

Protocol Final Submission to DEMST - 8/28/12

Name of Protocol:

Response to Self-harm or Suicidal Crisis Situations

The goal of this protocol is:

- to bring more awareness to the problem of suicide;
- to increase EMS responders' confidence in responding to self-harm and suicide; and
- to assist responders in understanding their important role in the prevention, intervention and postvention of self-harm and suicide in North Dakota.

Prepared, knowledgeable and compassionate EMS responders can make an important impact on patients, families and the community in self-harm and suicidal situations. These situations are often emotionally charged and potentially violent, and they may pose both physical and emotional risks to responders. This protocol covers three response situations:

- Response to threatened self-harm or threatened suicide;
- Response to self-harm or attempted suicide; and
- Response to completed suicide

I. Response to threatened self-harm and threatened suicide

The goal in the management of patients threatening to harm themselves is to prevent immediate self-harm and death and to provide access to resources that will prevent self-harm and suicide in the long term. Social and cultural myths and taboos around self-harm and suicide often impede prevention efforts. Threats are often signals of a person in distress – not necessarily the result of a clear and sustained choice. Suicide is usually not the result of a sudden single traumatic event and often has warning signs (see section 4 below). How EMS responders approach these patients and situations can have an impact on prevention. Taking threats seriously, and assisting people in connecting with resources and getting professional help reduces risk.

1. En route to a scene, responders should gain as much information as possible from dispatchers. Dispatchers should obtain information about the patient and situation from callers, including information about specific threats, methodology and weapons. Dispatchers should attempt to develop a rapport with the caller, keep the patient or family on the phone, and attempt to stop self-harm and suicide as taught in emergency medical dispatch training.

2. EMS should ensure law enforcement is responding to the scene. Scene safety is paramount, and it is acceptable to delay response until law enforcement officers ensure the scene is safe.

3. Manage threat and scene

- a. Upon arrival, conduct scene size up as described in protocol section 4-2.1.0. *Baseline Care Standards*.
- b. Protect the patient from harm and ensure safety. Remove means of harm.
- c. Take charge of the scene and separate people in conflict (use law enforcement as needed).
- d. Introduce yourself and state why you are there.
- e. Establish rapport with the patient.
- f. Conduct a thorough patient assessment to ensure patient has not been harmed.
- g. Respect personal spaces and avoid confrontation. Allow for a defensive distance/stance and be positioned for quick evasion or escape with a clear egress to a door.
- h. Present a professional calm, orderly and confident appearance.
- i. Take time to observe, listen and show compassion while avoiding judgment.
- j. Speak directly about self-harm and suicide. Talking about suicide with patients does not increase the risk of suicide, and may provide an opportunity for needed dialogue. Asking specific questions: Are you thinking of harming or killing yourself? Do you have a plan? What is your plan?
- k. Explore factors that may protect the patient from self-harm and suicide such as supportive family and friends.

4. Look for and note *warning signs*. Warning signs are the earliest detectable signs that indicate heightened risk for self-harm and suicide in the near-term (i.e., within minutes, hours, or days). Warning signs may include:

- a. Evidence of thoughts about or threats to hurt or kill themselves;
- b. Seeking ways or creating plans to kill themselves: seeking or possessing immediate access to pills, weapons, or other means;
- c. Someone talking, texting or writing about death, dying, or suicide, or evidence of having made final arrangements;
- d. No plans for the future except self harm or suicide;
- e. Anxiety and insomnia; and/or
- f. Recent and/or sudden changes in behavior.

5. Look for and note *risk factors*. Certain risk factors are associated with self-harm and suicidal behavior. Different from warning signs, risk factors suggest longer-term risk. Risk factors may include:

- a. Physical or emotional pain leading to desperation;
- b. Belief that no resources exist or can help;
- c. Has or has had a history of self-harm or attempted suicide;
- d. Family history of self-harm and/or suicide;
- e. History of depression or other mental disorder (i.e., mood disorder, schizophrenia, certain personality disorders, anxiety disorder);
- f. History of alcohol or drug abuse;
- g. History of trauma or abuse;
- h. History of recent loss (i.e., job, relationship, security);

- i. Influence by the suicide of others, including family, friends and media reports;
 - j. A major physical illness or traumatic brain injury;
 - k. Social, cultural, financial, geographic and/or religious barriers to obtaining help; and/or
 - l. Religious or cultural beliefs that identify suicide as an acceptable means of achieving a goal.
6. Treatment and transport decisions
- a. Transport anyone who has threatened or attempted to harm themselves to a hospital or emergency receiving facility for additional evaluation.
 - b. If patient is uncooperative or combative, see protocol *4-4.1.5 Behavior Emergencies*.
 - c. If patient is refusing care, see protocol *1.0.0 Refusal of Care*.
 - d. Talk with family about ensuring someone is with patient upon return from evaluation.
 - e. Discuss with family the removal of firearms, medications or other means of self-harm from the home.
 - f. Relay any warning signs, risk factors and patient comments to receiving facility.
 - g. Thoroughly document event, including patient comments and actions, and EMS's actions.
 - h. Inform person at risk and family or friends of 24-hour telephone support such as the National Suicide Prevention Lifeline --1-800-273-TALK (8255).

