

Roseburg Public Schools

Guide to Suicide Prevention, Intervention & Postvention Procedures

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District Contact:

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Purpose

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel, and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible and effective tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

The purpose of this plan is to follow board policy to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Board Policy

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Roseburg Public Schools adopted Policy JHH on 8/12/2020.

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;

4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide;
 - b. Youth with disabilities, mental illness or substance abuse disorders;
 - c. Youth experiencing homelessness or out of home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which may include:
 - a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis (1); and
8. A process for designating staff to be trained in an evidence-based suicide prevention program (2).

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

- (1) "Behavioral health crisis" as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health. (2) ODE will provide a list of available programs.

Quick Notes: What Schools Need to Know

- School staff members are frequently the first line of contact with potentially suicidal students.
- While most school personnel are neither qualified nor expected to provide in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the student can be screened and referred if needed.
- Research has shown that talking about suicide or asking someone if they are feeling suicidal will *not* put the idea in their head or cause them to die by suicide.
- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.

Confidentiality

FERPA: School employees are bound by laws of The Family Education Rights and Privacy Act of 1974 (FERPA). There are situations when confidentiality must NOT BE MAINTAINED; If, at any time, a student has shared information that another student is at imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA known as “minimum necessary disclosure”.

Glossary

Talking about mental health and suicide can be challenging and sometimes, even we adults don't know how to start the conversation. In this section, you will find some terminology that will help normalize the conversation. These definitions are adapted from the Trevor Projects' Model School Policy for Suicide Prevention and the Suicide Prevention, Intervention, Postvention Manual from Lines for Life and the Willamette ESD.

Mental Health: Someone's state of being in regards to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective Factors: Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Factors: Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Suicide risks tends to be highest when someone has several risk factors a the same time. Risk factors may encompass biological, psychological, ad or social factors in the individual, family, and the environment.

Suicide Response Protocol Assessment: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).

Self-Harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, your who engage in self-harm are more likely to attempt suicide.

Stigma: A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized, with societal messages such as those that live with mental illness are weak, dangerous, or unstable.

Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feeling such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less or a less serious or dangerous suicide attempt.

Suicide Contagion/Clusters: The research pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily “contagious” to otherwise mentally healthy individuals. Usually suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.

Suicide Prevention: The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.

Suicide Postvention: Postvention is a crisis response strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Suicidal Thoughts or Ideation: Thoughts about killing oneself or ending one’s life. These thoughts can range from “I wish I could go to sleep and not wake up” to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

Prevention

Staff Training and Education All staff should receive training on the policies, procedures, and best practices for intervening with students and/or staff at risk of suicide.		
Who	What	When
All District Staff	<i>Training or refresher on policies, procedures, and best practices for intervention with students at risk for suicide through:</i>	
	Question, Persuade, Refer (QPR)	Annually
	Access to and review of district suicide prevention policy and plan.	Annually through staff handbook and staff meetings.
Suicide Response Protocol Screeners (school counselors, school psychologists, mental health specialists, administrators, etc)	Applied Suicide Intervention Skills Training (ASIST)	As soon as available after hire.

Student Training and Education

Students should receive information about suicide and suicide prevention in health class, advisory class and/or CDS class. The purpose of the curriculum is to teach students the importance of safe and healthy choices and coping strategies, and how to access help at their school for themselves, their peers, or others in the community.

Who	What	When
Kindergarten-5th grade students	Second Step Curriculum	CDS class
	The Great Body Shop	Health
6th-8th grade students	Second Step Curriculum	Advisory
	Suicide Prevention Unit	Health
9th-12th grade students	School-Connect, A Curriculum for Boosting Social, Emotional and Academic Skills	Advisory
	Suicide Prevention Unit	Health
All students and families	Access to and reminders about the district suicide prevention plan through the Student and Parent handbooks	Annually

