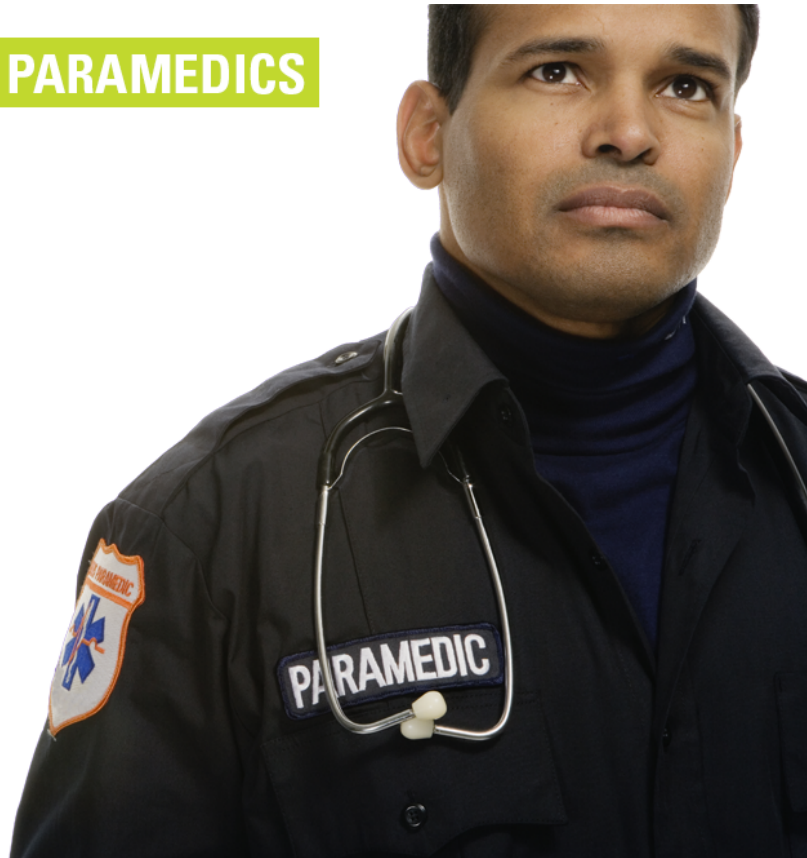


VIOLENCE AGAINST PARAMEDICS QUESTIONNAIRE

CLICK OR TAP HERE TO CONTINUE



WELCOME

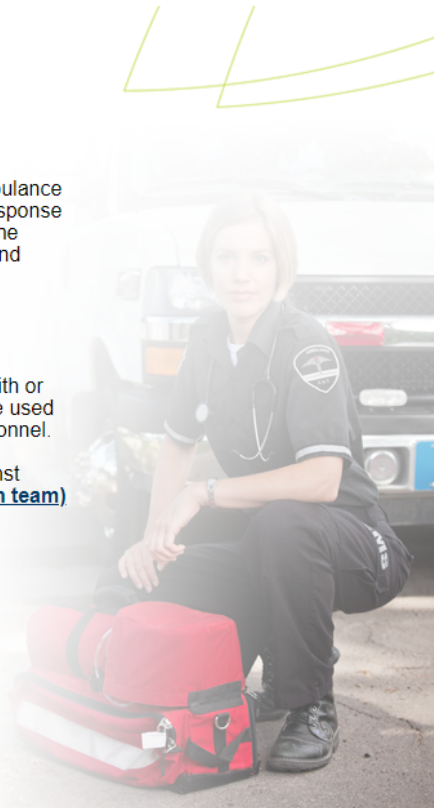
Thank you for taking the time to participate in this survey on paramedic workplace violence.

Who should take this survey?

This questionnaire is designed for persons involved in ambulance operations including ambulance personnel, other emergency medical responders such as hazardous material or disaster response personnel, ambulance service supervisors and ambulance communication personnel. For the purpose of this survey the word paramedic is used to describe all ambulance, prehospital and emergency medical care personnel.

Purpose

The purpose of the survey is to obtain information on the level of workplace violence in the ambulance industry. In particular, the survey is examining factors that may be associated with or may contribute to violence and, the strategies to prevent it. The questionnaire results will be used by the research team to prepare a report on the nature of violence against ambulance personnel. The report will provide the background information needed for the design of interventions (including training programs, policies and procedures) to reduce and prevent violence against ambulance personnel nationally and internationally. ([Click here for details of the research team](#))



What if I have already taken a workplace violence survey?

