THE UNIVERSITY OF TENNESSEE SOUTHERN

Suicide Prevention Plan
Students, Faculty, & Staff

TABLE OF CONTENTS

SECTION 1: INTRODUCTION 1

SECTION 2: TRAINING + AWARENESS 3

SECTION 3: STUDENTS 4
- PREVENTION 4
- INTERVENTION 6
- POSTVENTION 12

SECTION 4: EMPLOYEES (FACULTY & STAFF) 14
- PREVENTION 14
- INTERVENTION 15
- POSTVENTION 18

APPENDIX A: EMPLOYEE DEATH PROTOCOL 19
APPENDIX B: STUDENT DEATH PROTOCOL 23
APPENDIX C: RESIDENTIAL LIFE PROTOCOL 28
APPENDIX D: QUICK GUIDE 30

Adopted 11/4/2026

SECTION 1 | INTRODUCTION

The University of Tennessee Southern ("UT Southern") strives to create a culture of safety, in which asking for help is encouraged and mental health is destigmatized and prioritized. Our goal is a safe campus community for learning and working that is free from violence, directed at oneself or others.

According to the American College Health Association, 2.2% of surveyed college students attempted suicide within the last 12 months[1], and the National Survey on Drug Use and Health reports that 5.6% of surveyed adults reported Serious Mental Illness, including an estimated 14.3 million adults with serious thoughts of suicide, 4.6 million who made a suicide plan, and 2.2 million who attempted suicide.[2]

As a result, the Tennessee General Assembly passed a law requiring all state institutions of higher education to establish a suicide prevention plan for students, faculty and staff. In accordance with TN Code § 49-7-172 (2024)[3], the following plan seeks to identify resources and procedures related to suicide prevention, intervention, and postvention for both students (Section 3) and employees (Section 4). The plan also includes awareness programming strategies at UT Southern.

Definitions

1. **CARE Team** refers to the University's Coordination, Assessment, Response, and Education team, which is charged with threat assessment for students.
2. **Chancellor** refers to the University's chief executive officer to whom the President of the University of Tennessee System has delegated primary responsibility for administration of University operations, policies, and procedures.
3. **Counseling Services** refers to the office and staff designated with primary responsibility for clinical mental health counseling for University student, faculty, and staff.
4. **Death by Suicide** refers to when people direct violence at themselves with the intent to end their lives, and they die because of their actions.
5. **Faculty** refers to any University employee who holds faculty rank and whose primary appointment is to engage in academic instruction, research, or service.
6. **FERPA** refers to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99).
7. **Intervention** refers to a direct effort to prevent a person from ending their life through an activity or set of activities to decrease risk factors and increase protective factors.
8. **Prevention** refers to activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.
9. **Postvention** refers to activities after a person dies by suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion.
10. **Safety and Security** refers to the UT Southern security department with primary jurisdiction for all University owned and controlled property.
11. **Staff** refers to any full-time or part-time University employee not primarily engaged in academic instruction, research, or service, who holds either an exempt or non-exempt position with or without administrative, executive, or managerial responsibilities, excluding student employees of the University.
12. **Student** refers a person who is admitted, enrolled or registered for study at the University, either full-time or part-time, pursuing undergraduate, graduate, professional, and/or non-degree courses; or has

[1] https://www.acha.org/wp-content/uploads/NCHA-IIIb_SPRING_2025_REFERENCE_GROUP_INSTITUTIONAL_EXECUTIVE_SUMMARY.pdf
[2] https://www.samhsa.gov/data/sites/default/files/reports/rpt56462/2024-nsduh-companion-report.pdf
[3] https://law.justia.com/codes/tennessee/title-49/chapter-7/part-1/section-49-7-172/

completed a preceding academic term at the University and is eligible for re-enrollment without re-applying for admission and/or otherwise has a continuing relationship with the University.

13. **Suicide Attempt** refers to when people harm themselves with the intent to end their lives, but they do not die because of their actions.
14. **Postvention** refers to the process that entails a coordinated response in times of student death that seeks to facilitate the grieving or adjustment process, stabilize the environment, reduce the risk of negative behavior, and limit the risk of further suicides [deaths] through contagion.
15. **Suicidal Ideation** refers to thoughts or/and unusual preoccupation about suicide may be seen in the following ways:
    - self-harm (intentional injuring of one's body without suicidal intent),
    - detailed planning,
    - expressions of past bullying, trauma, abuse,
    - written expression in assignments, emails, and class discussions,
    - past attempts of self, close friends, or family,
    - suicide of close friend,
    - distressing and concerning social media,
    - change in attendance, class participation, assignment completion and performance, overall performance.

Dissemination of Suicide Prevention Plan

The chairperson of the CARE Team will distribute information regarding the work of this plan to all students, faculty, and staff through the University's e-mail system at the beginning of each semester.

Adoption of Suicide Prevention Plan

This plan has been reviewed by the University's Chancellor and their designees, and has been approved for adoption effective 11/4/2026.

Review of Suicide Prevention Plan

This plan should be reviewed annually to address changes in CARE Team membership, updated screening tools or assessment practices, changes to resources/hotline numbers, and new or revised campus procedures. The annual review process is intended to ensure that the document remains accurate, current, and aligned with evolving best practices.

SECTION 2 | TRAINING & AWARENESS

Training

The University provides suicide prevention training, such as Question, Persuade and Refer (QPR) which teaches participants to (1) identify people at risk for suicide; (2) recognize the risk factors, protective factors, and warning signs of suicide; and (3) respond to and get help for people at risk. QPR is required annually for Resident Assistants, coaches, and Student Engagement personnel.

Additional training, i.e. Mental Health First Aid, will be offered each semester to select faculty, staff, and students (i.e. Residential Life staff, Safety & Security personnel, Student Engagement staff, etc.). Select departments will be educated on suicide policies and procedures annually, as suggested by the UT Southern CARE Team. Training may also be requested by any faculty or staff office, individual, or student group.

The chairperson of the CARE Team is responsible for the coordination and implementation of training opportunities.

Awareness

The University provides hosts events throughout the academic year designed to raise awareness of the mental health and crisis support services and resources, such as the contact information for suicide prevention and crisis lifelines, that are available to students, faculty, and staff. Such programs vary year-to-year, but often include programming around Suicide Prevention Month in September, stress management workshops during high-stress seasons, educational events around common mental health concerns such as depression, anxiety, and loneliness, and more. Educational workshops are also often offered on topics such as supporting oneself and others through difficult seasons, understanding the brain chemistry around depression, preventative measures, and more.

The University publishes the telephone number for the 988 Suicide & Crisis Lifeline as well as Security's contact information on student identification cards to increase awareness of these resources and in compliance with the Save Tennessee Students Act, TN Code § 49-7-182 (2023)[4].

The chairperson of the CARE Team is responsible for collecting data regarding awareness events.

[4] https://law.justia.com/codes/tennessee/2023/title-49/chapter-7/part-1/section-49-7-182/

SECTION 3 | STUDENTS

PREVENTION

UT Southern will provide suicide prevention training and resources through existing, standardized training opportunities as well as training and resources that are specifically tailored to the campus community. Prevention training and awareness events (see Section 2) are reviewed annually and updated as appropriate to respond to changing practices and the campus community needs.

