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**HUMAN RIGHTS AUTHORITY - NORTHWEST REGION**

REPORT 09-080-9003  
DIXON RURAL FIRE PROTECTION DISTRICT

Case Summary: the Authority found no rights violations in the care provided to a patient. The public record follows; a facility response was not required.

**INTRODUCTION**

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation at the Dixon Rural Fire Protection District where medical services were provided to a person with disabilities. It was alleged that an ambulance team handled the patient roughly while transferring her to a hospital. Substantiated findings would violate care protections of the Emergency Medical Services Code (77 Ill. Admin. Code 515).

The Illinois Department of Public Health has designated eleven emergency medical services regions in the state. Each region, consisting of specific emergency systems and trauma centers, coordinates pre-hospital and inter-hospital emergency medical services as well as non-emergency medical transports under a regional plan. The governing Emergency Medical Services Systems Act (210 ILCS 50) states that regional plans must have various protocols including those on patient transports, the specific rules for which are outlined in the Administrative Code.

The Dixon Rural Fire Protection District lies within Region 1, which includes Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago counties; it serves a 148-mile radius from its fire house in Dixon. We visited the facility where the matter was discussed with members of the ambulance team in question, all of whom are licensed emergency medical technicians, and the district's chief and an attorney. Region 1 patient care protocols were reviewed as were narratives related to this patient's transport, with her written authorization.

To summarize the complaint, an ambulance was called to the woman's home for concerns about her mental health. The police were already there with her and at some point she was handcuffed and told she was going to a hospital. Although she explained that she just had knee surgery, the medics reportedly picked the chair up with her in it, nearly tipping her over, and then pulled her straight out of it hurting the knee. She was said to have been put on a stretcher with a leather collar around her neck, and, the handling of her transfers to the stretcher and then to a bed

at the hospital was allegedly too rough.

## FINDINGS

We spoke with all three members of the ambulance team who transported the patient to the hospital. The team leader described the scene as they arrived and said that patient was walking around in her house screaming and making no sense. They assessed the situation as they normally do, and although she would not answer their questions she let one of them take her vital signs as long as he held her hand. She made no mention of knee surgery to that point, and she seemed to have no physical limitations as she walked about. They were there for a long time, perhaps fifty minutes or so, trying to calm her down and persuade her to go voluntarily. She got more frustrated and knocked a pop across the room, and the police made the decision that she was going and cuffed her hands in front of her. Another team member said that the patient got up on her own and had no problems. Once she was up she mentioned her knee condition. The team formed a triangle around her for support and helped her to the cot, never touching her leg.

The team said that they positioned her in the ambulance seated upright as she preferred. The cot was anchored down, and for safety they strapped her ankles, waist and chest, the chest strap going under her arms. They have restraints but never used them. They explained that the straps are made of the same material as seat belts and that there was nothing put around her neck. And, because the straps around her chest were underneath her arms, it would have been impossible for the strap to rise. They also said that they have no leather equipment in the ambulance. One of the team members told us that he held the woman's hand on the way to the hospital and she made no mention of pain the whole time.

At the hospital they put a blanket over the handcuffs and then took her on the cot to a room in the emergency department. The police removed the cuffs, and with the help of hospital staff the team transferred her to a bed by rolling up a blanket beneath her and lifting her over; again there were no complaints of pain. Her care was turned over to a nurse at that time, but they stayed for a while as one of them held her hand until an I.V. was in place. They all believed that they provided good care.

We asked to see the straps that were used but the ambulance was called out during our visit. We reviewed call sheets from the patient's transport to verify what we were told. A narrative stated much of the same: on arrival at the woman's home she was refusing to go to the hospital. She was uncooperative and had to be handcuffed after she threw her mug of pop. She was loaded on a cot with verbal encouragement, and she spoke in unending sentences throughout the transport. The narrative also stated that the patient had a history of knee surgery on her left leg, which was noted as being "guarded" when she was moved. The team transferred care to a nurse, and the documentation concluded without reference to any struggle or incident regarding the knee.

## CONCLUSION

The Administrative Code states that each emergency medical services system shall develop a program plan consisting of a manual that is distributed to every system participant. It must include guidelines for interaction between emergency medical technicians and patients, emotionally disturbed patients specifically, and the use of restraints to name a few (59 Ill. Admin. Code 515.330).

Region 1 protocols include a section on behavioral emergencies, which cites primary differences between normal and unstable behaviors. Technicians are instructed to stay alert and assess for scene safety. They are to identify themselves clearly and approach patients in a calm and professional manner while showing concern for family members as well. Patients must be allowed to verbalize their problems in their own words and be reassured that help is available. Vital signs or other assessments can be done with permission. Patients are never to be left alone, and it is encouraged that female bystanders or relatives should travel with female patients during transports if possible. If patients are thought to be suicidal, incompetent or dangerous, transports are to be carried out in the interest of their welfares. If resisting, police involvement is necessary and the use of reasonable force by way of restraints may be used for protection.

A section on restraints states that they are to be used only as a therapeutic measure to prevent harm, and care to avoid injury and constant observations are to be provided. Only police officers may apply handcuffs and officers with keys must accompany patients. There are no references to leather or collar devices.

Based on the teams' recollection and their documentation of the events, we find no evidence to say that the patient's transfers were handled roughly or that her right to humane care was violated. Although the experience may have been a traumatic one for her, the care given by this team seemed to follow protocol. The complaint is not substantiated.

## SUGGESTION

We understand that the woman's husband and a female friend were at the home when all of this took place. The protocol states that female bystanders should travel with female patients if possible, and we think this should have been allowed or at least attempted in this case given the difficult nature of the situation. All ambulance team members should be reminded of the option.