

VERMONT SUICIDE PREVENTION & INTERVENTION PROTOCOLS FOR **EMERGENCY MEDICAL PROFESSIONALS:** **Emergency Medical Technicians, Paramedics, First Responders**

- **CONTEXT & APPLICATION**
- **KNOW YOUR EXISTING REQUIREMENTS**
- **RESPONDING TO A SUICIDE THREAT OR ATTEMPT**
- **SELF-CARE FOR THE HELPING PROFESSIONS**

I. CONTEXT & APPLICATION

The following are suggested protocols, tailored to **EMERGENCY MEDICAL PROFESSIONALS** and reviewed by active members of emergency medical professions/volunteer organizations. These protocols address responding to the threat of and risk for suicide across the lifespan.

We would like to begin by recognizing that suggesting protocols to medical personnel of any kind is complicated, because there exists numerous protocols, regulations and standard operating procedures that must be followed, that don't allow a great deal of room for adaptation, in emergency medical response. EMPs are trained in crisis response and standards of care to a level that many other professionals are not.

While all professional protocols suggested here are best-practice guidelines that always need to be adapted to local circumstances, EMPs more than most professions will have very specific steps they are trained and required to carry out, in a specific sequence.

Given the significant difference between EMPs and other professions, these protocols are different, and align more closely with law enforcement protocols, another profession with highly structured response requirements. They focus on outlining the best practices and **important considerations to take into account** in responding to a situation in which someone is expressing intent to kill themselves, or who may be at risk of suicide, as opposed to step-by-step guidelines for directly responding to a potential crisis.

We recognize that any step-by-step instructions on actions will be dictated by your organization's procedures.

As an emergency medical professional YOU can play a vital role in helping and advising other local organizations on their protocols. The sample protocols offered for other professions need to be adapted to take into account how local ambulance crews are required to respond if summoned, and the local emergency services resources that exist.

The hope is that these protocols will offer a lens through which to view your organization's procedures, to increase effectiveness through application of best practice concepts, and to bring about dialogue with your local community organizations on what they can expect the role of emergency medical professionals to be in a mental health crisis.

We would greatly appreciate it if you would bring to the attention of the Vermont Suicide Prevention Center, a program of the Center for Health and Learning (info@healthandlearning.org), any statutes or regulations that impact your implementation of suicide response protocols, so that we may add them to the Appendices as a resource for others.

APPLICATION:

As emergency personnel are already aware of and familiar with, clear and specific protocols give structure to the steps to take in a crisis situation. These protocols also inform knowledge as to why these evidence-based steps are the recommended best practice.

Many of the steps in these protocols **rely on a solid basic knowledge of the warning signs of suicidal thoughts and actions**, along with risk and protective factors, and basic facts about suicide. These protocols outline **WHAT** to do, but it is important to understand **WHY, HOW** and **WHEN** these steps are used. Therefore, an important part of these guidelines is a straightforward summary of these topics, included in these appendices:

- APPENDIX A: Warning Signs
- APPENDIX B: Sample Verbal Responses
- APPENDIX C: When You May be Unsafe
- APPENDIX D: Screening Tools PHQ2, PHQ9
- APPENDIX E: HIPAA & FERPA Guides
- APPENDIX F: Media Guide
- APPENDIX G: Risk & Protective Factors
- APPENDIX H: Resource

SPECIAL NOTE: INTOXICATION AND SUBSTANCES

When reviewing these protocols, take into account that a person expressing suicidal intent or risk may be under the influence of substances, including alcohol, drugs, and/or prescription medications. If you believe a person in crisis is drunk, high, or otherwise compromised, and they show suicidal intent or make suicidal statements, treat the situation as an immediate emergency and follow your standard emergency response protocol. Treat intoxication and/or substance use as a potential danger to yourself and others present.