School Suicide Prevention Contacts

	Name	Email	Phone Number
District	Melissa Roberts (Director of Student Services) Michelle Knee (Assistant Superintendent)	mroberts@roseburg.k12.or.us mknee@roseburg.k12.or.us	(541) 440-4033 (541) 440-8267
RHS	David Vickery (Admin) Brad Bogardus (Admin) Rob Coulson (Admin) Jason Lipe (Admin) Ashley Fisk (Admin) Casey Hines (Counselor) Khara Holborow (Counselor) Jayde Walkup (Counselor) Alesha Hunt (Counselor) Cat Wilson (Counselor)	dvickery@roseburg.k12.or.us bbogardus@roseburg.k12.or.us rcoulson@roseburg.k12.or.us jlipe@roseburg.k12.or.us afisk@roseburg.k12.or.us chines@roseburg.k12.or.us kholborow@roseburg.k12.or.us jwalkup@roseburg.k12.or.us ahunt@roseburg.k12.or.us cewilson@roseburg.k12.or.us	(541) 440-4489 (541) 440-4088 (541) 440-4487 (541) 440-4486 (541) 440-8288 Counseling Office: (541) 440-4132 (541) 440-4131
Joseph Lane	Nicki Opp (Admin) Sasha Aumock (Admin) Emily Pope (Counselor) Kevin Wicks (Counselor)	nopp@roseburg.k12.or.us saumock@roseburg.k12.or.us epope@roseburg.k12.or.us kwicks@roseburg.k12.or.us	(541) 440-5359 (541) 440-5355 Counseling Office: (541) 440-5356
Fremont	Ben Bentea (Admin) Randal Olsen (Admin) Jason Tate (Counselor) Buffie Gillespie (Counselor)	bbentea@roseburg.k12.or.us rolsen@roseburg.k12.or.us jtate@roseburg.k12.or.us bgillespie@roseburg.k12.or.us	(541) 440-5457 (541) 440-5455 Counseling Office: (541) 440-5472
Eastwood	Jake Hughes (Admin) Kayleigh Forrest (CDS)	jhughes@roseburg.k12.or.us kforrest@roseburg.k12.or.us	(541) 440-5824 (541) 440-5800
Fir Grove	Katrina Hanson (Admin) Corina VanBurger (CDS)	khanson@roseburg.k12.or.us cvanburger@roseburg.k12.or.us	(541) 440-6302 (541) 440-6300
Fullerton IV	Debbie Price (Admin) Megan Driver (CDS)	dprice@roseburg.k12.or.us mdriver@roseburg.k12.or.us	(541) 440-6123 (541) 440-6100
Green	Tammy Rasmussen (Admin) Heather Bolin (CDS)	trasmussen@roseburg.k12.or.us hbolin@roseburg.k12.or.us	(541) 440-5628 (541) 440-5600
Hucrest	Jennifer Thompson (Admin) Hugh Heinrichsen (CDS)	jthompson@roseburg.k12.or.us hheinrichsen@roseburg.k12.or.us	(541) 440-5923 (541) 440-5900

Melrose	Darin Lomica (Admin) Porsha Herrera (CDS)	dlomica@roseburg.k12.or.us pherrera@roseburg.k12.or.us	(541) 440-6230 (541) 440-6200
RVS	Dani Jardine (Admin)	djardine@roseburg.k12.or.us	(541) 440-4040
Sunnyslope	Dan Endicott (Admin) John McQueen (CDS)	dendicott@roseburg.k12.or.us jmcqueen@roseburg.k12.or.us	(541) 440-5521 (541) 440-5500
Winchester	Meghan Pirtle (Admin) Grace Johnson (CDS)	mpirtle@roseburg.k12.or.us gjohnson@roseburg.k12.or.us	(541) 440-6044 (541) 440-6000

Populations at Elevated Risk for Suicidal Behavior

- Youth living with mental and/or substance abuse disorders
- Youth who engage in self-harm or have attempted
- Youth in out of home settings (juvenile justice, foster care)
- Youth experiencing homelessness
- American Indian/Alaska Native (AI/AN) youth
- LGBTQ2SIA+ (lesbian, gay, bisexual, transgender, questioning, 2 two-spirit, intersex, asexual, +recognizes that there are myriad ways to describe gender identities & sexual orientations) youth
- Youth bereaved by suicide
- Youth living with medical conditions and disabilities

