

Four County L.O.S.S. (Local Outreach to Survivors of Suicide) Volunteer Code of Conduct

(Fulton, Defiance, Henry, Williams Counties, Ohio)

The mission of the Four County Suicide Prevention Coalition is to increase awareness, decrease stigma, and increase people's ability to seek help aimed at suicide prevention.

Code of Conduct:

1. I understand and agree the L.O.S.S. Team is invited to the scene by law enforcement and/or coroner. Law Enforcement and the coroner are in charge of the scene and body respectively.
2. I will do nothing to interfere with law enforcement/coroner's work or investigation.
3. I will not make suggestions to law enforcement/coroner while acting as a L.O.S.S. Team representative.
4. I will not advocate for the survivor(s) to see the body. I understand the survivor(s) may want to do this, and as a L.O.S.S. Team volunteer; I may assist the family in this process, but only if approved by law enforcement/coroner.
5. I will never attend or arrive at a scene alone or without being called as a member of a responding L.O.S.S. team.
6. I will be respectful of the family.
7. I will not share my personal information such as my address or phone number.
8. If I know the deceased or their family when called to respond, I will inform the on-call person and we will decide if I should respond to this scene.
9. I will be respectful of all cultures and religious beliefs, and agree not to share my personally held views or opinions with any survivor(s).
10. I will wear my L.O.S.S. ID badge when representing the L.O.S.S. team at a scene or follow-up visit.
11. While acting as a L.O.S.S. volunteer, I agree to report any suspected abuse or neglect of a child or elderly adult to law enforcement.
12. I agree to inform law enforcement, if I suspect that an individual receiving a L.O.S.S. Team visit is at risk of harming themselves or anyone else.
13. I will participate in debriefing after responding to a scene.
14. I understand the importance of regular meeting attendance and its impact on team building, and therefore agree to attend a minimum of 6 LOSS Team meetings each year. I further agree to communicate with the LOSS Coordinator should I experience the need for an extended absence.
15. I agree to follow the Four County LOSS Team Activation, On-Scene, Debriefing, and Follow-up procedures.

Confidentiality:

I understand and agree that I will not share **any** information concerning the deceased or their family/friends, which I would be exposed to in my capacity as a L.O.S.S. volunteer. I understand that my obligation to maintain confidentiality will continue throughout my term as a L.O.S.S. volunteer, and will continue after my volunteer status ends.

I understand my participation in this program relies on my compliance with these expectations.

Signed _____ Print Name _____

Date _____