II. KNOW YOUR EXISTING REQUIREMENTS

1. Review any existing protocols and standard operating procedures that are required practice for your emergency medical organization, and utilize these guidelines to look for places that best practice research may be able to inform updates or changes.
 - a. Your governing body regulations – departmental, state, local – regarding response to suicide attempts, suicides, events that turn out to involve suicidal individuals, and transportation of suicidal individuals.
 - b. Local mental health, emergency room and hospital regulations concerning delivery of suicidal people.
 - c. State laws concerning response to an individual refusing evaluation and/or refusing transport to a hospital or institution – including different regulations based on minor status.
 - d. **Appendix E** contains HIPAA, FERPA and Vermont’s Court Ordered Treatment policy.
2. Meet with your local Emergency Mental Health Crisis Response Team.
 - a. While it is often assumed that hospitalization is the best and desired result from intervening with a suicidal person, many suicide threats and attempts **do not result in hospitalization**.
 - i. In most instances a suicidal individual needs, and is best served by, direct mental health attention.
 - ii. The immediate involvement of the Emergency Mental Health Crisis Response Team can greatly improve the outcomes for all concerned.
 - iii. Coordination between emergency medical personnel and emergency mental health personnel can help both professions respond to what can be very complicated calls.
 - iv. If there is no Mental Health Crisis Response Team available in your community, are there private practitioners your organization can establish relationships with?
 - b. If your department does not already have a standing arrangement covering how, when and why to contact professional mental health assistance, it is **STRONGLY RECOMMENDED** that this be the first step in enhancing suicide response.
 - i. What is the procedure when there is a known threat of suicide?
 - ii. What is the procedure when you arrive on the scene and discover there is a threat of suicide?
 - iii. Are all EMTs in your organization trained to work directly and sensitively with suicidal individuals?
 - c. Best practices across the spectrum emphasize the improved outcomes from a suicide threat or attempt, for both the person in crisis and all of the crisis responders, when a coordinated response between all emergency workers is provided for in protocols on all sides, and organizations work in partnership.
3. Meet with your local law enforcement to promote smooth coordination of services.
4. Review the remainder of the best practices information in this document, and the resources provided for you in the appendices, and assess if there are ways to apply best practices to your required procedures, even if you cannot change a given procedure.

III. RESPONDING TO A SUICIDE THREAT OR ATTEMPT

Suicidal crises, even an attempt in progress, may or may not require immediate medical assistance. Frequently, immediate mental health care is needed. However, in the case of an emergency, people are conditioned to call 911 and ask for emergency medical help, and many people mistakenly believe that all people experiencing suicidal thoughts or behaviors need to be hospitalized. People are therefore inclined to call for an ambulance.

Emergency medical professionals may arrive on the scene to find that there is no apparent medical emergency, and may be faced instead with a mental health emergency.

Emergency safety and medical steps are dictated by your medical training. You have been trained in when to call in law enforcement for assistance, and what to do for immediate medical needs. The following are suggestions for enhancing your interactions with potentially suicidal individuals.

1. Identifying a Threat or Risk of Suicide

Given the wide range of calls that emergency medical services receive, first responders may be in the position of evaluating suicidal intent and deciding level of risk.

- a. Take any threat of suicide seriously, and treat it as sufficient reason to ask more about suicide risk – even apparently joking or offhand references.
- b. Remember that every situation is different – treat every threat as serious, even if you have responded to a call(s) regarding the same person in the past, and you believe that they don't really intend to kill themselves.
- c. Get to know the warning signs of suicidal thoughts and behaviors. See **Appendix A**. Watch for these signs as you assess the person.
- d. Listen to others present to help to determine if the person was displaying warning signs before you arrived.
- e. Be watchful of a sudden, drastic improvement that seems to have happened just since you arrived.
 - i. Sometimes a suicidal person will claim everything is fine when emergency personnel arrive, to avoid being hospitalized or to get emergency responders to leave.
 - ii. Watch for warning signs that may still be present even if someone is suddenly claiming they feel fine, or did not “mean it” when they talked of suicide.
 - iii. Ask direct questions and listen carefully to the answers. Use the words – “suicide,” “kill yourself,” and “wanting to die.” You will **NOT ‘give the person the idea’** and by bringing suicide up yourself in a non-judgmental way, you WILL give them permission to talk about it truthfully without fear of being judged by you and other providers.

2. Safety Measures

- a. DO NOT leave the suicidal person alone at any time, even to let them use the restroom.
- b. Take away any lethal means that may be near at hand – firearms, weapons, drugs, poisons – and secure them.
- c. Keep the person away from potential lethal means that may not be obvious – bathroom medicine cabinet, kitchen knives, an unlocked window from an upper floor.
- d. Ask directly about the possible presence of other lethal means – guns in the garage or basement, stockpiles of medication and solicit help from family members to secure those as well.

3. Involve Mental Health Assistance

Remember that an estimated 90% of people who attempt or go on to die by suicide are suffering from a mental illness, often undiagnosed and untreated.

- a. Unless you have been trained in responding to mental health emergencies, call in mental health assistance as soon as you can.

