USD 232
Unified School District No. 232
www.usd232.org

# Suicide Prevention

## Mission

Suicide is the second leading cause of death for the 15-24 age group and the third leading cause of death for the 5-14 age group. (www.kansassuicideprevention.org). Statistics compiled by the Centers for Disease Control (CDC) present a somber picture regarding suicidal thoughts and behavior among our U.S. high school students.

CDC reports that suicide rates in Kansas rose 45% in the past 17 years. Kansas was one of five states that had rates of suicide increase by 40% or above.

Fifty-four percent of people who died by suicide did not have a known mental health condition. This statistics highlights the importance of our work to reach each student and increase USD 232 family's understanding and awareness of warning signs, guidance on how to approach sensitive conversations and a direction to take when their concerns require intervention. Completed suicides are traumatic events, which affect the entire community. USD 232 is committed to providing suicide awareness, education, prevention, intervention and recovery across the district.

Our district website has a link to Suicide Awareness where parents may view the district's teacher training materials and locate additional resources. Parents are encouraged to reach out to their child's social worker or counselor for more specific interventions and resources to meet their child's individual needs. https://www.usd232.org/Domain/3603

# District Prevention Plan

**A. Staff Education**

In compliance with Senate Bill #323, the school district provides one hour of training in Suicide Awareness and Prevention to all staff every calendar year. This information includes the key components of Purpose of the Jason Flatt Act and SB #323, National, Kansas and Johnson County Suicide Statistics, Warning Signs and Indicators, Social Emotional Learning/Prevention Education, School Specific Protocol and Recovery Plan.

**B. Parent Education**

USD 232 makes multiple attempts to provide parents with information regarding warning signs and resources regarding the risk of suicide. This is accomplished through newsletters, information displays at Parent/Teacher Conferences, email, etc. The district website hosts information about community resources as well as the staff training video. You may find this under the "For Parents" tab - Suicide Awareness and Prevention: https://www.usd232.org/Domain/3603
Our district social workers and counselors are available to assist families.

**C. Student Education**

The district begins suicide prevention in the elementary schools through the Too Good for Drugs and Second Step curriculums. These program help build resiliency and teach students about healthy choices.

All middle schools and high schools within the district utilize the evidence-based, SAMHSA approved curriculum SOS: Signs of Suicide to teach suicide prevention. The focus is on how to recognize the risk factors and seek help for them or a friend. Our social workers support the regular education teachers and/or counselors through classroom presentations.

There are magnets with the National Prevention Hotline number displayed in every classroom in the high schools and throughout the middle schools. Every student should be able to state where he or she can find the hotline number.

**D. At-Risk Screening/Protocol**

The Student Intervention Team is one avenue through which student needs are addressed and interventions are formulated. Through the concerted efforts to educate staff regarding warning signs and appropriate protocol, staff routinely watch for changes in behavior, talk to students and refer students to the social workers or counselors.

