Response Plan

Suicidal crisis, attempt, or death

within the <<Organisation Name>> community

A guide for <<Organisation Name>> management

|  |  |
| --- | --- |
| Emergency Services | 000 |
| Lifeline | 13 11 14 |
| Beyond Blue | 1300 224 636 |
| StandBy Support After Suicide | 1300 727 247 |

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# Overview

This plan can be used as a guide in the aftermath of a suicide attempt or death by suicide impacting the <<Organisation Name>> team.

There is no definitive way to respond to suicide, but effective and compassionate postvention support plans ensure that appropriate care is given at the most critical time. This may help individuals support one another and ultimately reduces the possibility of further trauma.

A colleague dying by suicide is not the only death that would have a significant impact on the workplace. The death by suicide of a family member or friend can also have a profound impact, and the response steps detailed in this document should still be followed in such an event.

In many cases the cause of death may not be formally established for days or weeks after a death. Further, it can take several months for a coroner to legally declare the cause of death as suicide, and in some cases, the cause is never determined. It is important for <<Organisation Name>> management to respond and communicate appropriately during this period of uncertainty.

This plan provides advice to Responders and management for when there is strong evidence prior to legal confirmation that the cause of death is suicide, or when the <<Organisation Name>> team is strongly responding to what they believe is a suicide.

## Types of Crises

The types of crises addressed in this document are:

* A deceased person is found in the workplace.
* A suicide attempt within the <<Organisation Name>> Team
* A death by suicide within the <<Organisation Name>> Team

## Steps to Take

We will talk through the steps for Responders to take in:

* The first 24 hours
* The first week
* The first month
* The longer term

It is imperative that management and the Responders take the appropriate steps during and after these crises to ensure that all those affected – including management and the Responders themselves - are appropriately supported through this difficult time.

# Critical Response Committee

|  |  |
| --- | --- |
| **Chair** |  |
| **Committee** |  |
| **Communications** |  |

The Committee determine the people (known from this point as Responders) most suitable for handling the situations described in the *Response Plan*.

This Committee can be assembled by conference call. The Responders will advise the Committee of the steps to be taken according to the Response Plan, of which the Committee will provide input before approving. The remaining Committee members will notify the Board and assist the Responders where appropriate or when requested.

The Committee is responsible for the regular review of this Response Plan.

# Responders

The Responders are those who initiate the response steps for the situations detailed in this Response Plan.

The Responders are responsible for:

* appropriate communication during and after the crisis;
* arranging support and counselling services;
* arranging check-ins; and
* facilitating long term Care Plans with suitably qualified persons.

The Primary Responder is the person who leads all arrangements. If the Primary Responder cannot perform their duties, then the Secondary Responder steps in.

If an employee, contractor or volunteer attempts to end their life or dies by suicide

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **Position** | **Email** | **Phone** |
| Primary |  |  |  |  |
| Secondary |  |  |  |  |

If the CEO attempts to end their life or dies by suicide

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **Position** | **Email** | **Phone** |
| Primary |  |  |  |  |
| Secondary |  |  |  |  |

If the Chair of the Board or Board Director attempts to end their life or dies by suicide

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **Position** | **Email** | **Phone** |
| Primary |  |  |  |  |
| Secondary |  |  |  |  |

## Support Service Numbers

Emergency Services 000

Lifeline 13 11 14

Beyond Blue 1300 22 46 36

StandBy Support After Suicide 1300 727 247

# Emergency and Non-Emergency Situations

<<Organisation Name>> acknowledges that attempting to bring an individual into hospitalised care after a suicide attempt against their will can result in further distress and potentially increases the risk of future attempts.

## What’s an emergency?

If an employee requires revival and/or urgent First Aid, this is classified as an emergency and will require management and/or Responders to dial 000**.** Even if the employee is conscious and requesting that emergency services are not called, <<Organisation Name>> must follow its Duty of Care and promptly arrange emergency services.

If the employee is conscious with injuries that are not life threatening and there are alternative medical or support options available, the Responder will work with the employee to determine their preferred means of treatment or support.

## What’s not an emergency?

If an employee is expressing suicidal ideation, has placed themselves in a position of preparation for suicide, and/or is found with means of suicide method in their possession but is not in a condition requiring First Aid, **this does not necessarily require emergency services**. It is important to work with the person to engage their preferred significant other/ support person to help with collective decision-making regarding support.

## First Aid

For further clarification on what situations require the provision of First Aid, management and Responders can request advice from the certified First Aid responders in the <<Organisation Name>> office who will seek further advice from appropriate sources if necessary.

