

UNDERSTAND WHY SUICIDE PREVENTION FITS WITH YOUR ROLE AS AN EMS PROVIDER

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HOW DOES EMS GET INVOLVED WITH THE SUICIDAL PATIENT

- A person is communicating a desire or an intent to attempt suicide
- A person has just made a suicide attempt
- A person has died by suicide
- You have an important role to play in all of these situations. First, you are key in addressing any immediate medical needs the patient may have. You can also provide clarity and support to the patient and other people at the scene.

KNOW THE FACTS

- Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups; and in all parts of the country.
- Suicide takes the lives of about 38,000 Americans each year (CDC, 2010).
- About 465,000 people per year are seen in hospital emergency departments for self-injury (CDC, 2010).
- Each year over 8 million adults think seriously about taking their life, and over 1 million make an attempt (NSDUH, 2011).

IDENTIFY PEOPLE WHO MAY BE AT RISK FOR SUICIDE

- *Look for signs of immediate risk for suicide*
- **There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt you to take action right away:**
- **Talking about wanting to die or to kill oneself**
- **Looking for a way to kill oneself, such as searching online or obtaining a gun**
- **Talking about feeling hopeless or having no reason to live**

IDENTIFY PEOPLE WHO MAY BE AT RISK FOR SUICIDE

- Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change.

Ask if the patient has been showing these behaviors:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others

IDENTIFY PEOPLE WHO MAY BE AT RISK FOR SUICIDE

- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

BE ALERT TO PROBLEMS THAT INCREASE SUICIDE RISK

- Certain problems may increase a person's risk for suicide. Asking if the patient has any of these risk factors can help you assess the current situation more accurately and enable you to provide more complete information to medical staff.
- Some of the most significant risk factors to ask about are:
 - Prior suicide attempt(s)
 - Alcohol and drug abuse
 - Mood and anxiety disorders, e.g., depression, post-traumatic stress disorder (PTSD)
 - Access to a means to kill oneself, i.e., lethal means

ARRIVING AT THE SCENE

- **Take all suicide threats and attempts seriously.** Follow the recommendations below:
- **Ensure the safety of everyone present.** This includes working with law enforcement officers to remove any lethal means the patient may have.
- **Address any serious medical needs first,** for example, if the patient is unconscious or having difficulty breathing.
- **Establish rapport with the patient.** Talk in a calm, accepting, and supportive manner. Explain what is happening and how you can help.

ASSESS THE PATIENT

- If the patient has just made a suicide attempt, first determine any medical needs and intervene appropriately.
 - Whether or not an attempt has been made, encourage the patient to talk about how he or she is feeling. Acknowledge the feelings and do not judge them. Since patients may be inhibited by the presence of law enforcement officers, it is often best to have officers stay outside the specific area while you are assessing the patient.

ASSESS THE PATIENT

- If the patient has not made an attempt, ask several direct questions to determine the person's risk for attempting, such as
- “Are you thinking about ending your life (killing yourself)?” and
- “Do you have a plan?” Do not be afraid to ask these questions. Asking a person about suicide will not encourage him or her to attempt suicide.
- Many people who are suicidal are relieved to find someone they can talk with about how they are really feeling.

ASSESS THE PATIENT

- Ask whether the patient has been behaving in ways, or having any of the problems, described earlier that indicate potential suicide risk.

ASSESS THE PATIENT

- **Supervise the patient constantly.** If necessary, set up protective measures so that the patient cannot engage in suicidal behavior.
- **Collect items** such as toxic substances, alcohol, drugs, or medications that might have been taken (even just empty containers). Bring these items to the hospital to help medical and mental health staff determine the appropriate treatment.
- **Transport the patient to the hospital.** Many EMS providers advise that any patient whose words or actions indicate he or she may be suicidal be taken to a hospital for an evaluation. If the situation is unclear or the patient refuses to be treated or transported, follow your organization's protocols and/or call medical direction for assistance.