UT Southern Clinic

The Clinic can assist students in connecting with professional counseling services, offered for free for students who are currently enrolled in classes.

Students have access to 24/7 tele-mental healthcare via TimelyCare. This service can be accessed via the instructions below:

1. Download the *TimelyCare Health & Well-being* app, or visit timelycare.com/utsouthern
   - Register with your UT Southern email.
2. Log in with your usual username and password, and confirm your login via DuoMobile.
3. Click "Provider Care" and select one of the following:
   - TalkNow – See a counselor within 10 minutes
   - CrisisNow- 24/7 compassionate crisis support with a licensed clinician
   - Health Coaching – Schedule a session to assist with health goals
   - Counseling – Schedule a session with a therapist
4. Complete intake/profile.
5. Schedule a video appointment.

UT Southern Clinic

625 West Madison Street Pulaski, TN 38478

Clinic Phone: 931-424-7338

CARE Team



The UT Southern CARE (Coordination, Assessment, Response, and Education) Team is a multi-disciplined committee including faculty and staff dedicated to providing support to students by assisting with any situation that could disrupt a student's academic or social well-being. The Team promotes students' academic, social, and mental well-being and provides supportive care, connections to campus and community resources, and aids in navigating the academic landscape. The CARE Team works collaboratively to assist students through early identification of needs, evaluation, and support for students. The Team is involved with crisis intervention and response to students experiencing emotional distress, mental health crisis, interpersonal conflicts, or other urgent concerns. The CARE Team members assess the severity of crises, provide emotional support, and facilitate access to appropriate resources and services including counseling, medical assistance, and emergency services. More information is available online at utsouthern.edu/care.

CARE On Call Administrator

This CARE Team Member is responsible for triaging any calls made to the CARE on Call line. The Administrator may rotate but will always be University personnel trained in relevant best practices (i.e. Columbia Suicide Severity Rating Scale, NABITA Behavioral Intervention Standards, Mental Health First Aid, etc.). In an emergency, the Administrator is contacted by Security and will help facilitate resources, including convening of the CARE Team as needed, and ensure a follow up plan is in place. When a student is hospitalized, the Administrator assesses the situation, contacts student's emergency/support contact, and informs other personnel on need-to-know basis. In the case of a student death, the Administrator is the designated initial point of contact for faculty or staff who learn of a student death (see Appendix B).

CARE Chairperson

This CARE Team Member is responsible for facilitating the regular operations of the CARE Team. The Chairperson will be University personnel trained in relevant best practices (i.e. Columbia Suicide Severity Rating Scale, NABITA Behavioral Intervention Standards, Mental Health First Aid, etc.). In an emergency, the Chairperson may assist the On Call Administrator in resource coordination. In the case of a student death, the Chairperson assists with communication and response as needed (see Appendix B).

INTERVENTION

Risk Level Assessment

When suicide ideation is suspected, we use the Columbia Suicide Severity Rating Scale (C-SSRS) to identify whether someone is at risk for suicide, determine the severity and immediacy of that risk, and gauge the level of support that the person needs. The C-SSRS is below, and includes simple, straightforward questions anyone can ask.

	Ask questions that are in bold and underlined.	Past Month	
		Yes	No
Always ask Questions 1 and 2			
1	WISH TO BE DEAD: The person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. **Have you wished you were dead or wished you could go to sleep and not wake up?** If yes, please explain.		
2	NON-SPECIFIC ACTIVE SUICIDAL THOUGHTS: The person has general thoughts of wanting to end their life/die by suicide without general thoughts of methods, intent, or plan. **Have you had any actual thoughts of killing yourself?** If yes, please explain.		
If YES to 2, ask Questions 3, 4, 5, and 6. If NO to 2, go directly to Question 6.			
3	ACTIVE SUICIDAL IDEATION WITH ANY METHODS/MEANS (NOT PLAN) WITHOUT INTENT TO ACT: The person endorses thoughts of suicide and has thought of at least one method, e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it….and I would never go through with it." **Have you been thinking about (how) you might do this?** If yes, how? (means) If yes, do you have access to the methods/means?		
4	ACTIVE SUICIDAL IDEATION WITH SOME INTENT TO ACT, WITHOUT SPECIFIC PLAN: The person has active suicidal thoughts of killing oneself and reports having some intent to act on such thought,. e.g. "I have the thoughts but I definitely will not do anything about them." **Have you had these thoughts and had some intention of acting on them?** If yes, please explain.		
5	ACTIVE SUICIDAL IDEATION WITH SPECIFIC PLAN AND INTENT: The person has thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. **Have you started to work out or worked out the details of how to kill yourself?**		

	If yes, do you intend to carry out this plan? If yes, do you have a timeframe (when)? If yes, do you have a location (where)?	
Always ask Question 6.		
6	PREPARATORY ACTS OR BEHAVIOR: The person has collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **Have you done anything, started to do anything, or prepared to do anything to end your life?** If yes, please explain: If yes, ask: **Was this within the past 3 months?**	Lifetime Past 3 Months

Procedures

Employees at University of Tennessee Southern are expected to follow the procedures below, based on the assessed risk level.

HIGH RISK	MODERATE RISK	LOW RISK
Risk of death is high. Student has a plan and access to a lethal means, is planning to make an attempt very soon, or is currently in the process of making an attempt. Stay with the student. Call 911. Call Security. *Security will alert CARE on Call. See below for more info.*	**Risk of death uncertain or unclear.** Student may not have plan or means, but has suicidal ideation. Call CARE on Call.	**Risk of death not imminent.** Student is a concern. Submit a CARE Alert.

- When a student is assessed as **High Risk**, the following procedures should be followed:
  - Do not leave the student alone until professional support is in place.
  - Get the student help immediately by calling 911, and then Security.
  - Assistance will arrive on the scene as quickly as possible. They will determine if the student is safe and whether or not the student has access to weapons.

- Pulaski Police officers often arrive first to conduct an initial assessment.
- EMS personnel typically respond to assess the nature and severity of the suicidal ideation, the supports that the student may have available, and the least restrictive way to ensure the safety of the student and community.
- In some cases, to ensure the student's safety or that of other members of the campus community, the police officer may be required to take the student into custody and direct the person's transport to the hospital for evaluation. These circumstances include violence, serious injury, or conduct likely to result in immediate serious harm to the student or others.
- If the student is not experiencing a medical emergency, but is experiencing emotional crises, the responding officers/personnel will conduct an evaluation. If hospitalization is warranted, a police officer may provide transportation.
- EMS may recommend additional assessment at an off campus location.

What if the student won't stay?

Call 911 and Security anyway. Pulaski Police and University Security will work together to locate the student and provide resources.

- When a student is assessed as **Moderate Risk**, the following procedures should be followed:
  - Call CARE on Call.
  - The CARE on Call Administrator will assist with assessing next steps, which may include getting the student behavioral health counseling services, a psychiatric evaluation, and/or contacting a Counselor.
- When a student is assessed as **Low Risk**, the following procedures should be followed:
  - Submit a CARE Alert.
  - Encourage the student to seek behavioral health counseling and/or contact crisis lines.
- Issues of confidentiality do not apply when a person's life is in danger. In many instances, a suicide attempt constitutes a medical emergency (e.g. bleeding from self-injury, confusion, or coma from drug overdose).

