Table 2: Industry Literature Used in the Systematic Review - - Murray etal.

| Author (Year), Title | Main Theme in Literature Review | Industry Setting: EMS, hospital, or EMS and hospital | Study Origin | Research Question(s)/Purpose: | Discussion/Implications for Future Research | Weight of Evidence (See Figure 2) |
|--|---|--|-----------------|---|--|--|
| Lewis (1978) Violence: Outside the Safety of the Hospital | Historical and Contextual Grounding | EMS and Hospital | England | To discuss the growing problems associated with violent incidents in the pre-hospital setting. | Acknowledges the need for increased recognition of violence by patients in the prehospital environment. | Background Information, Ideas, Opinions and Editorials |
| Frew (1981) Must EMTs risk their lives? | Historical and Contextual Grounding | EMS | USA | To discuss the "duty" of an EMT. | It is expected of EMTs to take a risk if it is determined that any other reasonable person in the same situation finds it acceptable for the job. Any actions beyond that are considered to be "above and beyond" the call of duty. | Background Information, Ideas, Opinions and Editorials |
| Edgerton (1981) Protecting the EMT by the law | Evolution of the Definition of Violence | EMS | USA | To describe the changing laws meant to better protect EMTs. | The 1981 North Carolina Senate Bill 138 made it a Class I felony to "assault with a firearm or other deadly weapon any EMS personnel." | Background Information, Ideas, Opinions and Editorials |
| Infantino (1984) Controlling Violent Patients | Evolution of the Definition of Violence | EMS | USA | To discuss appropriate crisis interventions for those responding to violent patients. | States the need for a systems model which includes a prescribed sequential course of crisis intervention training, established in policy and procedure. | Background Information, Ideas, Opinions and Editorials |
| Parlin (1984) The Unruly Patient | Best Practices | EMS | USA | To discuss the verbal and physical techniques that can provide consistent and predictable results in managing violent patients. | Increasing community-based mental health services creates new challenges for EMTs, such as treating "disturbed and unruly patients." Offers several techniques for managing violent patients. | Background Information, Ideas, Opinions and Editorials |
| Ferrell (1987) Taken Hostage | Best Practices | EMS | USA | To discuss what comes first — medical care of the patient, or the EMTs personal safety? | Recommends best practices and discusses the importance of risk assessment and scene size-up for EMS responder safety. | Background Information, Ideas, Opinions and Editorials |

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| Australian Hospital News (1988) Ambulance crews must look less "official." | Best Practices | EMS | Australia | To summarize findings from a research study on violence against ambulance officers in Australia. | Findings suggest that EMT uniforms should not resemble law enforcement uniforms. Improving communication between EMTs and patients may reduce violent encounters. | Background Information, Ideas, Opinions and Editorials |
|--|------------------------|-----|-----------|--|--|--|
| Goldstein (1990) Domestic Disputes | Best Practices | EMS | USA | To describe the dangers associated with domestic violence calls. | Provides best practices and documentation procedures helpful for calls in which violence occurred. | Background Information, Ideas, Opinions and Editorials |
| Goldstein (1991) Family Feud | Best Practices | EMS | USA | To discuss best practices of managing domestic violence calls. | Every call that EMS responds to could conceivably be dangerous, thus, all calls should be treated with utmost caution. Best practices include: getting the facts from dispatch, ensuring your safety first, assessing the scene, knowing the danger zones in homes, and documenting each call to the best of your ability. | Background Information, Ideas, Opinions and Editorials |
| Nordberg (1992a) In Harm's Way | Psychosocial Impact | EMS | USA | To discuss the issue of violence and available safety measures. | Suggests the need for violence to be included in curricula for training all EMS personnel and the psychological implications that the job has upon providers and their families. | Background Information, Ideas, Opinions and Editorials |
| Nordberg (1992b) Young Guns | Psychosocial Impact | EMS | USA | To discuss violence as an epidemic in the U.S., and the impact upon EMS patient care. | Discusses current events and the need for EMS responders to adapt and prepare for the changing EMS work environment. | Background Information, Ideas, Opinions and Editorials |
| Staten (1992) Unfriendly Fire | Best Practices | EMS | USA | To discuss the role of violence as a part of the changing work environment for EMS responders. | Recognizes that violence is a reactionary response to frustration caused by poverty, and other community-level factors. Preparedness by both the system and each responder is key to preventing injury from violence. | Background Information, Ideas, Opinions and Editorials |