# Building protection: The Social Development Strategy

**The goal...**

**Healthy behaviors**

**for all children and youth**

**Start with...**

**Healthy beliefs & clear standards**

**...in families, schools, communities and peer groups**

**Build...**

**Bonding**

- **Attachment**
- **Commitment**

**...to families, schools, communities and peer groups**

**By providing...**

**Opportunities**

**By providing...**

**Skills**

**By providing...**

**Recognition**

**...in families, schools, communities and peer groups**

**And by nurturing...**

**Individual characteristics**

# Risk Factors

# Adolescent Problem Behaviors

| Risk Factors | Substance Abuse | Delinquency | Teen Pregnancy | School Drop-Out | Violence |
|---|---|---|---|---|---|
| **Community** | | | | | |
| Availability of drugs | | | | | |
| Availability of firearms | | | | | |
| Community laws and norms favorable toward drug use, firearms and crime | | | | | |
| Media portrayals of violence | | | | | |
| Transitions and mobility | | | | | |
| Low neighborhood attachment and community disorganization | | | | | |
| Extreme economic deprivation | | | | | |
| **Family** | | | | | |
| Family history of the problem behavior | | | | | |
| Family management problems | | | | | |
| Family conflict | | | | | |
| Favorable parental attitudes and involvement in the problem behavior | | | | | |
| **School** | | | | | |
| Academic failure beginning in late elementary school | | | | | |
| Lack of commitment to school | | | | | |
| **Peer and Individual** | | | | | |
| Early and persistent antisocial behavior | | | | | |
| Rebelliousness | | | | | |
| Friends who engage in the problem behavior | | | | | |
| Gang involvement | | | | | |
| Favorable attitudes toward the problem behavior | | | | | |
| Early initiation of the problem behavior | | | | | |
| Constitutional factors | | | | | |

## Intervention

The district crisis team has approved the use of the Columbia-Suicide Severity Rating Scale as a screening tool. Staff members are expected to use this tool as a guide as they assess the risk level and determine the appropriate next step. This is not a form for students to complete, but rather a tool to gather information. If completed, a copy of this should be sent with the parents.

*This form is included in the Appendix.*

## Sharing Information with Parents

The Intervention Summary is a brief synopsis of why their child was interviewed regarding the risk of suicide, community resources and plan of action. Parents are asked to sign acknowledgment that they have been informed of the staffs' concerns and advised of resources. The staff member should make a copy for the parents to take with them. If the parents are taking their child for further assessment, it is advisable to include a narrative of your intervention or call the agency with additional details providing the parents have given consent. The staff member should document and include any statements by the student indicating risk.

The second form is the lethal means survey which will assist parents as they survey their home and surroundings for potentially lethal means of suicide.

*The Intervention Summary and the Lethal Means Assessment in included in the Appendix.*

## Recovery

USD 232 has a number of social workers, counselors and school psychologists available to respond to a student crisis.

Please review the Crisis Response Protocol, Suicide Response Flow Chart and Suicide Task List.

The high school social workers each have a copy of the SAMHSA guide, 'Preventing Suicide: A Toolkit for High Schools'. This book has sample scripts for class announcements, letters home, media response, etc.

During a time of crisis, there are several tasks that must be accomplished in order to preserve the privacy of the student, protect his/her belongings and communicate with district administration, building staff and families.

*A task list can be found in the appendix*.

# Crisis Response Team Procedures

When a crisis occurs:

