



Coldspring Oakhurst CISD

**District and Campus Plan for
Suicide Prevention,
Intervention and Postvention
Responses**

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Introduction

Suicide is the second leading cause of death for ages 10-24 in the state of Texas.

Protecting the health and well-being of students is in line with school mandates and is an ethical imperative for all professionals working with students at COCISD. Because it is impossible to predict when a crisis will occur, preparedness is necessary for every campus. Furthermore, prevention programs and policies can help to deter suicide, rather than just acting in response. On average, a young person dies by suicide every hour and 25 minutes in the U.S. For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts. Most importantly, youth suicide is preventable, and educators and schools are key to prevention.

We recognize that the school plays a unique and important role in the prevention of youth suicide, violence, and substance abuse in our community. We can think of suicide and violence Prevention, Intervention and Postvention using the Response to Intervention (RTI) Triangle.

Prevention activities fall into Tier 1 and are intended for all students, whether at risk or not. Intervention activities, depending on the situation and level of risk, fall into Tier 2 or Tier 3. Postvention activities engage all three levels, with some actions targeting the entire staff and student body, others focusing on those more affected by the crisis, and some interventions targeting students in an emergency situation after the loss of a classmate or friend.

This plan is part of the Coldspring Oakhurst School District's overall approach to prevention, intervention, and response to students experiencing emotional and behavioral crises in school.

Purpose

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

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Further recognizes that suicide is a leading cause of death among young people
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is meant to be paired with other policies and programs for supporting the overall emotional and behavioral health of students. The main intent of this policy is that ALL SIGNS OF HARMING ONESELF OR OTHERS OR SUICIDAL IDEATION, EVEN ISOLATED INCIDENTS, BE TAKEN SERIOUSLY AND ACTED UPON IMMEDIATELY BY NOTIFYING THE COUNSELOR AND STUDENT SUCCESS TEAM.

Scope

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

Definitions

At-Risk

Suicide risk is not a dichotomous concern, but rather, exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. A student who is defined as Imminent or high-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures. The type of referral, and its level of urgency, shall be determined by the student's level of risk – indicated in this document.

Student Success Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address student success and safety, crisis preparedness, intervention, response and recovery. Team members often include someone from the administrative leadership, school counselors, Mobile Crisis Worker - Burke Center, school nurses, resource police officer, and others including support staff and/or teachers. These professionals have been specifically trained in areas of crisis preparedness and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. Student Success Team members who are mental health professionals may provide crisis intervention and services.

Mental Health

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

Risk Assessment

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (e.g., school counselor, Burke Center Worker, or in some cases, trained school administrator). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide

Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

Suicide

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

NOTE: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior

Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion

The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Prevention

District Policy Implementation

A district-level suicide prevention coordinator shall be appointed by the superintendent or designee. The district suicide prevention coordinator and campus counselor shall be responsible for planning and coordinating implementation of this policy for the campuses within the district. The campus counselor will act as a point of contact in each school for issues relating to suicide prevention and policy implementation. **All staff members shall report students they believe to be at-risk for suicide to the school counselor or school nurse if the counselor is unavailable.**

Identify Your Student Support Team

Central to the successful development and implementation of a prevention, intervention, and postvention plan is the formation of a coordinated Support Team which will be the campus Student Success Team and will provide direct service to students in crisis. These individuals include school counselors, campus administrators, school nurses, and other student support staff in your buildings. See Team Member Roster in Appendix.

Staff Professional Development

All staff shall receive, at minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention shall be provided to school-employed mental health professionals and school nurses.

Youth Suicide Prevention Programming

Developmentally appropriate, student-centered education materials shall be integrated into the curriculum of all K-12 classes as appropriate and coordinated by the campus. The content of these age-appropriate Social and Emotional Health activities will include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help. In addition, schools shall provide supplemental small-group suicide prevention programming for students. It is not recommended to deliver any programming related to suicide prevention to a large group in an auditorium setting. The district-level suicide prevention coordinator will work with the SHAC coordinator to have recommendations of programs and curriculum provided to the campus counselors and administration.

Publication and Distribution

This policy shall be distributed annually and be included in all student and teacher handbooks, and on the school website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

Intervention

Assessment and Referral

When a student is identified by a peer, educator or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student shall be seen by the school counselor or other designated member of the Student Success Team if the counselor is not available, within the same school day to assess risk and facilitate a referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the school counselor.

