
Total Respondents	48
(filtered out)	410
(skipped this question)	3
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Have you ever restrained a patient?	Response Total
Yes	49
No	0
<hr/>	
Total Respondents	49
(filtered out)	412
(skipped this question)	0
<hr/>	
Have you ever worn or do you wear a bullet proof vest?	Response Total
Yes	15
No	34
<hr/>	
Total Respondents	49
(filtered out)	412
(skipped this question)	0

Have you ever carried a weapon for self defense on the job?	Response Total
Yes	7
No	42
Total Respondents	49
(filtered out)	412
(skipped this question)	0

If you would like to receive a copy of this research project please provide your email address.	Response Total
Total Respondents	9
(filtered out)	124
(skipped this question)	328

What is the name of your department/organization?	Response Total
Total Respondents	49
(filtered out)	412
(skipped this question)	0

What best describes your service area?	Response Total
Urban	27
Rural	0
Suburban	22
Total Respondents	49
(filtered out)	412
(skipped this question)	0

What is the approximate population of your service area?	Response Total
less than 500	0
500-2000	1
2001 – 5000	0
5000 – 10000	0
10000 – 50000	1
50001 – 100000	0
100001 – 200000	39
200000 – 300000	7
greater than 300000	1
Total Respondents	49
(filtered out)	412
(skipped this question)	0

Appendix B

Responses from line personnel serving communities between 100,001 and 200,000

How many full years of service do you have as a pre-hospital provider?	Response Total
0-5	11
6-10	16
11-15	16
16-20	21
>20	28
Total Respondents	92
(filtered out)	369
(skipped this question)	0

What type of organization do you work for?	Response Total
Professional Fire Department	89
Volunteer Fire Department	0
Volunteer Ambulance Service	0
Professional Ambulance Service	0
Hospital	1
Other (please specify)	2
Total Respondents	92
(filtered out)	369
(skipped this question)	0

What is the staffing level of your unit/crew?	Response Total
1	6
2	10
3	20
4	53
>4	5
Total Respondents	92
(filtered out)	365
(skipped this question)	4

Does your organization have a clear written policy for dealing with violent situations/patients?	Response Total
Yes	55
No	36
Total Respondents	91
(filtered out)	365
(skipped this question)	5

Have you ever been verbally threatened while in the performance of your duties?	Response Total
Yes	89
No	3
Total Respondents	92
(filtered out)	369
(skipped this question)	0

Have you ever been physically assaulted while in the performance of your duties?	Response Total
Yes	56
No	36
Total Respondents	92
(filtered out)	369
(skipped this question)	0

If you have been assaulted in the course of performing your duties how many times has this happened?	Response Total
1	19
2	13
3	6
4	7
5	4
6	3
7	0
8	1
9	0
10	0
>10	9
Total Respondents	62
(filtered out)	235
(skipped this question)	164

If you have been assaulted were you injured as a result?	Response Total
Yes	9
No	61
Total Respondents	70
(filtered out)	269
(skipped this question)	122

If you have been assaulted and were injured did you receive medical treatment for your injuries?	Response Total
Yes	1
No	17
N/A	74
Total Respondents	92
(filtered out)	369
(skipped this question)	0

If you have been assaulted while in the performance of your duties what weapon or weapons were used?	Response Total
Hands	54
Feet	28
Biting	18
Spitting	37
Gun	7
Knife	6
Blunt Object	5
Other (please specify)	4
Total Respondents	60
(filtered out)	213
(skipped this question)	188

Did you file a police report about the assault?	Response Total
Yes	11
No	55
Total Respondents	66
(filtered out)	239
(skipped this question)	156

Who was the assailant?	Response Total
Patient	53
Family Member	14
Bystander	2
Other (please specify)	6
Total Respondents	61
(filtered out)	220
(skipped this question)	180

As a result of being assaulted have you experienced any of the following? Please check all that apply.	Response Total
Depression	1
Anger	15
Violent Tendencies	0
Prejudices	9
Loss in job satisfaction	5
Ulcer	0
Loss of sleep	2
Fear	3
Other (please specify)	8
Total Respondents	27
(filtered out)	115
(skipped this question)	319

Do you make it a practice to search your patient's for weapons?	Response Total
Yes	23
No	69
Total Respondents	92
(filtered out)	369
(skipped this question)	0

Have you ever received formal training in weapons management?	Response Total
Yes	10
No	82
Total Respondents	92
(filtered out)	369
(skipped this question)	0