Contact Information

Resource	Call when…
Emergency/ Police **911**	A student… • exhibits severe distress • has stated or alluded to having a suicide plan and lethal means, and/or • has indicated they have made a current attempt to kill themselves. If there is any indication that there is a firearm involved, call 911. Firearm lethality requires professional support and immediate action.
Security **931-309-7502** Security responds to members of the campus community in need of intervention. Staff are trained annually in responding to crises and can perform welfare checks on community members to assess safety and will take necessary steps to ensure safety if it is in question. Security notifies the CARE Team every time a student is transported to the hospital from campus.	You have already contacted 911 due to severe distress, student has stated or alluded to having a suicide plan and lethal means, or student has indicated they have made a current attempt to kill themselves; or You are unable to contact CARE on Call or Counseling Services when a student has made statements that they are experiencing suicidal thoughts.
CARE on Call **931-309-1670** Student Engagement administrators who respond when a student has been transported to the hospital. One of the team members is on-call daily 24/7 via the CARE on Call number. The team maintains an open line of communication with one another to further aid in responsiveness.	You have already contacted 911 and Security due to severe distress, student has stated or alluded to having a suicide plan and lethal means, or student has indicated they have made a current attempt to kill themselves; or A student has made statements that they are experiencing suicidal thoughts.
Counseling Services **CrisisNow- 931-919-1141** Concerned community members can contact the Crisis Line provided by TimelyCare for assistance.	A student has made statements that they are experiencing suicidal thoughts.

Resource	Call when…
CARE Alerts utsouthern.edu/care-team/ CARE Alerts are a 24/7/365 online reporting tool that allows community member to alert the CARE Team if they are concerned for a student. This is not a replacement for contacting 911 or Security in cases of imminent danger. All alerts are responded to within 48 hours of being received, often within minutes. Should immediate intervention be required, appropriate measures are taken to alert those on campus who can offer assistance.	You have concerns about a student's wellbeing, but **do not believe** that the student… • exhibits severe distress, • has stated or alluded to having a suicide plan and lethal means, • has indicated they have made a current attempt to kill themselves, or • has made statements that they are experiencing suicidal thoughts.
Crisis Lines National Suicide Prevention Lifeline : (Call or Text) 988 Centerstone Mobile Crisis Response : 1-877-467-3123 Trevor Project (LGBTQ) : 1-866-488-7386	

The University's Response

When the risk of death is high (student has a plan and access to a lethal means, is planning to make an attempt very soon, or is currently in the process of making an attempt), the University will follow the following protocol:

University Point of Contact: CARE on Call Administrator

A CARE on Call Administrator is on-call daily 24/7 via the CARE on Call Number (931-309-1670). The Administrator maintains an open line of communication with need-to-know personnel to further aid in responsiveness.

If a student has been transported to the hospital/a psychiatric facility for a suicide attempt or suicidal thoughts, the CARE on Call Administrator will establish communication with the parents or support person (when permitted or required by law and when appropriate given the totality of the circumstances), and attempt to establish communication with hospital/facility personnel. In the absence of being able to reach someone, the CARE on Call Administrator will continue to attempt contact. Once contact has been established, the CARE on Call Administrator will relay only basic information, provide the phone number for the hospital/facility, facilitate a conversation with the student if medically advised, and explain the crisis evaluation process for the hospital/facility. Usually, the CARE on Call Administrator will also make the Director of Conduct and Community Standards, Director of Security, and Chancellor aware as appropriate.

Student Confidentiality Concerns

University faculty and staff members who respond to crises must remain aware that students have a right to privacy and that, in some instances, they may not wish to have information shared with others. FERPA protects student education records from disclosure to unauthorized persons. Once observations become written (electronically or on paper), they become subject to FERPA, unless these records are written by and remain in the custody of law enforcement agencies. University Safety and Security records are subject to public records laws, including the Tennessee Public Records Act (TCA § 10-7-503, et seq.). As outlined in the University's Policy Statement on FERPA, faculty and staff may disclose a student's education records and information without the

consent of the student under certain circumstances, including when the disclosure is to University officials (e.g. a person employed by the University in an administrative, supervisory, academic, research or support staff position, including health and medical staff, a person employed by the UT Southern Safety and Security who have a legitimate educational interest in the receiving the records and/or information). An official has a legitimate educational interest if that official is performing a task specific to their position description, performing a task related to the discipline or education of a student, providing a service or benefit to the student or student's family (e.g. healthcare, counseling, job placement, financial aid), or maintaining the safety and security of the campus. In any situation, it is always best to attempt and obtain the student's permission to release information.

POSTVENTION

Student Death by Suicide

When a student dies by suicide, the Student Death Protocol will be followed (see Appendix A).

Student Suicide Response and Postvention Goals

- Support and Stabilize: Aid those impacted by suicide in processing trauma and grief, reduce emotional and behavioral crisis responses, and help restore routine and normalcy across the campus community.
    - Ensure timely, appropriate, and coordinated communication with campus, division, and college leadership.
    - Consult with campus stakeholders to determine exceptions to the protocol or additional supportive measures.
    - Perform liaison duties for communication and logistical support between the university and the family.
- Prevent Further Harm: Limit the risk of additional suicides or imitative behavior by addressing psychological pain in at-risk individuals and encouraging healthy coping mechanisms.
    - Identify other known students who could benefit from proactive care coordination and mental health support.
    - Partner with academic units to offer grief counseling and group processing spaces for students and human resources/EAP programs for faculty and staff.
    - Increase the readily available care resources to include care coordination and clinical mental health support.
    - Provide absence notifications and pursue academic adjustments for impacted students when appropriate.
- Facilitate Healing and Growth: Encourage expression, understanding, and learning from the event while avoiding institutionalizing grief and using insights gained to improve future prevention and postvention efforts.

Suicide Attempts by Students

A member of the CARE Team, usually the CARE on Call Administrator, will go to the hospital and render assistance, if possible.

- When appropriate, the CARE on Call Administrator will contact the family of the student who attempted suicide and support will be given to family members and significant others at the hospital as needed. The CARE Team will coordinate after-care support as needed.

If the student is hospitalized, the CARE on Call Administrator will do the following:

- Gather as much information as possible, including the current condition of the student and the precipitating event that led to hospitalization, whether the student is in the emergency room and what their room number is, whether anyone such as friends or family is currently with the student, whether family, friends, faculty or anyone else has been notified of the hospitalization, and how the student was transported to the hospital.

- Gather available information from available resources and online databases to get a full picture of the student's status.

- If available, check in with the hospital's Crises Team before going to the room so that they are aware. If the student is able to converse, assess the student's needs, and offer to send out a faculty notification. If the parents are on their way, find out when they will arrive to meet them at the hospital if necessary.

- If the student is hospitalized outside the Pulaski area, make a call to the treating hospital to see if it is possible to speak to the student.

After the initial information gathering, the CARE on Call Administrator will report all relevant information regarding the attempted suicide with university officials, including the CARE Team, as well as document the case in the University's CARE concern system. If appropriate, the CARE on Call Administrator will contact the Chancellor, Provost, Security, Residential Life, and/or Communications as appropriate, so that further support can be provided.

After the student is released from medical care, a member of the CARE Team will coordinate with the student for next steps.