If the counselor is not available, a designated Student Success Team member (e.g., school nurse or administrator) shall address the situation according to district protocol until a mental health professional is brought in.

Assessment

Upon receiving information or a referral related to an emotional or behavioral crisis, the school counselor will first do an assessment to determine the level of risk for the student by:

- Schedule a meeting with the student before the end of the school day, or at the beginning of the next school day if this information is shared outside school hours.
- Further discuss the situation with the student to obtain information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response, and evaluate their needs. See Appendix for questions.
- Assess the degree of suicide risk of the student (imminent, high, moderate, or low). It is highly recommended that counselors who have been trained in suicide risk assessment use the Guiding Questions for Suicidal Ideation Assessment in the Appendix to help with assessing the level of suicidal risk.

According to Texas Family Code 32.004, a minor may consent to his or her own psychological treatment if he or she is seeking counseling for chemical dependency or addiction, suicide prevention or sexual, physical, or emotional abuse.

At-Risk Youth

Imminent Danger Risk

Indicators:

- There is immediate danger to the student's self or others (for example, the possible presence of a weapon or other means the student intends to use to harm self or others).
- There is a suicide attempt in progress (for example, the student has taken a drug or medication overdose).

Priorities:

- Supervise and stabilize the student, protect the student body and staff, and activate emergency response systems.

The school Counselor or other Student Success Team member will do the following:

- ✓ Provide for continuous supervision of the student at risk until an emergency responder or Mobile Crisis Outreach Worker arrives, keeping personal safety in mind.
- ✓ Notify the campus administrator of the current situation, and again once the student has been transported from campus.
- ✓ Notify your School Resource Officer and engage Student Success Team members to ensure the safety of the student at risk and the staff and student body. Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed quickly and calmly from the vicinity.
- ✓ Call 911 or designate a person to call IF NEEDED. Be mindful that in the presence of a weapon or danger to others, emergency medical personnel will need the scene secured by law enforcement personnel before they can intervene.

Campus Administration will notify the Superintendent's office of the situation by calling (936) 653 - 1114, if 911 has been contacted, if students have been impacted such that families will need to be notified, or if it appears that media will cover the event. Together the Superintendent and Campus Administration will notify the student's parent/guardian(s) by phone of the situation.

- ✓ If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local Child Protection Services) shall be contacted in lieu of parents as per law
- ✓ Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate

High Risk

Indicators:

- The student is in severe distress due to mental health symptoms or a serious stressor.
- The student has identified a suicide plan, and intention to follow through on it, but has not yet taken action.
- The student has access to means (i.e. weapons, drugs).

Priorities:

- Keep student safe and supervised until assessed and or transferred to the hospital, keep the guardian informed and, if appropriate, involved.

The school Counselor or other Student Success Team member will do the following:

- ✓ Obtain information from the student as to whether substance abuse and/or the possibility of harm to others is a concern.
- ✓ Remain with the student and provide support, safety, and continuous supervision.
- ✓ Notify the campus administrator of the situation, and once the student has been transported from campus either by parent, law enforcement or ambulance.
- ✓ Administration and Counselor will notify the student's parent/guardian(s) by phone to determine if they are able to come to the school, and/or if 911 should be called for immediate transportation to the hospital and to have them sign the Parent Notice prior to the student leaving the campus.
- ✓ Notify your School Resource Officer and engage Student Success Team members to ensure the safety of the student at risk and the staff and student body. Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed quickly and calmly from the vicinity.
- ✓ Contact LMHA Mental Health Crisis Hotline 800-392-8343 for crisis evaluation and possible hospitalization, and/or call 911 or designate a person to call 911 to have the student transported to a hospital for evaluation.
- ✓ Obtain Release of Information, if possible, for facility to where student is being transported.

Document the time and content of all conversations. Ensure that the parent/guardian signs the Parent Notice before the student leaves the campus and add the document to the documentation binder retained with the campus counselor.

Moderate Risk

Indicators:

- The student is thinking about suicide, has identified a plan, and/or indicates access to means (i.e. weapons, drugs).
- The student has no intention of following through on the plan and has made no suicidal gestures.

Priorities:

- ✓ Keep student safe and supervised, ensure appropriate referral to emergency care or outpatient care, create a safety plan, keep guardian informed and engaged.