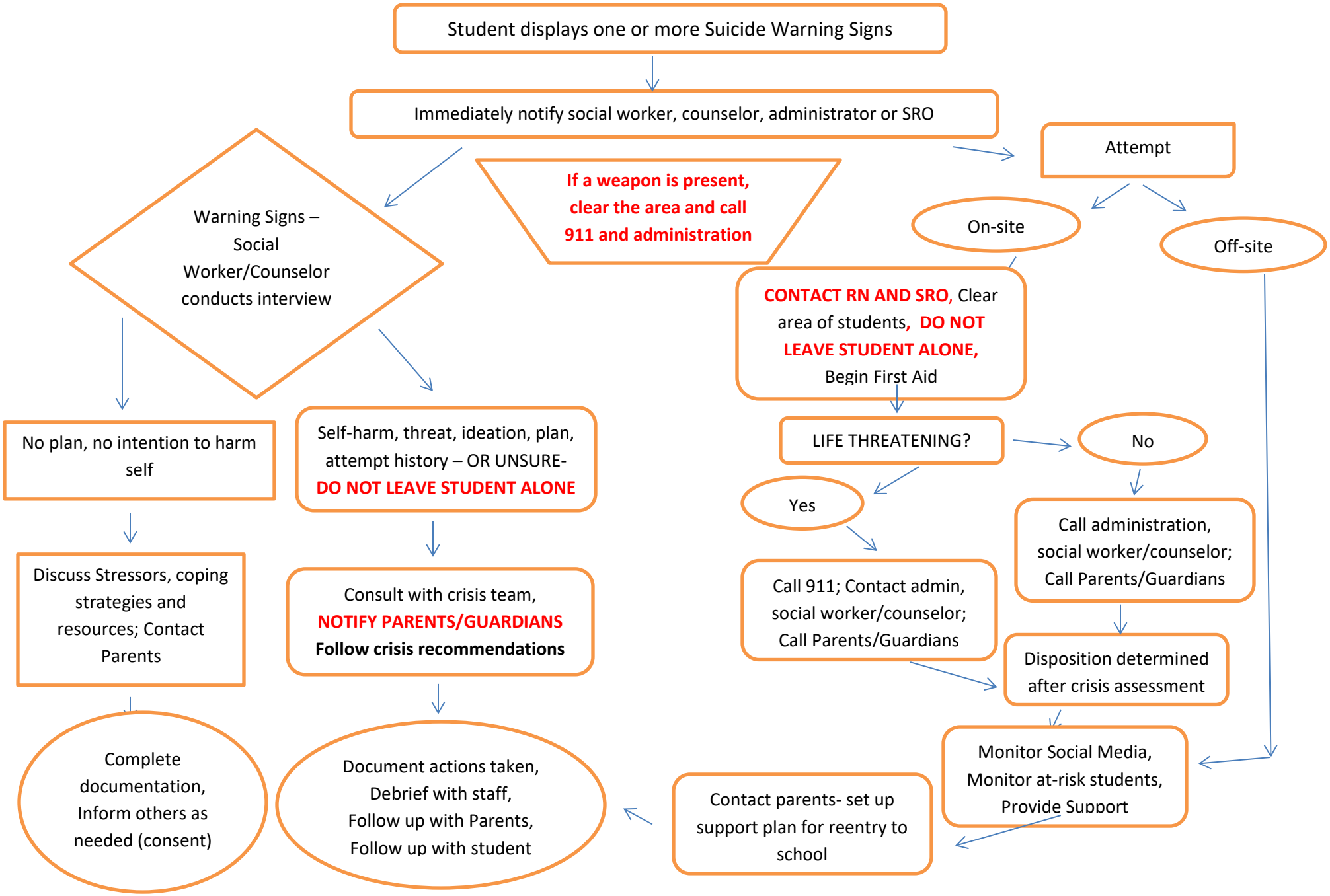
1. Notification – Advise principal, building level social worker, counselor and school psychologist.
2. Contact the Crisis Response Team Leader
3. As a team, determine the number of response team members needed.
4. Based upon strengths and needs assessment, team leader works with building level staff to begin contacting team members most suited for this particular event.

If you are informed of a crisis, please follow these procedures:

1. Self-assessment – First, assess whether you are able to assist at this given time.
2. Advise building – Alert Principal/office staff that you have been called and will be leaving the building.
3. Crisis Bag – Your crisis bag is equipped; take it and be sure to have on your school ID.
4. Triage Center – proceed to the assigned building (may be more than one needing services) and sign in. Proceed to the central triage location.
5. Assist in needs assessment; group plans how to introduce themselves to students and staff.
6. Share your comfort level regarding specific tasks with the team leader.
7. Proceed to assigned area.
8. Keep list of students/staff seen.
9. Advise Triage Center of availability to see additional students.
10. Take care of yourself – take breaks for the restroom, eat and maintain fluid intake.
11. Give team leader names of students who need follow-up.
12. Participate in debriefing/assess continued needs.

# Suicide Intervention
## Protocol for Staff

Adapted from Main Youth Suicide Prevention Program



# Suicide Response Protocol Chart

**Suicide on site**

**Immediately contact 911, SRO and district administration**

**Secure the area**

- Do not move the body or disturb evidence
- Keep others away
- Document names of witnesses

**Administrator notifies family/guardians**

**Administrator notifies staff**

**Suicide off site**

**Administrator works with social worker/crisis coordinator and SRO to verify information**

**Administrator notifies district administration**

**Administrator notifies staff**

**Respect/protect confidentiality**

(FERPA & HIPAA)

**Secure the Student Belongings**

**Support the Staff**

- Schedule time for debriefing
- Review postvention protocols and how to assist students
- Provide information on counseling services
- Arrange coverage for teachers as needed
- Continue on-going checking on staff and evaluation of process