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| Atkinson (1993) Dodging Bullets: Gang Violence and EMS | Best Practices | EMS | USA | To discuss the challenges of responding to gang-related violence. | Recommends a list of best practices for dealing with gang violence. Building and maintaining relationships with members of the community is a proactive method to reduce community violence directed at EMS. | Background Information, Ideas, Opinions and Editorials |
|---|---------------------------|---------------------|-----|--|--|--|
| Benson (1994) Violence Trauma and EMS | Best Practices | EMS | USA | To discuss the implications that increased violence has upon the EMS system. | Increasing violence causes overutilization of EMS resources which directly impacts the quality of care received by patients. Authors conclude that EMS providers must engage in larger discussions on the issue and demand tools and trainings needed to protect themselves. | Background Information, Ideas, Opinions and Editorials |
| Holliman & Wuerz (1994) Managing the Violent Patient in the transition from prehospital care to the emergency department | Best Practices | EMS and Hospital | USA | To discuss techniques of managing a violent patient. | Main factors to consider in managing a violent patient are: dispatch, communication, safe mobilization, early notification, screening of patient's medical condition, and personal safety as priority. | Background Information, Ideas, Opinions and Editorials |
| Schiavone, F.M., & Salber, P.R. (1994) Hitting close to home: domestic violence and the EMS responder | Best Practices | EMS | USA | To discuss the cycle of violence associated with domestic violence calls and the role of EMS. | Provides best practices and recommendations for EMS providers responding to scenes of domestic violence. | Background Information, Ideas, Opinions and Editorials |
| Feiner (1995) Lessons from New Mexico | Reporting/Un derreporting | EMS | USA | To summarize findings from a study measuring violence on the job in an EMS system in New Mexico. | Findings suggest that the majority of violence experiences are from verbal violence. It found that 39% of respondents reported incidents of violence, while 40% believed if no one was injured there was nothing to report. | Background Information, Ideas, Opinions and Editorials |

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| Perry (1995) Campus Chaos | Best Practices | EMS | USA | To discuss the changing nature of youth violence and school-based violence. | School environments pose a unique challenge to EMS response. Offers emerging best practices for preparing for violence occurring in schools. | Background Information, Ideas, Opinions and Editorials |
|---|----------------|-----|-----|--|--|--|
| Allen (1996) Explosive Emergencies | Best Practices | EMS | USA | To discuss the growing prevalence of bombings and resultant injuries that EMS responders must prepare for. | Recommends strengthening communication strategies, establishing clear lines of responsibilities, and preparation for an array of potentially dangerous scenarios. | Background Information, Ideas, Opinions and Editorials |
| Nordberg (1996) Assault and pepperpepper spray | Best Practices | EMS | USA | To discuss the rationale behind providing armament to EMS responders and administrator perspectives on the issue. | Describes the changing work environment that has led to EMS responders using PPE such as pepper spray. | Background Information, Ideas, Opinions and Editorials |
| Perry (1996) Defending your Life. How far can you go when protecting yourself against patients who physically attack you? | Best Practices | EMS | USA | To discuss rising levels of violence and community needs. | Raises the controversial question of whether it is the employer's responsibility to provide violence prevention education. In a survey of EMS personnel, 96% had been assaulted while on duty, and 92% sustained injuries. | Background Information, Ideas, Opinions and Editorials |
| Hopson (1997) Fitness. Spousal abuse: What you can do on-scene to help your patient and yourself | Best Practices | EMS | USA | To discuss what you can do on scene to help your patient and yourself during a domestic violence situation. | Discusses coping mechanisms that can help decrease anxiety and burnout. | Background Information, Ideas, Opinions and Editorials |
| Indig (1998) Four firefighters shot in Ohio in three months: shooters directly target rescuers | Best Practices | EMS | USA | To describe current events that indicate the need for more precaution regarding violence targeting firefighters and EMS. | Situational awareness and self- protection are key in situations involving violence. | Background Information, Ideas, Opinions and Editorials |