The school Counselor or other Student Success Team member will do the following:

- ✓ Obtain information from the student as to whether substance abuse or the possibility of harm to others is a concern.
- ✓ Remain with the student and provide support, safety, and continuous supervision.
- ✓ Notify the campus administrator and School Resource Officer of the situation.
- ✓ Notify the student's parent/guardian(s) by phone that they should come to the school before the end of the school day.

Parental Notification and Involvement

If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local When School Personnel Need to Engage Law Enforcement, Child Protection Services) shall be contacted in lieu of parents as per law.

If the student's guardian(s) are able to come to school and pick up the student:

- ✓ **Remain with the student** and provide support, safety, and continuous supervision until a parent or guardian arrives.
- ✓ **Discuss with the student's parent/guardian(s)** the importance of outpatient mental health care and provide a list of appropriate referrals, taking into account:
 - The family's language, religious beliefs, and culture.
 - The student's stressors and needs.
 - Barriers to receiving care such as transportation, health insurance, cost, and how they can be mitigated.
- ✓ Before the parent takes the student home provide them information on a safety plan and make sure they understand there will need to be a Return Plan created prior to the student returning to campus. Have them **sign the Parent Notice**.
- ✓ **Notify the campus administrator** when the student has been transported from campus.

If the student's guardian(s) are unavailable or unable to come to school and pick up the student:

- ✓ **Remain with the student** and provide support, safety, and continuous supervision.
- ✓ **Contact School Resource Officer or Call 911** to work with local law enforcement to have student transported to nearest hospital for evaluation.
- ✓ **Notify the campus administrator** when the student has been transported from campus.

- ✓ **Follow Up** with the parent within 24 hours to discuss a safety plan, return plan and obtain a Release of Information allowing communication between the school and the provider. This should be signed by both the parent/guardian and the student.

Student Safety Plan

When a student indicates suicidal intent, schools shall attempt to discuss safety at home, or “means safety” with parent or guardian, limiting the student’s access to mechanisms for carrying out a suicide attempt e.g., guns, knives, pills, etc. In addition, during means counseling, which can also include safety planning, it is imperative to ask parents whether or not the individual has access to firearms, medication or other lethal means.

For a student at any imminent to moderate risk, even those who do not need admitted to inpatient care, a **Student Safety Plan should be written.**

https://docs.google.com/document/d/1LPitcuGnrVGw5EEJKhxADskRHEsVFv_0/edit?usp=drive_link&oid=100240984735567916234&rtpof=true&sd=true

It is highly recommended that the parent/guardian be involved with the student in the creation of the Safety Plan.

- Print the **Student Safety Plan**
- The student and, if available, the parent should sign the Safety Plan.
- Copies of the signed Student Safety Plan will be provided (via email and/or hard copy) to those named in it as resources, school staff directly involved with the student on a daily basis (i.e, building administrators, general education teachers, school nurse, special education teachers, para educators, coaches, etc.).
- The original, signed Student Safety Plan will be kept in the School Counselor's Office in a designated three ring binder in a secure area.

Document the time and content of all conversations. Ensure that the parent/guardian understands that our district takes all threats of harm by a student serious and that they sign the Parent Notice before the student leaves the campus. Add the document to the documentation binder retained with the campus counselor.

LOW RISK

Indicators:

- The student identifies thoughts of wanting to die but has no plan, intent to die, or suicidal behavior.
- The student is experiencing some stressors but also has strong supports.

Priorities:

- Connect with services before suicidal ideation becomes more serious, involve guardian where possible and desirable, and, if determined appropriate, create a safety plan.

The Counselor will do the following in consultation with the entire Student Success Team:

- ✓ Obtain information from the student as to whether substance abuse or the possibility of harm to others is a concern.
- ✓ Work with the student to describe the situation to her or his parent(s) by phone or, if appropriate, in person.
- ✓ In collaboration with the parent, and if determined appropriate by the Student Success Team members, help the student create a Student Safety Plan for Mental Health Purposes. Provide the student and parent with appropriate resources for support.
- ✓ Print the Student Safety Plan
- ✓ The student and, if available, the parent should sign the Safety Plan.
- ✓ Copies of the signed Student Safety Plan will be provided (via email and/or hard copy) to those named in it as resources,

school staff directly involved with the student on a daily basis (i.e, building administrators, general education teachers, school nurse, special education teachers, para educators, coaches, etc.).

