

SUICIDE/ATTEMPTED SUICIDE RESPONSE EMERGENCY CHECKLIST

Location:	Date:
Incident Commander:	Time:

Required Actions:

4. Resolve	Time Started	Time Completed	Initial	N/A
a. Verify information if unclear: <ul style="list-style-type: none"> • Specific information (i.e., name, location, behavior, reporting person) • Actions taken so far • Current status of situation 				
b. Ensure: <ul style="list-style-type: none"> • Lifesaving efforts have begun • Medical professionals are dispatched • 911 is contacted, if necessary • Individual is continuously observed • Area is secure (i.e., uninvolved individuals secured, crime scene established) • Necessary equipment is onsite (e.g., hook knife, camera) • Blood and body fluid protocols are followed • Medical transport is arranged if necessary • Mental health professionals are notified 				
c. Maintain integrity of crime scene				
d. Make notifications as necessary: <ul style="list-style-type: none"> • Facility Duty Officer • Headquarters Duty Officer • Mental Health Duty Officer • Intelligence Officer • Law Enforcement • Superintendent • Captain • Religious Coordinator • Critical Incident Stress Management (CISM) 				
e. Collaborate with medical/mental health professionals or trained custody officers regarding the placement of the individual (e.g., suicide prevention watch, restraints)				
f. Ensure continuous observation is maintained until plan is implemented				
g. Determine the need for additional resources (e.g., internal/external personnel, equipment, supplies)				

