

Paramedic is Struck and Killed While Responding to a Call



Figure 1. View of the street on which the incident occurred.

CASE SUMMARY

On Friday, November 6, 2015, a 40-year-old male paramedic was responding to a call when the ambulance struck another vehicle. The ambulance pulled onto a side street and the paramedic exited the passenger side of the ambulance and crossed the street to assess damage to the other vehicle. Returning to the ambulance, he stepped out into the street from between two parallel-parked cars and was struck by an on-coming vehicle.

Recommendations for prevention:

- Paramedics should follow safe pedestrian practices when working a non-emergency situation.
- Pedestrians should use intersection crosswalks, marked or unmarked, to increase visibility to approaching traffic.
- First Responders should always wear ANSI compliant high visibility work apparel appropriate for the time of day or night when responding to an emergency medical call where they will be on a roadway.

EMPLOYER

The employer was a city emergency management service that had been in business since July 1, 1986 with 33 full-time employees and 10 part-time employees. They operate 8 ambulances but staff 5 ambulances and a supervisor chase vehicle.

SAFETY AND TRAINING PROGRAMS

The employer provides Traffic Incident Management (TIM) training. TIM training covers how to detect, respond and clear traffic incidents as quickly and safely as possible. The Manual on Uniform Traffic Control Devices (MUTCD) is taught during this course. Safety training on multiple topics is conducted throughout the year as well as monthly safety meetings. Annual training is provided.

WORKER INFORMATION

The paramedic was a 40-year-old male. He was married and a father of three. He had been in the emergency medical service for 16 years and with his employer for 13 years. As a paramedic, he was responsible for providing pre-hospital patient care. He worked a 24-hour shift with 48 hours off. His hours were 6:00 am to 6:00 am.

INCIDENT SCENE

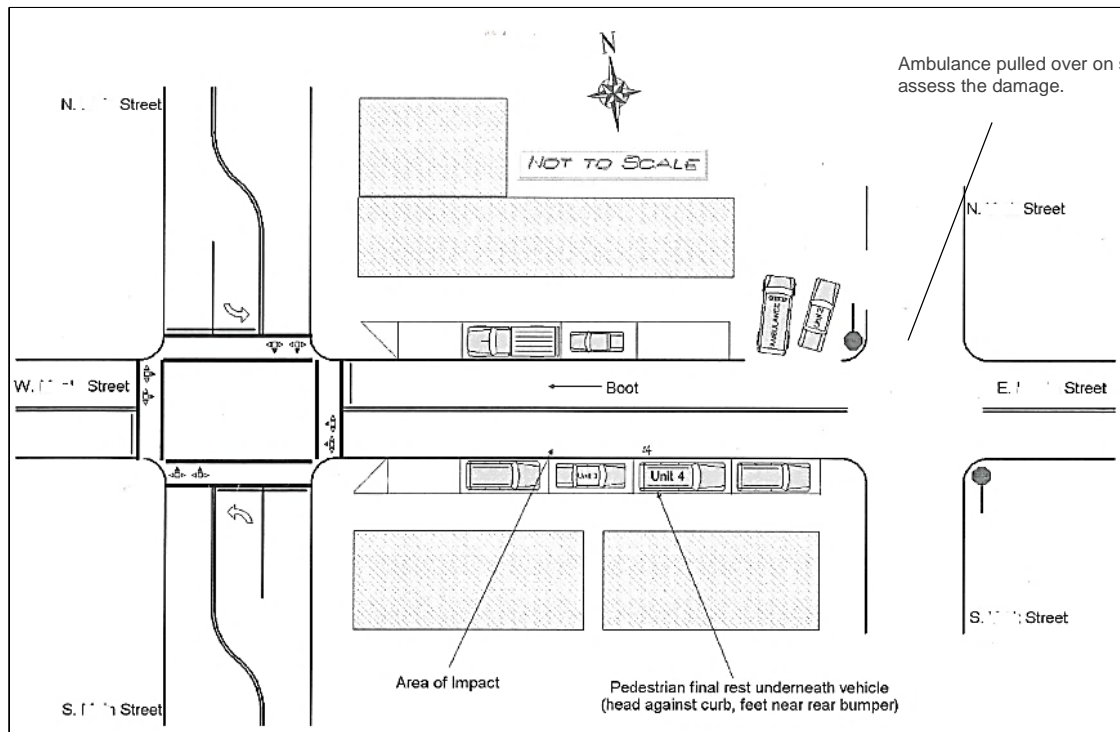


Figure 2. Diagram of incident scene (source: Kentucky Highway Patrol).

