

Suicide Prevention Practices**5141.5 R**

- 1) Crisis Team – should meet within the first ten school days of each school year.
- 2) Crisis Team (or another established committee) should include a subcommittee that addresses Suicide Prevention & Wellness; it should be established and active in each school.

Suicide Prevention & Wellness Committee in each school should be interdisciplinary. Goals of the committee include:

- a. Addressing Suicide Awareness and Prevention Recommendations
 - b. Promoting integration of “wellness” across the curriculum
- 3) The Counselor or Principal is the Site Level Incident Coordinator.
 - 4) The Suicide Prevention and Wellness Committee continue to review the health curriculum to determine the points at which suicide should be directly addressed, given national trends indicating suicide is impacting younger students. Review any changes with Suicide Response Committee.
 - 5) Suicide Response Committee: Will serve as a resource to the schools to provide guidance in time of crisis in addition to district and site coordinators. The Suicide Response Committee will meet and train all staff annually.
 - a. Suicide Response Committee in each school shall meet annually to ensure consistency throughout the region.
 - 6) Time should be designated annually for review of this document with staff, no later than October 31st of each year
 - a. Guidelines for suicide prevention are provided to all new staff members.
 - b. Time and opportunity should be provided within each building to meet with new staff regarding crisis intervention and “wellness.”
 - 7) Parent forums to promote positive mental health should be part of an ongoing proactive prevention program.
 - 8) All contracted staff in the region who are not in one school district shall be responsible for obtaining training annually.

Suicide and Crisis Intervention Procedures at Sharon Center School**5141.5 R**

When an employee of Sharon Center School is confronted with an individual who presents as at risk of suicide, appears to have attempted, or expresses suicidal thinking the employee will adhere to the following protocol:

In the event that a student has acted in a manner which creates a medical emergency, the building principal or designee are to be notified and emergency medical procedures initiated.

- 1) If the designated professionals conduct an assessment and determine that hospitalization is required, the student will be transported immediately to an area hospital. The Principal or designee will make every attempt to contact the parent and ask that they go to the hospital.

OR

If an assessment is not able to be conducted or hospitalization is not required, 211 will be immediately called. The Principal or designee will make every attempt to contact the parent and ask that they go to the hospital.

When an employee of Sharon Center School is confronted with an individual presenting with suicidal thinking and that student has taken no action resulting in self-harm, these procedures are to be followed*:

- 1) Psychologist, school counselor, or nurse ensures that the student is not left alone at any time.
- 2) The Psychologist or School Counselor verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
- 3) The parents or guardian will be notified by the school designee of the referral.
- 4) The Psychologist, school counselor, or nurse will utilize the C-SSRS model for risk assessments to determine further steps for referral.
- 5) The Psychologist or School Counselor notifies/consults with the student's private therapist, if appropriate. The School Counselor should have a release of information for the student's after care provider.
- 6) Psychologist or School Counselor plans follow-up procedures for the student with parent per clinical recommendations.
- 7) Psychologist or School Counselor notifies the principal and/or designee of the situation and informs him/her of the recommendations to be made to the parents.
- 8) Psychologist or School Counselor will contact DCF for all students under 18 years of age, if parent does not follow the recommendations of the professional assigned to the student.
- 9) Psychologist or School Counselor documents the course of events.
- 10) The Psychologist, School Counselor, or Administrator will follow-up with the student and parent the next school day, and then as needed.
- 11) The Psychologist or School Counselor documents with written notes all contacts/discussions with student, parent, and staff. The Suicide Intervention Form is completed and submitted to the Principal with a copy going to the Counselor or Psychologist.
- 12) A re-entry meeting will be held and a PPT may be held prior to the student returning to school.
- 13) Check box on cumulative file indicating that Pupil Services has additional information.

*All staff listed above are expected to be trained in the use of the Columbia Suicide Severity Rating (C- SSRS)

**Postvention Policy & Procedure at Sharon Center School
in the event that a student dies by suicide or sudden death**

5141.5 R**Before the opening of the next school day, Crisis Team meets to:**

- 1) Verify suicide
- 2) Assess the potential impact on the school
- 3) Estimate level of response resources required
- 4) Advise administrative team how to proceed
 - a) Develop a list of impacted students and staff to be notified prior to larger student body.
 - b) Assign trained staff to each of the deceased student's classrooms.
 - c) Assign highly visible, accessible trained staff to be available throughout the day.
 - d) Collect the deceased student's personal possessions before school begins.
- 5) Contact the family to: offer support, obtain information regarding funeral arrangements, family wishes, and information to be released.

At the start of the school day and throughout, mobilize the postvention plan and enact the following:

- 1) A faculty staff meeting is immediately held before the start of the school day to communicate information and protocol.
- 2) Media contact is made through the administrator, as appropriate.
- 3) An end-of-day team/staff meeting should be held to review the day's events and identify unmet needs and further procedures.
- 2) Assign one staff member to follow-up with each at-risk student, as well as each staff member impacted by a student's death.
- 3) Consider a letter or another form of communication to the school community regarding the incident, to be sent by the administrator.
- 4) Consider careful discussion of memorials and tributes given the potential for possible glamorization of the death.