



The Official  
Newsletter  
of the IAFC  
EMS Section

# EMS CHIEF ADVISOR

THE LEADERSHIP VOICE OF FIRE SERVICE-BASED EMS Spring 2009 Vol. 4 No. 1

## THIS ISSUE

- 1 LETTER FROM THE CHAIR  
What's In It for Me – Why Should I Come to Fire-Rescue Med?
- 1 FRI REGISTRATION NOW OPEN!
- 2 TREASURER'S REPORT
- 2 ANNOUNCEMENTS
- 3 MEMBER PROFILE  
Chief George Baker
- 4 IN THE SPOTLIGHT  
Does CECBEMS Accreditation Make Sense for a Fire Department?
- 5 SUICIDES SPARK CRISIS RESPONSE PROTOCOLS IN LITTLETON

## LETTER FROM THE CHAIR

### What's In It for Me – Why Should I Come to Fire-Rescue Med?

By Gary Ludwig, MS, EMT-P



As we head down the home stretch toward the EMS Section's annual conference, Fire-Rescue Med, I cannot help but think about all Fire-Rescue Med has to offer for those who attend. First, there are all the networking opportunities. This year, more than any other year, no small number of fire professionals from different organizations will be meeting at Fire-Rescue Med in Las Vegas.

First, we are honored to have the Board of Directors from the Volunteer and Combination Officer's Section (VCOS) holding their annual Board of Director's meeting in conjunction with Fire-Rescue Med. We have also heard from the EMS arm of the navy. More than 30 of the EMS managers who manage EMS operations at various navy installations around the world will be holding their annual meeting prior to Fire-Rescue Med, and then will stay with us in Vegas for the conference. Each year, we are also privileged to have board members from the IAFF EMS Standing Committee join us at Fire-Rescue Med. Others who will be joining us include the NFPA 450 Committee (Guide to Emergency Medical Services and Systems), and

the Firefighter Near-Miss Advisory Committee. This does not include the hundreds of other fire and EMS professionals from all across the United States and Canada who attend also.

What can this large variety of individuals offer you? Networking opportunities galore! Chances are, if you are having problems, someone has already experienced these problems too, and can provide you solutions and answers, or at least point you in the right direction. Whether your problems deal with finance, personnel issues, reimbursement, hospital diversions, paramedic shortages, legislative issues, etc., chances are you can find someone at Fire-Rescue Med who can help you solve them. One night is dedicated solely to a critical issues forum.

Another benefit to attending Fire-Rescue Med is the many continuing education units (CEUs) being offered. For the second year in a row, we are pleased to offer CEUs for classes. Hundreds of licensed professionals took advantage of this offer last year and the response was so overwhelming that we decided to make it a mainstay of Fire-Rescue Med. Also, we have been able to successfully negotiate lower hotel room rates for all conference participants this year at Fire-Rescue Med.

CONTINUED ON PAGE 7 ⇨



## FRI REGISTRATION IS NOW OPEN!

Attend the EMS section meeting and hear Chief Gary Ludwig as he discusses emerging EMS topics for today's Fire Chief.

**Wednesday, August 26 • 8:30 am - 4:30 pm**

### SE53: Chief - Do You Know About This? Current and Emerging EMS Topics for the Fire Chief

Fire service-based EMS is constantly changing and impacted by new trends, laws, best practices and current issues. Since one of the major functions most fire departments perform is EMS in one form or another, not being aware of all that can impact you and your department significantly. Join Chief Gary Ludwig and other leaders in EMS as they provide you with the latest information regarding hot topics in fire service-based EMS.

