

Emergency Contact Forms

By Dan McGuire, FAAETS, BCETS, CATSM

Regardless of the size of the emergency services agency, there is an inherent risk of one of your members or employees becoming injured or ill while at work. Probably the risk that tops the list would be a death while on duty, or what is referred to as a line of duty death (LODD).

The exact moment when any of the above incidents occur, we refer to that as the **Zero Hour**. Much like the "Golden Hour" in EMS, the Zero Hour has many critical steps that need to be addressed immediately and done with the utmost of care and attention.

Part of the overall well designed Zero Hour response program in your agency ought to include up to date Emergency Contact Forms (ECF's) for the leadership or supervision to have quick access to. These forms require some key information about each employee or member in case of an emergency involving them. A sample of the top 10 key points would include:

- Date of last revision of the ECF
- Employee/Members full name

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TEACHING BALANCE...

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Preventing Police Suicide

By Bonita S. Frazer, MS, CTS

Officer Smith was a seven-year veteran of a metropolitan police force. He was 32 years old, single and began abusing alcohol after responding to a call that involved the death of a child due to severe neglect. Six months later, Officer Smith shot and killed himself with his department issued gun.

Unfortunately, far too many police officers end up like Officer Smith. Depending on the source, statistics indicate that police suicides occur anywhere from two to five times as frequently as the general population. Accurate information on the rate of police suicide is not readily available because of multiple factors including insurance issues, the stigma of suicide and the reluctance of police agencies to share information. What is known is that police often encounter overwhelming stress, a significant risk factor for suicide.

In his book Police Suicide, author John M. Violanti, Ph.D. identifies the inherent nature of police work as one of the most stressful factors for officers. McCafferty, McCafferty and McCafferty offer the following comment in the *Southern Medical Journal*:

"It would be impossible to adequately prepare an individual in the police academy for the stress encountered on the street. There is almost continual psychological pressure in police work because the officer must be prepared even if nothing is happening. The constant reminder of the badge and the weight of the pistol on the hip serves notice that at any moment a police officer may be called upon to use deadly force to cope with a sudden life-threatening situation.

There is constant exposure to hostility, anger, aggression, depression, and tragedy in the various events and confrontations that occur daily in a police officer's life. The constant exposure to these sorts of stress requires the officer to use all of his adaptive mechanisms to cope. The ultimate result in some individuals is despair, alienation, isolation, a sense of futility, hopelessness, and finally suicide."

Effective suicide prevention requires awareness of and immediate response to officers who exhibit the early warning signs for suicide. Ellen Kirschman, Ph.D., in her book I Love a Cop, cites the following red flags/warning signs for officers who may be suicidal:

Serious depression, a significant loss, real or threatened, previous suicide attempts or threats, marked change in personality, giving away personal possessions, and reckless behaviors.

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Emergency contact forms con't

- Current address
- Home phone number
- Name of emergency contact person
- Emergency contact phone numbers (cell, work, home)
- Any children present at home
- Parents contact information
- List of any employee/member to help with the notification

Often it is found the above information is either missing or so out of date it must be considered incorrect. As a supervisor or leader within an agency, you have the primary responsibility to get an ECF completed for everyone in your agency, initiate a plan on receiving annual updates to the ECF's and a solid plan on securing this confidential information, but, allowing for restricted access to them in the event of an injury, illness or LODD.

A recommended ECF access plan is essential to accomplish these main issues. First, maintain controlled access to them will assist in guaranteeing their confidential information will remain secure and only be accessed in the event in an emergency involving that individual. Second, one caution must be noted. While the access to the ECF's has to remain secure, often the plan is so 'tight' that an agency may not have enough redundancy or flexibility in the plan to prepare for unforeseen circumstances.

An example of this would be an agency's ECF plan only allows the Chief and one assistant access to the forms. If the event requiring notification involves one or both of these leaders, then there is no back-up plan to cover this particular scenario. Ideally, only 2-3 individuals ought to have direct access to the forms and perhaps no more than 2 alternates to be identified who would be able to access the forms under very special circumstances.

It is also recommended that when each member or employee submits their completed ECF, they do so in a sealed envelope with their signature across the seal. This is one more component that will insure the information was filed confidentially and will remain so unless there is an emergency requiring access to it.

The examples shown on what an ECF should have, only covers the very basics and what the minimal amounts of information you need to have readily available. We recommend that the ECF be expanded into two parts to include information such as:

1. Organ donor information
2. Primary doctor information
3. Location of any health care proxy
4. Location of any will
5. Location of a Power of Attorney document

6. Insurance information on vehicle, home
7. Life insurance policy
8. Funeral service wishes/requests
9. Burial information

The above information ought to be completed with the spouse, parents or significant other of each member or employee. It will be important that these family members know well in advance of this very private but important information so there is no questions or other situations that may only add to the grief and pain of the serious injury or death of your loved one in the emergency services.

We do recommend that the above information not be kept at the workplace, but in a safe, however easily accessed location at the home of the responder. This is very sensitive information and needs to be respected as such.