Have you ever received formal training in the management of violent situations?	Response Total
Yes	26
No	66
Total Respondents	92
(filtered out)	369
(skipped this question)	0

Have you ever received formal self defense training?	Response Total
Yes	25
No	67
Total Respondents	92
(filtered out)	369
(skipped this question)	0

Have you ever sought out self defense training on your own?	Response Total
Yes	22
No	69
Total Respondents	91
(filtered out)	367
(skipped this question)	3
Have you ever restrained a patient?	Response Total
Yes	92
No	0
Total Respondents	92
(filtered out)	369
(skipped this question)	0
Have you ever worn or do you wear a bullet proof vest?	Response Total
Yes	26
No	66
Total Respondents	92
(filtered out)	369
(skipped this question)	0
Have you ever carried a weapon for self defense on the job?	Response Total
Yes	9
No	83
Total Respondents	92
(filtered out)	369
(skipped this question)	0
If you would like to receive a copy of this research project please provide your email address.	Response Total
Total Respondents	23
(filtered out)	110
(skipped this question)	328
What is the name of your department/organization?	Response Total
Total Respondents	92
(filtered out)	369
(skipped this question)	0
What best describes your service area?	Response Total
Urban	56
Rural	7
Suburban	29
Total Respondents	56
(filtered out)	7
(skipped this question)	29

What is the approximate population of your service area?	Response Total
Less than 500	0
500-2000	0
2001 – 5000	0
5000 – 10000	0
10000 – 50000	0
50001 – 100000	0
100001 – 200000	92
200000 – 300000	0
greater than 300000	0
Total Respondents	92
(filtered out)	369
(skipped this question)	0

Appendix C

Responses from line personnel serving communities less than 100,000

How many full years of service do you have as a pre-hospital provider?	Response Total
0-5	15
6-10	31
11-15	15
16-20	17
>20	29
Total Respondents	107
(filtered out)	354
(skipped this question)	0

What type of organization do you work for?	Response Total
Professional Fire Department	104
Volunteer Fire Department	1
Volunteer Ambulance Service	0
Professional Ambulance Service	0
Hospital	0
Other (please specify)	2
Total Respondents	107
(filtered out)	354
(skipped this question)	0

What is the staffing level of your unit/crew?	Response Total
1	3
2	17
3	23
4	52
>4	12
Total Respondents	107
(filtered out)	350
(skipped this question)	4

Does your organization have a clear written policy for dealing with violent situations/patients?	Response Total
Yes	63
No	42
Total Respondents	105
(filtered out)	351
(skipped this question)	5

Have you ever been verbally threatened while in the performance of your duties?	Response Total
Yes	95
No	12
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Have you ever been physically assaulted while in the performance of your duties?	Response Total
Yes	60
No	47
Total Respondents	107
(filtered out)	354
(skipped this question)	0

If you have been assaulted in the course of performing your duties how many times has this happened?	Response Total
1	23
2	15
3	7
4	6
5	8
6	4
7	1
8	1
9	0
10	0
>10	4
Total Respondents	69
(filtered out)	228
(skipped this question)	164

If you have been assaulted were you injured as a result?	Response Total
Yes	6
No	68
Total Respondents	74
(filtered out)	265
(skipped this question)	122

If you have been assaulted and were injured did you receive medical treatment for your injuries?	Response Total
Yes	2
No	22
N/A	83
Total Respondents	107
(filtered out)	354
(skipped this question)	0

If you have been assaulted while in the performance of your duties what weapon or weapons were used?	Response Total
Hands	54
Feet	39
Biting	27
Spitting	39
Gun	4
Knife	5
Blunt Object	6
Other (please specify)	3
Total Respondents	64
(filtered out)	209
(skipped this question)	188

Did you file a police report about the assault?	Response Total
Yes	18
No	50
Total Respondents	68
(filtered out)	237
(skipped this question)	156

Who was the assailant?	Response Total
Patient	60
Family Member	13
Bystander	5
Other (please specify)	3
Total Respondents	65
(filtered out)	216
(skipped this question)	180

As a result of being assaulted have you experienced any of the following? Please check all that apply.	Response Total
Depression	0
Anger	10
Violent Tendencies	1
Prejudices	9
Loss in job satisfaction	6
Ulcer	0
Loss of sleep	1
Fear	4
Other (please specify)	10
Total Respondents	32
(filtered out)	110
(skipped this question)	319