*Gary Ludwig, Deputy Fire Chief, Memphis Fire Department, Memphis, TN*

Register now at [www.iafc.org/fri](http://www.iafc.org/fri)

## TREASURER'S REPORT

Report for 2009

As of 1/31/2009

### EMS SECTION: ACCOUNT 605

CARRYOVER FROM PREVIOUS YEARS	\$ 235,968
INCOME MEMBERSHIP DUES + (MAILING LIST)	\$ 2,575
AFFILIATE DUES	\$ 25
OTHER INCOME	\$ 0
TOTAL SECTION EXPENSES	\$ 3,246
CHANGE IN NET ASSETS	\$ 235,322

Submitted by: Rob Brown  
EMS Section Treasurer

## ANNOUNCEMENTS

THIS SPOT IS RESERVED for best practices, news, events and legislative activities. Send us a brief description of any of the above and we'll feature them in the newsletter. If you think your organization is doing something we all need to know about, let us know so we can get the information out and help your peers. This is a conduit and flows both ways; it's most effective if you contribute. Send an e-mail to [dsbeckermo@msn.com](mailto:dsbeckermo@msn.com).

### Program Accreditation: Paramedic Training Survey


The EMS Section of the IAFC is interested in hearing from those fire agencies that provide their own in-house paramedic training or those that are considering adding that training to their agency's education programs. The EMS Section has a short survey designed to help us work with the accreditation agency CoAEMSP/CAAHEP.

- 1) Will your department be impacted by the accreditation requirement coming in 2013 for paramedic programs?
- 2) What is the primary source of initial paramedic training for the personnel hired by your agency?
- 3) Is that source planning to become accredited, if they are not currently accredited?

- 4) What concerns (if any) do you have regarding program accreditation?
- 5) Does your department provide initial paramedic training, and if so, does the state require national registry certification for initial licensure/certification in your state?

Please forward your information to David Becker, vice-chair, EMS Section, at [dsbeckermo@msn.com](mailto:dsbeckermo@msn.com).

### Register for FRM Today!

Go to [www.iafc.org/frm](http://www.iafc.org/frm) and click on the word Registration in the top navigation bar. 

## EMS CHIEF ADVISOR

### Editor

IAFC EMS Section Vice Chair  
David S. Becker

### IAFC President

Chief Larry J. Grorud, CFO, MIFireE

### Managing Editor

Cathy Cruise

### Contributing Writer

Courtney McCain

### IAFC EMS SECTION

4025 Fair Ridge Drive, Fairfax, VA 22033  
703-273-0911 | Fax: 703-273-9363

**Gary Ludwig**, Chair  
**David S. Becker**, Vice Chair  
**John Sinclair**, Immediate Past Chair  
& International Director  
**Ken Riddle**, Conference Coordinator  
**Mike Metro**, Secretary  
**Norris Croom**, Director-at-Large  
**Rob Brown**, Treasurer

The IAFC EMS Section promotes fire-based EMS by providing a forum for addressing fire-service EMS issues, providing guidance and direction to the IAFC board and membership on fire-service EMS issues and representing fire-based EMS issues before the federal government and other EMS interest groups.

EMS CHIEF ADVISOR is published quarterly by the International Association of Fire Chiefs on behalf of the EMS Section.

Copyright 2008 International Association of Fire Chiefs EMS Section. No part of this publication may be reproduced without the written permission of the publisher.

### HOW TO SUBSCRIBE

Subscriptions are free for EMS Section members. To see if you qualify, contact Member Services at [membership@iafc.org](mailto:membership@iafc.org) or by phone at 866-385-9110.

Send address changes to IAFC, 4025 Fair Ridge Dr, Suite 300, Fairfax, VA 22033.

### EDITORIAL COMMENTS

Contact Chief David Becker, Ret., via email at [dsbeckermo@msn.com](mailto:dsbeckermo@msn.com).





Chief George Baker

# Member Profile

## CHIEF GEORGE BAKER

By Courtney McCain

A fire chief originally from the New York City suburbs has grown to appreciate his small community on Cape Cod, and his neighborhood familiarity as chief.

For the past 16 years, George Baker has served as fire chief in Mashpee, MA, a predominately residential area that forms the neck of Cape Cod. Although it has experienced a five-fold growth in the past two decades to its current census of 15,000, the city still has a neighborly feel. Baker wouldn't have it any other way.

"I'm real lucky," Baker said. "I'm the fire chief in a small town, and that enables me to have contact with both the community and with the fire personnel. I still have that ability to be in touch."

