

Appendix J

Littleton Fire Rescue	SOP # Draft
Response to Suicidal Crisis Situations	Implementation – Revised -

Response to Suicidal Crisis Situations

Purpose: The purpose of this SOP is to outline response procedures for suicidal situations; threats of suicide, attempts or completed suicide.

Scope: This SOP applies to all Littleton Fire Rescue (LFR) employees.

Introduction: More than 30,000 Americans die by suicide each year and another 500,000 will be transported to emergency rooms from self-inflicted injuries. Colorado has the 6th highest suicide rate in the nation. Suicide is the second leading cause of death in the State in people 15-55. Suicide attempts and deaths are often violent and may pose a risk to LFR responders physically or emotionally.

Definition of Terms

- Depression – a constellation of emotional, cognitive and somatic signs and symptoms including sustained sad mood and lack of pleasure
- Gatekeepers – individuals in a community who have daily face-to-face contact with large numbers of community members (firefighters, emergency services dispatchers)
- Means – instrument or object whereby a self-destructive act is carried out
- Methods – actions or techniques which result in an individual inflicting self-harm
- Postvention – a strategy or approach that is implemented after the crisis or traumatic event
- Prevention – a strategy or approach that reduces the likelihood of risk or onset
- Risk factors – factors that make it more likely that individuals will develop a disorder
- Stigma – an idea or label associated with disgrace
- Suicidal behavior – a spectrum of activities related to thoughts and behaviors (thinking, attempts or completed suicide)
- Suicide – death from injury with evidence that a self-inflicted act led to the death
- Suicide attempt – self-injurious behavior with a non-fatal outcome with evidence that the person intended to kill themselves
- Suicide survivors – family members, significant others, friends who have experienced the loss of a loved one due to suicide

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Suicide Risk Factors - Awareness: LFR responders should be alert to the following risk factors associated with suicidal behavior while interacting with patients of all ages;

Bio-psychosocial Risk Factors

- Depression
- Mental disorder, particularly mood disorders, schizophrenia, anxiety disorder and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- A major physical illness
- Previous suicide attempt
- Family history of suicide

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Socio-cultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, mental health and substance abuse treatment
- Certain cultural and religious beliefs (example: the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to the influence of others who have died by suicide, including through the media

Policy:**Emergency Services Dispatchers****1. Interaction with Suicidal Callers**

1. Dispatch will utilize the Medical Priority Dispatch System
2. Dispatchers will try to stop all suicidal persons who call
3. All suicidal situations are volatile. Take all suicidal threats seriously.
4. Determine the exact location of the caller if unknown
5. Build a rapport or a bond with the caller
 - Use their first name
 - Gather as much information as possible
 - Talk specifics – means, method and plan

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- Discuss the reality and finality of their potential decision
- Bring positive reinforcements into the discussion

Responding to Threats or Attempts of Suicide

1. Managing Suicide Threats or Attempts

- Introduce yourself and state the reason for your presence
- Take charge of the situation
- Observe body language; keep the persons hands in view
- Maneuver the person to a safe area, separate people in conflict
- Do not violate personal space, avoid physical confrontations
- Establishing a rapport with the patient. Use good listening skills
- Show compassion, be understanding not judgmental
- Be genuine, show sincerity and empathy, show respect

2. Assessing Lethality

- Question the person directly
- Is the person talking about suicide?
- Is there a specific suicide plan?
- Are there previous suicide attempts?
- Is there a suicide note?
- Are there means for self injury?
- Is there evidence of injury?
- Has the person made final arrangements?
- Is there signs of depression or substance abuse?

3. Interaction with the mentally ill

- Don't join in disturbed thinking/behavior
- Don't stare or confuse the person
- Don't whisper, joke or laugh
- Don't give the person choices, be in control
- Don't deceive the person and only touch them as needed for medical care

4. Transport Decisions

- Transport anyone who has threatened or attempted suicide to the emergency room. A primary risk factor for completing suicide is previous suicide attempts
- Develop a plan with the family to ensures someone is with the patient on there return from the hospital
- Discuss with the family removal of lethal means from the home, especially firearms and medications
- Leave the LFR Prevention Resource Brochure – *Because Littleton Firefighters Care*

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Responding to a Completed Suicide**1. Scene Management**

- A. All suicide death should be considered a crimes scene
- B. The scene should be secured by law enforcement prior to entering
- C. Restrict and secure pets from the immediate area of the death
- D. Do not disturb evidence or the body unless it is necessary to declare death
- E. Two LFR responders will enter the scene together to assess the situation
- F. Confirm the identity of the person, DOB, time, place and manner of death
- G. Contact medical control for consult and time of death

2. Managing Suicide Survivors – Family and Friends

- A. Realize the impact your actions will have on the surviving family and friends
- B. Insure survivors are not further traumatized
- C. Do not overlook the survivor's emotional trauma
- D. Introduce yourself and your organization
- E. Assign a crew member to assist the family members
- F. Validate the family's grief reaction and support their immediate needs
- G. Help survivors mobilize their own support network; family, friends, clergy
- H. Prepare survivors for what will occur; interaction with law enforcement and the coroner

- I. Leave the LFR Prevention Resource Brochure – *Recovering After Suicide*

3. Documentation

- A. A detailed patient care report (PRC) will be completed on every death in the district
- B. All PCRs related to death investigations will be completed by the end of the 24 hour shift and not left incomplete
- C. Contact Medical Control for consultation and time of death
- D. All death related PCRs will include time of death, environmental conditions, body position, presence and location of weapons, injury type and location, presence of a suicide note and any information that will aid in the investigation
- E. Notify the EMS Chief via email of all deaths in the fire district

Prevention**1. Suicide Prevention**

- A. Littleton Firefighter will be trained in suicide awareness and prevention
- B. Littleton Fire Rescue will support local suicide programs
- C. Littleton Fire Rescue will educate the community on suicide awareness

2. Littleton Fire Rescue Firefighters Support Network

- A. Littleton Fire Rescue will support all employees who are psychologically affected during or after interaction with suicidal situations
- B. If in need of immediate support notify your supervisor or Battalion Chief
- C. Notify the EMS Chief for postvention follow-up