implementation, and justifications for adopting suicide prevention programs.

Results: We found principals' justifications for adopting suicide prevention programs were the desire to address their student's mental health and improved learning. Principals also recognized the need for suicide prevention programming. Logistical and cultural barriers included limited staffing, lack of knowledge of suicide prevention program resources, and support from the school district central administration. The principals also shared the cultural barriers of stigma and community resistance to school involvement in suicide prevention. Our results indicated for principals seeking to overcome barriers to implementing suicide prevention programs, they will need support and resources and will need to address issues of knowledge and perceptions in their school and community.

Conclusions: School-based suicide prevention programs can have high impact on the well-being of all in the school. There is a need to prepare principals and staff with the training and resources to identify students who may be thinking of suicide. However, there is also a need for extensive communication to ensure accurate knowledge, meaningful interventions, and sustained implementation. Many principals could benefit from professional development focused on implementation of suicide prevention programs, and there may be a high impact by including implementation of the programs as part of the initial leadership preparation.

Objectives:
1. Participants will have an increased knowledge of school principals' justifications for implementation of suicide prevention programs in their schools.
2. Participants will have an increased knowledge of school principals' cultural barriers they face that can prevent implementation of suicide prevention programs in their schools.
3. Participants will have an increased knowledge of the logistical barriers that school principals face that can prevent implementation of suicide prevention programs in their schools.

Peers Supporting Peers: An Institutional Approach to Reduce Mental/Emotional Injury

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Background: Beginning at one of the busiest pediatric Level 1 trauma centers, a volunteer emotional first aid program (Code Lilac) launched in 2015 with the goal to provide compassionate, confidential, and timely peer-to-peer support to members of the healthcare workforce experiencing stressful work-related events. During the pandemic (March 2022), this not-for-profit health system, comprised of 17 hospitals and more than 30,000 employees in a large metropolitan area, adopted this program as a system-wide approach to support all staff within the community. Psychological distress related to providing health care was present prior to the COVID pandemic and has become a leading factor in provider's intentions to leave their profession (1, 2). Policy implications also support this type of programming, as the Joint Commission and the National Quality Forum has now recommended healthcare institutions to recognize "second victims' needs" and establish a support structure to assist them through coping with traumatic medical events (3).

Methods: Code Lilac supports peer responder teams to 14-hospital campuses. The interdisciplinary team includes 100 leaders and more than 550 peer responders. These teams were trained and supported by consultants at Johns Hopkins (RISE) Resilience in Stressful Events Program (3). Interventions include individual support, group support and pro-active support services. Data on peer responses was generated as part of the program development and improvement process.

Results: To date, this is the largest peer responder program in the United States. Over 5,000 individuals have benefitted from Code Lilac through individual or group support. Since November 2022, 100+ calls have come through the Code Lilac Hotline, which is open to the entire 30,000+-member workforce including nearly 200 outpatient locations, home based services and remote workers. These responses have addressed a variety of traumatic or stressful workplace events including cumulative stress related to patient care, fetal demise, maternal deaths, death of a child related to non-accidental trauma, suicide of a colleague, and medical errors.

Conclusions: The program's high utilization demonstrates the need for peer support in the aftermath of stressful events, as well as the receptivity of the workforce members to accessing emotional first aid support. The presenter will discuss core components of the program, ethical and professional considerations, and strategies for ensuring utilization of the services. Next steps include designing a robust prospective psychological study on the impact of participation in a peer responder program.

Objectives:
1. Describe the burden of burnout among Healthcare Professionals.
2. Recognize steps to implement a volunteer-based peer-to-peer emotional first aid program across a large health system.
3. Distinguish outcomes of supporting staff during aftermath of stressful events.