Baker's extensive resume of degrees, certifications, and professional memberships has kept him in touch with the wider fire rescue community, and he's not resting on those laurels. He is currently studying for a bachelor's degree in management and continues to expand his expertise with numerous programs offered through the National Fire Academy (where he's already graduated from the Executive Fire Officer Program).

Baker has served as the IAFC's liaison to the NFPA Technical Committee on Residential Sprinkler Systems since 1998 and has been a regular conference speaker on labor management issues. He has also become a strong and consistent voice for suburban and rural fire/EMS throughout New England, a public safety community bearing centuries-old, big-city departments, but also many rural and volunteer agencies. Baker, an adjunct instructor and course developer for the National Fire Academy's rural fire prevention programs, is a consistent presence within the New England IAFC chapter and the Massachusetts Fire Chief's Association (of which Baker is area director), making sure that

the unique needs and challenges of rural fire/EMS are not brushed aside.

But he hasn't forgotten his roots, either. Baker is originally from New Rochelle, NY ("one city off from the Bronx," he said).

"My dad was a firefighter, and I am one of those kids who had the TV antenna pointed toward Boston on Saturday night so I wouldn't miss *Emergency!*," Baker said. "The show played a lot in my decision to get into the medical response end."

Though the Cape responses have been ALS-capable since 1974, it was more than another decade before paramedics were officially recognized in Massachusetts. Baker went through paramedic training in 1982.

"The entire course was one college semester, and about 200 clinical hours," Baker said. "Very different than it is now."

Baker began his tenure at Mashpee Fire and Rescue Department in 1983 as a firefighter/paramedic, and rose through those ranks before becoming chief in 1993. He still makes responses to maintain his skills, and also to keep that perspective of a field care provider in a rapidly changing profession. He also is actively involved with the city of Mashpee and Barnstable County.

"As the fire chief in a small community, I can't rely solely on members of the public visiting my office to tell me what's important to them," Baker said. "When I'm participating in community activities, I'm in their venue. The fire chief needs to be approachable. The department and a rural community need that level of connection."

That familiarity has proven invaluable during otherwise tense accident scenes and fire responses. During his 16 years as chief, Baker has personally assisted residents innumerable times. He sees it not only as part of the job, but

**"The only way to know what the citizens need is to hear them. And the only way to do that is to be involved, to be active in that community."**

as assistance that neighbors provide for each other.

"The only way to know what the citizens need is to hear them," Baker said. "And the only way to do that is to be involved, to be active in that community."

Baker's involvement with the Cape community extends beyond fire safety appearances. He is a charter member and past president of Mashpee Kiwanis and is active with the Chamber of Commerce. A former Eagle Scout, Baker also is a founding member and former director of Cape Cod's chapter of the Boys & Girls Club.

"These kids had nowhere to go except to hang out in the cranberry bogs," Baker said. "I knew how important it was to have a structured program that offers something for our children."

Baker and his wife, Brenda, live in the Mashpee area. They have two sons, a daughter, and one granddaughter. With family and all his community activities, Baker doesn't have much spare time. He does, however, make time for music, and is multitalented, having played the trumpet, baritone horn, and base drum in community bands. He enjoys being drum major of a bagpipe band, the Columcile Pipes and Drums band, which began a decade ago as a fire and police band, but is now a "community band," Baker said. "That's my outlet." He also enjoys both saltwater fishing off the Cape and freshwater fishing in the extensive network of lakes that surround Mashpee.

A longtime member of the IAFC, Baker looks forward to conferences for the usual reasons, and also for the comparative

CONTINUED ON PAGE 7 ⇨



# In the Spotlight



## DOES CECBEMS ACCREDITATION MAKE SENSE FOR A FIRE DEPARTMENT?

By Liz Sibley

It does for the Memphis Fire Department (MFD), a department with 1,800 employees. Steve Fort, current CECBEMS program coordinator, was tasked by Deputy Chief of EMS Gary Ludwig in June 2007 with making the MFD's refresher training and continuing education programs more responsive to the department's educational needs and more cost effective without sacrificing quality and credibility. Another criterion was to ensure that employees received CE that would be nationally accepted.