Suicidal Behavior Risks & Protective Factors

Risk Factors

- Current plan to die by suicide
- Current suicidal ideation
- Access to lethal means

Intervention

Suicidal Behavior Risks & Protective Factors

Risk Factors

- Current plan to die by suicide
- Current suicidal ideation
- Access to lethal means
- Previous suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from psychiatric hospitalization
- History of mental health issues (major depression, panic attacks, conduct problems)
- Current drug/alcohol use
- Sense of hopelessness
- Self-hate
- Current psychological/emotional distress
- Loss (relationship, work, financial)
- Discipline problems
- Conflict with others (friends/family)
- Current agitation
- Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as an aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBTQ2SIA+, Native American, Alaskan Native, Male

Protective Factors

- Engaged in effective health and/or mental health care
- Feel well connected to others (family, school, friends)
- Positive problem solving skills
- Positive coping skills
- Restricted access to lethal means
- Stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Emotion regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Has responsibility for others

*Keep in mind, a person with an array of protective factors in place can still struggle with thoughts of suicide.

Suicide Response Protocol

Warning signs that may indicate and immediate danger or threat:

- Some who has already taken action to die by suicide
- Someone threatening to hurt themselves or die by suicide
- Someone looking for ways to die by suicide - seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying or suicide

Staff Response:

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to a school suicide prevention coordinator or school administrator right away. If there is imminent danger, call 911.

Postvention

Suicide Postvention Goals:

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or completion are very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event.

Postvention Plan:

In the event of a death by suicide in the school community, the district support team (OSS Director, District Safety Coordinator, School Psychologists) will meet with the administrator and other designated staff of the impacted school to develop a plan specific to the situation and the school.

Any communication to staff, students, families or the community will be generated by the district communications team.

In addition, the district will work with the Douglas ESD flight team as well as surrounding districts to enlist assistance or provide support if needed.

The following will occur if a student or staff member dies by suicide:

A. Gather significant information

Confirm the cause of death is the result of a suicide.

B. Notify appropriate staff

Superintendent, Assistant Superintendent, Student Services Director.
District Safety Coordinator and Communications Specialist.

C. Communication with family of the deceased

The principal will work with the district support team to designate a person to be the point of contact with the family of the decedent. Information or details of the death

should not be disclosed to the school community until the family has consulted and has agreed to disclosure.

- D. Contact District Support Team leader to determine initial response and determine how many personnel will respond to the specific incident. The following information will help in going forward

Demographic information

Siblings who are currently enrolled in Roseburg Public Schools

Profile of the decedent (sports, clubs, activities, high-risk group etc.).

Known friends and groups.

E. District Support Team will collaborate with the family to ensure their wishes regarding disclosure of the death and the cause of death *shall* always be honored when disclosing facts to students, staff and parents.

1. Assess the impact and degree of psychological trauma caused to the school community.
2. Develop an action plan and delegate duties/responsibilities.
3. Make a plan to notify staff once the death is confirmed and the family has consented.

Notification of staff is recommended as soon as possible as social media travels quickly and will.

- A. Emphasize no blame.
 - B. Allow staff to express their own reactions and grief; identify those that may need additional support.
4. Work with the District Support Team to establish a plan for notifying students of the death after consent is obtained from the family of the deceased.
- A. Plans for notifying students in small group settings
 - B. Provide scripted notification of death for staff to use when talking with students, include possible reactions, question and activities students may do (writing, drawing, referral to crisis counselor)
 - C. Review of student support plan. Clarify procedures and locations for crisis counseling

5. Collaborate with district communication specialists to create messaging to notify parents and guardians of the death once the decedent's family has consented. Disseminate a death notification letter to parents.