Even if you have previously participated in a workplace violence study your participation in this study can be extremely helpful. As an example from medicine, there have been numerous cardiac arrest studies and each one provides valuable and unique information on which to improve patient outcomes. With your help, this study too will provide valuable and unique information for reducing occupational risks for ambulance personnel across the country and around the world.

How long will it take to complete this survey?

The survey will take approximately 20 minutes to complete. You can stop and start at any time.

What if I have an experience with workplace violence AFTER I complete the survey? Can I report it?

You can download free smartphone app that you can use to report any future incidents of occupational violence to the research team. See the instructions at the end of the survey to obtain access to that app.

What if there are terms used that I don't understand?

We have created a dictionary of terms used in the survey. Click [here](#) and you will be directed to the Appendix.

Are the results confidential?

We guarantee that your responses will be handled in strict confidence and they will remain anonymous. This study has been approved by the CQU Ethics Committee. If you have any questions you may contact the principal investigator Prof Brian Maguire at b.maguire@cqu.edu.au, or you may call the CQU Ethics office at ethics@cqu.edu.au.

What is the background?

Current research shows that paramedics have a rate of occupational fatalities that is more than twice the national average for all occupations¹ and a rate of non-fatal injuries seven times higher than the national average for all workers.²⁻⁴ In Australia, the rate of occupational injuries among paramedics is eight times higher than the national average for all workers in the country and twice as high as the rate for Australian police officers; there is no occupational group in Australia with a higher injury or fatality rate than paramedics.⁵

Assaults account for a large number of injury cases among ambulance personnel; the rate of assault resulting in lost work days is 22 times higher for ambulance personnel than the national average.^{3 6}

Much of this questionnaire has been adopted from “Workplace Violence in the Health Sector, Country Case Study – Questionnaire”, co-produced by the World Health Organization.⁷

For the purposes of this research workplace violence is defined as:

“Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health.”

Why should I take this survey?

Your completed questionnaire is a valued contribution for raising awareness of the issues and implementing effective policies. This survey will give you an opportunity to express your opinions and help direct future actions.

We hope you will support these efforts to improve the safety of ambulance personnel worldwide. As a token of appreciation for your time, at the end of the data collection period in November 2016, all participants who chose to participate will be entered in to a drawing for iPads.

Okay, I'm ready to take the survey, what's next?

First, read these instructions carefully. Most of the questions provide multiple choice answers which may be quickly answered by ticking boxes. You may stop at any point. If you do not understand a question, leave it unanswered and go on to the next.

At the end of the survey you will be invited to enter your contact information if you wish to be contacted about the survey or if you wish to be considered for future related projects including a possible violence prevention intervention. You will also have an option to sign up for an on-going study and the use of a free smart-phone app to record any future assault-related injuries. It is entirely your decision to participate in those on-going options or to submit this as an anonymous survey.

References

1. Maguire BJ, Hunting KL, Smith GS, et al. Occupational fatalities in emergency medical services: A hidden crisis. *Ann Emerg Med.* 2002;40(6):625-32.
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3. Maguire BJ, Smith S. Injuries and fatalities among emergency medical technicians and paramedics in the United States. *Prehosp and Disaster Med.* 2013;28(4):1-7.
4. Maguire BJ. Transportation-related injuries and fatalities among emergency medical technicians and paramedics. *Prehosp and Disaster Med.* 2011;26(5):346-52.
5. Maguire BJ, O'Meara P, Brightwell R, et al. Occupational injury risk among Australian paramedics: an analysis of national data. *Med J Aust.* 2014;200(8):477-80.
6. Maguire BJ, Hunting KL, Guidotti TL, et al. *The Epidemiology of Occupational Injuries and Illnesses among Emergency Medical Services Personnel*: ProQuest; 2004.
7. International Labour Office, (ILO), International Council of Nurses (ICN), et al. *Joint Programme on Workplace Violence in the Health Sector. Workplace Violence In The Health Sector, Country Case Studies Research Instruments. Survey Questionnaire. English.* 2003. Available at: http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVquestionnaire.pdf?ua=1. Accessed 7 Jan 16.

Violence Against Paramedics Survey

Your Information

Greetings, if you have reached this page from anywhere but the website www.vaprp.org please take a few moments to visit the main webpage first to read the background behind this survey. [Click here to go to www.vaprp.org](http://www.vaprp.org)

What is your gender?