With the support of Andrew Hart, Battalion Chief for EMS Training; Joe Rike, Division Chief of EMS; and Alvin Benson, Director of Fire services, MFD identified CECBEMS accreditation as an excellent vehicle for meeting its requirements.

As a CECBEMS accredited organization, MFD uses its internal program committee to plan and implement courses as needed. This committee has the active participation of Joe Holley, MD, Medical Director for MFD and the State of Tennessee. This committee plans and implements courses as needed and employees receive CECBEMS credits for the training.

For instance, in the fall of 2007 The American Heart Association and American College of Cardiologists revised the best practices in the care of heart attacks. Several of the Memphis hospitals wanted to apply for accreditation with the Society of Chest Pain Centers and needed MFD's help to do so. A review by the MFD QI department identified opportunities for improvement in the areas of 12-Lead EKG application, chest pain diagnosis, and medication administration for patients experiencing chest pain.

Lt. Kevin P. Burns, working with Dr. Holley, the MFD education program committee, QI officers, field personnel, and area hospitals, planned and implemented a STEMI course with a launch date of December 2007 to meet the various needs identified. The AHA guidelines for STEMI care did not come out until summer 2008. By that time five area hospitals had received accreditation with the Society of Chest Pain

Centers, with the largest hospital averaging 100% compliance with the STEMI guidelines. Also, the MFD QI department had seen a significant increase in compliance numbers.

Because the MFD used CECBEMS standards and requirements for planning, implementation, and evaluation, the STEMI program was well organized and effective in delivering appropriate content to the target audience. The peer review done by the MFD's Education Program Committee helped validate and sharpen the content's focus. When local hospitals and EMS agencies saw the outcome of the class, many used the MFD program to educate their own employees.

When the MFD started using the SIMMAN patient simulators, they ran a "real life" scenario in which a first responder company makes contact with a "patient" in cardiac arrest and a few minutes later the ambulance crew shows up. Instructors quickly realized that some companies were not using the most recent AHA guidelines for CPR. They also identified that some companies worked better on the "call" than others due to better division of labor and a better understanding of what was expected of each responder upon arrival. Using this information, the training staff quickly developed a CECBEMS accredited course modeled after a similar "real life" incident. This course turned the SIMMAN trainer into an extremely effective teaching tool for delivering content designed to address the areas identified.

As the classes were conducted it became obvious that some of the slower companies were not as comfortable with the automated external defibrillators. The training staff brought employees in on short notice and administered appropriate remedial training, resulting in documented improvement in patient care. In a similar situation, instructors discovered that the reason the airway device used throughout the MFD received good reviews from some personnel and poor reviews from others was that those who did not like the device were using it incorrectly. Again, instructors were able to implement quick remediation through its

education program committee with resulting improvement in patient outcomes.

In the examples cited above, EMS personnel received CECBEMS-accredited CE that can be used for renewing a state license and for NREMT recertification. Because MFD reports course completions to CECBEMS, the state and NREMT can verify the CE via password protected access to the CECBEMS database. Another advantage for EMS personnel is that CECBEMS accreditation is recognized by 90% of states, making transferring to another state, and maintaining a license in multiple states or during military deployment, easier.

MFD also found the CECBEMS process to be cost effective. The savings means employees no longer have to pay for their training. In fact, the State of Tennessee pays its firefighters annual incentive pay for continuing education. By applying CECBEMS requirements to EMS courses taught annually, employees now earn CEUs for attending these state mandated classes and are now being paid to receive the CEUs they will eventually need for recertification. This has made the employees much more receptive to training, and made course delivery better organized and more reliable because of the peer review process.

If your department offers continuing education and refresher training to its employees or its volunteers and currently maintains or can set up a database that tracks course completions (for larger departments) or can enter course completion information manually (for smaller departments), it may be worth investigating CECBEMS accreditation. Make plans now to attend Fire-Rescue Med 2009 May 4-6 in Las Vegas, and sign up for Session 102 – CECBEMS Accreditation for Your Department, presented by Steve Fort of MFD and Liz Sibley, CECBEMS Executive Director.