- Discuss academic options with the student. If the student decides that it is in their best interest to leave school, assist the student with navigating the withdrawal process.
- If the student decides to remain at the University, the student will be encouraged to be engaged in appropriate counseling or psychotherapy and other supportive interventions or treatments available.
- The CARE Team will work with other University departments to reintegrate the student into the campus environment and to develop with the student appropriate support mechanisms. Additional support is provided and discussed at the CARE Team meetings.

SECTION 4 | EMPLOYEES

PREVENTION

UT Southern will provide suicide prevention training and resources through existing, standardized training opportunities as well as training and resources that are specifically tailored to the campus community. Prevention training and resources will be reviewed annually and updated as appropriate to respond to changing practices and the campus community needs.

Counseling

Employees at UT Southern have access to 24/7 tele-mental healthcare via TimelyCare. This service can be accessed via the instructions below:

1. Download the *TimelyCare Health & Well-being* app, or visit **timelycare.com/UTSouthern**
   - Register with your UT Southern email.
2. Log in with your usual username and password, and confirm your login via DuoMobile.
3. Click "Provider Care" and select one of the following:
   - TalkNow – See a counselor within 10 minutes
   - CrisisNow- 24/7 compassionate crisis support with a licensed clinician
   - Health Coaching – Schedule a session to assist with health goals
   - Counseling – Schedule a session with a therapist
4. Complete intake/profile.
5. Schedule a video appointment.

Employee Assistance Program

The UT Employee Assistance Program (EAP) is designed to provide free, confidential assistance to help employees and their families resolve problems that influence their personal lives or job performance. Spouses and dependent children of employees also qualify for EAP benefits. The program is available to all benefits-eligible UT employees and their immediate families, regardless of whether you participate in the State's Group Health Insurance Program. The state EAP provides free short-term counseling, financial counseling, and brief legal advice for regular employees.

Accessing State EAP Services:
www.Here4TN.com
1-855-Here4TN (1-855-437-3486)

Employees may enter as a registered or unregistered user to utilize assessments, self-tests, and more. Results are provided immediately in most screenings. Counseling sessions can also be scheduled via the EAP.

Assessments
- alcohol use
- anger management
- anxiety disorder
- depression
- eating disorders

Self-Tests
- career motivation
- conflict management
- emotional intelligence
- goal setting
- nutrition knowledge
- self-esteem
- stress (SRR scale)

INTERVENTION

Risk Level Assessment

When suicide ideation is suspected, we use the Columbia Suicide Severity Rating Scale (C-SSRS) to identify whether someone is at risk for suicide, determine the severity and immediacy of that risk, and gauge the level of support that the person needs. The C-SSRS is below, and includes simple, straightforward questions anyone can ask.

	Ask questions that are in bold and underlined.	Past Month	
		Yes	No
Always ask Questions 1 and 2			
1	WISH TO BE DEAD: The person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. **Have you wished you were dead or wished you could go to sleep and not wake up?** If yes, please explain.		
2	NON-SPECIFIC ACTIVE SUICIDAL THOUGHTS: The person has general thoughts of wanting to end their life/die by suicide without general thoughts of methods, intent, or plan. **Have you had any actual thoughts of killing yourself?** If yes, please explain.		
If YES to 2, ask Questions 3, 4, 5, and 6. If NO to 2, go directly to Question 6.			
3	ACTIVE SUICIDAL IDEATION WITH ANY METHODS/MEANS (NOT PLAN) WITHOUT INTENT TO ACT: The person endorses thoughts of suicide and has thought of at least one method, e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it….and I would never go through with it." **Have you been thinking about (how) you might do this?** If yes, how? (means) If yes, do you have access to the methods/means?		
4	ACTIVE SUICIDAL IDEATION WITH SOME INTENT TO ACT, WITHOUT SPECIFIC PLAN: The person has active suicidal thoughts of killing oneself and reports having some intent to act on such thought,. e.g. "I have the thoughts but I definitely will not do anything about them." **Have you had these thoughts and had some intention of acting on them?** If yes, please explain.		
5	ACTIVE SUICIDAL IDEATION WITH SPECIFIC PLAN AND INTENT: The person has thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. **Have you started to work out or worked out the details of how to kill yourself?**		

	If yes, do you intend to carry out this plan? If yes, do you have a timeframe (when)? If yes, do you have a location (where)?	
Always ask Question 6.		
6	PREPARATORY ACTS OR BEHAVIOR: The person has collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **<u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>** If yes, please explain: If yes, ask: **<u>Was this within the past 3 months?</u>**	Lifetime Past 3 Months

HIGH RISK	MODERATE RISK	LOW RISK
Risk of death is high. Employee has a plan and access to a lethal means, is planning to make an attempt very soon, or is currently in the process of making an attempt.	**Risk of death uncertain or unclear.** Employee may not have plan or means, but has suicidal ideation.	**Risk of death not imminent.** Employee is a concern.
Stay with the employee. Call 911. Call Security. *Security will alert HR. See below for more info.*	Encourage employee to seek behavioral health counseling services, psychiatric evaluation, and/or contact crisis line. *HR*	Encourage employee to seek behavioral health counseling services and/or contact crisis line.

When an employee is assessed as High Risk, the following procedures should be followed:

- Get the employee help immediately by calling 911, and then Safety & Security.
- While arranging for help, take all reasonable steps to not leave the employee alone until help arrives.
- Assistance will arrive on the scene as quickly as possible. They will determine if the employee is safe and whether or not the employee has access to weapons.
    - Pulaski Police officers often arrive first to conduct an initial assessment.
    - EMS personnel typically respond to assess the nature and severity of the suicidal ideation, the supports that the employee may have available, and the least restrictive way to ensure the safety of the student and community.
    - In some cases, to ensure the employee's safety or that of other members of the campus community, the police officer may be required to take the employee into custody and direct the

person's transport to the hospital for evaluation. These circumstances include violence, serious injury, or conduct likely to result in immediate serious harm to the student or others.
    - If the employee is not experiencing a medical emergency, but is experiencing emotional crises, the responding officers/personnel will conduct an evaluation. If hospitalization is warranted, a police officer may provide transportation.
    - EMS may recommend additional assessment at an off campus location.
- When a employee is assessed as **Moderate Risk**, the following procedures should be followed:
    - Call the Director of HR, who will assist with assessing next steps, which may include getting the employee behavioral health counseling services, a psychiatric evaluation, and/or contacting a Counselor
- When an employee is assessed as **Low Risk**, the following procedures should be followed:
    - Encourage the employee to seek behavioral health counseling and/or contact crisis lines.
- Issues of confidentiality do not apply when a person's life is in danger. In many instances, a suicide attempt constitutes a medical emergency (e.g. bleeding from self-injury, confusion, or coma from drug overdose).

Contact Information

Resource	Call when…
Emergency/ Police **911**	An employee… • exhibits severe distress • has stated or alluded to having a suicide plan and lethal means, and/or • has indicated they have made a current attempt to kill themselves. If there is any indication that there is a firearm involved, call 911. Firearm lethality requires professional support and immediate action.
Security **931-309-7502**	You have already contacted 911 due to severe distress, the employee has stated or alluded to having a suicide plan and lethal means, or the employee has indicated they have made a current attempt to kill themselves
Crisis Lines National Suicide Prevention Lifeline : (Call or Text) 988 Centerstone Mobile Crisis Response : 1-877-467-3123 Trevor Project (LGBTQ) : 1-866-488-7386	

POSTVENTION

Employee Death by Suicide

When an employee dies by suicide, the Employee Death Protocol will be followed (see Appendix A).