Do you make it a practice to search your patient's for weapons?	Response Total
Yes	30
No	77
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Have you ever received formal training in weapons management?	Response Total
Yes	15
No	92
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Have you ever received formal training in the management of violent situations?	Response Total
Yes	28
No	79
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Have you ever received formal self defense training?	Response Total
Yes	27
No	80
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Have you ever sought out self defense training on your own?	Response Total
Yes	23
No	83
Total Respondents	106
(filtered out)	352
(skipped this question)	3

Have you ever restrained a patient?	Response Total
Yes	105
No	2
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Have you ever worn or do you wear a bullet proof vest?	Response Total
Yes	33
No	74
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Have you ever carried a weapon for self defense on the job?	Response Total
Yes	9
No	98
Total Respondents	107
(filtered out)	354
(skipped this question)	0

If you would like to receive a copy of this research project please provide your email address.	Response Total
Total Respondents	40
(filtered out)	93
(skipped this question)	328

What is the name of your department/organization?	Response Total
Total Respondents	107
(filtered out)	354
(skipped this question)	0

What best describes your service area?	Response Total
Urban	61
Rural	9
Suburban	37
Total Respondents	107
(filtered out)	354
(skipped this question)	0

What is the approximate population of your service area?	Response Total
less than 500	1
500-2000	2
2001 - 5000	2
5000 – 10000	7
10000 – 50000	44
50001 – 100000	51
100001 – 200000	0
200000 – 300000	0
greater than 300000	0
Total Respondents	107
(filtered out)	354
(skipped this question)	0

Appendix D

Responses from line personnel serving communities greater than 200,000

How many full years of service do you have as a pre-hospital provider?	Response Total
0-5	36
6-10	48
11-15	68
16-20	36
>20	74
Total Respondents	262
(filtered out)	199
(skipped this question)	0

What type of organization do you work for?	Response Total
Professional Fire Department	260
Volunteer Fire Department	0
Volunteer Ambulance Service	0
Professional Ambulance Service	2
Hospital	0
Other (please specify)	0
Total Respondents	262
(filtered out)	199
(skipped this question)	0

What is the staffing level of your unit/crew?	Response Total
1	6
2	6
3	21
4	213
>4	16
Total Respondents	258
(filtered out)	199
(skipped this question)	4

Does your organization have a clear written policy for dealing with violent situations/patients?	Response Total
Yes	171
No	89
Total Respondents	260
(filtered out)	196
(skipped this question)	5

Have you ever been verbally threatened while in the performance of your duties?	Response Total
Yes	226
No	36
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Have you ever been physically assaulted while in the performance of your duties?	Response Total
Yes	140
No	122
Total Respondents	262
(filtered out)	199
(skipped this question)	0

If you have been assaulted in the course of performing your duties how many times has this happened?	Response Total
1	52
2	31
3	22
4	12
5	9
6	7
7	2
8	2
9	0
10	1
>10	28
Total Respondents	166
(filtered out)	131
(skipped this question)	164

If you have been assaulted were you injured as a result?	Response Total
Yes	16
No	179
Total Respondents	195
(filtered out)	144
(skipped this question)	122

If you have been assaulted and were injured did you receive medical treatment for your injuries?	Response Total
Yes	8
No	46
N/A	208
Total Respondents	262
(filtered out)	199

(skipped this question)	0
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If you have been assaulted while in the performance of your duties what weapon or weapons were used?	Response Total
Hands	130
Feet	89
Biting	53
Spitting	88
Gun	13
Knife	15
Blunt Object	21
Other (please specify)	13
Total Respondents	149
(filtered out)	124
(skipped this question)	188
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Did you file a police report about the assault?	Response Total
Yes	38
No	133
Total Respondents	171
(filtered out)	134
(skipped this question)	156
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Who was the assailant?	Response Total
Patient	140
Family Member	35
Bystander	33
Other (please specify)	5
Total Respondents	155
(filtered out)	126
(skipped this question)	180
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As a result of being assaulted have you experienced any of the following? Please check all that apply.	Response Total
Depression	4
Anger	36
Violent Tendencies	1
Prejudices	30
Loss in job satisfaction	16
Ulcer	0
Loss of sleep	4
Fear	11
Other (please specify)	23
Total Respondents	83
(filtered out)	59
(skipped this question)	319