The incident took place on a side road off the main road running through town, at 7:09 pm. Parking spots lined both sides of the street in front of several businesses. Figure 2 shows where the ambulance was parked as well as the area of impact and where the victim came to rest after impact. It was dark, and there was an illuminated street light directly above where the victim was standing between the two vehicles.

WEATHER

November 6, 2015, had temperatures ranging from 55 to 70 degrees Fahrenheit. The temperature was approximately 61°F at the time of the incident. The humidity was 83%, and the wind was blowing from the North West direction at 4.6 mph with partly cloudy conditions. Weather was not considered a factor in this incident.²

INVESTIGATION

On Friday, November 6, 2015, the Kentucky Fatality Assessment and Control Evaluation Program was made aware by the news media of an incident involving a paramedic struck by a motor vehicle. On November 9, 2015, the media reported the paramedic had died from his injuries. An immediate site visit and investigation was subsequently conducted.



Figure 3. Photograph of incident scene.

EMS work 24 hours on and 48 hours off at this facility. Thirteen hours into his shift at 7:00 pm, the paramedic and his partner received a call and were dispatched. One block down the street on the way to the location, the ambulance clipped mirrors with a pickup truck approaching in the opposite direction. The ambulance driver pulled off on a side road so they could exchange insurance information and assess the damage to each vehicle. The victim exited the passenger side of the ambulance and walked towards the pickup truck while the driver waited inside the ambulance. He crossed the street to exchange vehicle information but the pickup drove off

without stopping. The victim then proceeded to walk back across the street towards the ambulance, when he stepped out from between two parked vehicles into the path of an oncoming 2015 four door Chrysler 200 series automobile. The driver had no time to react. Upon striking the victim, the victim landed on the hood of the car striking his head on the passenger side of the windshield and shattering the windshield. He rolled off the car brushing the front driver's quarter panel of a parked 2014 Ford Fusion, then slid underneath a 2015 Cadillac Escalade raising the Cadillac slightly up off its suspension. His head rested against the curb and his feet near the rear bumper. Emergency services were called at 7:11 pm and arrived immediately since they were only located a block away.

Upon arrival, a police officer and another EMS responder lifted the corner of the vehicle and pulled the victim out. Paramedics stabilized the victim and transported him to a level one trauma hospital for treatment.

Despite efforts of the medical facility, on November 9, 2015, at 10:24 am, the family decided to remove the victim from life support. The family made the decision to donate his organs in order to help others, something he lived to do daily.

CAUSE OF DEATH

The cause of death was multiple blunt force injuries.

CONTRIBUTING FACTORS

This investigation identified the following factors that may have contributed to the fatality:

Darkness

Jaywalking

Failure to yield right of way to oncoming traffic

No reflective clothing

RECOMMENDATIONS AND DISCUSSIONS

Recommendation No. 1: Paramedics should follow safe pedestrian practices when working a non-emergency situation.

To understand which party had the right-of-way in this incident, three sections of the Kentucky Revised Statute (KRS) 189.570, Pedestrians, must be reviewed. Beginning with section (6)(c),

KRS 189.570 (6)(c): Between adjacent intersections within the city limits of every city **at which traffic control signals are in operation**, pedestrians shall not cross at any place except in a marked crosswalk.

the operative statement is "at which traffic control signals are in operation". If the closest intersection in each direction has a traffic control signal (such as a traffic light), the pedestrian is

required to cross in a crosswalk (marked or unmarked). Otherwise, if one or both intersections does not feature a traffic control signal, the pedestrian may cross the street at any point between them (see Figure 4). If applying section (6)(c) to this case, a pedestrian crossing outside the crosswalk would have been legal. Only the intersection to the left of the victim contained a traffic control signal, whereas the intersection to his right (where the ambulance was parked) did not.



Figure 4. Illustration of the pedestrian right of way between intersections with various traffic control signal configurations.

Figure source: *Pedestrians Educating Drivers on Safety (PEDS)*.

While pedestrians could lawfully cross the road in this area, section (6)(a) requires that they do so while yielding the right-of-way to approaching traffic on the roadway. Additionally, section (9) states that a pedestrian must not leave a sidewalk and suddenly enter the path of a moving vehicle.

KRS 189.570 (6)(a): Every pedestrian crossing a roadway at a point other than within a marked crosswalk or within an unmarked crosswalk at an intersection shall yield the right-of-way to all vehicles upon the roadway.

and...

KRS 189.570(9): No pedestrian shall suddenly leave a curb or other place of safety and walk or run into the path of a vehicle which is so close as to constitute an immediate hazard.