II. Response to self-harm or attempted suicide

The goals in the management of patients who have harmed themselves or attempted suicide are: the emergency management of threatening medical or trauma issues; the prevention of further self-harm and death; and the provision of access to resources that will prevent future self-harm and suicide.

1. En route to a scene, responders should gain as much information as possible from dispatchers as directed above.
2. Ensure law enforcement is responding and securing scene.
3. Manage the scene and immediate medical or trauma needs
 - a. Upon arrival, conduct scene size up as described in protocol section *4-2.1.0. Baseline Care Standards*.
 - b. Assess ABCs and conduct a thorough patient assessment.
 - c. Address and treat any medical or traumatic needs as described in protocols.
 - d. If indicated, or if patient is unstable, transport immediately.
 - e. Take charge of the scene and separate people in conflict.
 - f. Introduce yourself and state why you are there.
 - g. Establish rapport with the patient.
 - h. Respect personal spaces and avoid confrontation.

- i. Present a professional calm, orderly and confident appearance.
- j. Take time to observe, listen and show compassion while avoiding judgment.
- k. Speak directly about self-harm and suicide when asking patient questions.

4. Look for and note *warning signs*.

5. Look for and note *risk factors*.

6. Treatment and transport decisions

- a. Transport anyone who has harmed themselves or attempted suicide unless otherwise directed by medical control.
- b. If patient is uncooperative or combative, see protocol *4-4.1.5 Behavior Emergencies*.
- c. If patient is refusing care, see protocol *1.0.0 Refusal of Care*.
- d. Talk with family about ensuring someone is with patient upon return from evaluation.
- e. Discuss with family the removal of firearms, medications or other means of self-harm from the home (use law enforcement as needed).
- f. Relay any warning signs, risk factors and patient comments to receiving facility.
- g. Thoroughly document event.
- h. Inform person at risk and family or friends of 24-hour telephone support such as the National Suicide Prevention Lifeline --1-800-273-TALK (8255).

III. Response to completed suicide

The goal in the management of a completed suicide is to: appropriately manage the scene; compassionately care for the family, friends, co-workers and witnesses; thoroughly document the event; and ensure that responders have post-event support. Guilt, stigma, shame, horror, confusion and extreme grief and stress often surround suicide and suicide scenes. What takes place on the scene of a completed suicide has the potential to become a powerful memory for family, friends, co-workers, witnesses and rescuers. Demonstrating compassion, a willingness to listen, explain, assist with practical concerns can be an important gift in this difficult situation.

1. En route to the suicide scene, gain as much information as possible from dispatchers (as directed above).

2. Ensure law enforcement is responding and securing scene.

3. Scene management

- a. Upon arrival, conduct scene size up as described in protocol section *4-2.1.0. Baseline Care Standards*.
- b. At least two responders should enter scene together.
- c. Confirm death. Consult with Medical Control per local protocols and expectations. Do not disturb evidence or the body unless necessary to

establish death. The suicide scene should be treated as a crime scene. Note identity of deceased, DOB, time, place and manner of death.

- d. Once death is established, turn attention to family, friends, co-workers and witnesses. Be prepared to spend an extended period of time on the scene and find backup for other potential EMS calls.

4. Attending to family, friends, co-workers, witnesses

- a. Introduce self and explain why you are there.
- b. Be compassionate but direct about the death "I'm sorry your family, friend, etc. has died."
- c. Expect and allow for a variety of emotional responses. Make a safe space and place for people to have whatever response is right for them. Do not take expressions of anger or grief personally that may be directed at you.
- d. Be prepared to provide medical care for any family, friends, co-workers or witnesses that need such care.
- e. Explain what is happening now and what can be expected in the next hour(s). If asked, provide simple medical explanations about the death.
- f. Coordinate requests to see the body or enter the immediate death scene with law enforcement. Denying access to the body may increase stress.
- g. Ask simple questions that provide an opportunity for them to tell the story. "Can you tell me what happened today?" "How did you find them?" Don't pry or be investigative - simply demonstrate a desire to listen, then take the time to listen.
- h. Do not counsel or advise. Validate that this is a difficult time and that you will be with them.
- i. Offer to help them contact family, friends or clergy or other supporters.
- j. Assist with practical needs - children, pets, transportation.
- k. Know about and offer local resources such as the 24-hour National Suicide Prevention Lifeline --1-800-273-TALK (8255).
- l. Before leaving, assure family, friends, co-workers and witnesses have support, resources and are not left alone.

5. Thoroughly document the death and findings on a patient care report. On separate patient care reports, document any medical care provided to family, friends, co-workers or witnesses.

6. Ensure responders have appropriate support following the call and have access to resources that may be needed to manage emotional and psychological issues.