Employee Suicide Response and Postvention Goals

- Support and Stabilize: Aid those impacted by suicide in processing trauma and grief, reduce emotional and behavioral crisis responses, and help restore routine and normalcy across the campus community.
    - Ensure timely, appropriate, and coordinated communication with campus, division, and college leadership.
    - Consult with campus stakeholders to determine exceptions to the protocol or additional supportive measures.
- Prevent Further Harm: Limit the risk of additional suicides or imitative behavior by addressing psychological pain in at-risk individuals and encouraging healthy coping mechanisms.
    - Identify other known individuals who could benefit from proactive care coordination and mental health support.
    - Partner with academic units to offer grief counseling and group processing spaces for students and human resources/EAP programs for faculty and staff.
    - Increase the readily available care resources to include care coordination and clinical mental health support.
    - Provide absence notifications and pursue academic adjustments for impacted students when appropriate.
- Facilitate Healing and Growth: Encourage expression, understanding, and learning from the event while avoiding institutionalizing grief and using insights gained to improve future prevention and postvention efforts.

Attempted Suicide by Employees

The State of Tennessee's Employee Assistance Program (EAP), which can be reached at 855-Here4TN (855-437-3486), can offer ongoing support for employees who have either attempted suicide or who are affected by a suicide by another person. For more information, visit www.Here4TN.com.

Additionally, eligible employees who need time away from work to seek mental health treatment may do so by requesting leave under the Family and Medical Leave Act or other University leave policies. For more information, contact Human Resources.

APPENDIX A | EMPLOYEE DEATH PROTOCOL

DEATH OCCURING ON CAMPUS

I. CAMPUS SECURITY

A. Respond to the incident, render first aid (if appropriate), and contact Pulaski Police Department (PPD).
B. Control and secure the scene of the incident.
C. In all instances of an employee death, notify Human Resources and the CARE Team Chairperson.
D. Contact PPD to conduct an investigation, consistent with the Robert "Robbie" Nottingham Campus Crime Scene Investigation Act of 2004.

II. OFFICE OF HUMAN RESOURCES (for incidents involving employees)

A. If Security has not been notified, immediately contact to initiate their protocol.
B. Coordinate the University's response:
    1. Notify and update appropriate University offices.
    2. Identify other individuals or groups that may need support.
    3. Coordinate support for members of the University community.
    4. Coordinate support for family and/or next-of-kin.

DEATH OCCURING OFF CAMPUS

I. OFFICE OF HUMAN RESOURCES (for incidents involving employees)

A. Coordinate the University's response:
    1. Notify and update appropriate University offices.
    2. Identify other individuals or groups that may need support.
    3. Coordinate support for members of the University community.
    4. Coordinate support for family and/or next-of-kin.

II. Death During University Sponsored Travel

All participants must sign a release of risk waiver before participating in University Sponsored Travel. This waiver protects the University and its employees from any and all liabilities, claims, demands, and injuries, including death that may be sustained while students are participating in activities, in transport, or using equipment or facilities available to participants. If an employee dies participating in University Sponsored Travel, the staff member participating in the event should call 911 and notify the Director of Human Resources in order to initiate the protocol for responding to off-campus employee deaths.

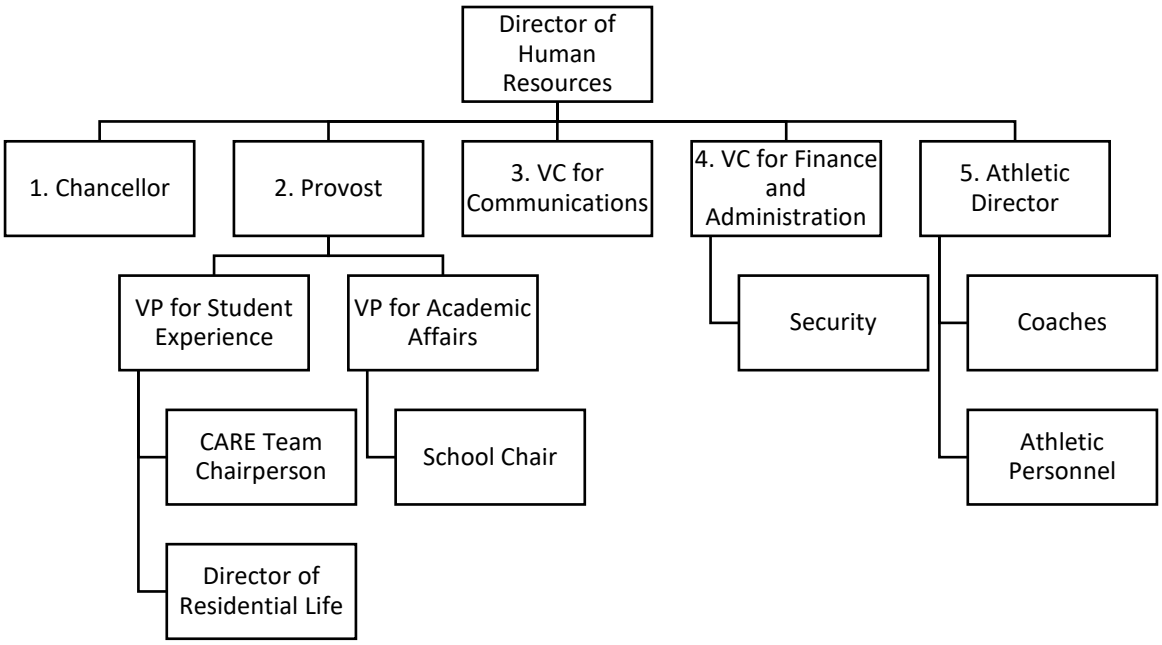
DOCUMENTATION

I. In the event of a death on-campus, the primary law enforcement investigation report shall be created by the Pulaski Police Department, consistent with the Robert "Robbie" Nottingham Campus Crime Scene Investigation Act of 2004.

II. Security shall create a supplemental report to reflect actions taken prior to, during, and/or after PPD arrival.
III. Employee Death
   A. HR shall create a report of any employee death in the University's case management database, which should include documentation of any actions taken by the University related to the death.
   B. HR will document any employee death in the Employee Information System, as well as notify any University of Tennessee system offices or State of Tennessee offices who may have a need to know.