Female

Male

In what year were you born? (enter 4-digit birth year; for example, 1976)

Marital Status

Single

Married

Living with partner

Separated / divorced

Widow / widower

Are you a member of an ethnic minority group:

Yes

No

Do you currently work for an emergency medical services/ambulance agency?

Yes

No

Do you have routine direct physical contact with patients? (e.g. assessing, treating, carrying, transporting)

Yes

No

Are you currently a student in a paramedic program:

Yes

No

If you are currently a student in a paramedic program, what is your expected month and year of graduation:

Year began emergency medical services work:

Year began work with current ambulance agency:

Violence Against Paramedics Survey

Section 1 - Your Primary Ambulance Agency

Current work title:

Year began current title:

Describe your current work location:

- Urban
- Regional
- Rural
- Remote / Frontier

Usual length of shift (i.e. number of hours):

Average hours you work per week:

Date you began this schedule:

Estimated total hours on ambulance duty over past three months:

Shift type:

- Steady day shifts
- Steady evening shifts
- Steady night shifts
- Rotating shifts

If rotating, please describe rotation:

Estimate of average number of calls per shift:

Do you usually work:

- As a single responder
- On an ambulance with a crew of two
- On an ambulance with a crew of more than two

Other (please specify)

Does your ambulance agency primarily handle:

- Emergency calls (e.g. collisions)
- Inter facility transfers or hospital/healthcare facility to home patients

Other (please specify)

Is your ambulance agency:

- Public
- Private
- Volunteer

Other (please specify)

How worried are you about violence in your current workplace?

	Not worried at all	Slightly worried	Neutral	Moderately worried	Very worried
Please rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there procedures for the reporting of violence in your workplace?

- Yes
- No

If YES, are you familiar with them?

- Yes
- No

Is there encouragement to report workplace violence?

Yes

No

If YES, by whom: (select as many as apply)

Management / employer

Colleagues

Union

Professional association

Own family / friends

Other (please specify)

Violence Against Paramedics Survey

Section 2 - Physical Violence

For the purpose of this study:

"Physical violence refers to the use of physical force against another person or group, that results in physical harm, sexual or psychological harm. It can include beating, kicking, slapping, stabbing, shooting, pushing, biting, and/or pinching, among others."

Section 2 of this survey focuses on physical violence; Sections 3-6 will focus on psychological violence.

In the last 12 months, have you witnessed incidents of physical violence in your workplace?

- Yes
- No

If YES, how often has this occurred in the last 12 months?

- Once
- 2-4 times
- 5-10 times
- Several times a month
- About once a week
- Daily

Have you ever been physically attacked while on duty?

- Yes
- No

If NO please go to "Section 3 - Verbal Abuse"

If yes, please think of the last time that you were physically attacked in your place of work. How would you describe this incident?

- Physical violence without a weapon
- Physical violence with a weapon

Do you consider this to be a typical incident of violence in your workplace?

- Yes
- No

Approximate number of times you were physically attacked while on duty over the past 3 months:

Approximate number of times you were physically attacked while on duty over the past 12 months:

If you have been physically attacked during the past 12 months, please answer the following questions in relation to the last incident.

Date and time of incident:

Date DD / MM / YYYY

Time of incident

- Midnight to 8am
 8am to 4pm
 4pm to midnight

Call type:

Type of physical assault (check all that apply) :

- Shot
 Stabbed
 Hit with a weapon
 Punched/slapped
 Spit on
 Sexual assault

Other (please specify)

Type of injury (select all that apply):

- Fracture
- Sprains, strains
- Amputation
- Cuts, lacerations
- Gunshot wound
- Puncture, stab wound
- Abrasions, scratches
- Bruises, contusions

Other (please specify)

Body part(s) injured (select all that apply):

- Head
- Face
- Neck, including throat
- Shoulder
- Chest, including ribs, internal organs
- Back, including spine, spinal cord
- Abdomen and pelvic region
- Upper extremities
- Lower extremities

Other (please specify)

Who attacked you?

- Patient
- Patient family member
- Other person on scene of call
- Co worker
- Friend/personal acquaintance
- A member of your family

Other (please specify)

Attacker Characteristics

Attacker gender

- Male
- Female

Approximate age:

Did you know the attacker prior to the incident:

- Yes
- No

Attacker may have been intoxicated or under the influence of drugs:

- Yes
- No

Patient may have had dementia:

- Yes
- No

Was attacker arrested:

- Yes
- No
- Unknown

What were the consequences for the attacker?

