American Association of Emergency Psychiatry Statement on Armed Responses within Emergency Departments

Last week, a patient died in the context of an armed response by security and law enforcement within a medical emergency department (Mt. Carmel St. Ann’s Hospital, Columbus, Ohio).

The emergency department is a critical intersection of health care and law enforcement. Security is essential for patients and staff. No staff should worry about a shooting in their workplace; no patient should worry about being shot by police.

Hospital and public safety administrators, as well as law enforcement and emergency medical teams, need to collaborate to ensure safety. The Emergency Department is the area of the hospital most likely to be faced with situations involving firearms, and it is incumbent upon health systems and the professionals it employs to prepare, plan, and process for such unfortunate occasions. The decision to have armed security within an Emergency Department is not one without controversy and complications for either direction. It is paramount for the hospital involved to prepare staff with significant investment to hiring appropriate staff, training them in all best practices (including non-armed interventions), and preparing policies and procedures.

The use of law enforcement should not preclude the initial intervention of medical professionals looking to clinically address agitation (as an emergency medical condition) and related target symptoms. By tending to these tenets, there is a greater likelihood of not only being prepared for such events but also minimizing overall risk.

Respectfully,
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