**Notify and Support Other Students**

- Briefly state relevant publicly known facts, allow questions, discussion without breaking confidentiality, beware of speculations
- Identify and monitor those most vulnerable
- Review self-care skills and resources

**Direct Media/outside inquiries to Principal or District Office**

**Monitor Social Media**

**Document Actions Taken**

**Contact with Family**

- Consult with Administration/Crisis Team

**Communicate with all Parents – with Family Permission**

- Briefly state relevant publicly known facts
- Provide information on memorial service
- Provide facts sheets on grief and local resources

Adapted from Maine Youth Suicide Prevention Program

# Appendix

- Risk Assessment Steps
- Safe-T Assessment Guide
- Columbia-Suicide Severity Rating Scale – Screen Version
- Intervention Summary for Parents
- Lethal Means Survey
- Suicide Response Task List – On Campus Procedures
- Administration Task List

# Risk Assessment Steps

1) The District understands that not everyone on the Mental Health Team has had the training or experience to feel confident in making an assessment. It's a difficult task for even seasoned providers.
   Please do not hesitate to ask another member of the team to join you or to do the assessment.

2) Follow the steps outlined in the Safe-T handout.

    a. Create an environment of safety and empathy
    b. Do not leave the student alone. If they need to use the restroom, go with them or ask another staff member to accompany. They may go into the stall alone – just be nearby in case of an emergency.
    c. Assess Risk Factors
    d. Assess Protective Factors – Internal as well as External
    e. Assess using the Columbia SSRS
    f. DOCUMENT – include quotes from student

3) Complete the Columbia SSRS.

4) Complete the Intervention Summary for parents.

    a. Ask for their signature
    b. Explain that their signature confirms that they have been informed. They are not committing to any action.
    c. Tell them that this form stays in your file – it does not go into their school folder.
    d. Make a copy for their records and encourage them to share it with an assessment center or their therapist/doctor.

5) Offer a copy of the Lethal Means Assessment.

6) Share resources.

7) Follow up later or the next day with parent and student (if the student is in school).

8) Follow up with student upon return and make a safety plan. Who can they go to if they become stressed – both in and out of school?

9) Work with teachers to reduce the stress of making up homework – sharing only what parents have given you permission to share.

## RESOURCES

- Download this card and additional resources at **www.sprc.org** or at **www.stopasuicide.org**
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide **www.sprc.org/library/jcsafetygoals.pdf**
- **SAFE-T** drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors **www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx**
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. Journal of the American Academy of Child and Adolescent Psychiatry, 2001, 40 (7 Supplement): 24s-51s

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**National Suicide Prevention Lifeline**

**1.800.273.TALK (8255)**



www.sprc.org

www.mentalhealthscreening.org

# SAFE-T

## Suicide Assessment Five-step Evaluation and Triage

*for Mental Health Professionals*

**1**
**IDENTIFY RISK FACTORS**
Note those that can be modified to reduce risk

**2**
**IDENTIFY PROTECTIVE FACTORS**
Note those that can be enhanced

**3**
**CONDUCT SUICIDE INQUIRY**
Suicidal thoughts, plans behavior and intent

**4**
**DETERMINE RISK LEVEL/INTERVENTION**
Determine risk. Choose appropriate intervention to address and reduce risk

**5**
**DOCUMENT**
Assessment of risk, rationale, intervention and follow-up

**NATIONAL SUICIDE PREVENTION LIFELINE**

**1.800.273.TALK (8255)**

*Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.*

## 1. RISK FACTORS

- **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts or self-injurious behavior
- **Current/past psychiatric disorders:** especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity). *Co-morbidity* and *recent onset of illness increase risk*
- **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations
- **Family history:** of suicide, attempts or Axis 1 psychiatric disorders requiring hospitalization
- **Precipitants/Stressors/Interpersonal:** triggering events leading to humiliation, shame or despair (e.g., loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation.
- **Change in treatment:** discharge from psychiatric hospital, provider or treatment change
- **Access to firearms**