### First Aid Responders

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Certificate ID** | **Institution** | **Email** | **Date Certified** | **Phone** |
|  |  |  |  |  |  |

# People Bereaved By Suicide

## What to Expect

It is important to note that different reactions to grief are normal and there is usually no need for immediate external mediation. Factors impacting on how an individual reacts to grief include their relationship with the deceased, circumstances around the death such as finding the body, cultural values and beliefs, the coronial process itself, and ability to access support services. Offering the person a range of support options available, ensuring they have practical and emotional support around them, and information to assist them navigate the early stages of their bereavement loss is important. Connecting them with a postvention service who specialise in suicide bereavement can be incredibly helpful.

## Needs of People Bereaved by Suicide

There is no ‘one size fits all’ approach. Each person will have diverse needs, and those needs will change at different stages of bereavement. Postvention activities and resources can include:

* Compassionate assistance from first responders, management, colleagues, and the public.
* Practical support – meals, childcare, information regarding funeral arrangements, advising other people as requested.
* Assistance from support services, support groups, self-help groups, helplines, community, and educational support.
* Support from skilled suicide grief counsellors, suicide bereavement Suicide Prevention Peer Workers and others such as trusted GPs.
* Support from psychotherapists and specialists.
* Peer and family support.
* Information from leaflets, books, booklets, fact sheets, posters, etc.

Consider a flexible approach and understand that there is no ‘wrong door’. Ensure that the bereaved is supported in finding the services they feel are right for them. Work respectfully and inclusively by keeping in mind the different needs of individuals based on their age, disability, race, sex, intersex status, gender identity, sexual orientation, faith, life experience, and so on.

# Response Plan

The following pages provide guidelines for management and Responders to take according to the situations described. Responders are free to shift the order of these steps according to what is most suitable to the situation.

The only instance where the order cannot be shifted is in the event of an emergency requiring life threatening First Aid and the coordination of emergency services.

## Committee Meetings

Following a crisis, it is recommended that the Committee meets:

* **First week:** Every day, ideally early morning, so that communications can be managed throughout the workday.
* **Second and third weeks:** Every second day.
* **Fourth week onwards:** Once a week, or as needed.

## Resources for the Committee

* **Employee Response Plans** - <<Organisation Name>> has privately consulted each employee and developed individual, personalised Employee Response Plans within a confidential matrix.
* **Response Checklist** – <<Organisation Name>> has developed a one-page checklist for Responders to reference following a crisis.

## Situation 1. A deceased person is found in the workplace

If a person is found deceased and beyond revival by First Aid**:**

## Situation 2. A suicide attempt within the <<Organisation Name>> Team

This is when a suicide attempt takes place within the <<Organisation Name>> team, contractors, volunteers, CEO, or Board Members.

### THE FIRST 24 HOURS

\*If the suicide attempt has not occurred in the workplace, proceed to Convene the Critical Response Committee.

### THE FIRST WEEK

### THE FIRST MONTH and THE LONGER TERM

## Situation 3. A death by suicide (or suspected suicide) within the <<Organisation Name>> Team

This is when a death has occurred in the <<Organisation Name>> team, contractors, volunteers, CEO, or Board Members.

### THE FIRST 24 HOURS

\*If the death has not occurred in the workplace, proceed to Convene the Critical Response Committee.

### THE FIRST WEEK

### THE FIRST MONTH and THE LONGER TERM

## Supporting Someone Experiencing Emotional Distress or Suicidal Crisis

**Make Contact**

Arrange for the person’s nominated first point of contact to engage the person in conversation in a safe and quiet space. If the person is an employee, refer to the Employee Response Log and arrange for their nominated person to reach out to engage in conversation. This could be a private office in the workplace. However, if the workplace is not a comforting environment for them or if the suicide attempt has taken place off-site, ask if the person would like to meet at a location of their choice.

**Listen**

Listen with compassion and without judgement. Be empathetic, flexible, helpful, supportive, and sensitive. Do not dominate the conversation or attempt to rush a decision; ensure that the conversation is happening at the pace that the person needs, and that the conversation is taking place on their own terms.

**Discuss Options**

Explore options for wrapping support around the person and if in crisis, strategies for ‘staying safe for now’. Options could include:

* Connecting them with trusted family, friends, or significant others.
* Connecting them with support lines such as Lifeline and Beyond Blue.
* Helping them to arrange counselling services.
* Helping them get access to support services and support groups.
* Exploring safe spaces.
* Exploring past coping strategies such as self-care practices.

**Determine Frequency of Check-Ins**

Determine how frequently the person would like to be connected with, for example:

* Once a day?
* Twice a week?
* Perhaps the person would prefer to initiate contact when they feel like it?