NOTIFICATIONS + COMMUNICATIONS

I. If a faculty/staff member becomes aware of an employee's death, they should immediately contact the Director of Human Resources. The Director will verify employee information.
II. Internal Campus Communication Protocol for Employee Death
   A. The Director of Human Resources will immediately notify the Chancellor, followed by the Provost.
   B. Once the Chancellor is briefed on the situation, and the Provost has been notified, the Director of Human Resources will contact the following:
      1. Vice Chancellor for Communications, who will assume responsibility for external communications when deemed necessary
      2. Vice Chancellor for Finance and Administration who will notify Director of Security
      3. Athletic Director, as appropriate, who will notify, as athletic personnel if the employee is a coach, trainer, etc.
   C. The Provost will contact the following:
      1. Vice Provost for Student Experience, who will notify CARE Team Chairperson and Director of Residential Life, as appropriate
      2. Vice Provost for Academic Affairs, who will notify, as appropriate, College Dean if the employee is a faculty member
   D. The Director of Conduct and Community Standards, in collaboration with Communications and the Chancellor, will notify the campus community of the employees passing, when appropriate
      1. Campus Announcement: An announcement of the employee death will announce campus-wide via email if the Office of Human Resources has contacted the family and the family has agreed to a campus-wide announcement
         - Text will be approved by Communications
         - Text may include, as appropriate, employee name and role; date of death; statement that there is or is not a security risk to others; contact information and potential date, time and location of student counseling options walk-in appointments; and/or contact information for emergency resources
         - Text will not include the cause of death. However, in the case of an officially declared death by suicide, campus leaders may be encouraged to talk about suicide and its cause in order to help keep students safe. Campus leaders should consider this when the suicide was public, occurred on campus, or is widely known/discussed, not solely because the University is aware that the death was declared a suicide.
      2. Affinity Groups: Affinity groups are identified individuals and groups on campus that may have interacted with or known the deceased.
         - If a campus-wide announcement is not made, the Director of Human Resources should facilitate appropriate intra-campus communication regarding counseling availability and support with the individuals most affected by the circumstances.



III. External Communication Protocol for Employee Death

A. When appropriate, the Chancellor or their representative will reach out to the family to offer support and condolences.

B. All members of the news media should be directed to the Office of Communications and Marketing. All guidelines and restrictions that apply to media in the case of a student death also apply to student media. It is recognized that students who are also members of student media organizations may also be affected by deaths on campus. Students, therefore, will not be excluded from any media-restricted events provided that they do not represent media outlets and/or attempt event coverage of any kind, including note taking, interviews, photography and videography while in attendance.

IV. Memorials for Employee Death

A. In years in which an employee death occurs at UT Southern the University will recognize the deceased at a Firehawk Memorial Service. Family members of the deceased will be invited to the service.

B. Any other student group that wishes to hold another memorial on-campus shall work with Human Resources (employee death) to determine if another program would be appropriate and, if needed, how to hold another memorial program.

C. For students who are seeking a way to honor the deceased, fundraising or other community service activities should be encouraged.

D. Language used in a memorial setting can have the unintended consequence of adding to the attractiveness of death for vulnerable individuals seeking peace or escape through death. The purpose of staff guidance is to increase awareness of safe messaging in order to help protect any vulnerable individuals who may be in attendance at these informal memorials.

V. Communication Expectations for Employee Death

A. Each office notified will relay the information of a death to the appropriate departmental personnel.

B. It is recommended that departmental contacts establish and maintain notification protocols.

C. Instructors should refrain from emailing their classes concerning a death until after the University has released a statement to the students; this will allow resources to be in place to support students.
D. Human Resources can offer support and resources for faculty/staff, i.e. Employee Assistance Program.

VI. Notification protocol may be adjusted to fit the unique circumstances of each incident.

VII. Emergency Notifications: The university employs a variety of methods to notify the campus community of dangerous situations and major interruptions in campus operations. The goal is to inform our community of an imminent threat so that students, faculty, and staff are able to take appropriate action for their specific situation. The campus community is asked to spread the alerts to others who may not be aware of the threat.

VIII. Faculty Guidance

A. Faculty Members should expect to be approached by students affected by the death. These students may ask that they be allowed to miss class and/or postpone some of their academic responsibilities. In this case, the faculty member should refer the student to the CARE Team for continued support.
B. When a student is unable to attend class due to a campus death, students may contact the CARE Team to request absence notification be sent to their instructors. If a student is physically unable to contact the office, a family member or appropriate campus official may submit the notification request on their behalf.
    a. Once the request and documentation have been submitted, the CARE Team Chairperson will send a notification to instructors via e-mail. Notification of absence does not excuse students from classes and/or course requirements. It is the responsibility of the student to contact their instructors and determine a mutually agreed-upon arrangement for all missed work.
    b. Approval of all absences and missed work is determined by the instructor.
    c. The CARE Team Chairperson reserves the right to grant or reject notification requests at any time.
C. Faculty should be notified that it is important for them to facilitate the grieving process as well as stabilize the environment by reducing the highly emotional tone of the campus, bringing it back to its more ordinary state.
    a. Handle each request on a case-by-case basis.
    b. Do not cancel class or assignments for everyone. It is important through our actions to convey a sense of normalcy.
    c. Faculty should be made aware of suggestions for supporting students in crises following a death, as faculty members can play an important role in helping students who are struggling with the loss of a friend or classmate. These suggestions are as follows:
        1. Consult with appropriate offices on campus, such as the Office of Student Engagement.
        2. Identify counseling resources to students who are struggling.
        3. Identify tutoring services through the Student Resource Center.
        4. Offer to meet with the student to provide extra assistance with assignments.
        5. Extend an assignment deadline.
        6. Provide make-up work or examinations.
        7. Facilitate a grade of incomplete or a withdrawal if necessary.

8. Faculty may talk about/recognize the loss in class. Before talking about the death, faculty should consult with the Office of Student Engagement to make sure they use safe language.

DEBRIEFING

I. The debriefing process will be co-coordinated by the Director of Conduct and Community Standards and the Director of Human Resources. Debriefing plans will be communicated immediately to the Vice Provost for Student Engagement, the Vice Chancellor for Communications, and the Provost and Chancellor when appropriate. When needed, key personnel from Residential Life, Athletics, or Academics may be involved in debrief planning.

II. Debriefings will ideally take place within 72 hours after the incident.

III. Debriefings will be offered to individuals directly involved in the incident to provide the opportunity to talk about their experience, how it has affected them, brainstorm coping mechanisms, identify individuals at risk, and inform about services available to them in their community.

IV. Debriefings will be led by trained personnel, i.e. Tennessee Suicide Prevention Network personnel, the Tennessee Disaster Mental Health Strike Team, or UT System personnel trained in Critical Incident Debriefing from the International Critical Incident Stress Foundation

APPENDIX B | STUDENT DEATH PROTOCOL

DEATH OCCURING ON CAMPUS

III. CAMPUS SECURITY

E. Respond to the incident, render first aid (if appropriate), and contact Pulaski Police Department (PPD).
F. Control and secure the scene of the incident.
G. In all instances of a student death, notify Director of Conduct and Community Standards and the CARE Team Chairperson.
H. Contact PPD to conduct an investigation, consistent with the Robert “Robbie” Nottingham Campus Crime Scene Investigation Act of 2004.

IV. STUDENT ENGAGEMENT OFFICE (for incidents involving students)

A. If Security has not been notified, immediately contact to initiate their protocol.
B. Respond to the scene of the incident.
C. Assist in controlling the scene of the incident, including keeping other individuals from the immediate area or disturbing the scene, collecting names and contact information of those who could provide information.
D. Coordinate the University’s response:
    1. Notify and update appropriate University offices and faculty.
    2. Identify and notify friends, roommates, and others who may have a need to know.
    3. Identify other individuals or groups that may need support.
    4. Coordinate support for members of the University community.
    5. Coordinate support for family and/or next-of-kin.