6. Discuss procedures for students and staff who may need additional support in coping with the death. Below are some ideas to consider:

- A. District Support Team members will coordinate crisis counseling and support services.
- B. Identify locations on campus or within the district to provide counseling to students, staff and or parents.
- C. Substitute teachers may be needed to fill sudden vacancies.
- D. If someone received counseling services, maintain their information for follow-up as needed.
- E. Provide students, staff and parents with the after-hours 24/7 suicide prevention crisis number.

7. Some students or staff may need an elevated level of care for additional services such as RPS Employee Assistance Program, community mental health, or their health care provider. Students or staff who need this additional support may include:

- A. People who are close to the deceased such as siblings, relatives or teacher(s).
- B. Persons who have experienced a loss over the last six months to a year, been in a traumatic event, have witnessed an act of violence, or have a history of suicide (self or family member).
- C. Persons who are emotionally over-controlled (a student who is very close to the deceased; however, not exhibiting emotional reaction to the loss) or those who are angry when the majority are expressing sadness.
- D. People who are crying uncontrollably.
- E. Individuals who have experienced multiple traumatic experiences may have strong reactions and may require additional assistance.
- F. Consult with the Student Services Director for additional support and or guidance.

F. Document

The office of Student Services will maintain records and documentation of actions taken at the school.

G. Monitor and Manage

- A. The administrator with support from the District Support Team will manage the situation as it develops and will determine a course of action.
- B. It is paramount to maintain consistent communication with the appropriate parties.

H. Relevant Considerations

1. Memorials (need district wide policy)

Not glamorize or romanticize student or death

Administrator to offer guidelines for a meaningful, safe approach to acknowledge loss

- a. Not disruptive to daily school routine
- b. Monitor memorial for content
- c. Time limited
- d. Sensitive to impact of future acknowledgements and memorials.

2. Social Networking

Students often use social networking as a way to grieve about a loved one or friend.

The information could be accurate, false, or even rumored. People also use social media to convey their thoughts, feelings and emotions whether they be positive or negative about their feelings about suicide. Some considerations in regards to social media should be:

- Encourage parents and staff to monitor social media sites regarding the death, including the deceased's personal profile pages.
- Social media may contain rumors, derogatory messages about the deceased or cause of death. At times, these messages may need to be addressed. Some situations may offend others and cross the line to where messaging may need to be drafted for parent notification and law enforcement be notified.

3. Suicide Contagion

This is the process by which one suicide may contribute to another. Considerations for preventing suicide contagion are:

- Identify students who may be at an increased risk for suicide, such as those who have a reported history of attempts, students who are dealing with known stressful events, those who may have witnessed the death or found the decedant, are close friends with or related to the decedant.
- Provide mental health resources.
- Monitor media coverage. Work with the communications specialist for any messaging and information as needed.

4. School Culture and Future Events

The school community may experience an enhanced sense of loss in the aftermath of a death by suicide. Significant events such as prom or graduation may trigger emotions for students who were close to the deceased. Such triggering events may require additional planning, considerations and resources.

5. Confidentiality

All student matters are confidential and may not be shared, except for those who absolutely need to know. Personnel with the need to know shall not re-disclose student information without appropriate legal authorization. Information sharing should be within the confines of the District's reporting procedures.

Memorials for Deceased Students and Staff

1. Purpose

Roseburg Public Schools understands the loss of a student or staff member deeply affects students, staff, families and shakes the community. Having this policy will ensure staff, students and families impacted by a death will have the appropriate school and community resources. Memorial decisions made immediately in the aftermath of a death may be made without full consideration or implications it may have on students, staff and families. The policy also recognizes memorials after suicide may glamorize death and communicate suicide as an desired response to stress. Therefore, careful and deliberate consideration will be given in determining approved memorial activities. This policy will be reviewed annually by the District Mental Health Team**.

2. Definitions

Memorials: Objects or activities to remember an event or deceased person(s).

Living Memorials: A non-tangible memorial intended to be sustained over time.

