

## **Suicide Prevention, Intervention, and Postvention Policy and Guidelines**

**Guidelines for Responding to the At-Risk Student Low or Unclear Risk Definition: Low or unclear risk of suicide is raised when any peer, teacher, or other school employee identifies a student as potentially suicidal because he or she has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other clues or warning signs.**

1. Take the threat of self-harm seriously.
2. Take immediate action. Staff should contact the Mental Health Team immediately to inform them of the situation.
3. The Mental Health Team Member meets with the student and does a Risk Assessment that includes specific questions to determine the existence of a suicide plan.
4. Parents/Guardians must always be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will worsen the situation (see #5 below). The individual who notifies the parent should be a person who has the experience and/or a special relationship with the student and parents. Resource information should be provided if needed. The same person should follow up with the parents within a 2 business days to determine what has been done.
5. If the Mental Health Team member working with a student assesses that child protective service interventions are indicated, such contact must be initiated.
6. If necessary, Mobile Crisis should be contacted at 1-800-969-HELP (4357) to access the appropriate crisis intervention agency. This call should result in obtaining consultation with a professional who has the skills, authority, and responsibility to formally assess the student for suicidality and the necessary level of care.

**Medium- to High-Risk Situations Definition: Medium to high risk exists when a staff person observes verbal or nonverbal interpersonal action, stopping short of a directly self-harmful act that communicates or suggests that the student wishes to die or may attempt suicide. The intent of the student making the threat cannot be determined until a thorough assessment is completed.**

1. All staff members understand that they must always take suicidal behavior seriously.
2. The staff person “on the scene” takes immediate action to inform the Mental Health Team Member. Alternates will be identified in the event of unavailability of staff due to conference attendance, illness, vacation, and so forth.
3. The Member Health Team member on the scene talks with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until the designated trained staff person arrives.
4. The trained staff member conducts a basic suicide risk assessment with the student to determine the lethality of the threat. This includes:

- a. determining if the student has a plan
  - b. asking if the student has lethal means on his or her person or accessible elsewhere
  - c. consulting with a crisis service provider if necessary to obtain an assessment of the student's mental state and a recommendation for treatment
5. If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. It is best to call a law enforcement officer to remove lethal means when necessary.
6. Leadership or Mental Health Team Member contacts the parents or guardians to
- a. notify them of the situation and request that they come to school
  - b. provide them with a full report on arrival at school
  - c. inform them that the student cannot return to school until he or she has been appropriately assessed and medical clearance has been obtained. The staff person provides referral resources for such assessment, including contact information. Parents or guardians are expected to obtain the assessment in a timely manner in order to address the medical needs of the student.
7. If the school personnel working with a student feel that intervention from state child protective services is indicated, such contact must be initiated, especially if the student's safety is at risk.
8. Mental Health Member/Leadership are expected to keep the student under continuous adult supervision until the above steps are completed and the student is released to his or her parents/guardians.
9. Mental Health Team will contact the Principal and explain the situation and intervention that needs to take place.
10. In the event that the situation requires transportation to a hospital emergency department, crisis services should be contacted at 1-800-969-HELP (4357) to assess the situation and expedite the transition to the hospital.
11. Prior to re-entry/re-admission to school, the parents/guardians are responsible for obtaining an appropriate assessment. The assessment must be conducted by a licensed mental health practitioner or psychiatric emergency services center.
12. Prior to re-admission to school, a re-instatement conference must be scheduled in order to discuss appropriate supports necessary for transition back to school.
13. Written documentation must be provided to the school stating that the assessment has been conducted. This documentation must clearly indicate that the student has been medically cleared (is safe) to return to school.
14. All staff members who assisted with the intervention are debriefed.

### **Guidelines for Responding to a Suicide Attempt On School Premises Procedures for Assisting the Suicidal Student**

1. Keep the student physically safe and under close supervision.
2. The school nurse will secure immediate medical treatment, using either first aid techniques or calling 9-1-1.
3. A Mental Health Team Member/Leadership should be designated to stay with and support the student in crisis while help is being sought.
4. The Mental Team Lead will serve as liaison to individuals such as crisis, parents, the school nurse, social worker or counselor, emergency and medical professionals, community crisis service providers, law enforcement, and the superintendent of schools.
5. Notify the parents/guardians of what has occurred and arrange to meet them wherever appropriate.
6. Consult with Child Priority Response at 1-800-969-HELP (4357) staff as necessary to assess the student's mental state and to obtain a recommendation for needed treatment.
7. A representative from the school should accompany the student to the hospital if medical treatment is necessary prior to the parents' or guardians' arrival at school.
8. If the student does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parents/guardians with arrangements for needed medical treatment and/or mental health counseling.
9. In the event that the situation requires transportation to a hospital emergency department, crisis services, emergency medical services, and/or law enforcement (when necessary) should be contacted to assess the situation and expedite the transition to the hospital.
10. Inform parents/guardians that the student cannot return to school until the student has been appropriately assessed and medical clearance has been obtained.
11. Establish a plan for periodic contact with the student while away from school.
12. Make arrangements, if necessary, for class assignments to be completed at home.
13. Other school policies that apply to a student's extended absence should be followed.
14. Debrief all staff members involved in the intervention.