## 2. PROTECTIVE FACTORS *Protective factors, even if present, may not counteract significant acute risk*

- **Internal:** ability to cope with stress, religious beliefs, frustration tolerance
- **External:** responsibility to children or beloved pets, positive therapeutic relationships, social supports

## 3. SUICIDE INQUIRY *Specific questioning about thoughts, plans, behaviors, intent*

- **Ideation:** frequency, intensity, duration--in last 48 hours, past month and worst ever
- **Plan:** timing, location, lethality, availability, preparatory acts
- **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun), vs. non-suicidal self injurious actions
- **Intent:** extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious; Explore ambivalence: reasons to die vs. reasons to live

** For Youths: ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors or disposition*
** Homicide Inquiry: when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above.*

## 4. RISK LEVEL/INTERVENTION

- **Assessment** of risk level is based on clinical judgment, after completing steps 1-3
- **Reassess** as patient or environmental circumstances change

| RISK LEVEL | RISK / PROTECTIVE FACTOR | SUICIDALITY | POSSIBLE INTERVENTIONS |
|---|---|---|---|
| **High** | Psychiatric disorders with severe symptoms, or acute precipitating event; protective factors not relevant | Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal | Admission generally indicated unless a significant change reduces risk. Suicide precautions |
| **Moderate** | Multiple risk factors, few protective factors | Suicidal ideation with plan, but no intent or behavior | Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers |
| **Low** | Modifiable risk factors, strong protective factors | Thoughts of death, no plan, intent or behavior | Outpatient referral, symptom reduction. Give emergency/crisis numbers |

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

## 5. DOCUMENT

Risk level and rationale; treatment plan to address/reduce current risk (e.g., setting, medication, psychotherapy, E.C.T., contact with significant others, consultation); firearm instructions, if relevant; follow up plan. For youths, treatment plan should include roles for parent/guardian.

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screen with Triage Points for Schools*

| | Past month | |
|---|---|---|
| **Ask questions that are in bold and underlined.** | **YES** | **NO** |
| **Ask Questions 1 and 2** | | |
| **1)** ***Have you wished you were dead or wished you could go to sleep and not wake up?*** | | |
| **2)** ***Have you had any actual thoughts of killing yourself?*** | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** | | |
| **3)** ***Have you been thinking about how you might do this?***<br>e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" | | |
| **4)** ***Have you had these thoughts and had some intention of acting on them?***<br>as opposed to "*I have the thoughts but I definitely will not do anything about them.*" | | |
| **5)** ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** | | |
| **6)** ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?***<br>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.<br>**If YES, ask:** ***Was this within the past 3 months?*** | **Lifetime** | **Past 3 Months** |

**Response Protocol to C-SSRS Screening**

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

# INTERVENTION SUMMARY
# PARENT/GUARDIAN PLAN OF ACTION

De Soto USD #232

Student Name_____ Date_____

I have been informed that my child has spoken with school personnel regarding the risk of suicide. This was deemed necessary because my child:

- ☐ Shared thoughts of suicide with peers and/or staff
- ☐ Shared a plan to complete suicide
- ☐ Shared a history of suicide attempts
- ☐ Indicated access to lethal means

Details:_____
_____
_____
_____
_____
_____

School personnel have shared options for assistance, which include but is not limited to:

| | | |
|---|---|---|
| Johnson County Mental Health Center | 6440 Nieman, Shawnee, KS<br>1125 W. Spruce, Olathe, KS | Open Access: 913-826-4200<br>24 Hr. Emergency: 913-268-0156 |
| University of Kansas/Marillac Campus | 8000 W. 127th; Overland Park, KS | 913-574.3800 |
| St. Lukes Crittenton Children's Center | 10918 Elm Ave; Kansas City, Mo | 816.765.6600 |
| National Suicide Prevention Lifeline | www.suicidepreventionlifeline.org | 1800-273-8255 (TALK) |

Parent Plan of Action:

- ☐ Contact Family Physician
- ☐ Contact Current Therapist/Psychiatrist
- ☐ Contact Psychiatric Hospital for Assessment
- ☐ Other:_____

Follow-up with School Staff:_____

(Plan for follow-up: Name and Phone Number)

Release to Parent/Guardian

I (we) have been informed by school personnel of their concerns for my child's safety. I (we) have been informed of resources for further assistance.