Flight Team: An appointed group of staff members and school psychologists who respond when there is a crisis to lend support for mental health needs especially in the recovery phase of a death of a student or staff member and needing grief support.

**District Mental Health Team- Comprised of the Assistant Superintendent, Student Services Director, District Safety Coordinator, School Nurse and ESD Nurse. This team authored this policy.

Crisis: Any natural disaster or unexpected event that negatively affects a student or a staff member or a significant group of the school population and usually involves serious emotional, psychological and or physical injury or death.

3. General Statement of Policy

In recognition that the main function of schools is to support learning and not serve as the main venue for the memorializing of students and staff. Memorial activities expressed at school need to be approved by and coordinated through the building administrator and the Superintendent/Assistant Superintendent. The Flight Team and building administrator will assist with families and students in selecting memorial activities that are appropriate for school and assist students and staff in healthy bereavement. The Superintendent/Assistant Superintendent should have a certain amount of discretion in this matter and will add their professional judgment in consultation with the Flight Team and building administrator to meet the needs of everyone involved.

4. Memorial Policy

Only approved temporary memorials may be displayed on campus until the day of the funeral, or up to two weeks following the death, at which time the memorial items will be offered to the family. Memorial items allowed are flowers, banners, pictures, stuffed animals, and appropriate displays. Memorials are only allowed in locations monitored by the school administration, cannot alter district owned property and are disruptive to the daily school routine. All temporary memorial sites and activities must occur under the supervision of the site administrator in collaboration with the District Mental Health Team.**

Living memorials for deceased students and staff will be limited to endowments, scholarships or items of educational significance. Scholarship and endowment memorials can be established one time, or in the form of consistent award, and a description of the purpose of the endowment or scholarship. Memorials will not include the retirement, alteration or discontinued use of school property. Listed below are recommended memorial activities:

Video Tribute: Pictures commemorating the student or staff member who has passed away may be preserved in a video or slide show presentation giving tribute to the person. The presentation can be shared with the family and uploaded to the memorial website for all to see.

Yearbooks: A student who has passed away may be acknowledged in the yearbook their senior year of high school. Information and pictures of the student

may be included on a memorial page representing all students in the graduation year. Information should be limited to the student;s name, photo, date of birth and death, and school activities the student participated in.

Commemorative Events: A commemorative event may be established and held in the name of the deceased student or staff member. The event cannot be held during the school day, and can be sponsored by a class, club or activity in which the student or staff member participated in. Any advertisement of the event must occur outside the school day. Community partners can assist in the event if needed.

Graduation Recognition: A symbol representing all deceased members of a graduating class can be a plant or bouquet of flowers to be present on stage. A staff member can also direct the audience in a moment of silence to collectively recognize deceased members of the graduating class. A diploma of the deceased student can be presented to the family members at the students graduation ceremony or at a later date.

Moment of Silence Recognition: A moment of silence may be used following the death of a student or staff member to honor their memory. If a moment of silence is used in a school setting it should occur within two school days following the notification of death. Moments of silence are also approved for use at Board meetings, co-curricular events in which the deceased participated, and community based events.

Any existing memorials established prior to the implementation of this policy shall remain intact. Existing memorials are the responsibility of the entity providing the memorial; district staff and or finances may be used to maintain current memorials as part of regular maintenance. The district reserves the right to remove the memorial if it is not maintained or proves to be more of a distraction to students and staff.

5. Prohibited Memorial Activities

The selling or fundraising of memorial items during the school day is prohibited. Students who have district activity accounts or emails cannot be used to support or finance fundraiser for memorial activities. Any proceeds from the district co-curricular events or contests cannot be donated to any agency for memorialization. Utilizing all-school events including Commencement, Homecoming, Prom, and other thematic events to memorialize deceased students or staff is prohibited. Commemorative items or events can be

sponsored by community based agencies and promoted outside the school day in collaboration and approval of the Superintendent.