- None
- Verbal warning issued
- Care discontinued
- Reported to police
- Aggressor prosecuted
- Unknown

Other (please specify)

Did you lose time from work as a result of this assault?

Yes

No

If yes, how much time lost from work:

Did you need to see a medical professional as a result of this assault?

Yes

No

How did you respond to the incident? (Please select all relevant boxes)

Took no action

Tried to pretend in never happened

Told the person to stop

Told friends/family

Told a colleague

Reported it to a senior staff member

Sought counselling

Sought help from the union

Sought help from professional association

Transferred to another position

Completed incident/accident form

Pursued prosecution

Completed a compensation claim

Other (please specify)

Do you think the incident could have been prevented?

Yes

No

If yes, please describe how:

If no, describe the reason you think this incident was impossible to prevent:

Did you report this assault to your ambulance agency?

Yes

No

If you did not report or tell about the incident to others, why not? (Please select all that apply)

It was not important

Felt ashamed

Felt guilty

Afraid of negative consequences

Did not know who to report to

Useless

Other (please specify)

Did your employer or supervisor offer to provide you with counselling?

Yes

No

Did your employer or supervisor offer to provide you with opportunity to speak/report it?

Yes

No

Did your employer or supervisor offer to provide you with other support?

Yes

No

How satisfied are you with the manner in which the incident was handled by your employer?

	Very dissatisfied	Moderately dissatisfied	Neutral	Moderately satisfied	Very satisfied
Please rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was any action taken to investigate the causes of the incident?

- Yes
- No
- Unknown

If YES, by whom:

- Management / employer
- Union association
- Community group
- Police

Other (please specify)

Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered.

For each item, please indicate how bothered you have been by these experiences since you were attacked.

	Not at all	A little bit	Moderately	Quiet a bit	Extremely
Repeated, disturbing memories, thoughts, or images of the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being "super-alert" or watchful and on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling like everything you did was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has this incident cost you money (including: loss of income, extra costs for childcare, costs for medications, transportation to/from doctor, etc.)

- Yes
- No

If yes, approximately how much out-of-pocket money has this incident cost you (do not include charges that have been paid, for example, by your health insurance):

All other costs (including paid by other agencies including your insurance):

In retrospect, what do you think was the reason(s) the violence occurred:

Can you describe any conversation that occurred just before the incident:

If there is any other information about this incident you would like to include please enter it here:

If you would like to describe any other time that you have been a victim of workplace violence over the past 3 months, please provide the details to the comments box here:

Violence Against Paramedics Survey

Section 3 - Verbal Abuse

In the last 12 months, have you been verbally abused in your workplace?

- Yes
- No

If YES please answer the following questions if NO please go to "Section 4 - Bullying / Mobbing"

How often have you been verbally abused in the last 12 months?

- All the time
- Sometimes
- Once

Please think of the last time you were verbally abused in your place of work. Who verbally abused you?

- Patient/client
- Relative of patient/client
- Staff member
- Management/supervisor
- Co-worker
- External colleague/worker
- General public

Other (please specify)

Do you consider this to be a typical incident of verbal abuse in your workplace?

- Yes
- No

Where did the verbal abuse take place?

- Inside health institution or facility
- At a patient's/client's home
- In the ambulance
- Outside (on the way to work/health visit/home)

Other (please specify)

How did you respond to the verbal abuse? (Please select all relevant boxes)

- Took no action
- Tried to pretend in never happened
- Told the person to stop
- Told friends/family
- Told a colleague
- Reported it to a senior staff member
- Sought counselling
- Sought help from the union
- Sought help from professional association
- Transferred to another position
- Completed incident/accident form
- Pursued prosecution
- Completed a compensation claim

Other (please specify)

Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered.

For each item, please indicate how bothered you have been by these experiences since you were verbally abused.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories, thoughts, or images of the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being "super-alert" or watchful and on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling like everything you did was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think the incident could have been prevented?

- Yes
 No

If yes, please describe how:

Was any action taken to investigate the cause of the verbal abuse?

- Yes
 No
 Unknown

If YES, by whom:

- Management / employer
 Union association
 Community group
 Police

Other (please specify)

If YES, what were the consequences for the person(s) who verbally abused you?

