

Suicide prevention in veterinary workplaces

Practice checklist

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From 1 April 2026, the new **PSS suicide prevention standard** requires every veterinary workplace to implement a practice-specific suicide prevention plan covering all areas of potential risk. This checklist is designed to help you work through what needs to be in place. It can be used as a starting point or a progress tracker.

Your suicide prevention plan should be bespoke to your workplace. Assessors will expect you to be able to explain the rationale behind your plan and the measures you have put in place.

You do not need to complete everything at once. Use the Plan–Implement–Review–Evidence (PIRE) cycle to work through each area at a pace that suits your workplace.

The PIRE cycle

Plan – Identify what needs to be done based on your workplace context

Implement – Put the plan into action; communicate changes; allocate resources

Review – Assess whether changes have been effective; gather feedback

Evidence – Document what was done, how, and what the outcomes were

This checklist is intended as a practical starting point. For full guidance on each area, please refer to the RCVS Suicide Prevention Toolkit for Veterinary Workplaces.

Practice checklist

Area	Action	Done	Notes
1. Leadership and governance			
Responsible person	Appoint a named individual to lead suicide prevention planning		
Senior commitment	Ensure leadership visibly supports and champions wellbeing		
Policy statement	Include suicide prevention in your workplace wellbeing or health and safety policy		
Communication	Communicate your commitment to suicide prevention to all staff		
2. Risk assessment (PSS suicide prevention standard)			
Workplace risk assessment	Conduct a risk assessment covering all areas of potential risk, including psychosocial hazards		
Euthanasia and sedation drugs	Assess risks relating to drugs used or stored for the purposes of animal euthanasia or sedation		
Firearms and captive bolt	Assess risks relating to access to firearms and captive bolt equipment		
Lone and late-night working	Assess risks relating to lone working and out-of-hours duties (see also PSS Standard on out-of-hours)		
Other veterinary-specific risks	Consider exposure to euthanasia, client pressures, professional isolation, and compassion fatigue		
Staff engagement	Gather staff views on workplace wellbeing and areas of concern		
Review triggers	Identify what events or changes should trigger a review of your plan		

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3. Restricting access to means			
Controlled drugs	Review storage, access controls, and audit processes for controlled substances (Schedule 2 and 3)		
Medicines protocols	Ensure protocols limit unsupervised access to lethal medications where reasonably practicable		
Firearms and captive bolt storage	Review safe storage and transportation arrangements for firearms and captive bolt (see also relevant PSS Standard)		
Off-site protocols	Establish protocols for euthanasia drugs and firearms when taken away from the workplace		
Stock monitoring	Put in place regular stock checks and reconciliation procedures		
4. Creating a supportive environment (PSS suicide prevention standard)			
Open culture	Foster an environment where staff feel safe to talk about mental health		
Regular check-ins	Establish routine check-ins between managers and staff (formal or informal)		
Support resources	Display information about support services (NHS, Vetlife, Samaritans, EAP) in accessible locations		
Reasonable adjustments	Be prepared to make adjustments for staff with health conditions, mental health needs or neurodivergent profiles		
Flexible working	Consider flexible approaches to rotas, breaks, and workload management		
Inclusion	Ensure locum, part-time, and support staff are included in wellbeing provisions		

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5. Recognising and responding to concerns			
Warning signs	Help staff understand common indicators of distress		
Response pathway	Establish a clear, proportionate process for responding to concerns		
Escalation	Define when and how to involve external support (occupational health, a GP, NHS and emergency services)		
Confidentiality	Be clear about confidentiality and its limits when someone discloses a suicide risk concern		
Documentation	Record concerns and actions taken, and ensure records are stored securely and confidentially		
6. Crisis response and post-incident (postvention)* support			
Crisis plan	Have a plan for responding if a staff member is in immediate danger		
Emergency contacts	Ensure emergency contact numbers are accessible to all staff		
Night safety	Include references to the suicide prevention plan within safety precautions for night workers (PSS Standard on out-of-hours)		
Post-incident (postvention) support	Plan how you would support staff affected by a serious incident or bereavement		
Learning review	Commit to conducting a structured, blame-free review after any serious incident		

*'The term postvention describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation' (Andriessen, 2006).

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Area	Action	Done	Notes
7. Training and awareness			
Awareness	Consider providing suicide prevention awareness for staff		
Manager training	Ensure managers and supervisors have training in recognising concerns and having supportive conversations		
Mental health first aiders	Consider appointing and supporting mental health first aiders on site		
Specialist roles	Identify whether any roles require more in-depth training (for example mental health champions, responsible person)		
Training records	Keep a record of training completed by staff		
8. Recording your suicide prevention plan			
Document your plan	Record your risk assessment, measures, and rationale in a single document – this is your suicide prevention plan		
Make it accessible	Ensure the plan is accessible to staff and available for PSS assessors on the day of assessment		
Annual review	Review your suicide prevention plan at least once a year		
Staff feedback	Systematically gather and act on staff feedback about wellbeing		
Incident learning	Capture and share learning from any concerns or incidents		
Update plan	Update your plan in response to changes in staffing, structure, or new guidance		

Examples of measures that may form part of a suicide prevention plan

- Protocols regarding euthanasia away from the workplace
- Protocols for safe storage of controlled drugs and firearms when taken away from the workplace
- Use of a 'going home' type poster in staff areas (for example the Vetlife Going Home Checklist)

The above are examples of measures that may form part of a suicide prevention plan. They are by no means the only steps you need to consider. Measures will need to be bespoke and appropriate for your workplace setting.

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Workplace details

Workplace name:	
Responsible person:	
Date completed:	
Next review date:	

Useful resources

- Vetlife (including 'Going home checklist') – www.vetlife.org.uk
- PAPYRUS – www.papyrus-uk.org
- National Suicide Prevention Alliance (NSPA) – <https://nspsa.org.uk>
- NHS suicide prevention toolkit – [Working together to prevent suicide in the NHS workforce](#)
- Health & Safety Executive (HSE) – Suicide prevention guidance – www.hse.gov.uk
- Samaritans – Creating a safety plan – www.samaritans.org
- RCVS Mind Matters Initiative – www.rcvs.org.uk/mmi

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How to feedback and contact RCVS Mind Matters

As part of our commitment to continuous improvement, we welcome feedback and suggestions for future updates to this checklist.

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