Parent Date

School Personnel Date

# Lethal Means Survey

An important component of keeping youth safe following a stated or perceived risk for suicide is to assess the individual's access to lethal means. While this is not an exclusive list, it is intended to help guide caregivers to assess their environment so that they may remove/restrict potential lethal means from the environment.

1. Medication Access
   Prescription medications should be limited to non-lethal doses (Poison Center: 1-800-222-1222). Any medications or poisons not being used should be disposed of properly. (Crush and mix with used coffee grounds and put in trash or take to local PD dropsite). Any other potentially lethal products (such as over the counter medications) should be removed or locked.
   - ____ Assess Access to Medications (prescription and over the counter)
   - ____ Plan Developed for Removing/Restricting Access
   - ____ Medications/Poisons Secured from Access

2. Firearms Access
   - The most effective means for reducing suicide with a firearm is to remove all firearms from the home/environment.
   - Do not believe that the location of guns in the home is unknown to the person at risk.
   - Locking up guns/ammunition only provides a moderate level of security/safety.
   - Gun locks are available free of charge at local police stations, hospitals and community mental health centers (based upon availability, call first).
   - Focus on risk (not the firearm). Hunters, hobbyists and others may dislike the idea of a firearm being focused on as "bad". Focusing on the risk of suicide instead can avoid a roadblock. If reluctant, focus on temporary need for risk reduction.
   - If removing firearms to another's home, discuss how and when the firearms will be returned and to whom.
     - Police departments will accept firearms and ammunition that you want destroyed.
     - Never bring a firearm to the PD without calling first.
   - If removal is not an option:
     - Store all firearms unloaded and locked.
     - Any ammunition should be stored separately and locked.
     - Trigger locks can be purchased.

3. Cutting/Stabbing
   - ____ Assess Access to Knives and Blades (this includes kitchen knives)
   - ____ Plan Developed for Removing/Restricting Access
   - ____ Knives/Blades Secured from Access (this includes kitchen knives)

This document was created using material from the C.A.L.M. training handouts crafted by Elaine Frank and Mark Ciocca.

4. Hanging
   ____ Assess Access to Ropes or other means of hanging (even bed sheets)
   ____ Plan Developed for Removal/Restricting Access
   ____ Ropes and other means Secured from Access

5. Alcohol
   ____ Assess Access to Alcohol
   ____ Plan Developed for Removal/Restricting Access
   ____ Alcohol Secured from Access

6. Jumping
   Survey and assess proximity to jumping areas. This typically includes but is not limited to: overpasses, bridges, towers. Know the environment and what is near. Should you call the Police Dept with a concern, they will ask if you have any idea where the individual may have gone.
   ____ Survey completed

7. Automobiles
   Be aware of access to motor vehicles (both driving and the ability to asphyxiate through carbon monoxide poisoning).
   ____ Survey completed

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# Suicide Response Task-List
## On Campus Procedures

Use the following task-list to assess the school building/district's response. Note the individual name (in the completed box), who is confirming that the action item has been completed.

**DATE**: _____

**ACTION ITEM:**

**Procedures for Attempted Suicide:** **COMPLETED BY:**

| | |
|---|---|
| Clear the area of students | |
| Contact RN, Render First Aid/CPR and/or Call 911 | |
| Contact Administration, SRO, Social Worker and Counselor | |
| Contact Student's Parents/Guardian | |
| Contact Superintendent | |
| Monitor other students who may be at-risk | |
| Document the incident and steps taken | |
| Debrief Staff | |
| Maintain contact with Student's Family and offer Support Services | |