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| Nordberg (1999) When Kids Kill: Columbine High School Shooting | Best Practices | EMS | USA | To describe the unexpected emotional trauma that follows EMS responders who have responded to incidents of mass causalities. | Many EMS responders experience emotional trauma, yet there are few resources available for mental health support. The author also advocates for debriefing following significant events. | Background Information, Ideas, Opinions and Editorials |
|--|---|-----|-----|--|--|---|
| Townsend (1999) Assaults on EMS personnelSaving Paramedic Ryan | Best Practices | EMS | USA | To discuss the inadequate attention violence in EMS has received in the literature. | Collaborations with law enforcement may lend significant contributions to violence prevention efforts in EMS. | Background Information, Ideas, Opinions and Editorials |
| Wirth (2000) Courtside. Violence in the field: The legal side of dealing with attacks on employees | Historical and Contextual Grounding | EMS | USA | To discuss the various legal implications of violence in the prehospital setting. | Discusses the OSHA standard which states that every employer has a general duty to provide a safe workplace. | Background Information, Ideas, Opinions and Editorials |
| Erich (2001) Howling at the moon: Violent patients taking it out on EMS | Best Practices | EMS | USA | To describe the current environment in which EMS responders are experiencing violence on the job. | Provides an array of perspectives on workplace violence including characteristics of patients that commit violence towards EMS responders and the absence of comprehensive training. | Background Information, Ideas, Opinions and Editorials |
| Miller (2001) When you Really Are the First Responder at the Scene | Best Practices | EMS | USA | To describe the varying calls encountered by EMS responders and the alarming rate of violence. | The field of pre-hospital emergency care is inherently dangerous. Discusses the various call types that tend to be associated with violence by EMS responders. | Background Information, Ideas, Opinions and Editorials |
| Page (2004) Priority Traffic. Pages from the Past | Best Practices | EMS | USA | To discuss why body armor is needed in EMS. | Describes the disparity that exists between advocacy for body armor and the actual use of body armor in EMS. | Background Information, Ideas, Opinions and Editorials |

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| Rollert (2007) Coping with Violent People: A multipart series | Best Practices | EMS | USA | To discuss the feasibility of predicting violence in the field and restraining high risk patients. | Describes assault in four basic groups: strikes with empty hands, strikes with objects used as weapons, kicks, and grabs. | Background Information, Ideas, Opinions and Editorials |
|---|------------------------|-----|-----------------|--|--|---|
| Kirkwood & Teitsort (2012) Violence Against EMS providers: What can we do about it | Best Practices | EMS | USA | To describe the available options for protecting EMS providers from violence. | Describes the scope of the issue and sentinel events that have contributed to the industries growing focus upon violence against EMS providers. | Background Information, Ideas, Opinions and Editorials |
| Hagen (2013) It's a dangerous world: Preventing violence against EMS | Best Practices | EMS | USA | To discuss a variety of EMS initiatives that are measuring violence against EMS responders. | Discusses the need to develop and enforce policies and procedures that address scene safety concerns and prevent violent encounters in EMS. | Background Information, Ideas, Opinions and Editorials |
| Vernon (2013) When the Unthinkable happens. Coordination is key for mass violence incidents | Best Practices | EMS | USA | To describe the nature of violence occurring in EMS. | Provides rationale for simulation-based training. | Background Information, Ideas, Opinions and Editorials |
| Augustine (2014) Case Review. Arms and the Man | Best Practices | EMS | USA | To describe the role of law enforcement in securing violent patients on behalf of EMS responders. | Discusses the immense difficulty in identifying accurate predictors of violent patients and the need for weapon search and recovery training. | Background Information, Ideas, Opinions and Editorials |
| Kolb (2014) Under Constant Threat | Best Practices | EMS | USA & Mexico | To discuss the impact of repeated mass casualty incidents, violence, and gang violence experienced by EMS. | Discusses the impact violence exposures have on EMS responders following repeated violent calls. | Background Information, Ideas, Opinions and Editorials |
| Newland, C., Barber, E., Rose, M., & Young, A. (2015). What's killing our medics? | Psychosocial Impact | EMS | USA | To describe the stress, suicidal contemplation, and attempts in EMS. | Discusses the need for increased attention to the issues of critical stress and suicide in the EMS community. | Cross Sectional Study |

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| Wolfberg & Wirth | Best Practices | EMS | USA | To discuss the debate surrounding | Changing industry perceptions | Background |
|------------------|----------------|-----|-----|-----------------------------------|-------------------------------|-----------------|
| (2015) Pro Bono. | | | | EMS liability. | on liability have led to the | Information, |
| Responding to | | | | | belief that is acceptable for | Ideas, Opinions |
| Dangerous | | | | | EMS responders to take some | and Editorials |
| Situations | | | | | risk in order to save lives. | |
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