In summary, having updated emergency contact information is **vital** to managing any traumatic event involving the people you manage and work with. If you do not have an ECF plan in place now, please move this towards the top of your priority list. If you would like a sample of an ECF form, please contact us and we will be happy to forward a sample ECF to you.

Crisis in our schools

By Dr. Mark Lerner, Ph.D.

AMERICAN ACADEMY RELEASES A PRACTICAL GUIDE FOR CRISIS RESPONSE IN OUR SCHOOLS

School crisis response can no longer be delegated solely to members of a School Crisis Response Team. When events tax and overwhelm a school district's ability to respond, police, fire and EMS personnel will be contacted. With the changing spirit of our times, it is becoming increasingly apparent that first responders will play an important role during school-based crises. Therefore, it is critical that emergency service personnel our familiar with the unique characteristics of rendering care within the framework of a school environment.

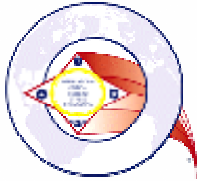
The American Academy of Experts in Traumatic Stress® is pleased to announce the release of the new fifth edition of **A Practical Guide for Crisis Response in Our Schools**. This dramatically expanded publication provides a structure and process for effectively managing the wide spectrum of school-based crises. It is an invaluable resource in preparation for, and during, actual crisis situations and continues to serve as a meaningful standard for our nation's schools.

By reaching our school families early, during times of crisis, we can reestablish a productive educational process and prevent the acute difficulties of today from becoming the chronic problems of tomorrow.
WWW.SCHOOLCRISISRESPONSE.COM

Check out these CISM websites!

CISM PERSPECTIVES

WWW.CISMPERSPECTIVES.COM



**International Critical Incident Stress Foundation
(ICISF) www.icisf.org**



**The American Academy of Experts in
Traumatic Stress
www.aaets.org**

CALENDAR OF EVENTS

LINE OF DUTY DEATH SEMINAR,
ROCHESTER, NY, SEPTEMBER 20TH, 2003



**“Kind words can be long or short to speak, but
their echoes are truly endless.” Mother Theresa**

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Other warning signs may include: Changes in sleeping/eating patterns, anniversary reactions, preoccupation with death or morbidity, breaking off important relationships, withdrawal and/or isolation, helplessness, hopelessness, anxiety and/or guilt, decline in work performance, development of a suicide plan - the more detailed the plan, the greater the risk

When you suspect that an officer is suicidal, there are numerous ways to provide help and assistance. General guidelines when working with suicidal individuals are:

- Take all threats or references to suicide seriously.
- Talk to the officer directly about your concerns (“implanting” a suicide message is a myth).
- Determine if the person has a plan and the means to carry out the plan.

Prevent access, inasmuch as possible, to the intended means. Temporarily losing a gun is better than losing a life. Refrain from remarks such as “Everything will be okay”. To the suicidal officer, things are not okay and such comments will only communicate that you are trivializing their psychological pain.

Avoid lecturing, moralizing and preaching to the officer. Work with the officer’s ambivalence. Most people experience uncertainty about the decision to take their life. Trust your instincts. Sometimes people will deny suicidal intent, but the circumstances strongly suggest that the person is at risk. Know your limitations and obtain professional help when indicated.

Resources are available for the officer who is experiencing suicidal thoughts. In addition to Employee Assistance Programs, the Fire/Police Referral Network (888-347-3765) will provide you with a referral to the closest licensed mental health provider. The National P.O.L.I.C.E. Suicide Foundation, Inc. (410-437-3343) provides information on suicide awareness and offers support services to meet the psychological needs of officers and their families. The International Association of Chiefs of Police (360-456-4818) can provide access to specially selected and screened police psychologists.

Suicide is a permanent solution to a temporary problem. Suicide is also preventable. Intervention is key to preventing the untimely deaths of the courageous men and women who face danger on a regular basis to protect our communities. Knowing and acting on the early warning signs may help save a life. ±

RECOMMENDED READING

“GOOD GRIEF”

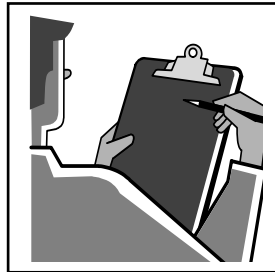
AUTHOR: GRANGER E. WESTBERG

PUBLISHED 1997

“DEADLY FORCE ENCOUNTERS”

AUTHOR: DR. ALEXIS ARTWOHL & LOREN CHRISTENSEN

PUBLISHED 1997



“A perfect summer day is when the sun is shining, the breeze is blowing, the birds are singing and the lawn mower is broken”

-- James Dent

Are you ready for a critical incident?

When you are working with a company or consultant, it's significant to your success that you understand the services they are offering to you.

I have listed my consulting services for you below:

- Acute Traumatic Stress Management (ATSM) training
- CISM pre-education program design and presentation
- CISM Team design and establishment
- CISM Team support and continual education
- CISM pre-plan and program design
- Line of duty death (LODD) pre-plan and response program design
- **NEW! Terrorism, Weapons of Mass Destruction and the CISM response**
- **NEW! Motivating Emergency Responder wellness**
- **Programs flexible to your needs and budget**

E PLURIBUS UNUM
“OUT OF MANY, ONE.”

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