V. OFFICE OF RESIDENTIAL LIFE (for incidents involving residential students)

A. If Security has not been notified, immediately contact to initiate their protocol.

B. Assist in controlling the scene of the incident, including keeping other individuals from the immediate area or disturbing the scene, collecting names and contact information of those who could provide information.
C. Prepare temporary or permanent housing assignment changes for those impacted by the death.
D. Assist Director of Conduct and Community Standards (DCCS) or HR with support for the family of the deceased.

DEATH OCCURING OFF CAMPUS

III. STUDENT ENGAGEMENT OFFICE (for incidents involving students)

A. Coordinate the University's response:
    1. Notify and update appropriate University offices and faculty.
    2. Identify and notify friends, roommates, and others who may have a need to know.
    3. Identify other individuals or groups that may need support.
    4. Coordinate support for members of the University community.
    5. Coordinate support for family and/or next-of-kin.

IV. Death During University Sponsored Travel

All participants must sign a release of risk waiver before participating in University Sponsored Travel. This waiver protects the University and its employees from any and all liabilities, claims, demands, and injuries, including death that may be sustained while students are participating in activities, in transport, or using equipment or facilities available to participants. If a student dies participating in University Sponsored Travel, the staff member participating in the event should call 911 and notify the Director of Conduct and Community Standards in order to initiate the protocol for responding to off-campus student deaths.

DOCUMENTATION

IV. In the event of a death on-campus, the primary law enforcement investigation report shall be created by the Pulaski Police Department, consistent with the Robert "Robbie" Nottingham Campus Crime Scene Investigation Act of 2004.
V. Security shall create a supplemental report to reflect actions taken prior to, during, and/or after PPD arrival.
VI. Student Death
    A. Director of Conduct and Community Standards or the CARE Teams Chairperson shall create a report of any student death in the University's case management database, which should include documentation of any actions taken by the University related to the death.
    B. Director of Conduct and Community Standards will notify the Office of the Registrar of any student death, who will document the information in the Student Information System.
    C. Director of Conduct and Community Standards UTS will notify other relevant offices of any student death, who will document the information in other relevant database systems.

NOTIFICATIONS + COMMUNICATIONS

CARE on Call

931-309-1670

IX. If a faculty/staff member becomes aware of a student's death, they should immediately contact the CARE on Call Administrator. The Administrator will contact the Director of Conduct and Community Standards to verify student information.

X. Internal Campus Communication Protocol for Student Death

A. The CARE on Call Administrator will immediately notify the Chancellor, followed by the Provost.

B. The Provost will immediately notify the Vice Provost for Student Experience.

C. Once the Chancellor, Provost, and Vice Provost for Student Experience have been notified, the CARE on Call Administrator will contact the following:

1. Vice Chancellor for Communications, who will assume responsibility for external communications when deemed necessary
2. Vice Chancellor for Finance and Administration, who will notify:
    a) Bursar
    b) Financial Aid
2. Vice Provost for Academic Affairs, who will notify, as appropriate:
    a) Dean of the student's academic college
    b) Principal Designated School Official, if student is an international student
    c) Registrar
3. Athletic Director, as appropriate, who will notify the student's coach if the student is an athlete

D. Once the Chancellor, Provost, and Vice Provost for Student Experience have been notified, the Director of Conduct and Community Standards will contact the following:

1. Director of Security
2. CARE Team key personnel, as appropriate
3. Director of Residential Life, as appropriate

E. The Director of Conduct and Community Standards, in collaboration with Communications and the Chancellor, will notify the campus community of the students passing, when appropriate:

1. Campus Announcement: An announcement of the student death will announced campus-wide via email if the Office of Student Engagement has contacted the family and the family has agreed to a campus-wide announcement
    - Text will be approved by Communications
    - Text may include, as appropriate, student name, class level, and major; date of death; statement that there is or is not a security risk to others; contact information and potential date, time and location of student counseling options walk-in appointments; and/or contact information for emergency resources
    - Text will not include the cause of death. However, in the case of an officially declared death by suicide, campus leaders may be encouraged to talk about suicide and its cause in order to help keep students safe. Campus leaders should consider this when the suicide was public, occurred on campus, or is widely known/discussed, not solely because the University is aware that the death was declared a suicide.
2. Affinity Groups: Affinity groups are identified individuals and groups on campus that may have interacted with or known the deceased, such as their residence hall, their classmates, their teammates, their professors, etc.
    - If a campus-wide announcement is not made, the Director of Conduct and Community Standards should facilitate appropriate intra-campus communication

regarding counseling availability and support with the individuals most affected by the circumstances.

When a campus announcement is not made, the Director of Conduct and Community Standards, in collaboration with Communications and the Chancellor, will notify the campus community of available resources.

XI. External Communication Protocol for Student Death

A. When appropriate, the Chancellor or their representative will reach out to the family to offer support and condolences.

B. All members of the news media should be directed to the Office of Communications and Marketing. All guidelines and restrictions that apply to media in the case of a student death also apply to student media. It is recognized that students who are also members of student media organizations may also be affected by deaths on campus. Students, therefore, will not be excluded from any media-restricted events provided that they do not represent media outlets and/or attempt event coverage of any kind, including note taking, interviews, photography and videography while in attendance.

XII. Memorials for Student Death

A. In years in which a student or employee death occurs at UT Southern the University will recognize the deceased student at a Firehawk Memorial Service. Family members of the deceased will be invited to the service.

B. Any other student group that wishes to hold another memorial on-campus shall work with the Director of Conduct and Community Standards (student death) to determine if another program would be appropriate and, if needed, how to hold another memorial program.

C. The Director of Conduct and Community Standards may wish to send a condolence gift (i.e. flowers) for student deaths only. Due to the time-sensitive nature of this situation, the Director of Conduct and Community Standards does not need pre-approval to purchase a gift. The approval for this purchase is given through this policy.

D. For students who are seeking a way to honor the deceased, fundraising or other community service activities should be encouraged.

E. Sometimes when a student has died, it is common for informal “memorial” groups or meetings to develop spontaneously. Spontaneous memorials are not to be recognized in any official University communications. If university staff are made aware that an informal memorial is occurring, in the interest of student safety and in consultation with the Director of Conduct and Community Standards, a staff member will reach out to the organizers of the event and offer guidance.

F. Language used in a memorial setting can have the unintended consequence of adding to the attractiveness of death for vulnerable individuals seeking peace or escape through death. The purpose of staff guidance is to increase awareness of safe messaging in order to help protect any vulnerable individuals who may be in attendance at these informal memorials.

G. The College Dean will review conditions under which presentation of a university diploma might be appropriate (e.g. student dies just before graduation)

XIII. Communication Expectations for Student Death

A. Each office notified will relay the information of a death to the appropriate departmental personnel.

B. It is recommended that departmental contacts establish and maintain notification protocols.

C. Instructors should refrain from emailing their classes concerning a death until after the University has released a statement to the students; this will allow resources to be in place to support students.

D. Human Resources can offer support and resources for faculty/staff, i.e. Employee Assistance Program.

XIV. Notification protocol may be adjusted to fit the unique circumstances of each incident.

XV. Emergency Notifications: The university employs a variety of methods to notify the campus community of dangerous situations and major interruptions in campus operations. The goal is to inform our community of an imminent threat so that students, faculty, and staff are able to take appropriate action for their specific situation. The campus community is asked to spread the alerts to others who may not be aware of the threat.

