



Protection of Health Care Workers in all Environments

WADEM believes that all health care workers have the right to work in safety. For emergency responders to provide the best possible care to the community they need a safe, non-threatening environment that is respected by the community, family members, and bystanders. WADEM encourages the protection of health care workers against all threats or acts of violence in the workplace.

Attacks on health care include any act of verbal or physical violence, or obstruction, or threat of violence that interferes with the availability, access, and delivery of curative and/or preventive health services in any environment. These attacks endanger health care providers while depriving patients of their right to health care. These attacks may not only affect the clinical outcomes of patients, but, also, may affect their ability to care for themselves and their families, to participate in gainful employment, and to achieve their highest level of productivity.

Incidents of work-related violence have occurred worldwide. From 2014-2015, 44 out of every 1,000 Australian paramedics suffered some form of assault.¹ The [Centers for Disease Control and Prevention](#) in the United States of America estimates that 2,600 EMS workers received hospital treatment in 2014 for injuries resulting from work-related violence. A recent study reviewing the impact of violence against paramedics across 13 countries, reported that [65% of responders had been assaulted](#).² The US Occupational Safety and Health Administration (OSHA) reports that from 2002 to 2013, the incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in health care than in private industry on average.³

The World Health Organization (WHO) issues a quarterly **Attacks on Health Care**⁴ dashboard with statistics of injuries and deaths in complex humanitarian emergencies. These data include out-of-hospital and in-hospital attacks reported through information that is publicly available, and from relevant WHO country offices. In 2017, there were reports of 322 health care attacks in 20 countries, including 65 in the prehospital setting, and 154 in a health care facility; 93 of the reported attacks were on health care providers and 10 were on patients.

One direct effect of work-related violence is the strain placed on health care delivery. Affected workers may be unavailable to work due to recuperative needs following an attack, and some workers may elect

¹ <https://www.nwas.nhs.uk/media/865201/reported-physical-assaults-2014-15.pdf> accessed 2 October 2018

² https://www.usfa.fema.gov/current_events/083117.html accessed 2 October 2018

³ Workplace Violence in Healthcare. <https://www.osha.gov/Publications/OSHA3826.pdf> accessed 4 November 2018

⁴ Attacks on Health Care. <http://www.who.int/emergencies/attacks-on-health-care/en/> accessed 4 November 2018

to abandon their health care career after years of education and experience. There is also a flow-on effect in terms of adverse mental health outcomes for emergency responders, with heightened rates of suicide and self-harm compared to the general population. The loss of dedicated, highly trained and educated health care providers in either of these ways is unacceptable. Furthermore, on-the-job assaults and threats may complicate the recruitment retention of future health care workers.⁵

WADEM supports the WHO **Attacks on Health Care Project** in all environments, in the developed and developing world, as well as in complex humanitarian emergencies (CHE) to:

- Develop a body of evidence to better understand the extent and nature of the problem and its consequences to health care delivery;
- Develop a strong advocacy campaign to:
 - a. end attacks on health care;
 - b. promote the sanctity of health care in all circumstances;
 - c. deliver health care unhindered by violence; and
 - d. promote the application of International Humanitarian Law; and
- Develop and promote the implementation of best practices for the prevention of attacks, and the mitigation of their consequences to the health service delivery in all environments.

Adopted by the Board of Directors on 4 February 2019

The following organizations have endorsed the position statement:

- American Academy of Disaster Medicine
- American Board of Disaster Medicine
- American College of Emergency Physicians
- American Psychological Association
- Beth Israel Deaconess Medical Center Fellowship in Disaster Medicine
- CRIMEDIM – Research Center in Emergency and Disaster Medicine
- Canadian Medical Assistance Team
- Commission Internationale de Médecine de Catastrophe/International Commission on Disaster Medicine
- Disaster Medicine & Management Program at Jefferson (Philadelphia University & Thomas Jefferson University)
- Emirates Society of Emergency Medicine
- French Society for Disaster Medicine

⁵ http://www.who.int/hac/techguidance/attacks_on_health_care_q_a/en/ accessed 4 November 2018

- Global Disaster Response
- Global Health Security Alliance
- Harvard Humanitarian Initiative
- The Humanitarian and Conflict Response Institute at the University of Manchester
- Medical Santo
- National Association of EMS Physicians (NAEMSP)
- The Royal College of Surgeons of Edinburgh
- Society for Disaster Medicine & Public Health (SDMPH)
- Taiwan Society of Disaster Medicine
- Team Rubicon Global
- Team Rubicon US
- UCLA Center for Public Health and Disasters
- UK-Med
- Université Senghor
- University of Maryland Global Campus
- Membership of the WHO GHC Quality Improvement Task Team