Visit <http://cecbems.org/applications/orgApp.aspx> to download application documents, and bring your draft application to Las Vegas on your laptop or in hard copy. Questions will be answered and individual assistance provided before, during, and after the presentation. For more information, call or e-mail Liz Sibley at 972-247-4442, 972-841-9531, or [lsibley@cecbems.org](mailto:lsibley@cecbems.org). ♥

# SUICIDES SPARK CRISIS RESPONSE PROTOCOLS IN LITTLETON

By Courtney McCain

Following a series of suicides in his service area (including one that occurred on a fire station sidewalk), a Colorado-based EMS chief has developed a program geared toward suicide-specific crisis and post-incident management.

Littleton Fire Rescue was the first in Colorado to offer ALS in 1974. The agency now is pioneering a series of SOPs specifically addressing the needs of suicidal patients and their loved ones. The new procedures were developed by Littleton's EMS Chief Wayne Zygowicz who, in the course of obtaining his master's degree, discovered statistics that reflected this often brushed-off demographic. Though suicide-related responses are run in every department in the world, comparatively little research and/or education is done to assist personnel making those responses.

"This is a big gap, a hole in what we do," Zygowicz said. "No one likes to talk about suicide. There's a stigma associated with this, the same stigma we attach to mental health problems in our society. Suicide is regarded like a nuisance call."

Rescuer attitudes, ranging from compassion to passive contempt, sometimes result in the "silent treatment" toward physically stable but emotionally broken patients as they're transported to the ED.

"In the past, we never engaged these people in conversation," Zygowicz said. "And what you say and do for these people during that short ride to the hospital can make a world of difference in what happens after they come back from the hospital."

In 2007, Littleton personnel saved an elderly man from carbon monoxide poisoning. He had written a note, gathered his personal papers and had attempted suicide by sitting in his closed garage with the car motor running. He was revived, hospitalized, and received inpatient treatment for depression.

Several months after being released from the hospital, the man visited one of Littleton's fire stations. The crew was out on a response. While standing on the sidewalk directly in front of the station, the man shot himself twice, first in the chest and then in the head. That station's crew was alerted by dispatch to the 'possible suicide' in front of their station, and responded to transport the man to a trauma center, where he died shortly after arrival.

The man's motivation remains unknown, but the incident had a clear and jarring impact for personnel at Littleton Fire Rescue. Citing that call, Zygowicz wrote about suicide response parameters in an article published shortly thereafter in *JEMS* magazine.

He later learned, through nationwide department surveys conducted for the research paper he wrote one year later, that 15 percent of those agencies had responded to similar suicides in city/county-owned buildings within their districts.

## Addressing the stigma

Zygowicz, in his 21st year with Littleton Fire Rescue and his 11<sup>th</sup> as EMS chief, is currently pursuing a master's degree through the National Fire Academy's Executive Fire Officer Program. The standard operating procedure (SOP) now in place for suicidal crisis intervention was developed from one of Zygowicz's research papers.

"In my paper, I've developed a program that covers our bases," Zygowicz said. "It outlines the National Strategy for Suicide Prevention, it outlines the local programs here in Colorado, it talks about what to expect when you arrive on scene, and in dealing not only with patients who are attempting suicide but dealing with family members of people who have taken their own lives. It talks about suicide by cop, myths of suicide, what to do as a dispatcher if someone calls in and threatens to take their own life."

Though it typically takes months for master's candidates to compile statistics, Zygowicz quickly ran into his first hurdle: There were few current statistics relevant to emergency responders. So he did his own research, sending out 125 questionnaires to departments throughout the United States, and 79 percent were returned completed from 31 states.

Even colleagues heavily involved with suicide prevention initially discouraged him from researching the topic, despite its relevancy. "One of the trauma nurses at Littleton's hospital warned me from the first day," Zygowicz said. "She said, 'You may not want to write this paper. It's a taboo subject and there's a stigma associated with it,' and she was absolutely right."

But having found little research (and less in terms of educational material for responders), Zygowicz knew it was high time for the topic to be addressed, and then transformed into a departmental policy that would aid responders and the community they served. He sought out family members of those who had completed suicide, spoke with mental health and suicide prevention specialists, and produced a 103-page paper full of statistics relevant to responders throughout the country.

