Position Statement

Violence against Paramedics in Canada

Position
Violence against Paramedics is unacceptable. The Paramedic Chiefs of Canada (PCC) supports a zero tolerance position on physical and verbal attacks on paramedics and support staff.

Situation
In Canada, over 30,000 paramedics and communications officers stand ready to respond to people in need, and to save lives. Each day as they perform these tasks with compassion and dedication, these same individuals are at high risk of being victims of violence and abuse.

Violence can include physical or verbal violence, bullying and threats, sexual assault and harassment. Physical violence most frequently includes pushing, punching, scratching, kicking, slapping, biting, or the use of weapons. Sources of violence include patients, family/friend, bystanders and colleagues.

Assessment
Internationally, studies have found that between 55% and 83% of EMS personnel have experienced threats or violence during the performance of their duties.

In 2014, in a study of Canadian paramedics, 75% of paramedics reported experiencing violence, with 74% reporting multiple forms of violence. Of the n=1676 paramedic responding, 67% reported verbal abuse, 41% reported intimidation, 26% report physical assault, 4% report sexual harassment, and 3% report sexual assault.

Workplace violence experienced by Paramedic personnel has been linked to psychological injuries in the form of stress, anxiety and PTSD. It has not only a negative impact on the psychological and physical well-being of paramedic staff, but also affects their job motivation. Violence targeting paramedics serves to thereby jeopardizing the quality of patient care that the paramedic strive to deliver. It also leads to immense financial loss in the health sector.

Recommendation
Interventions to prevent violence needs to occur at multiple levels.

1) Research is required to obtain a better understanding of the scope of the problem in Canada, to evaluate the impact of violence on personnel and to assess means of mitigation.

2) Evidence informed strategies must be developed and training provided for management of violent patients and situations to protect frontline staff.

3) Increase public awareness of human and financial impact of this issue.

4) Consideration must be given to changes in policy and legislation to protect paramedics through increased punitive measures where appropriate.