

INSTRUCTION

Suicide Prevention

Introduction

Protecting the health and well-being of students is a moral and ethical imperative for all educators and other professionals working with youth. Because it is impossible to predict when a crisis will occur, preparedness is necessary. The suicide prevention policy and procedure are intended to be combined with other district policies and efforts to support the emotional and behavioral well-being of youth.

The purpose of this procedure is to help protect the health and well-being of all district students by having protocols in place to prevent, assess the risk of, intervene in, and respond to risk of suicide. The district:

1. recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
2. further recognizes that suicide is a leading cause of death among young people,
3. has an ethical responsibility to take a proactive approach in preventing deaths by suicide,
4. acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development,
5. provides training to all employees, either in person or on line, on how to respond to and reporting requirements, when allegations of sexual contact or abuse (Policy 3421), or sexual harassment or related misconduct (Policy 3205) are made against a staff member, volunteer, parent, guardian or family member of the student, and
6. provides training on suicide prevention and intervention to all new employees, along with resources and opportunities for existing staff (such as additional online training, ESD trainings, etc.).

Prevention

1. **District Policy Implementation:** A district-level Suicide Prevention Coordinator will be designated by the Superintendent. This may be an existing staff person. The district Suicide Prevention Coordinator will be responsible for planning and coordinating implementation of this procedure for the school district. Each school principal will designate a school Suicide Prevention Coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members will report students they believe to be at elevated risk for suicide to the school Suicide Prevention Coordinator.
2. **Staff Professional Development:** All staff will receive professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.
3. **Youth Suicide Prevention Programming:** Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes.

4. **Collaborate:** The District will collaborate with health care providers and encourage completion of the Release of Confidential Exchange of Information with parents of students who are at risk.

Assessment and Referral

When a student is identified by a staff person or health care professional as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school counselor or administrator within the same school day to assess risk and facilitate referral.

For youth at risk:

1. School staff will supervise the student to ensure their safety.
2. The principal and school Suicide Prevention Coordinator will be made aware of the situation as soon as reasonably possible.
3. The school counselor or principal will contact the student's parent or guardian, as soon as reasonably possible. Upon assessment of the situation, school personnel may decide whether to contact the parent/guardian and assist the family with an urgent referral, or if the student should be immediately sent for care at the local hospital, or contact our local mental health provider to request an immediate school site referral. When appropriate, this may include calling emergency services to transport the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider. (see 2145 App 1 for specific steps)

Contacts from Health Providers

Under FERPA (Family Education Right to Privacy Act), medical or mental health providers who contact the school for the purpose of discussion or seeking information from student records pertaining to an individual student are required to provide written documentation allowing the exchange of confidential information between the health provider and the school. This document must be signed by the parent/guardian (or age-eligible student) and received by the school prior to information disclosure. When a student is identified by a health provider as potentially suicidal, FERPA allows immediate disclosure of information and records when it is stated that a "health and safety emergency" exists for the student. In such cases, the following response procedure will be followed:

1. Staff member will release the information requested by the health provider;
2. The staff member will immediately notify the school's Suicide Prevention Coordinator, counselor, or principal that the information has been released due to an emergency;
3. The staff member will promptly document the released information (in writing), including naming the health provider who made the contact, the date and time of the contact, information/material that was disclosed, and that it met the exception of FERPA utilizing the "immediate risk to health and safety" provision (20 U.S.C.S1232g(b)(1));
4. The documentation will be given to the school's Suicide Prevention Coordinator, counselor, or principal;

5. The parent or guardian of the identified student will be informed as soon as practicable by the principal, school counselor, or other designee, as further outlined in the Parental Notification section of this procedure.

Re-entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school counselor, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss reentry and appropriate next steps to ensure the student's readiness for return to school.

1. A school counselor will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. Staff will encourage the parent to provide documentation from an outside medical or mental health provider stating that the student is able to return to school.
3. Staff will ask the parent or guardian, or age-eligible student, for written permission to discuss the student's health with outside care, if appropriate. If exchange of information is denied by the student/parent/guardian, it will be noted on the re-entry plan that the offer was refused.
4. If periodic check in with the student is deemed necessary during the re-entry process, the frequency and type of contact will be specified in the re-entry plan. The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.
5. Appropriate faculty will be notified only with the student's and/or parents' permission (if the student is not of consenting age).

In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will immediately notify the principal or school Suicide Prevention Coordinator regarding in-school suicide attempts.
4. Staff will move all other students out of the immediate area as soon as possible.
5. If appropriate, staff will immediately request a mental health assessment for the youth.
6. The school counselor or principal will contact the student's parent or guardian.
7. The school will engage, as necessary, the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the school counselor and principal.
3. Inform the student's parent or guardian.

If the student contacts the staff member and expresses suicidal ideation, the staff member

should maintain contact with the student (either in person, online, or on the phone). The staff member should then follow the steps on the Suicide Ideation Response Flow Chart, 2145 App 1, including contacting the school's Suicide Prevention Coordinator, counselor or principal.

Parental/Guardian Notification

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, school counselor, or other designee. Through discussion with the student, the principal or school counselor will assess whether there is further risk of harm due to parent or guardian notification. If the principal or designee believes that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay will be documented.

Postvention of Suicide

1. **Development and implementation of an action plan:** A crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
 - a) **Verify the death:** The principal, district communications director, or designated staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death.
 - b) **Assess the situation:** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
 - c) **Share information:** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of

resources available.

- d) **Avoid suicide contagion:** It should be explained in the staff meeting or communication described above that one purpose of trying to identify and giveservices to other high risk students is to prevent another death. The crisis teamwill work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting or communication, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
- e) **Initiate support services:** A safe room will be set up at the school where counselors will be available to support students and their needs. Students identified as being more likely to be affected by the death will be assessed by the school counselor or a member of the crisis team to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to communitymental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
- f) **Develop memorial plans.** The school should not organize on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings of students) will be allowed. If students initiate an on-campus memorial (flowers, etc.) the school will publicize to students when the memorial items will be removed.

2. **External Communication** The district communications director or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson.

The spokesperson will:

- a) Keep the district Suicide Prevention Coordinator and superintendent informedof school actions relating to the death.
- b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personalfamily information.
- c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, notto use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculateabout the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

Communications

The district’s policy and procedure on suicide prevention and response (2145, 2145P) will

be available for all staff, students, and community through the school and district offices. Policies and procedures are also posted on the district's website, www.ptschools.org.

All requests for specific information regarding an incident will be directed to the district communications director or designee.

Resources

The district may utilize school counselors, the crisis telephone hotline, physician/health care providers, mental health specialists, coaches and youth leaders, parents, and clergy as resources for prevention and intervention. The district may also develop partnerships with community organizations and agencies to support student services. Community resources include:

1. Prevention Resources:

- a. Washington Youth Suicide Prevention Program, www.yspp.org, 206-297-5922
- b. Washington State Department of Health, www.doh.wa.gov/preventsuicide; 360-236-2800
- c. Olympic ESD114, Student Service Center, 360-478-6893
- d. 211 System – This is an information referral service, it assists with providing resources in your community.

2. Crisis Response Resources:

- a. Emergency Response: 911
- b. National LifeLine: 1-800-273 and Talk (8255)
- c. Crisis Text Line 24/7, text START to 741-741
- d. Discovery Behavioral Health Services, 360-385-0321
- e. Volunteers of America, 1-888-910-0416 or www.imhurting.org (for online chat)

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