It was nighttime at the time of the incident, and the street which the paramedic was attempting to cross had minimal lighting. Further reducing the paramedic's visibility to the approaching motorist was the paramedic's positioning between two parallel-parked vehicles when he entered the roadway. The approaching motorist stated that the Chrysler automobile was only feet from the paramedic when he stepped into the lane.

Unless working in a secured, emergency response environment, paramedics should follow pedestrian laws. The victim in this instance had exited his vehicle to gather insurance

information for a minor motor vehicle collision and, therefore, was not working in an emergency response environment.

Recommendation No. 2: Pedestrians should use intersection crosswalks, marked or unmarked, to increase visibility to approaching traffic.

Approximately 121 feet west of where the victim attempted to cross the street was a marked crosswalk in an intersection. Approximately 85 feet east of the victim, and directly across from the parked ambulance, was an unmarked crosswalk. Either crosswalk would have been a safer option for crossing the street—the victim would not have been as significantly obscured by parked vehicles, and he would have had a clearer view of approaching traffic.

Two possible paths which the victim may have considered are indicated in the graphic below, highlighted in red and blue. The red path would have measured 143 feet, or 57 steps, while the blue path would have measured 108 feet, or 43 steps. Alternatively, the green path would have measured approximately the same distance as the red path, and would have positioned the victim in the unmarked crosswalk when attempting to cross the street. This path would have only been 35 steps further than the blue path.

As mentioned in Recommendation No. 1, it is lawful for a pedestrian to cross the street when positioned between two intersections, provided that at least one intersection is lacking a traffic control signal and they yield to passing motorists. Considering this, pedestrians should opt to use crosswalks whenever feasible. In this case, it would have only taken a few additional moments to take the route with the unmarked crosswalk (see green line, Figure 5).

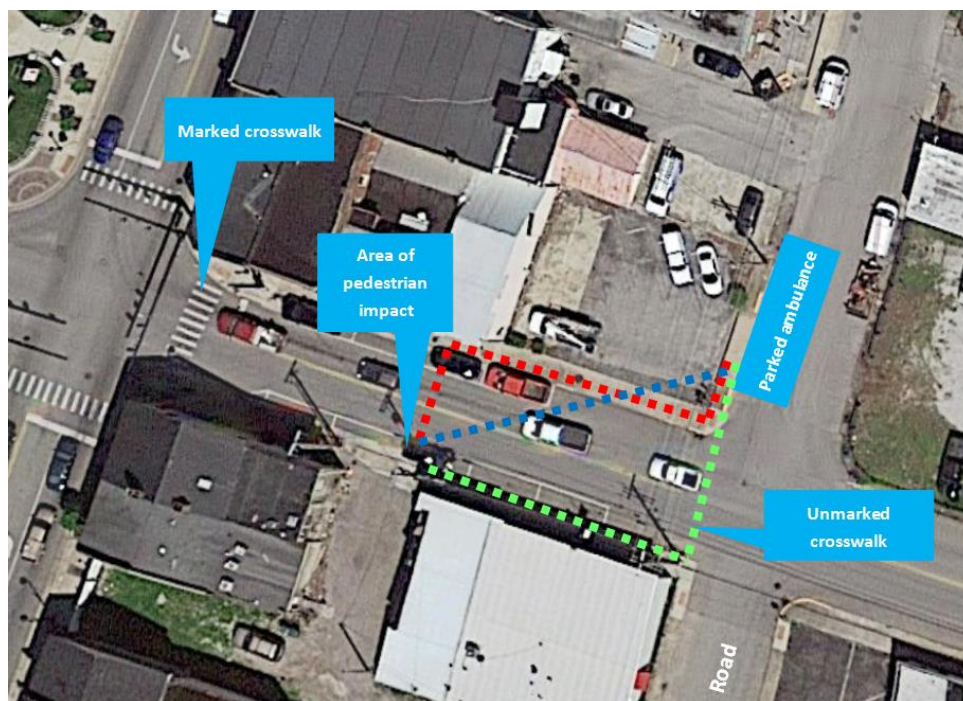


Figure 5. Aerial view of the incident scene, indicating presence of marked and unmarked crosswalks. The red and blue lines denote two optional paths the victim might have intended to take when entering the roadway on his way back to the ambulance; the green line denotes an alternate path available via the nearby unmarked crosswalk.