- b. Help make contact with the person’s mental health professional if they have one.
- c. Contact your local Mental Health Crisis Response Team.
- d. In some cases, an emergency responder with no mental health training will need to respond to a suicide crisis without additional help. Your training in working with people who are sick, injured and vulnerable will be your strongest asset. The following best practice recommendations may enhance your one-on-one work with a suicidal individual:
 - i. Take the person – and their attempt – seriously. No matter what your past experiences with that same person may be.
 - ii. LISTEN. Listen carefully to what the person is saying and try to identify what the driving reason for the suicidal behavior might be – it may not be what it looks like on the “surface.”
 - iii. Listen for the driving emotion under the words – is the person angry? hopeless? bereft? This can help a great deal in figuring out what the reasons for the suicidal behavior are, and can help in responding in a way that may encourage the person to reconsider.
 - iv. Establish rapport. Let them know you believe them and believe that their threat is serious. Remind them you are listening to them by repeating back what they’ve told you, and asking them if you understood them correctly.
 - v. Talk in a calm, accepting, non-confrontational, and supportive manner.
 - vi. Encourage the person to talk about how he or she is feeling. Acknowledge the feelings and do not judge them.
 - vii. Ask DIRECT questions about suicide: “Are you thinking about killing yourself?” and “Do you have a plan?” **REMEMBER: Asking a person about suicide will not encourage him or her to attempt it.**
 - viii. Continue to remind the person you are there to help, and that there are alternatives to suicide that may be hard to see right in this moment, but do exist.
 - ix. **DO NOT** fall into the common mistake of empty reassurance: simply telling the person “everything will be okay” or making light of the person’s experiences by saying “it’s really not that bad” or “you have everything to live for.” Whatever is going on for the individual in the moment is bad enough to them that it feels like a life or death issue. Treat it with that level of respect even it seems inconsequential or easily solved to you.
 - x. While they may sound similar, **there is a big difference between saying “everything will be okay” and saying “there are alternatives that you just might not be able to see right now.”** The first says to the suicidal person that you don’t think their problems are serious, and that you are assuming you know their situation better than they do. The second reminds them that they are in control and only they know what a solution for them really looks like, and you believe that with help, they will see new possibilities. It says there are always solutions that they might come to later, with help, if they can just make it through this intense moment of crisis that feels so hopeless.

4. Transportation

If the person is to be hospitalized or taken to a treatment center, emergency transportation will likely take place by ambulance.

- a. Bring any items that may indicate what the person might have taken or swallowed – pill bottles, alcohol bottles, etc. – to help the medical/mental health professionals in treatment decisions.
- b. Use the minimal amount of restraint needed for transport. Suicide attempt survivors speak of how traumatizing it is to be restrained while they are in crisis, and that this often exacerbates their crisis.
- c. If the person refuses transport for treatment, know your agency’s policies and your state’s laws. **Appendix E** contains Vermont’s Court Ordered Treatment policy.

- d. Talk to your local hospitals. Find out in advance what their protocol is if someone is brought in involuntarily, and how you can work together for the best safety of the person, given the restrictions that both your professions face.
5. **Documentation**
Emergency medical professionals are trained in documenting emergency calls. Best practices emphasize documenting the scene of a suicide attempt with an eye toward any information at all that could help with the assessment and treatment of the person by medical and mental health professionals.
 6. **A SPECIFIC ROLE FOR CONSIDERATION: Follow-up**
Best practice research indicates that contact – even brief contact – after the crisis is very helpful, especially from people who assisted during the crisis.
 - a. Consider if contact after the crisis with the person is appropriate to your role – a supervisor may be able to help you determine this.
 - b. As with many protocol issues, emergency medical personnel are in a different situation from other professions – you might check in with the person’s caretakers (family member, counselor, doctor) if you can, to ask if a short contact from you would be appropriate.
 - c. Brief contact can take the form of a phone call, short visit, or brief note – all forms of post-crisis contact that demonstrate care about how things are going has been shown to have a positive effect in reducing second attempts and in participating in follow-up care.

IV. SELF CARE FOR THE HELPING PROFESSIONS

One of the hardest steps for many who work in professions devoted to helping others is to recognize and act on the need to take care of yourself.

1. Recognize that you need support to offset the short and long-term effects of handling this event on your mental health.
 - a. You have had a difficult experience, even if you are not close to the person who has attempted suicide.
 - b. Being at the scene of an attempted suicide or working with people after an attempt is difficult and can be traumatic, even for people who are trained to do it and who have done it in the past.
 - c. You may need to delay your own personal reactions to the experience, or to the topic of suicide in general, which creates psychological strain.
 - d. Even if this work is part of your job and you have done it many times in the past, if you find yourself struggling for any reason at all, ASK FOR HELP.
2. Practice self-care. Invest in yourself enough to manage the emotions you are dealing with.
3. Access your organization’s or community resources: Employee Assistance Program, referrals, on-staff counselors, mental health clinicians or agencies.
4. Don’t ignore your own experience in an attempt to serve others.
 - a. As you go about your job, pay attention to your own responses and emotional reactions to the attempt.
 - b. If you realize that you are not able to fill your role or continue to provide support to others because of your own responses, or if you need additional support in your duties, talk to your supervisor.