### **Procedures for Assisting Other Students during a Crisis**

1. During the crisis, clear the area of other students immediately. Remove students who witnessed the event to a private area where a Mental Health Team Member can debrief them. It is best to keep the general student body in current classrooms and provide a supportive presence until the emergency situation is under control.
2. Alert classroom teachers to the situation through text messages or other previously established methods of communication.

3. Provide teachers with a short scripted message to communicate to students. Unless the entire student body witnessed the event, do not provide information about either the student or the situation. Partial information can contribute to chaos. (Use language such as “Our school is having a crisis response drill. We will remain in the classroom until we get further instructions.”)

4. A Mental Health Team member may be called at the end of the day to inform teachers of the event, offer them an opportunity to address their feelings and concerns, and plan appropriate procedures for subsequent school days. Students who may be affected by a suicide attempt should be identified by appropriate staff members by informing the student’s guidance counselor. A follow-up plan should be developed to help support any identified situations where services could be provided via the guidance department or crisis response team.

#### **Attempt-Off School Premises**

1. If the suicide attempt is made at home and the parents/guardians share this information with the school, a member of the Mental Health team will contact the family immediately and offer assistance in whatever way is deemed necessary. The parents or guardians will be informed of the school’s policy regarding the need to obtain medical/ psychiatric clearance prior to re-entry to school.

2. If students are aware of the attempt, follow established procedures for outreach to vulnerable students.

#### **Guidelines for When a Student Returns to School Following a Suicide Attempt**

1. Prior to the student’s return, a meeting between the student, the student’s parents/ guardians, Leadership and Mental Health team member should be scheduled to discuss possible arrangements for support services and to create an individualized safety plan.

2. The Mental Health Team member should:

a. Review and file written documents as part of the student’s confidential health record

b. Serve as case manager for the student. They should understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. They should also be familiar with practical aspects of the case, such as medications and treatment recommendations.

c. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to recurring warning signs

d. Serve as a liaison with the parents/guardians and, with the written permission of the parents/guardians, serve as the school liaison with any external medical or mental health service providers supporting the student

3. the Student’s teachers do need to know whether the student is on a full or partial study load and should be updated on the student’s progress in general. They do not need clinical information or a detailed history.

4. Discussion of the case among personnel directly involved in supporting the student should be conducted in private settings and be specifically related to the student’s treatment and support needs.

Discussion of the student among other staff should be strictly on a “need to know” basis, that is, information directly related to what staff have to know in order to work with the student.

### **Guidelines for Responding to a Student Death by Suicide**

1. If news of a death by suicide is received, the Principal, Leadership or Mental Health member will verify the information with the police and notify appropriate staff.
2. If news is received during the school day, siblings or other family members of the deceased should be escorted to the principal’s office and sent home with responsible adult supervision.
3. All contacts with the news media should be referred to the Principal, who will be responsible for ensuring that information is handled in such a manner as to discourage sensationalism in the coverage of the tragedy. **All other staff should refrain from any comments about the student.**
4. In an effort to responsibly deal with the emotional reactions within the school community and to decrease the potential for a contagious effect, the following procedures should be initiated:
  - a. If news of the suicide is received during the school day, faculty should be alerted by the pre-established communication strategy and provided with basic information about the event. Mental Health Team members should be involved in this notification to faculty members and staff who are known to have had a close relationship or contact with the deceased student.
  - b. The Mental Health Team should begin immediate identification of high-risk students. Team members should reach out to these students and their parents prior to dismissal to ensure they will receive appropriate parental and mental health support as the crisis unfolds.
  - c. The principal will call an emergency faculty meeting at the conclusion of the day in order to disclose all relevant facts pertaining to the tragic news and to outline procedures to be followed in the subsequent days and weeks.
  - d. If news of the suicide is received over the weekend or during vacation, an emergency faculty meeting should be called before the students arrive on the first school day. Staff contact should be made using the school’s standard staff contact system.
  - e. All information will be distributed using a prepared statement. The Principal may enlist the assistance of the Mental Health Team in order to convey the information to the student population. Information presented to the students must be factual, and students and staff should not speculate over unconfirmed reports or rumors.
5. Community resources (such as members of the clergy and other appropriate resource individuals) will be mobilized to assist school personnel in counseling students, family members, and any other concerned community members.
6. The Principal will prepare a written statement for the purpose of assisting all teachers in maintaining consistency in reporting the facts surrounding the suicide to students. Under no circumstances should students be informed of the suicide in a large assembly. If possible, students should be informed about the facts in small groups rather than through the public address system.

7. Experience has indicated that many students will need an opportunity to share their feelings about the deceased. These sessions should be conducted by the Mental Health Team who have been trained in appropriate procedures. Leadership and the Mental Health Team should have already prepared an outline of areas where students may receive counseling during the postvention. Students should be in supervised areas at all times.

8. Students should be allowed to leave class for purposes of grief management and support. While some students will take advantage of this permission, this should not become a paramount concern in determining whether or not a student should be permitted to leave class. Appropriate staff members should identify students who may be affected by the death of a student and subsequently inform the Mental Health Team. This person will facilitate a referral to either a support group or crisis team member for individual support and assessment. A follow-up plan will be developed to help support any students identified for services provided via the Mental Health Team.

9. To the extent possible, efforts should be made to ensure that the regular school routine is followed. However, it is advisable that stressful activities, such as major examinations, be rescheduled for later dates.

10. The school will consider the utilization of consultants and community resources in order to provide additional support to students, parents, and staff members.