School district facilities will not be used for formal memorial services or funerals. The Superintendent and or the Assistant Superintendent in consultation with the District Mental Health Team**, and Chief Operations Officer has the discretion to consider memorial events that utilize district facilities when the death of a student or staff member has a significant impact on a majority of students, staff or community.

Any formal school wide recognition of anniversary dates will not occur. If the death of a student or staff member occurred in a public location that is accessible to the community, district staff will not provide memorial monitoring. An example is a crash site on public lands.

POSTVENTION: PROTOCOL CHECKLIST FOR STUDENT OR STAFF MEMBER WHO DIES BY SUICIDE.

Summary checklist of general procedures for administrator/designated district support team member to respond in event of completed suicide.

- A. **Gather Significant Information**
 - Confirm death and cause, if information is available.
 - Contact family of the deceased.

- B. **Notify**
 - District Mental Health Team.**
 - Superintendent, District Administrators, Communications Specialists.

- C. **Coordinate with District Mental Health Team** and mobilize Flight Team**
 - Review Information and assess impact.
 - Develop an action plan and assign responsibilities.
 - Plan to notify staff.
 - Plan to notify students.
 - Plan to notify staff.
 - Define triage procedure.
 - Know who needs additional support.
 - Consult with the ESD Flight team.

- D. **Monitor and Manage**

- E. **Significant Considerations**
 - Memorials.
 - Social Networking.
 - Suicide Contagion.
 - School Culture and Events.

Resources

American Foundation for Suicide Prevention (2022) Suicide Prevention Resources, 199 Water Street, 11th floor New York, NY 10038, (212) 363-3500, <https://www.info.asfp.org>

Suicide Prevention Resource Center (2022) Resources, Provide for Immediate and Long-Term Postvention, 1000 N.E. 13th Street Nicholson Tower, Suite 4900, Oklahoma City, OK 73104, 1-800-273-8255, <https://www.sprc.org>

National Suicide Prevention Lifeline

Phone Number: 1-800-273-8255

The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline consists of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.

The TREVOR Lifeline

Phone Number: 1-866-488-7386

TREVOReText: Text START to 678-678

Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

Appendix A: Staff Handbook Information

Protecting the health and well-being of all students is of the utmost importance to the Roseburg Public Schools. The school board has adopted a suicide prevention policy, JHH, which will help to protect all students through suicide awareness, prevention, intervention, and postvention.

Please review the following information around your responsibility as a staff member. More comprehensive information on the district's Suicide Prevention Plan can be found on the District website. Please contact your administrator if you have any questions about this information.

Warning sign that may indicate an immediate danger or threat:

- Someone who has already taken action to die by suicide
- Someone threatening to hurt or kill themselves
- Someone looking for ways to die by suicide - seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide
- **All warning signs should be taken seriously and staff should always error on side of caution**

Staff response:

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to a school suicide prevention coordinator or school administrator right away. If there is imminent danger, call 911. A Suicide Response Protocol Level 1 is only performed by a trained school staff member.

Trained school staff members:

Only trained school staff members should act as screeners who perform Level 1 suicide response protocols and safety planning.

Examples of trained screeners in your school are:

- School Counselors/CDS
- School Psychologists
- Administrators
- If you are uncertain who the specific trained screeners are in your building, ask your building administrator

Appendix B: Student Handbook Information

Protecting the health and well-being of all students is of utmost importance to Roseburg Public Schools. The school board has adopted a suicide prevention policy, JHH, which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in health classes.
2. Each school will designate at least one suicide prevention point of contact for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school employed counselor or administrator who will work with the student and family to help connect them with appropriate resources.
4. Students will have access to national resources which they can contact for additional support, such as: The National Suicide Prevention Lifeline: 1.800.273.8255
www.suicidepreventionlifeline.org
The Trevor Lifeline: 1.866.488.7386 www.thetrevorproject.org
5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Students should also know that because of the serious nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For more detailed information, please see the district's full suicide prevention policy and plan. This policy and other suicide prevention plan information can be accessed on the Roseburg Public Schools website. If you need immediate assistance, please contact 911.