- None
- Verbal warning issued
- Care discontinued
- Reported to police
- Aggressor prosecuted
- Unknown

Other (please specify)

Did your employer or supervisor offer to provide you with counselling?

- Yes
- No

Did your employer or supervisor offer to provide you with opportunity to speak/report it?

- Yes
- No

Did your employer or supervisor offer to provide you with other support?

- Yes
- No

How satisfied are you with the manner in which the incident was handled by your employer?

	Very dissatisfied	Moderately dissatisfied	Neutral	Moderately satisfied	Very satisfied
Please rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you did not report or tell about the incident to others, why not? (Please select all that apply)

- It was not important
- Felt ashamed
- Felt guilty
- Afraid of negative consequences
- Did not know who to report to
- Useless

Other (please specify)

Violence Against Paramedics Survey

Section 4 - Bullying/Mobbing

Bullying / Mobbing refers to repeated and over time offensive behaviour through vindictive, cruel, or malicious attempts to humiliate or undermine an individual or groups of employees.

In the last 12 months, have you been bullied / mobbed in your workplace?

Yes

No

If YES please answer the following questions if NO please go to "Section 5 - Sexual Harassment"

How often have you been bullied / mobbed in the last 12 months?

All the time

Sometimes

Once

Please think of the last time you were bullied / mobbed in your place of work. Who bullied / mobbed you?

Patient/client

Relative of patient/client

Staff member

Management/supervisor

Co-worker

External colleague/worker

General public

Other (please specify)

Do you consider this to be a typical incident of bullying / mobbing in your workplace?

Yes

No

Where did the bullying / mobbing take place?

- Inside health institution or facility
- At a patient's/client's home
- In the ambulance
- Outside (on the way to work/health visit/home)

Other (please specify)

How did you respond to the bullying / mobbing? (Please select all relevant boxes)

- Took no action
- Tried to pretend in never happened
- Told the person to stop
- Told friends/family
- Told a colleague
- Reported it to a senior staff member
- Sought counselling
- Sought help from the union
- Sought help from professional association
- Transferred to another position
- Completed incident/accident form
- Pursued prosecution
- Completed a compensation claim

Other (please specify)

Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered.

For each item, please indicate how bothered you have been by these experiences since you were bullied / mobbed.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories, thoughts, or images of the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being "super-alert" or watchful and on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling like everything you did was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think the incident could have been prevented?

- Yes
 No

If yes, please describe how:

Was any action taken to investigate the cause of the bullying/mobbing?

- Yes
 No
 Unknown

If YES, by whom:

- Management / employer
 Union association
 Community group
 Police

Other (please specify)

If YES, what were the consequences for the person(s) who bullied / mobbed you?

- None
- Verbal warning issued
- Care discontinued
- Reported to police
- Aggressor prosecuted
- Unknown

Other (please specify)

Did your employer or supervisor offer to provide you with counselling?

- Yes
- No

Did your employer or supervisor offer to provide you with opportunity to speak/report it?

- Yes
- No

Did your employer or supervisor offer to provide you with other support?

- Yes
- No

How satisfied are you with the manner in which the incident was handled by your employer?

	Very dissatisfied	Moderately dissatisfied	Neutral	Moderately satisfied	Very satisfied
Please rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you did not report or tell about the incident to others, why not? (Please select all that apply)

- It was not important
- Felt ashamed
- Felt guilty
- Afraid of negative consequences
- Did not know who to report to
- Useless

Other (please specify)

Violence Against Paramedics Survey

Section 5 - Sexual Harassment

In the last 12 months, have you been sexually harassed in your workplace?

- Yes
- No

If YES please answer the following questions if NO please go to "Section 6 - Racial Harassment"

How often have you been sexually harassed in the last 12 months?

- All the time
- Sometimes
- Once

Please think of the last time you were sexually harassed in your place of work. Who sexually harassed you?

- Patient/client
- Relative of patient/client
- Staff member
- Management/supervisor
- Co-worker
- External colleague/worker
- General public

Other (please specify)

Do you consider this to be a typical incident of sexual harassment in your workplace?

- Yes
- No

Where did the sexual harassment take place?

- Inside health institution or facility
- At a patient's/client's home
- In the ambulance
- Outside (on the way to work/health visit/home)

Other (please specify)

How did you respond to the sexual harassment? (Please select all relevant boxes)

- Took no action
- Tried to pretend it never happened
- Told the person to stop
- Told friends/family
- Told a colleague
- Reported it to a senior staff member
- Sought counselling
- Sought help from the union
- Sought help from professional association
- Transferred to another position
- Completed incident/accident form
- Pursued prosecution
- Completed a compensation claim

Other (please specify)

Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered.