DOCUMENTING YOUR FINDINGS

- ***Documenting your findings***
- Document all of your findings on the patient's care report, including suicidal statements or behavior, suicide notes, pills, rope, weapons, information provided by people at the scene, and any other evidence showing the person may be suicidal. These findings will be used for the following:
 - Patient treatment and support as needed before arriving at the hospital
 - Assessment and treatment of the patient by the hospital staff
 - Reports on the numbers and types of suicide-related calls to which EMS providers respond

INTERACTING WITH FAMILY OR FRIENDS PRESENT AT THE SCENE

- Family and friends who are present at the scene are often the ones who called EMS. Give them support, reassurance, and a general explanation of what you are doing and will be doing.
- Family and friends may be able to provide you with useful information and help calm the patient.
- You may also want to obtain information directly from the patient, away from their friends and family.

HELP SUICIDE LOSS SURVIVORS AT THE SCENE

When it is clear that an individual has died by suicide, the police and a medical examiner or coroner become responsible for the body. The EMS providers need to turn their attention to any family or friends of the deceased who are at the scene.

Here are some recommendations for helping survivors:

- **Establish rapport** and explain that you are there to help. Be sensitive to the feelings of suicide loss survivors. Allow the survivors to express their thoughts and feelings. Convey caring and compassion, provide support, and let them know that their emotions are okay.

HELP SUICIDE LOSS SURVIVORS AT THE SCENE

- **Briefly explain the investigation process** that occurs with any unnatural death, including what will happen with the body of their loved one
- **Help survivors identify other people** from whom they can get support, such as other family members, close friends, a family physician, or clergy. Offer to contact any of these people.

HELP SUICIDE LOSS SURVIVORS AT THE SCENE

- **Provide written information** about community resources they can contact for support, such as mental health providers and suicide survivor groups. Also consider giving them information on coping with a suicide death
- **Take care of yourself** after you have left the scene. It is natural that EMS providers may be affected by what they have seen and experienced in helping people who are suicidal and suicide loss survivors. It is important to pay attention to your feelings and get support from other people you trust, such as co-workers, family, friends, or your organization's employee assistance program

A Guide for Early Responders Supporting Survivors Bereaved by Suicide

By Winnipeg Suicide Prevention Network (2012)

<http://suicideprevention.ca/wp-content/uploads/2014/05/Early-Responder-Final.pdf> This guide provides information for emergency responders on how survivors of a suicide loss may feel and how to support them.

Connect Suicide Prevention and Intervention Training for Emergency Medical Services and Connect Suicide Postvention Training for Emergency Medical Services

By Connect Published 2004

<http://www.theconnectprogram.org/training-audiences/suicide-prevention-emergency-medical-services> The Prevention and Intervention Training is designed to increase the competence of EMS providers in responding to individuals who are suicidal or at high risk for suicide. It includes best practice procedures specific to EMS providers, interactive case scenarios, and discussion on how to integrate key community services for an effective and comprehensive response.

Culturally Competent Care in the Emergency Medical Services

By L. Dees in *Texas EMS Magazine* (2007)

<http://www.dshs.state.tx.us/emstraumasystems/JA07CulturallyCompetentCare.pdf>

This article discusses how culture can affect patients' perceptions of health issues and interactions with health care providers, and the issues that EMS providers need to consider in interacting with people from different cultures.

Emergency Responders Management of Patients Who May Have Attempted Suicide

<http://ispub.com/IJRDM/5/2/5315>

By L. Lipton in the *Internet Journal of Rescue and Disaster Medicine* (2005)

This journal article addresses how EMS providers should work with patients who may have attempted suicide.

QPR FOR EMS/FIREFIGHTERS

By QPR Institute (2010)

http://courses.qprinstitute.com/index.php?option=com_zoo&task=item&item_id=11&Itemid=10
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This online course covers knowledge and skills that EMS providers and firefighters need to recognize and respond to people who may be suicidal or have attempted suicide, to help the family and friends of individuals who have just died by suicide, and to assist colleagues who may be suicidal. If participants complete just the first two hours of this course, they earn the QPR Gatekeeper for Suicide Prevention Certificate. If they complete the entire course (six to eight hours), they earn the QPR for EMS/Firefighter Certificate in Suicide Prevention.