

Guide to an Environmental Scan and Means Restriction Evaluation for Suicide Prevention at Colleges and Universities

This form may be used as a checklist for campuses to assess their grounds and facilities to reduce access to lethal methods for a person considering suicide or planning a suicide attempt. It is recommended that the campus official coordinating the scan collaborate with the appropriate facilities, risk management, and administrative staff; safety and law enforcement officials; as well as students, if possible. Particular focus can be paid to past suicide deaths and attempts and the means involved, if applicable. This document is intended as a guide and may not be inclusive of all potential means or environmental factors present on every campus.

Campus Wide Policy and Outdoor Environmental Review			
Conduct a review of past suicide deaths & attempts and means involved. List identified means (Emphasis on means requiring attention to reduce access):			
Firearms			
Yes	No	N/A	Is there a policy regarding firearms on campus?
Details of policy:			
If firearms are allowed on campus:			
Yes	No	N/A	Is there a policy for gun safety?
Yes	No	N/A	Is there a policy for gun storage?
Yes	No	N/A	Are faculty, staff, and students adequately informed of and educated about policies?
Comments and notes:			
Prescription Drugs			
Yes	No	N/A	Is there a prescription drug collection location on campus or close to campus or an event held at least once a year?
Yes	No	N/A	Do prescribers in both health and counseling have clear protocols around prescribing controlled and/or potentially dangerous substances?
Yes	No	N/A	Prescribers in both health and counseling have clear protocols have internal tracking processes to make sure people are prescribing lowest quantities of medications clinically feasible
Yes	No	N/A	Is there information provided to students regarding securing personal medications (in residence halls)?
Comments and notes:			
Outdoor environment			
			For high risk locations such as bridges, balconies, gorges, etc.:
Yes	No	N/A	Is there restricted access?
Yes	No	N/A	Are there protective barriers to prevent jumping?
Yes	No	N/A	Is there increased surveillance by campus safety officials
Yes	No	N/A	If barriers or restrictions are not in place or able to be put in place, is there signage with resources and/or phones to access help?
Comments and notes:			

Building Specific Evaluation
Name of Building:

Yes	No	N/A	Are windows secured within fire code regulations (windows locked or restricted for upper floors)?
Yes	No	N/A	Are open stairwells, atriums, balconies and other high locations secured?
Yes	No	N/A	Are rooftops secured to prevent access?
Yes	No	N/A	If there is access to rooftops or other high areas, is there a barrier, shrubbery or other deterrent around the perimeter of the area?
Are chemicals locked and stored according to policy and regulations?			
Yes	No	N/A	Janitorial and cleaning supplies
Yes	No	N/A	Laboratory chemicals
Yes	No	N/A	Other potentially lethal substances
Yes	No	N/A	Are there break away closet rods, shower curtain rods, and other secured bars (in residence halls, gym locker rooms, etc.)?

Comments and notes:

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