XVI. Faculty Guidance

A. Faculty Members should expect to be approached by students affected by the death. These students may ask that they be allowed to miss class and/or postpone some of their academic responsibilities. In this case, the faculty member should refer the student to the CARE Team for continued support.

B. When a student is unable to attend class due to a campus death, students may contact the CARE Team to request absence notification be sent to their instructors. If a student is physically unable to contact the office, a family member or appropriate campus official may submit the notification request on their behalf.

a. Once the request and documentation have been submitted, the CARE Team Chairperson will send a notification to instructors via e-mail. Notification of absence does not excuse students from classes and/or course requirements. It is the responsibility of the student to contact their instructors and determine a mutually agreed-upon arrangement for all missed work.

b. Approval of all absences and missed work is determined by the instructor.

c. The CARE Team Chairperson reserves the right to grant or reject notification requests at any time.

C. Faculty should be notified that it is important for them to facilitate the grieving process as well as stabilize the environment by reducing the highly emotional tone of the campus, bringing it back to its more ordinary state

a. Handle each request on a case-by-case basis.

b. Do not cancel class or assignments for everyone. It is important through our actions to convey a sense of normalcy.

c. Faculty should be made aware of suggestions for supporting students in crises following a death, as faculty members can play an important role in helping students who are struggling with the loss of a friend or classmate. These suggestions are as follows:

1. Consult with appropriate offices on campus, such as the Office of Student Engagement.
2. Identify counseling resources to students who are struggling.
3. Identify tutoring services through the Student Resource Center.
4. Offer to meet with the student to provide extra assistance with assignments.
5. Extend an assignment deadline.
6. Provide make-up work or examinations.
7. Facilitate a grade of incomplete or a withdrawal if necessary.
8. Faculty may talk about/recognize the loss in class. Before talking about the death, faculty should consult with the Office of Student Engagement to make sure they use safe language.

DEBRIEFING

V. The debriefing process will be co-coordinated by the Director of Conduct and Community Standards and the Director of Human Resources. Debriefing plans will be communicated immediately to the Vice Provost for Student Engagement, the Vice Chancellor for Communications, and the Provost and Chancellor when appropriate. When needed, key personnel from Residential Life, Athletics, or Academics may be involved in debrief planning.

VI. Debriefings will ideally take place within 72 hours after the incident.

VII. Debriefings will be offered to individuals directly involved in the incident to provide the opportunity to talk about their experience, how it has affected them, brainstorm coping mechanisms, identify individuals at risk, and inform about services available to them in their community.

VIII. Debriefings will be led by trained personnel, i.e. Tennessee Suicide Prevention Network personnel, the Tennessee Disaster Mental Health Strike Team, or UT System personnel trained in Critical Incident Debriefing from the International Critical Incident Stress Foundation

APPENDIX C | RESIDENTIAL LIFE PROTOCOL

When a student is reported to a Resident Assistant (RA) as having expressed suicidal ideation or intent, the following will occur:

- Get the student help immediately by calling Security, and then the RD on Call.
- While arranging for help, the RA should take all reasonable steps to not leave the student alone until help arrives.
    - Ask questions about what is going on in the student's life.
    - Ask directly about suicide: "Are you thinking about suicide" or "Have you thought about killing yourself?" (Remember that "hurting yourself" is different from suicide; be direct when asking.)
- Assistance will arrive on the scene as quickly as possible. Security and the RD will determine if the student is safe and whether or not the student has access to weapons.
    - Security and the RD will assess the student using the Columbia Suicide Severity Rating Scale to help directly ask the student if they are thinking about suicide.
    - Security will determine if additional intervention is necessary, i.e. PPD or EMS.
        - Once the police arrive on the scene and when it is appropriate to do so, the Police will take over the situation and determine the next course of action.
        - EMS personnel typically respond to assess the nature and severity of the suicidal ideation, the supports that the student may have available, and the least restrictive way to ensure the safety of the student and community.
        - In some cases, to ensure the student's safety or that of other members of the campus community, the police officer may be required to take the student into custody and direct the person's transport to the hospital for evaluation. These circumstances include violence, serious injury, or conduct likely to result in immediate serious harm to the student or others.
        - If the student is not experiencing a medical emergency, but is experiencing emotional crises, the responding officers/personnel will conduct an evaluation. If hospitalization is warranted, a police officer may provide transportation.
        - EMS may recommend additional assessment at an off campus location.
    - If Security does not recommend additional intervention, Residential Life Staff (RD or RA) should offer the student resources and support options.
- As soon as practical, Residential Life Staff will inform the next level up if a resident has spoken of thoughts of suicide and/or to self-harm, as well as if they believe a resident is engaging in any self-harming behaviors or is currently intending to follow through with plans of suicide.

- As soon as practical, Residential Life Staff will complete an Incident Report, which will also be routed to the CARE Team.
- The welfare of the student and any other students involved will be discussed in the next meeting of the CARE Team.
- Residence Life staff will follow up with residents impacted by this behavior and provide them with necessary resources.
- RAs who respond to suicide ideation or suicide completion may be released from their RA responsibilities for a period to take care of their emotional well-being if needed. They should work with their supervisor and contact Student Success if academic accommodations are needed.

APPENDIX D | QUICK GUIDE

	Ask questions that are in bold and underlined.	Past Month Yes	Past Month No
Always ask Questions 1 and 2			
1	**Have you wished you were dead or wished you could go to sleep and not wake up?**		
2	**Have you had any actual thoughts of killing yourself?**		
If YES to 2, ask Questions 3, 4, 5, and 6. If NO to 2, go directly to Question 6.			
3	**Have you been thinking about (how) you might do this?**		
4	**Have you had these thoughts and had some intention of acting on them?**		
5	**Have you started to work out or worked out the details of how to kill yourself?**		
Always ask Question 6.			
6	**Have you done anything, started to do anything, or prepared to do anything to end your life?** *Examples: took or collected pills, obtained a gun, wrote suicide note, held a gun but changed your mind, went to the roof but didn't jump; or tried to shoot yourself, cut yourself, tried to hang yourself, etc.* If yes, ask: **Was this within the past 3 months?**	Lifetime Past 3 Months	
Any YES indicates that the person should seek behavioral health counseling and/or contact crisis lines. If the answer to 4, 5 or 6 is YES, seek immediate help (contact behavioral health intake, go to the emergency room, or call 911).			

HIGH RISK	MODERATE RISK	LOW RISK
Risk of death is high. *Person has a plan and access to a lethal means, is planning to make an attempt very soon, or is currently in the process of making an attempt.*	**Risk of death uncertain or unclear.** *Person may not have plan or means, but has suicidal ideation.*	**Risk of death not imminent.** *Person is a concern.*
•Stay with the person. •Call 911. •Call Security (931-309-7502). *Security will alert CARE on Call.*	Call CARE on Call (931-309-1670) for students. Encourage employee to seek behavioral health counseling services, psychiatric evaluation, and/or contact crisis line.	Submit a **CARE Alert** for students. Encourage employee to seek behavioral health counseling services and/or contact crisis line.

Crisis Lines

National Suicide Prevention Lifeline : (Call or Text) 988
Centerstone Mobile Crisis Response : 1-877-467-3123
Trevor Project (LGBTQ) : 1-866-488-7386