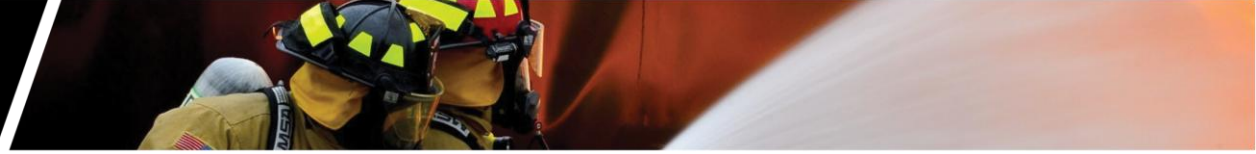
SERIOUS INJURY REPORT

REPORT SLIDES

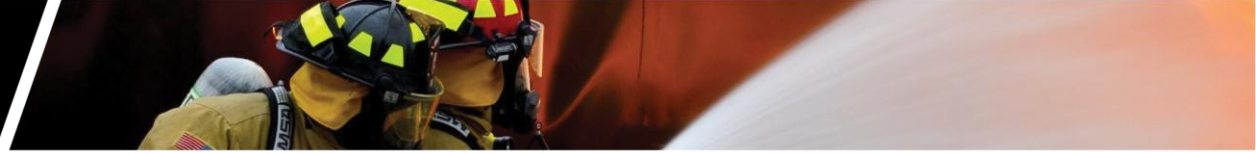
F2025-05

Career Firefighter Paramedic Suffers Head Trauma after Physical Assault – California



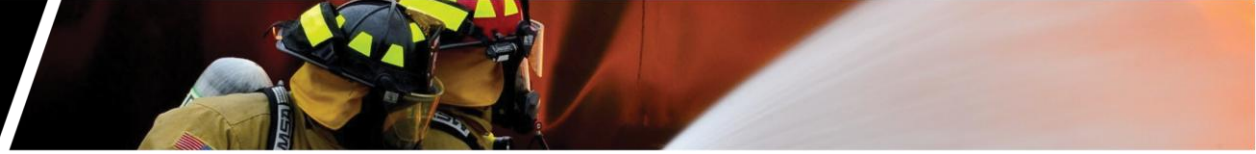
Summary

- On July 14, 2025, an Engine 20 (E20) firefighter-paramedic (FFA) sustained head trauma following an assault by a patient during a medical mutual aid response.
- E20 was dispatched without delay but without lights and sirens (C2) to assist emergency medical services (EMS) Medic Unit 8101 (M8101).
- E20 and M8101 were dispatched for a 23-year-old male exhibiting abnormal behavior after returning home from work.
- E20 had a shorter response distance than M8101.
- M8101 was dispatched immediately (C3).



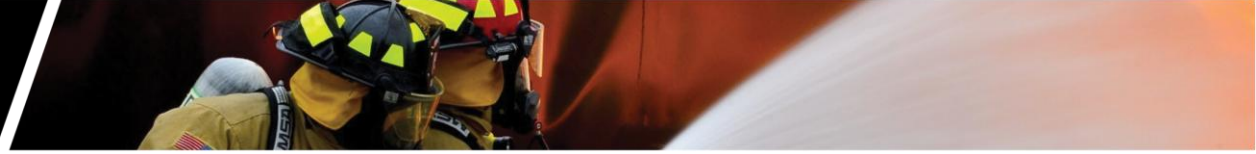
Summary

- The patient's father (caller) reported that the patient attempted to jump through a window, resulting in lacerations to his arms and back and significant bleeding.
- The fire/EMS dispatcher (dispatcher) relayed additional details via ProQA through the computer-aided dispatch (CAD) system, indicating the patient was alert, standing, and experiencing a sudden behavioral change.
- The caller was uncertain whether the patient was violent or if the patient would tolerate responders.
- The E20 captain (CPT) requested law enforcement officers (LEOs) respond to the scene. M8101 downgraded the response to C2 pending LEO arrival for scene security.



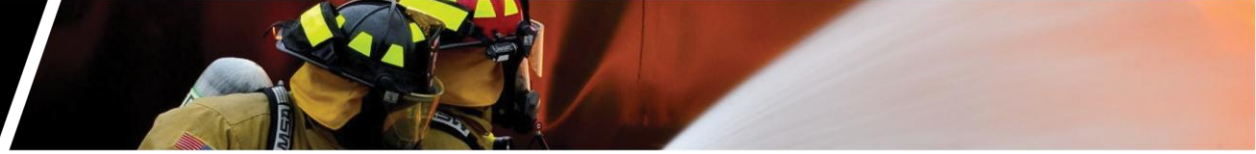
Summary

- On arrival, E20 conducted a scene size-up from the apparatus due to parked vehicles partly obstructing access to the patient and caller, who were on a sidewalk near a multi-unit residence.
- The patient appeared agitated, erratic, and verbally aggressive.
- The patient had visible lacerations actively bleeding and clot formation present.
- CPT requested an updated estimated time of arrival (ETA) for LEOs and was advised of delays due to police activity in another part of the city.
- The patient briefly fled the scene but later returned.



