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HUMAN RIGHTS AUTHORITY - NORTHWEST REGION

REPORT 13-080-9003
ROCKFORD FIRE DEPARTMENT

Case Summary: there were no violations found regarding the care provided to a transport patient. A response was not required.

INTRODUCTION

The Human Rights Authority opened an investigation of potential rights violations in the ambulance services provided to a mental health patient. Allegations state that a paramedic hit the patient while securing him to a cot. Substantiated findings would violate care protections under the Emergency Medical Services and Trauma Center 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 Rockford Fire Department lies within Region 1, which includes Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago counties; its ambulances typically respond to 911 calls. We visited the Department's administrative offices where the matter was discussed with a few district managers and members of the ambulance team in question, all of whom are licensed emergency medical technicians with paramedic training. Region 1 care protocols were reviewed as were narratives related to this patient's transport, with his written authorization.

COMPLAINT SUMMARY

A patient was taken to a local hospital following a suicide attempt. Once in the ambulance he wanted to sit upright although a paramedic on his left side insisted he lay down. He kept saying that he preferred to sit up, there was some back and forth, and allegedly the

paramedic punched him twice on the upper chest to make him stay down. The patient reportedly mentioned the incident to emergency room staff who gave him pain medications for sustaining injuries.

FINDINGS

We spoke with four paramedics who were listed on record as those involved with this patient's care and transport. They described arriving at a private residence to find the patient verbally uncooperative, trying to walk away from the commotion with his family. Police officers were already on the scene. He was coaxed into the ambulance but became physically uncooperative as they tried having him sit back to take his vitals and provide wound care. Three paramedics were situated around him: one on his left, one on his right and another closer to his feet. He wanted to get out as soon as a seatbelt was on him, which is required before moving the vehicle. Posey restraints are a must for inventory but are rarely used however, as in this case where the two men on either side tried holding his shoulders and forearms down while avoiding a three to four inch cut on his left wrist. The patient all the while kept lunging forward in quick, jerking motions, going for something in his pocket. It was imperative to keep him from doing that without knowing what he was reaching for. The man to his left said that he held the patient's injured arm and that at no time did he punch him; the man on his right verified. The one closer to his feet said that he braced his own arm against the patient's chest as he quickly lunged forward twice, striking him in the torso. He had no intent of hurting him at all; the first brace was a reflex and the second was more of a ready reaction. The fourth paramedic recalled seeing the ambulance shaking. He and the police officers went in to help and the patient calmed down once a set of handcuffs were in place. One of them drove and another stayed in the back with the patient and a policeman en route to the hospital.

We looked at pre-hospital care reports and dispositions about this patient's transfer for support of what we were told. Documentation stated that the ambulance was dispatched to a home for help with a psychiatric problem. One of the paramedics wrote that they arrived on the scene just after three in the morning. The patient reported suicidal thoughts, had an approximately three inch laceration to his wrist and smelled of alcohol. The writer described how uncooperative the patient became to the point of being combative and had to be restrained prior to an officer stepping in, handcuffing him to the cot for everyone's safety. In slightly more detail, another paramedic wrote that the patient became agitated when they tried securing him to the cot with seatbelts. He tried forcibly getting off the cot and had to be held down as he struggled, reaching for something in his pocket. He made several attempts to get up, was told he could not leave and eventually had to be handcuffed. The police accompanied them to the hospital and the journey was completed without further incident.

We also checked emergency department records from the receiving hospital and found no indication that the patient reported or complained of being punched or mishandled by the ambulance crew in any way.

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 if they 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. In doing so, necessary force, the minimum required, can be applied to neutralize the amount of force exerted by the patient. Only police officers may apply handcuffs and officers with keys must accompany patients.

Based on the team's recollections and their documentation of the events, we find no evidence to say that an EMT punched this patient during his transport, that he was mishandled or that his right to humane care was violated. Rather, it seems that all tactics in caring for the man were used to promote safety and wellbeing. Perhaps the forearm bracing to keep him from jumping forward was perceived as "punching", but that remains speculative. Although the experience may have been a traumatic one, the care given by this team seemed to follow established regional plans and protocols. The complaint is <u>not substantiated</u>.

SUGGESTIONS

1. Subsection 330 of the Code states that EMS system manuals must address appropriate interaction with law enforcement on the scene. Although the Fire Department's training coordinator was unable to find a specific chapter within his region's manual, we point out that law enforcement interactions are referenced to some extent when dealing with emotionally disturbed patients and the use of restraints. While those may suffice, we suggest approaching the region's provider source to outline that requirement and develop applicable standards. For example, with approval from region professionals:

    a. Cite precisely when local law enforcement agencies are to be asked for help, whether already on the scene or not. Before safety is compromised or when team members feel they may lose control of the situation are reasonable starting points.

b. State which team member is responsible for deciding when to ask law enforcement for help.
c. Signify at what point handcuffs may be applied. Is it the ambulance team's decision or the police officers'?
d. Make points on acceptable cuff applications, either to cot railings or other available equipment given that patients will be lying down.
e. State that only police officers may use handcuffs and that an officer with a key must travel with the patient.

2. Consult the Regional Trauma Quality Assurance and Improvement Subcommittee as designated under the EMS Systems Act for a review of on-going training needs for participants, particularly paramedics (210 ILCS 50/3.30 b 9).

3. Contact St. Anthony Medical Center, as the EMS Regional Source for restraint-specific training and other training requirements (210 ILCS 50/3.35e).