Suicide Postvention:
Recommended Checklist for Clinical Settings

IMMEDIATELY FOLLOWING THE DEATH (WITHIN 24-72 HOURS)

- ☐ Ensure the clinical team, including leadership, is alerted to the death.
- ☐ Identify clients who may be affected by the death and arrange for support.
- ☐ Ensure any incident reporting or follow-up is conducted by staff who were not treating the individual who died by suicide.
- ☐ Schedule a debriefing for staff separate or in place of a regular staff meeting.
- ☐ Identify potentially vulnerable staff and arrange for support.
- ☐ Allow and encourage staff to take time and space to step away if needed.
- ☐ Delegate and/or clarify crisis response roles, including points of contact for documentation and required agency notifications (i.e. risk management, counsel, etc.).
- ☐ Check Releases of Information (ROIs) and identify who on the team will be reaching out to family members to offer condolences and support.
- ☐ Identify family's communication wishes regarding the death.

FIRST 1-2 WEEKS FOLLOWING THE DEATH

- ☐ Follow communication plan as determined by agency and in consideration of family's wishes.
- ☐ Check-in with staff regularly in meetings and supervision.
- ☐ Continue to assess for affected clients for suicide risk and support needs.
- ☐ Connect staff to outside crisis and bereavement support if needed.
- ☐ Postpone chart review or other QI/QA activities that are not time-sensitive.
- ☐ Identify if any staff is interested in attending a funeral or memorial service and obtain family's permission if so.
- ☐ Start keeping track of dates and events that may be triggering (i.e. planned discharge date, birthday, holidays, etc.).
- ☐ Allow affected staff to take time off and arrange for clinical coverage of their caseloads.
- ☐ Be aware of any potential memorials.

ONGOING CONSIDERATIONS

- ☐ Create a Postvention team if one doesn't already exist.
- ☐ Allow and encourage staff to take time and space to step away if needed.
- ☐ Consider partnerships with community crisis resources.
- ☐ Avoid language that may elicit a feeling of blame towards staff and/or family members.
- ☐ Be aware of how anniversary of death may impact staff and clients.
- ☐ Be proactive in communication with the family as indicated.
- ☐ Periodically check in with staff affected by the loss.