Zygowicz turned in his paper last September, and received high marks. The paper included an SOP he developed for Littleton Fire Rescue, plus two different brochures responders could give either to those who had attempted suicide, or to loved ones of persons who had taken their own lives. The paper also featured a suicide awareness training program that Zygowicz developed for Littleton Fire Rescue.

## Aiding the secondary patients

On scenes of completed suicides, response personnel often fumble through platitudes for surviving loved ones and then clear the scene, leaving those grieving to figure out the logistics of death on their own.

"They're brushed aside," Zygowicz said. "They're ignored because it makes us uncomfortable. In my interviews with family members, they told me that when their loved ones took their own lives, what those responders said on scene will be remembered by those family members for the rest of their lives. So, you can either help these people through this traumatic time, or you can stand around with your hands in your pockets."

"(Rescuers) give each other 'the look' because we don't know what to say," Zygowicz said. "Nobody's ever been trained in what to say. We all know what to do when someone shoots himself in the chest. But if that patient is dead, the feeling is that our service ends, and that should not be the case. There is a lot more you can do for those family members."

Zygowicz has produced a brochure specifically for those left behind. It details the wide range of grief reactions following a suicide, what to say to children, and how one might move forward afterward. It also

CONTINUED ON PAGE 6 ⇨

provides important numbers to local law enforcement and coroners' offices. It lists multiple resources of agencies and support programs geared toward the survivors of suicide.

Response personnel are instructed through the SOP to leave the resource brochure, "Recovering After Suicide" with loved ones at scenes of a completed suicide. During those responses, a member of Littleton's response crew also is assigned specifically to assist family members with everything from explaining procedures to phoning clergy and other family members.

### Tertiary victims of suicide

The research paper also details how personnel are impacted by suicide. Responders are "tertiary victims," Zygowicz said.

"Something can occur called a 'splashover,' which is when pain, distress, agony, and grief from the primary and secondary victims splashes over onto the responders, and adds to their normal, everyday stress," Zygowicz said.

The SOP details procedures for activating Littleton's Fire Rescue Support Network, which assists all employees who are psychologically impacted by job stresses. It also deals with ancillary issues of suicide responses that nonetheless could distract from how the call is run: cleaning up a public death scene, handling organ donation, developing plans with the family to ensure someone is with the patient when they return home from the hospital, and how to remove lethal means of potential suicide from the home.

### Statistics tell of degrees of suicide

"Statistically, each suicide affects six people," Zygowicz said. "So if there are 32,000 suicides annually in the U.S., that means that some 200,000 people are affected. That's one out of every 62 Americans. Between 1952 and 1995, suicide among adolescents tripled."

Each day in the United States, an average of 86 people succeed in taking their own lives, and more than 1,500 attempt suicide. It is the 11<sup>th</sup> leading cause of death. More than 20 percent of those are elderly, and that figure doesn't include "passive suicide," or the refusal to eat or drink in an attempt to starve themselves.

"(Suicide) crosses every imaginable boundary of society," Zygowicz said. In the United States, more than 32,000 die by suicide annually, and another 500,000 are transported to hospitals with self-inflicted injuries. Zygowicz said that suicide fatalities are nearly twice as high in Europe as in the United States.

### Why is the rate so high in Colorado?

Suicide rates are measured by numbers of deaths per every 100,000 people. According to those figures, Colorado has the sixth highest suicide rate in the United States.

"That always comes up when I'm asked about the research, why the intermountain states have such comparatively high suicide rates," Zygowicz said. He added that the research hasn't determined a specific cause, though there are many regional variables, including access to weapons.

One common assumption is the fallout from Littleton's Columbine High School shootings in 1999 (two students who survived the massacre did in fact take their own lives shortly afterward).

"And not too long ago, late last year, we had four teenagers in Douglas County (immediately south of Littleton) who took their own lives in the same week," Zygowicz said. Sheriff's officers with Douglas County who had heard of Zygowicz's research contacted him for suggestions, including the possibility of a suicide pact.

