



Title Suicidal People-Where do I go with this?	Date December 19, 2019
CDE Number M-1912001	CDE Credit Hours 1 HR

There are many ways people may attempt suicide. We want to be able to identify what chief complaint best fits the situation the caller is reporting. In order to do this, we need to make sure we understand exactly what happened. Doing this helps us to identify any scene safety concerns and know what protocol to go with to provide the correct patient care. Some of these types of calls agencies will only send law enforcement to, then have them determine what type of further assistance is needed. When a caller is reporting that someone is threatening or has attempted suicide, we always want to follow the rules of protocol.

Case Entry Rule 1: If the complaint description includes **scene safety** issues, choose the Chief Complaint Protocol that **best addresses** those issues.

Case Entry Rule 3: When cardiac arrest appears to be **TRAUMATIC** in nature, choose the Chief Complaint Protocol that best fits **scene safety** concerns and the **mechanism of injury**.

Case Entry Rule 7: If the complaint description involves **hazardous materials** (toxic substances) that pose a threat to bystanders or responders, go to **Protocol 8**.

Patients who are threatening to harm themselves, or are being violent and medical protocol is being used, we want to go with **Protocol 25: Psychiatric/Abnormal Behavior/Suicide Attempt**. This protocol will gather information about scene safety concerns.



- Is the patient violent?
- Does s/he have a weapon?
- Where is s/he right now?

When a patient is violent or Combative, we will follow the appropriate DLS Link and provide instructions for the caller to stay safe until responders can arrive on scene. If a patient wants to hurt themselves, they are often less inhibited about lashing out and assaulting others verbally and physically. We do not want to put our responders or callers at risk for injury. Follow your department's policy for sending officers/deputies with other agencies on these types of calls. Some agencies only send law enforcement to these situations instead of medical.

If a patient has already done something to harm themselves, we want to go with the protocol that best addresses what has occurred. In addition to rules in Case Entry, we need to remember the rules and axioms within the different protocols.

Protocol 25 Rule 1: If the actual type of suicide attempt is determined to be overdose, carbon monoxide, stab, or gunshot wound, go to and dispatch from that more specific protocol.

What this means is if a person has already shot themselves, we want to go with **Protocol 27: Stab/Gunshot/Penetrating Trauma** to address scene safety and mechanism of injury.

Protocol 25 Rule 2: If the complaint description involves **hazardous materials** (toxic substances) that pose a threat to bystanders or responders, go to **Protocol 8: Carbon Monoxide/Inhalation/HAZMAT/CBRN**



Situations where Protocol 25 is applicable could be:

Threatening Suicide:

"He says he is going to jump off a bridge"

"He said he is going to shoot himself"

"She is saying she wants to take a bunch of pills"

Attempted Suicide:

"She cut her wrists"

Situations we want to be on specific protocols include:

Attempted Suicide:

"He shot himself"

-Protocol 27: Stab/Gunshot/Penetrating Trauma

"She took a bunch of pills"

-Protocol 23: Overdose/Poisoning (Ingestion)

"I found him in the garage with the vehicle running"

-Protocol 8: Carbon Monoxide/Inhalation/Hazmat/CBRN

When determining what protocol to go with it is important to make sure and understand exactly what happened. Scene safety is always our number one concern, we need to keep our callers, bystanders, and responders safe.



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I verify that I read and am familiar with the contents of this document.

Please return this to your agency's training coordinator for CDE credit. If you have any questions please contact us at 911training@elpasoteller911.org

X _____

Signature

DATE

X _____

Printed Name

X _____

Agency