For each item, please indicate how bothered you have been by these experiences since you were harassed.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories, thoughts, or images of the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being "super-alert" or watchful and on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling like everything you did was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think the incident could have been prevented?

- Yes
 No

If yes, please describe how:

Was any action taken to investigate the cause of the sexual harassment?

- Yes
 No
 Unknown

If YES, by whom:

- Management / employer
 Union association
 Community group
 Police

Other (please specify)

If YES, what were the consequences for the person(s) who harassed you?

- None
- Verbal warning issued
- Care discontinued
- Reported to police
- Aggressor prosecuted
- Unknown

Other (please specify)

Did your employer or supervisor offer to provide you with counselling?

- Yes
- No

Did your employer or supervisor offer to provide you with opportunity to speak/report it?

- Yes
- No

Did your employer or supervisor offer to provide you with other support?

- Yes
- No

How satisfied are you with the manner in which the incident was handled by your employer?

	Very dissatisfied	Moderately dissatisfied	Neutral	Moderately satisfied	Very satisfied
Please rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you did not report or tell about the incident to others, why not? (Please select all that apply)

- It was not important
- Felt ashamed
- Felt guilty
- Afraid of negative consequences
- Did not know who to report to
- Useless

Other (please specify)

Violence Against Paramedics Survey

Section 6 - Racial Harassment

In the last 12 months, have you been racially harassed in your workplace?

- Yes
- No

If YES please answer the following questions if NO please go to "Section 7 - Your Ambulance Service"

How often have you been racially harassed in the last 12 months?

- All the time
- Sometimes
- Once

Please think of the last time you were racially harassed in your place of work. Who sexually harassed you?

- Patient/client
- Relative of patient/client
- Staff member
- Management/supervisor
- Co-worker
- External colleague/worker
- General public

Other (please specify)

Do you consider this to be a typical incident of racial harassment in your workplace?

- Yes
- No

Where did the racial harassment take place?

- Inside health institution or facility
- At a patient's/client's home
- In the ambulance
- Outside (on the way to work/health visit/home)

Other (please specify)

How did you respond to the racial harassment? (Please select all relevant boxes)

- Took no action
- Tried to pretend it never happened
- Told the person to stop
- Told friends/family
- Told a colleague
- Reported it to a senior staff member
- Sought counselling
- Sought help from the union
- Sought help from professional association
- Transferred to another position
- Completed incident/accident form
- Pursued prosecution
- Completed a compensation claim

Other (please specify)

Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered.

For each item, please indicate how bothered you have been by these experiences since you were harassed.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories, thoughts, or images of the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being "super-alert" or watchful and on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling like everything you did was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think the incident could have been prevented?

- Yes
 No

If yes, please describe how:

Was any action taken to investigate the cause of the racial harassment?

- Yes
 No
 Unknown

If YES, by whom:

- Management / employer
 Union association
 Community group
 Police

Other (please specify)

If YES, what were the consequences for the person(s) who harassed you?

- None
- Verbal warning issued
- Care discontinued
- Reported to police
- Aggressor prosecuted
- Unknown

Other (please specify)

Did your employer or supervisor offer to provide you with counselling?

- Yes
- No

Did your employer or supervisor offer to provide you with opportunity to speak/report it?

- Yes
- No

Did your employer or supervisor offer to provide you with other support?

- Yes
- No

How satisfied are you with the manner in which the incident was handled by your employer?

	Very dissatisfied	Moderately dissatisfied	Neutral	Moderately satisfied	Very satisfied
Please rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you did not report or tell about the incident to others, why not? (Please select all that apply)

- It was not important
- Felt ashamed
- Felt guilty
- Afraid of negative consequences
- Did not know who to report to
- Useless

Other (please specify)

Violence Against Paramedics Survey

Section 7 - Your Ambulance Service

Has your employer developed specific policies on:

	Yes	No	Unknown
Health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical workplace violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying/Mobbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has your employer developed specific training on:

	Yes	No	Unknown
Health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical workplace violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying/Mobbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What measures to deal with workplace violence exist in your workplace? (select all that apply):

- Security measures
- Patient screening (to record and be aware of previous aggressive behaviour)
- Patient protocols (e.g. control and restraint procedures, transport, medication, activities programming, access to information)
- Check-in procedures for staff
- Special equipment or clothing
- Minimal periods of working alone
- Investment in human resource development (e.g. training for career advancement, retreats, rewards for achievement, promotion of healthy environment)
- None of these

Other (please specify)

To what extent do you think these measures would be helpful in your work setting?