Do you make it a practice to search your patient's for weapons?	Response Total
Yes	53
No	209
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Have you ever received formal training in weapons management?	Response Total
Yes	29
No	233
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Have you ever received formal training in the management of violent situations?	Response Total
Yes	70
No	192
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Have you ever received formal self defense training?	Response Total
Yes	51
No	211
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Have you ever sought out self defense training on your own?	Response Total
Yes	61
No	200
Total Respondents	261
(filtered out)	197
(skipped this question)	3

Have you ever restrained a patient?	Response Total
Yes	254
No	8
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Have you ever worn or do you wear a bullet proof vest?	Response Total
Yes	72
No	190
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Have you ever carried a weapon for self defense on the job?	Response Total
Yes	23
No	239
Total Respondents	262
(filtered out)	199
(skipped this question)	0

If you would like to receive a copy of this research project please provide your email address.	Response Total
Total Respondents	70
(filtered out)	63
(skipped this question)	328

What is the name of your department/organization?	Response Total
Total Respondents	262
(filtered out)	199
(skipped this question)	0

What best describes your service area?	Response Total
Urban	228
Rural	2
Suburban	32
Total Respondents	262
(filtered out)	199
(skipped this question)	0

What is the approximate population of your service area?	Response Total
less than 500	0
500-2000	0
2001 - 5000	0
5000 - 10000	0
10000 - 50000	0
50001 - 100000	0
100001 - 200000	0
200000 - 300000	31
greater than 300000	231
<hr/>	
Total Respondents	262
(filtered out)	199
(skipped this question)	0

Appendix E

Total responses from line personnel

How many full years of service do you have as a pre-hospital provider?	Response Total
0-5	62
6-10	95
11-15	99
16-20	74
>20	131
Total Respondents	461
(skipped this question)	0

What type of organization do you work for?	Response Total
Professional Fire Department	453
Volunteer Fire Department	1
Volunteer Ambulance Service	0
Professional Ambulance Service	2
Hospital	1
Other (please specify)	4
Total Respondents	461
(skipped this question)	0

What is the staffing level of your unit/crew?	Response Total
1	15
2	33
3	64
4	318
>4	33
Total Respondents	457
(skipped this question)	4

Does your organization have a clear written policy for dealing with violent situations/patients?	Response Total
Yes	289
No	167
Total Respondents	456
(skipped this question)	5

Have you ever been verbally threatened while in the performance of your duties?	Response Total
Yes	410
No	51
Total Respondents	461
(skipped this question)	0

Have you ever been physically assaulted while in the performance of your duties?	Response Total
Yes	256
No	205
Total Respondents	461
(skipped this question)	0

If you have been assaulted in the course of performing your duties how many times has this happened?	Response Total
1	94
2	59
3	35
4	25
5	21
6	14
7	3
8	4
9	0
10	1
>10	41
Total Respondents	297
(skipped this question)	164

If you have been assaulted were you injured as a result?	Response Total
Yes	31
No	308
Total Respondents	339
(skipped this question)	122

If you have been assaulted and were injured did you receive medical treatment for your injuries?	Response Total
Yes	11
No	85
N/A	365
Total Respondents	461
(skipped this question)	0

If you have been assaulted while in the performance of your duties what weapon or weapons were used?	Response Total
Hands	238
Feet	156
Biting	98
Spitting	164
Gun	24
Knife	26
Blunt Object	32
Other (please specify)	20
Total Respondents	273

(skipped this question)	188
<hr/>	
Did you file a police report about the assault?	Response Total
Yes	67
No	238
<hr/>	
Total Respondents	305
(skipped this question)	156
<hr/>	
Who was the assailant?	Response Total
Patient	253
Family Member	62
Bystander	40
Other (please specify)	14
<hr/>	
Total Respondents	281
(skipped this question)	180
<hr/>	
As a result of being assaulted have you experienced any of the following? Please check all that apply.	Response Total
Depression	5
Anger	61
Violent Tendencies	2
Prejudices	48
Loss in job satisfaction	27
Ulcer	0
Loss of sleep	7
Fear	18
Other (please specify)	41
<hr/>	
Total Respondents	142
(skipped this question)	319
<hr/>	
Do you make it a practice to search your patient's for weapons?	Response Total
Yes	106
No	355
<hr/>	
Total Respondents	461
(skipped this question)	0
<hr/>	
Have you ever received formal training in weapons management?	Response Total
Yes	54
No	407
<hr/>	
Total Respondents	461
(skipped this question)	0
<hr/>	
Have you ever received formal training in the management of violent situations?	Response Total
Yes	124
No	337
<hr/>	
Total Respondents	461