### The need for additional training

"When you look at how much time paramedic students spend in ORs and EDs, how much time are they spending dealing with mental health issues?" Zygowicz said. "That just doesn't make sense to me. This is something responders deal with on a regular basis. As a society, we do not hold physical and mental health to the same standards."

Recent economic crunches haven't been helpful for mental health care, nor has an increase in patient load from the Baby Boomer era. One hospital in the Denver area recently shut down a wing of its facility previously devoted to psychiatric care, and re-opened it for general admission patients.

The mental health topic doesn't much interest rescuers or their chiefs either.

## Littleton's SOP and Zygowicz Research Paper Available

EMS Chief Wayne Zygowicz is making available copies of his research paper, "Development of Suicide Prevention Strategies to Reduce Death and Injury in the Communities Served by Littleton Fire Rescue" (in PDF).

The paper includes copies of Littleton Fire Rescue's SOP, "Response to Suicidal Crisis Situations," copies of the two brochures, and a outline of his training program, "Until Death Do We Part."

"My hope is that through the paper, all responders will have an education in suicide and how to respond to suicide," Zygowicz said.

For copies of either document, please contact Chief Zygowicz at: [wzygowicz@littletongov.org](mailto:wzygowicz@littletongov.org).

Zygowicz cited a recent leadership conference in Colorado where a world-renowned suicide prevention program presented a seminar. Of the hundreds of attendees, Zygowicz was one of only four who attended the seminar on suicide prevention.

"I decided we need to get in on this," Zygowicz said. "Suicide prevention is an emerging issue that needs to be addressed by first responders, because we are actively involved in those responses. We go on them once a week around here, at least."

### Removing "commit" from the language of suicide

In the course of his research and interviews, Zygowicz learned quickly that even a well-meaning choice of words regarding suicide can immediately throw up walls.

"Even the words used with suicide, like the word 'commit,' they do not like that word," Zygowicz said. "Surviving family members are very particular about the way



it's addressed. They prefer to say someone died by suicide versus committed suicide. And to us, that may seem like semantics. But to the families and to people who work with suicidal individuals, they don't feel that their loved ones were committed to taking their own lives."

"If we have the opportunity to speak with these patients, we need to be asking them questions," Zygowicz said. "What was their intent? Did they have a plan? Did they have a means or method of carrying out the suicide? Those answers will help determine if these people are truly serious about ending their lives. We needed that checklist."

Through interviews with mental health personnel, Zygowicz learned of many myths of surrounding suicide and addressed those in his paper.

"People who work in mental health have a wonderful understanding, and know how absolutely serious these people are about taking their own lives," Zygowicz said, adding that first responders are encouraged to engage suicidal patients in conversation.

"This may be the one opportunity to show that we care about these people, and offer them that chance to open up during that 20-minute ride to the hospital."

### National Strategies largely not known

Zygowicz's research also uncovered a national suicide prevention program that few prehospital personnel knew anything about.

The National Strategies for Suicide Prevention is operated through the U.S. Department of Health and Human Services. More than 90 percent of those responding to Zygowicz's survey had never heard of the program, which didn't surprise him at all. Before he began his research, Zygowicz didn't know about the program, either.

"Here we have a national plan that calls for training of first responders and other gatekeepers in the community like teachers and school staff, law enforcement, nursing home workers, hospice workers, primary healthcare, volunteers. . . and it was put out in 2001," Zygowicz said. "It never filtered down to this level. That's the kind of disconnect we have with this topic."

Zygowicz also found that many agencies weren't working with state, county, and local suicide prevention programs either. More than half of the agencies didn't know whether such programs existed. Most didn't keep suicide-specific data, and while two-thirds of surveyed agencies stated they did provide injury prevention programs for their communities, 95

percent stated they had no suicide prevention program.

Of those departments surveyed, 88 percent did not have an SOP specifically geared toward suicide response.

"This was one of the reasons I developed an SOP for Littleton," Zygowicz said.

"Most of the agencies didn't know how many suicides they responded on because they don't keep track of those statistics," Zygowicz said. "But these are important statistics to know if you're going to try and address any problem in your community."