Determine how the person will be contacted, for example:

* Phone call
* Text message
* Email
* In-person visits.

Determine how long the person would like these check-ins to continue, for example: for the next two weeks, for the next two months, etc.

**Devise a Care Plan**

This can include some or all of the support mentioned above. Discuss with the person how they are going to approach support services and when, or if they would like help arranging services. Determine how often the person might like to be visited by <<Organisation Name>> employees (if at all). Help them to develop a self-care plan and assist in making arrangements if requested. Determine how long the person would like this to continue.

## Communication and social media

### Communication

Communication is essential to enable effective Response Planning. In today’s culture, the speed at which information spreads means that management and Responders need to react quickly in order to reduce the risk of misinformation. Communication must have the wishes of the person involved in the suicidal crisis or attempt, or of the next of kin in the instance of death by suicide, at the forefront of decision making around communications. Consultation with the relevant people will enable appropriate messaging is provided to staff and others. In some instances, a public statement may need to be released and this must always be done in conjunction with the relevant people.

Statements should generally include:

* Condolences to family and friends of the deceased.
* Plans to provide support to those affected.
* Contact details for support services such as Lifeline and Beyond Blue.
* Any changes in <<Organisation Name>>’s work schedule and activities in the upcoming days, weeks or months.

Statements about suicide should only be made:

* If the family or next of kin approve.
* If management and the communications team decide that it would be disingenuous to leave out this information.

### Social Media

Colleagues, friends and any persons affected should be asked to refrain from social media posting until official death notifications have been made to the family and friends of the deceased.

Employees should not give comments to the press and must bear in mind that social media comments and posts may be accessed and reproduced by the media. All statements should go through the CEO.

Management and Responders can advise employees, friends and persons affected of the following:

**DO NOT**

* Do not post information on social media until the next of kin have been informed of the death.
* Do not directly state suicide as the cause of death unless the family or next of kin give permission to do so and the nature of death has been determined.
* Instead - and only if the family or next of kin have given permission - use the term ‘suspected suicide’.
* If the next of kin do not want to disclose suicide, alternative wording such as ‘loss of a dear friend/colleague’ is advisable.
* Do not discuss the manner in which the deceased person was found.
* Do not discuss the method of the suicide in any communications.
* Do not provide details about the funeral unless the family or next of kin have given permission.

**DO**

* Express feelings of grief and loss.
* Reflect on memorable moments shared with the deceased person.
* Share links to support services and resources for others to access.

## Contacting the family of the deceased

When speaking with the family or next of kin of the deceased, always be authentic, respectful, and compassionate. There are no right words, but the fact that you reach out to express your condolences and offer any support the organisation can provide is the right thing to do. Use the person’s name and work with the family liaison officer (if one is present) to answer questions the family might have.

<<Organisation Name>> must not make any official statements until the death has been formally confirmed. Management must carefully coordinate communication in consultation with the Critical Response Committee and the family or next of kin before advising what, if any, communications are to be distributed.

The family or next of kin may request that the death not be disclosed as a suicide and this request must be respected. However, an employer may not be able to maintain confidentiality if the information has already spread through informal communication channels such as social media or word-of-mouth. Management can take steps to maintain confidentiality, however it should be communicated to the family or next of kin that some elements are not always within their control.

## Communications team and suggested roles

Below are the suggested communication roles of <<Organisation Name>> employees in the event of a death by suicide. Where one person cannot perform a particular role, the Critical Response Committee should determine the next most suitable person.

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Communications Role**  |
|   |  | Liaising with the family or next of kin, distributing communication to employees, and distributing official statements to the public or press (if required).  |
|  |  | Assisting with the drafting of communications for approval by the CEO and distributing these as required. |
|  |  | Distributing communication to employees, contractors and volunteers. |

# Sources

1. **Griffith University and Postvention Australia**. Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide: <https://www.griffith.edu.au/__data/assets/pdf_file/0038/359696/Postvention_WEB.pdf>
2. **Headspace School Support**. Suicide Postvention Toolkit: A guide for secondary schools: <https://headspace.org.au/assets/School-Support/Compressed-Postvention-Toolkit-May-2012-FA2-LR.pdf>
3. **The Prince’s Responsible Business Network in association with Public Health England.** Business in the Community: Crisis Management in the Event of a suicide: a postvention toolkit for employers: <https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-suicidepostventioncrisismanagement-mar2017.pdf>
4. **Centre for Suicide Prevention**. The Workplace and Suicide Prevention: A Suicide Prevention Toolkit: <https://www.suicideinfo.ca/wp-content/uploads/2017/05/Workplace-Toolkit.pdf>