

# 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 L.O.S.S. Team is to prevent suicide in our community by helping new survivors to feel supported from the very beginning of their tragic loss.*

## 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.

## 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 \_\_\_\_\_