One of the limitations of Zygowicz's research was that other than the year-old NEMSIS (National EMS Information System), there is no centralized warehouse of EMS-specific data as there is with the NFPA, which has long compiled data and the resulting trends. But even the NFPA had limited data on suicide response. Even the National Fire Academy's Executive Fire Officer Program's extensive stockpiles of research papers had no information that Zygowicz could utilize for his own paper.

"When you start these things, you never really know where they'll go," Zygowicz said. "I learned so much about this topic, and I knew that I needed to do something. There's so much more that we should be doing." ♥

---

## Letter from the Chair continued from page 1

When you add it all up, where else can you find outstanding educational sessions, tons of networking opportunities, CEUs, an included lunch, top-rated quality speakers, cheap but classy hotel rooms, fun during evening hours, and pre-conference workshops targeting your specific interest? Of course, Fire-Rescue Med.

Personally, I always come back to my department from Fire-Rescue Med reenergized. I am fresh full of ideas from what I have learned from speakers and attendees during the conference. Even if I pick up one idea from each session that I can implement, I consider it a win.

As I skim through the brochure, I sometimes find myself in a quandary. With so many excellent sessions and speakers scheduled, I wish I could

clone myself and attend two at the same time. But during the general sessions I do not have to decide, since that is the only talk occurring at the time. One general session I am looking forward to this year, since I heard him speak several years ago at Fire-Rescue Med, is Dr. Henry Lee. He is not only funny, but very informative as he laments about some of the more famous murder cases he has been involved with as a pathologist over the years. Don't forget to sign up for the lunch with Dr. Lee afterwards.

I strongly urge you, as an EMS Section member, to help support the Section by attending our annual conference. It is only a few weeks away and it is not too late to register. See you in Vegas! ♥

---

## Member Profile continued from page 3

opportunities he has to swap experiences with other chiefs. The opportunities for chief officers to learn from each other are limitless, and invaluable, he said.

"The international conferences are great opportunities to travel and see how things are different, and also how things are the same everywhere," Baker said. "And yes, I'm that odd duck that stops and visits fire stations when I'm visiting from out of town." ♥

# EMS CHIEF **ADVISOR**

## EMS SECTION BOARD

### EMS SECTION CHAIR

Gary Ludwig, Deputy Fire Chief  
Memphis Fire Dept  
65 S. Front Street  
Memphis, TN 38103  
901-527-1400; Fax: 901-320-5631  
gary.ludwig@memphistn.gov

### VICE CHAIR

David S. Becker  
12873 Wenlock Drive  
St. Louis, MO 63146  
314-878-3332; Cell: 314-724-0926  
dsbeckermo@msn.com

### SECRETARY

Mike Metro, Assistant Chief  
Los Angeles County Fire Dept  
1320 N. Eastern Avenue  
Los Angeles, CA 90063  
323-881-2337  
mmetro@lacofd.org

### TREASURER

J. Robert (Rob) Brown Jr., CFO  
Fire and Rescue Chief  
Stafford County Fire & Rescue Dept  
1300 Courthouse Road, P.O. 339  
Stafford, VA 22555-0339  
540-658-7200; Fax: 540-658-4545  
rbrown@co.stafford.va.us

### DIRECTOR-AT-LARGE

Norris W. Croom III, EMT-P, CMO  
Division Chief of Operations  
Castle Rock Fire and Rescue Department  
300 Perry Street  
Castle Rock, CO 80104  
303-660-1066; Fax: 303-660-1069  
ncroom@crgov.com

### IMMEDIATE PAST CHAIR & INTERNATIONAL DIRECTOR

John Sinclair,  
Fire Chief & Emergency Manager  
Kittitas Valley Fire & Rescue  
2020 Vantage Highway  
Ellensburg, WA 98926  
509-856-7714; Fax: 509-933-7240  
sinclairj@kvfr.org; JDS606@aol.com

### CONFERENCE COORDINATOR

Ken Riddle, Deputy Fire Chief (Ret.)  
Las Vegas Fire & Rescue  
10916 Maryville Ave.  
Las Vegas, NV 89144  
Office: 702-254-7749  
ken.riddle@cox.net