(skipped this question)	0
Have you ever received formal self defense training?	Response Total
Yes	103
No	358
Total Respondents	461
(skipped this question)	0
Have you ever sought out self defense training on your own?	Response Total
Yes	106
No	352
Total Respondents	458
(skipped this question)	3
Have you ever restrained a patient?	Response Total
Yes	451
No	10
Total Respondents	461
(skipped this question)	0
Have you ever worn or do you wear a bullet proof vest?	Response Total
Yes	131
No	330
Total Respondents	461
(skipped this question)	0
Have you ever carried a weapon for self defense on the job?	Response Total
Yes	41
No	420
Total Respondents	461
(skipped this question)	0
If you would like to receive a copy of this research project please provide your email address.	Response Total
Total Respondents	133
(skipped this question)	328
What is the name of your department/organization?	Response Total
Total Respondents	461
(skipped this question)	0
What best describes your service area?	Response Total
Urban	345
Rural	18
Suburban	98
Total Respondents	461
(skipped this question)	0

What is the approximate population of your service area?	Response Total
less than 500	1
500-2000	2
2001 – 5000	2
5000 – 10000	7
10000 – 50000	44
50001 – 100000	51
100001 – 200000	92
200000 – 300000	31
greater than 300000	231
Total Respondents	461
(skipped this question)	0

Appendix F

Responses from fire department management

How many occupational injuries has your organization documented since 1988?	Response Total
0-5	3
6-10	3
11-15	2
16-20	1
21-25	2
26-30	1
>30	31
Other (please specify)	3
Total Respondents	46
(skipped this question)	0

Of the documented injuries how many were the result of violence by the patient the family or bystanders?	Response Total
0-5	26
6-10	6
11-15	0
16-20	1
21-25	0
26-30	1
>30	1
N/A	7
Other (please specify)	4
Total Respondents	46
(skipped this question)	0

Has your organization recorded and firefighter EMT Paramedic or other first responder deaths as the result of violence by the patient family members or bystanders?	Response Total
Yes	1
No	45
Total Respondents	46
(skipped this question)	0

If the answer to question 3 was "Yes" how many deaths have occurred as the result of violence?	Response Total
Total Respondents	1
(skipped this question)	45

Does your department have a written policy on how to handle violent situations? If so please email a copy to:howardm@peoriaaz.com	Response Total
Yes	18
No	28
Total Respondents	46
(skipped this question)	0

Does your organization have a written policy on how to handle violent patients, family members or bystanders? If so please email a copy to howardm@peoriaaz.com	Response Total
Yes	13
No	33
Total Respondents	46
(skipped this question)	0

Does your organization have a policy mandating reporting of violent encounters with patients, family members or by standers?	Response Total
Yes	20
No	26
Total Respondents	46
(skipped this question)	0

Does your organization provide training to your first responders in self defense?	Response Total
Yes	3
No	43
Total Respondents	46
(skipped this question)	0

Does your organization provide formal training in conflict resolution to your first responders and staff?	Response Total
Yes	13
No	33
Total Respondents	46
(skipped this question)	0

Does your organization provide weapons related training (searching for and confiscation of weapons) to your first responders or staff?	Response Total
Yes	0
No	46
Total Respondents	46
(skipped this question)	0

Does your organization equip your members with pepper spray or other "defensive" weapons?	Response Total
Yes	0
No	46
Total Respondents	46
(skipped this question)	0

Does your organization provide bullet proof vests for your first responders or staff?	Response Total
Yes	9
No	37
Total Respondents	46
(skipped this question)	0

Of the following what training do you feel would be most beneficial in better equipping your personnel to deal with violent situations and/or patients? Please mark all that apply.	Yes	No	Maybe	Response Total
Conflict resolution	40	3	1	44
Awareness and scene assessment	43	1	0	44
Self defense	24	6	16	46
Principles of physical restraint	32	5	7	44
Use of protective clothing	26	8	10	44
Cover and concealment techniques	20	9	15	44
Carrying of weapons	3	39	3	45
Searching for and confiscation of weapons	12	18	15	45
Legal issues surrounding self defense and use of force	40	3	3	46
Use of Pepper Spray	6	21	17	44
Total Respondents	46			
(skipped this question)	0			