



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

Section 400 - Operational Safety

Operational Safety - 400.00		
S.O.P. # 400.11	Hostile Patients and/or Family Members	PAGE: 1 OF 3
EFFECTIVE: 11/11/2011	Authorized: John Filer, Chief	
REVISED: 03/01/2019	Authorized: William Stephens, Director	

400.11.01 Purpose

To give staff guidance on best practices in relation to encounters with violent and/or hostile patients, their family, and/or their friends.

400.11.02 Cited References

- MD HB-498: Criminal Law - Assault - First Responders
- International Public Safety Association, Assaults Against First Responders; Info Brief, July 2018.

400.11.03 General

When responding to emergency medical calls, threats of violence to EMS workers can come from patients, family members or even bystanders. The Centers for Disease Control and Prevention estimates that 2,600 EMS workers received hospital treatment in 2014 for injuries resulting from work-related violence.¹

MD HB-498 prohibits a person from intentionally causing physical injury to another if the person knows or has reason to know that the other is a firefighter, an emergency medical technician, a rescue squad member, or any other first responder engaged in providing emergency medical care or rescue services; and increasing a specified penalty for assaulting specified individuals from 10 to 15 years imprisonment.

400.11.04 Best Practices

1. Attend Defensive Tactics Courses when they are offered by the Department or master a self-defense art on your own accord.
2. Be cognizant of the dispatch information being given to you by the 911 Communications Center.

¹ https://www.usfa.fema.gov/current_events/083117.html



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3. Review the CAD notes prior to your arrival on-scene.
4. Prior to arrival, pre-plan a code word with your partner for an immediate action evacuation and/or notification of law enforcement should a violent encounter occur.
5. Stage your vehicle in a smart location where rapid egress can be obtained if needed.
6. Always maintain situational awareness.
7. When you are clear to enter the building or residence, clearly identify yourself as "fire department," "paramedics" or "law enforcement."
8. Put something between you and the patient (or individual) during your approach. This will provide a block and may slow any attacker trying to get to you.
9. Don't get tunnel vision on the patient or individual you're talking to - remember to look around. Understand where your nearest exit is and whether it's clear of any obstructions.
10. If you don't like the room or if the environment seems off, then move. Remember patient condition does not dictate where patient care is done, the environment does.
11. If the patient, family members and/or bystanders become violent; employ de-escalation procedures.
12. If de-escalation procedures don't work, remove the patient to the back of the ambulance and treat in route.
13. If you are unable to de-escalate and/or avoid violent contact with the aggressors:
 - i. Employ defensive tactics and escape to a safe location,
 - ii. Depress the Emergency Activation button on your portable radio;
 - iii. Notify the 911 Communications Center of your situation and need for law enforcement;
 - iv. Leave the scene if possible or shelter in a safe location.
14. If you choose to shelter in a safe location always notify the 911 Communications Center of the location you choose to shelter in and await support from law enforcement.
15. Post incident perform a par check and note any injuries and/or missing personnel.
16. Seek medical attention as required.
17. Post incident always report the incident and document everything with law enforcement and your immediate supervisor.
18. The on-duty supervisor should consider the need for Peer Support Services.
19. The on-duty supervisor should conduct an immediate post-incident debriefing.



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400.11.05 De-escalation Techniques

Once a first responder arrives and there is now a relatively dangerous situation, it becomes particularly important for first responders to have a good understanding of how to safely get themselves into a safe situation, call for assistance and/or de-escalate the situation as best as they possibly can.

Eight (8) concepts for first responders to adopt:

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