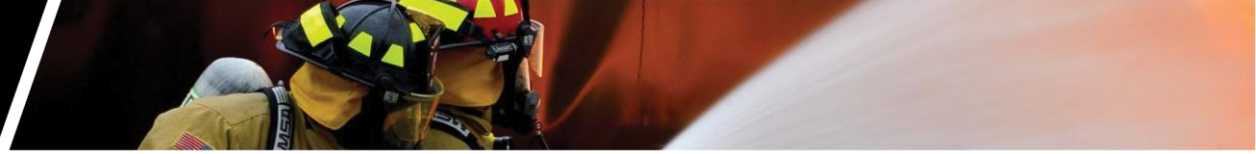
Summary

- After discussing whether to wait for LEOs, the crew elected to initiate care, coordinating with the caller to calm the patient and apply wound dressings under FFA's direction.
- While the caller treated one arm, FFA began treating the other.
- However, the patient remained agitated and repeatedly disrupted application of the dressings.
- As FFA turned to retrieve supplies, the patient shouted and struck FFA in the face, causing him to fall backward against a vehicle and to the ground.
- CPT and the E20 engineer (ENG) restrained the patient by forcing him toward a fenced area and securing the gate, while another firefighter (FFB) attended to FFA, who was initially unresponsive.



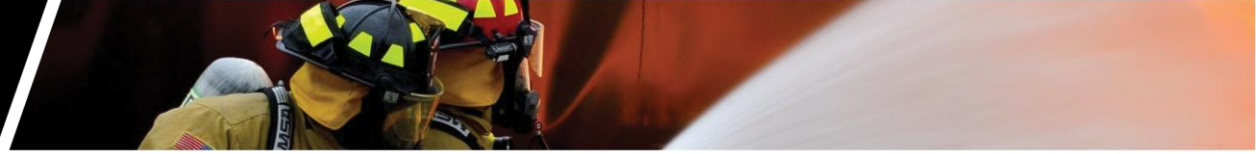
Summary

- M8101 arrived, assisted with patient care, and transported FFA to the emergency department (ED).
- FFA regained alertness during transport and was diagnosed with orbital and maxillary fractures, a vitreous detachment, and concussion.
- Following overnight observation and subsequent follow-up care, FFA was medically cleared to return to full duty approximately two months later.



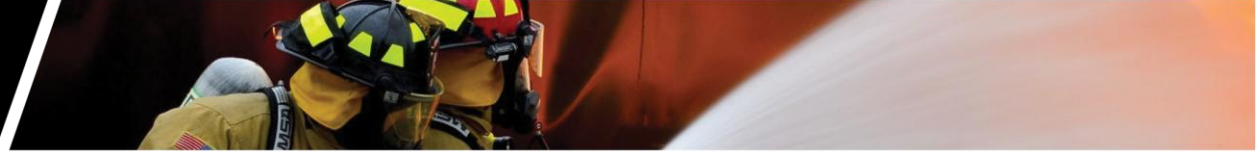
Contributing Factors

- Situational awareness and real-time risk assessment
- Behavioral health emergency response protocol training
- Behavioral health and violence de-escalation training
- Systematic tracking and analysis of violent incident trends



Recommendations

- Fire departments should develop a risk management program that incorporates training, procedures, and controls to support personal situational awareness and real-time risk assessment during emergency and non-emergency operations.
- Fire departments should ensure fire-based EMS behavioral health protocols are implemented into formal fire department training policies, standard operating procedures (SOPs), and job performances requirements (JPRs).
- Fire departments should provide training on recognition and management of behavioral health crises and de-escalation of violence.
- Fire departments should develop SOPs for scenes of violence, civil unrest, or terrorism in accordance with NFPA 1550, Standard for emergency responder health and safety, Chapter 10 and develop reporting requirements for violent incidents toward members.
- Governing municipalities (federal, state, regional/county, and local) should analyze fire department and EMS agency data and allocate behavioral health resource availability based on trending emergency calls.



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FFFIPP Webpage

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