	Very	Moderate	Little	None at all
Patient/call screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased staff numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed shifts or rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced periods of working alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police to respond to more ambulance calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self defence training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
De-escalation training (e.g. Verbal Judo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legislation to increase jail time for attackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff to wear bullet-proof or stab-proof vests while on duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff to carry protection device (e.g. mace or taser)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce workplace stress for staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine use of video cameras while on duty (e.g. installed in ambulance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there are other measures that you believe would be helpful please describe them:

Which of the following changes, if any, have occurred in the workplace setting in the last 2 years?
(please select all that apply)

- None
- Restructuring / reorganization
- Staff cuts
- Increased staff numbers
- Restriction of resources
- Additional resources
- Unknown

Other (please specify)

In your opinion, what impact have the changes described in the previous question had on your daily work? (please select all that apply)

- None
- Work situation for staff worsened
- Work situation for staff improved
- Situation for patients/clients worsened
- Situation for patients/clients improved
- Unknown

Other (please specify)

Violence Against Paramedics Survey

Section 8 - Opinions

In your opinion, what are the three most important contributing factors to physical violence in your work setting?

In your opinion, what are the three most important contributing factors to psychological (non-physical) violence in your work setting?

In your opinion, what are the three most important measures that would reduce violence in your work setting?

If you believe that additional training is needed, please describe the contents of such a training program.

Violence Against Paramedics Survey

Section 9 - Personal

Other than any cases you described above, have you been injured on duty over the past three months?

Yes

No

If Yes, how many times have you been injured:

Of those, how many required medical attention:

How many of those incidents resulted in time lost from work:

On average, how many hours of sleep do you get per day?

On average, how many hours of exercise do you do per week?

In what country is your ambulance agency?

Province/State

Name of ambulance agency (optional):

Do you work a second job?

Yes

No

If Yes, on average how many hours a week do you work for employers or agencies other than your primary ambulance service:

Your height?

- < 5.0 ft / 152 cm
- 5.0 to 5.3 ft / 152 – 160 cm
- 5.4 to 5.7 ft / 161 – 170 cm
- 5.8 to 5.11 ft / 171 – 180
- 6.0 to 6.3 ft / 181 to 191 cm
- 6.4 to 6.7 ft / 192 to 301 cm
- > 6.7 ft / 301 cm

Your weight?

- < 100 lbs / 45 kg
- 100 to 110 lbs / 45 to 50 kg
- 111 to 120 lbs / 51 to 54 kg
- 121 to 130 lbs / 55 to 59 kg
- 131 to 140 lbs / 60 to 64 kg
- 141 to 150 lbs / 65 to 68 kg
- 151 to 160 lbs / 69 to 73 kg
- 161 to 170 lbs / 74 to 77 kg
- 171 to 180 lbs / 78 to 82 kg
- 181 to 190 lbs / 83 to 86 kg
- 191 to 200 lbs / 87 to 91 kg
- 201 to 210 lbs / 92 to 95 kg
- 211 to 220 lbs / 96 to 100 kg
- 221 to 230 lbs / 101 to 104 kg
- 231 to 240 lbs / 105 to 109 kg
- > 240 lbs / 109 kg

That concludes the survey. Thank you for your participation. Your time and effort will help to make the paramedic profession safer for paramedics around the world. Your information will be kept strictly confidential.

If you experience any violence events between now and November 2016, please take the opportunity to return to this survey and record the details of the event.

This is project number: H16/02-024. *Please contact CQUniversity's Office of Research (Tel: 07 4923 2603; E-mail: ethics@cqu.edu.au; Mailing address: Building 32, CQUniversity, Rockhampton QLD 4702) should there be any concerns about the nature and/or conduct of this research project.*

As a small token of appreciation for your time and commitment you are invited to enter in to a drawing for an iPad. The drawing will be at the end of the data collection period in November 2016. Click on the "Register my Interest" link below to enter your information.

We will be happy to send you a copy of the published paper. Click on the "Register my Interest" link below to enter your information to receive a copy. Otherwise you can write to this address and request a copy:

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