**Workplace Response Plan**

As part of <<Organisation Name>> employee well-being, we like to understand how we can best support you through challenging times. The <<Organisation Name>> Response Plan helps us know how to best respond during suicide related or other crises. Please be assured that your answers will remain confidential.

If any of the following questions make you feel uncomfortable or distressed, please just close this document and return to it when you’re ready. You are also welcome to complete this with <<Organisation Representative>> during your Workplace Response Plan meeting.

| **Team Member** | |
| --- | --- |
| Name: |  |
| Mobile: |  |
| Email: |  |
| Emergency contact name: |  |
| Emergency contact mobile no.: |  |
| Emergency contact relationship to you: |  |

| **Situation 1: If a staff member attempts suicide or dies by suicide** | |
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| Who would you like to notify you? Where possible, we will notify you with the whole team via Zoom/Teams or in a group meeting. |  |
| What form of communication would you prefer from then onwards: phone call, text, email, in person, something else? |  |
| What type of communication would you like from your colleagues, e.g., a daily check-in by phone call from a particular person, to just "get back to work" as keeping busy helps, something else? |  |
| What type of support immediately after the incident do you feel you might need, e.g., a call with <<Organisation Name>>’s EAPs, some days off work, something else? |  |
| What type of ongoing support might you need, e.g., being connected with a local support group, something else? |  |
| What else might you need? |  |

| **Situation 2: If someone in your family or friendship group attempts suicide or dies by suicide / If you are grieving from a significant loss.** | |
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| Who from <<Organisation Name>> would you like to contact you first to see how you’re going and what you might need? |  |
| What form of communication would you prefer from then onwards? |  |
| What type of communication would you like from your colleagues? |  |
| What type of support immediately after do you feel you might need? |  |
| What type of ongoing support might you need? |  |
| How do you handle grief and what behaviours are normal for you? |  |

| **Situation 3: If you attempt suicide** | |
| --- | --- |
| Who from <<Organisation Name>> would you like to contact you first to see how you’re going and what you might need? |  |
| Would you like us to communicate/liaise with someone in your own personal supports and who would that be e.g., partner, parent, friend? |  |
| What form of communication would you prefer from then onwards? |  |
| What type of communication would you like from your colleagues? |  |
| What type of ongoing support might you need? |  |
| What else might you need? |  |
| Is there anything you think we should know to help support you? |  |

| **Situation 4: If you are in crisis** | |
| --- | --- |
| Who from <<Organisation Name>> would you like to contact you first to see how you’re going and what you might need? |  |
| What form of communication would you prefer from then onwards? |  |
| What type of communication would you like from your colleagues? |  |
| What type of ongoing support might you need? |  |
| What else might you need? |  |
| Is there anything you think we should know to help support you? |  |