Red: 143 feet (57 steps)
Blue: 108 feet (43 steps)
Green: 143 feet (57 steps)

Recommendation No. 3: First Responders should always wear ANSI compliant high visibility work apparel appropriate for the time of day or night when responding to an emergency medical call where they will be on a roadway.

The paramedic was not wearing a safety vest at the time of the fatal incident. Furthermore, he was positioned between two parallel parked cars on the side of the street, further reducing his view of approaching traffic. Whenever paramedics anticipate that they will be exposed to motor vehicle traffic, high visibility safety vests should be worn so they are more visible to approaching motorists. Safety vests and all other high visibility clothing should be classified as American National Standards Institute (ANSI) 107 Type P and have a Class rating of 2 or 3. Type P is used for public safety activities.³

Type P clothing is the ANSI specified type for first responders such as police, sheriff, fire or EMS. Class 2 clothing contains the minimal amount of high-visibility materials and may be used when traffic is moving at speeds of less than 50 mph, while Class 3 is required to contain more high-visibility materials and should be used when traffic is moving at speeds in excess of 50 mph. The posted speed limit in the incident area was 25 mph, which would have necessitated an ANSI 107 Class P Type 2 vest. High-visibility garments are required to display the type, class, and flame resistant status (FR); check the garment tags to ensure you are making the appropriate selection.

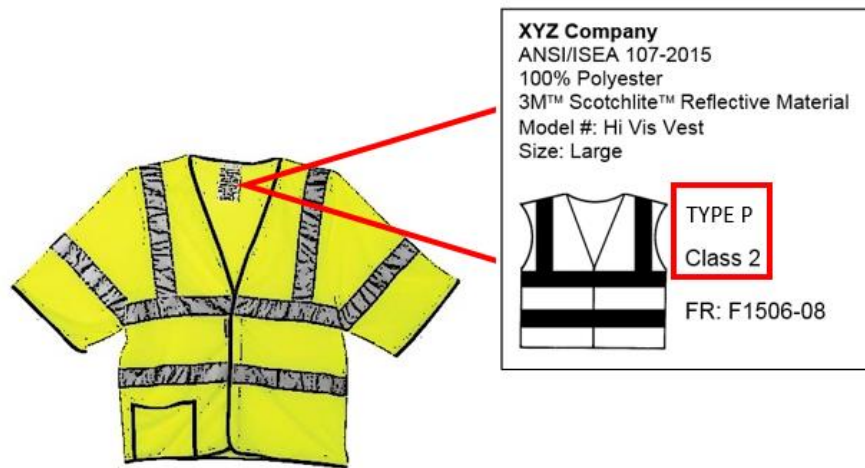


Figure 6. Example of an ANSI Type P level 2 vest; corresponding required tag markings.

Employers should also consider a standard operating procedure (SOP) requiring first responders to put on their vests any time they are outside of their vehicle and exposed to traffic.

Please take the time to [complete our brief survey](#) regarding this report:

KEYWORDS

First Responders

EMS
Paramedics
Pedestrian responders

REFERENCES

¹“Regulation and Policy: High Visibility Safety Apparel and Headwear Standard”. Federal Highway Administration. <http://www.ops.fhwa.dot.gov/wz/resources/policy.htm>

²“Historical Weather”. *Archive*. Weather Underground. <https://www.wunderground.com/history>

³“ANSI 107-2015”. *American National Standard for High-Visibility Safety Apparel and Accessories*. American National Standards Institute.

PHOTO CREDIT

Photographs used in this report are the property of Kentucky FACE; the diagram in figure 2 was used with permission from the Kentucky Highway Patrol; permission to use figure 4 was granted by Pedestrians Educating Drivers on Safety (PEDS). Figure 6 is credited to Walmart.com.

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DISCLAIMER

Kentucky FACE maintains objectivity to allow for a technically accurate and useful report. However, we cannot ignore the tragic nature of our investigations, and our staff would like to extend our deepest sympathy to the family and friends of the deceased worker in this report.

This case report was developed to draw the attention of employers and employees to a serious safety hazard and is based on preliminary data only. This publication does not represent final determinations regarding the nature of the incident, cause of the injury, or fault of employer, employee, or any party involved.

This case report was developed by the Kentucky Fatality Assessment and Control Evaluation (FACE) Program. Kentucky FACE is a NIOSH-funded occupational fatality surveillance program with the goal of preventing fatal work injuries by studying the worker, the work environment, and the role of management, engineering, and behavioral changes in preventing future injuries. The FACE Program is located in the [Kentucky Injury Prevention and Research Center \(KIPRC\)](#). KIPRC is a bona fide agent for the Kentucky Department for Public Health.

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