**Procedures for Completed Suicide:**

| | |
|---|---|
| Contact Administration, SRO and 911 | |
| Institute lockdown procedures and turn off the bell system | |
| Nurse or other trained staff member assesses to determine need for CPR | |
| Block off area, treat like a crime scene and do not allow anyone to touch any weapon or note | |
| If body is outside the building, shift students and staff exposed to the scene to another area | |
| Activate Crisis Response Team | |
| Once the police/coroner have released the scene, keep it isolated until it can be cleaned | |
| Consider outside vendor to complete cleaning task (due to traumatic exposure) | |

| | |
|---|---|
| Make decision about returning to daily schedule | |
| Have Crisis Response Team and staff identify other at-risk students/staff for support | |
| Consider bringing in substitute teachers to assist in classrooms | |
| Schedule and hold staff debriefing | |

**Communications:**

| | |
|---|---|
| Media communication to be directed to Superintendent or Designee | |
| Monitor Social Media | |
| Administration alerts Bus Company to share “need to know” | |

**Cautions/Notes:**

| | |
|---|---|
| Information about ideation or attempts will be kept confidential | |
| If completion happens on campus, it is extremely important to minimize exposure of body/area | |
| All staff, including nurse, who were exposed to the body will need additional support | |
| Do not have custodial staff clean the scene as it can be a very traumatic experience | |
| Allow students to grieve, but be careful not to allow them to glorify the person or method | |
| Do not cancel classes for the funeral | |
| Do not organize memorial services for the deceased | |
| Do not lower the school flags | |
| Do not allow memorial trees, plaques, statues, etc. on school grounds | |
| Do not permit any dedication of yearbook, yearbook pages or school newspapers | |
| Discourage and remove any spontaneous memorials at the death scene | |
| Do not allow the establishment of a scholarship by either students or parents. Instead, encourage contributions to a suicide prevention organization. | |

# ADMINISTRATIVE TASK LIST

- ☐ Notify superintendent.
- ☐ Verify report of death with police (school resource officer may do this).
- ☐ Notify Building level team.
- ☐ Request Building level team counselor/social worker notify the crisis response team liaison.
- ☐ Notify staff members. Announce early arrival for staff meeting.
- ☐ Notify the bus company, if appropriate. Include guidelines of what they may/may not share.
- ☐ Prepare formal statement for staff to share with students, if appropriate (example included in guidelines).
- ☐ Asses need for subs in building; preferably someone students know.
- ☐ Coordinate with district Media Director.
- ☐ Identify students, staff and parents likely to be most impacted by this tragedy.
- ☐ Identify any siblings of student and inform principals in those buildings.
- ☐ Clean out student locker (hall and physical education) or desk prior to students arriving at school. Give contents to parents at appropriate time. If school is in session, discreetly remove items while students are in class (secondary) or out of the classroom (elementary).
- ☐ Identify crisis triage room and rooms available for support staff to work with students.
- ☐ Principal meets with school staff and informs how to respond to questions. Stress HERPA and HIPAA must be followed. Acknowledge staff members' need to process their emotions.
- ☐ Assign team members and other staff to monitor school grounds and restrooms.
- ☐ Arrange for someone to follow student's classes throughout the day (Crisis Response team member may do this). This individual may stay in the hall outside the room if that's most appropriate.
- ☐ Request that counselor withdraw student from school rolls.
- ☐ Visit deceased student's family and give personal belongings, when appropriate.
- ☐ Help identify and offer counseling to any student who may be at risk (i.e. history of suicide attempts, last persons known to have been with student, close friends, student who sat next to them in classes).
- ☐ Provide office with direction regarding their response to phone calls and/or visitors. No student shall be allowed to leave school until an administrator has spoken with the student's parents and been assured that a parent or other adult will be with the student. This phone call shall be documented.
- ☐ Assess need to arrange for students and faculty to attend memorial service (may provide buses for transportation). Encourage parents to accompany their children. Students must have permission from parent to leave school and attend service.
- ☐ Coordinate appropriate expressions of loss. Students must get approval from administration prior to collecting monies.
- ☐ Send letter to parents regarding the death, outlining the school's efforts to assist students. FERPA and HIPAA must be followed. Encourage parents to contact school if they are concerned about their child.
- ☐ Crisis Response team documents students seen, parents contacted and referrals to outside support.
- ☐ Consider supplying breakfast/lunch for staff members as appropriate. Utilize other buildings to support this.

- ☐ _____