The original, signed Student Safety Plan will be kept in the School Counselor's Office

- ✓ If the student has remained in school but has missed class time or the crisis is affecting their school performance, the Student Success Team will meet to discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- ✓ **Follow Up: If this student receives treatment services, attempt to obtain a *Release of Information* form allowing communication between the school and the provider.**

CRISIS WITHOUT SUICIDAL IDEATION

Indicators:

- The student is experiencing some stressors but also has strong supports.
- The student indicates no thoughts of death, has no plan or intent, and exhibits no suicidal behavior.

Priorities:

- Provide support to student and connect with appropriate supports and services as needed.
- If student indicates any thoughts of death or suicidal intent, or exhibits any suicidal behavior, assess and treat according to appropriate level of risk.

The school Counselor or other Student Success Team member will do the following:

- ✓ Provide support to the student and connect them to appropriate supports as needed. Assess if referral to outside services and supports such as TCHAT is needed.

If the Student Success Team determines outside services are needed to support the student, provide a referral to outpatient services as follows:

- ✓ Discuss with the student and their guardian(s) the importance of preventive mental health care and provide a list of appropriate referrals. In providing a list of appropriate referrals, take into account: Share this resource to help answer questions: <https://www.nami.org/criminal-justice-and-legal/what-happens-when-your-childs-school-reports-suicidal-ideation/>
 - The family's language, religious beliefs, and culture.
 - The student's stressors and needs.
 - Barriers to receiving care such as transportation, health insurance, cost, and how they can be mitigated.

If the student indicates any thoughts of death or suicidal intent, or exhibits any suicidal behavior, assess the treat according to the appropriate level of risk based on indicators (Imminent, High, Moderate, or Low Risk).

Re-Entry Procedures

RE-ENTRY PROCEDURES FOR STUDENT WHO HAS NOT YET RETURNED TO SCHOOL

Form for documentation :

https://docs.google.com/document/d/1LPitcuGnrVGw5EEJKhxADskRHEsVFv_0/edit?usp=drive_link&oid=100240984735567916234&rtpof=true&sd=true

If a student has missed one or more days of school because of a crisis (for example, because of inpatient hospitalization or substance abuse treatment) and has not yet returned to school:

- The appropriate Student Success Team contact person will remain in touch with the family and the provider during the student's absence.
- If possible, get notification of the student's return to school one to two weeks ahead of time. Especially after a long absence or an absence after a dramatic crisis, students may be very fearful and hesitant about returning to school, and more planning and processing time can ease the stress of this difficult transition.
- If the student needs medical or psychiatric **clearance to return to school or to participate in normal school activities** (for example, physical education classes) upon return, obtain these documents as soon as possible after being notified of the student's plans to return.
- If the student's care is being transferred to an outpatient care provider, work with the guardian and provider to obtain a **Release of Information** so that the school can communicate with the provider.
- **Schedule a re-entry planning meeting** a few school days before the student's anticipated return date.
 - The re-entry meeting will be attended by the student's guardian(s), appropriate Student Success Team members including the campus administrator, and, for at least part of the meeting, the student.
 - During the meeting, the team will discuss how to support the student in phasing back into normal school life and completing the Student Re-Entry Plan. Depending on the student's situation, this plan could include accommodations such as beginning with a lighter course load or workload. **A signed copy of the Student Re-Entry Plan should be given to the parent/guardian and retained in the counselor's working notes. The original, signed Student Re-Entry Plan should be kept in the School Counselor's Office.**
- Along with Re-entry Plan document, discuss and **create a Student Safety Plan** (Safety Plan MH). It is highly recommended that the parent/guardian be involved with the student in the creation of the Safety Plan.
 - ✓ Print the Student Safety Plan.
 - ✓ The student and, if available, the parent should sign the Safety Plan.
 - ✓ Copies of the signed Student Safety Plan will be provided (via email and/or hardcopy) to those named in it as resources, BISD staff directly involved with the student on a daily basis (i.e., building administrators, general education teachers, school nurse, special education teachers, para educators, coaches, etc.).
 - ✓ The original, signed Student Safety Plan will be kept in the Counselor's office.
 - ✓ **Decisions will be made in this meeting, with the input of the student and, if applicable, the student's guardian, about what should be shared with teachers.** This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- Depending on the student, other re-entry accommodations may be appropriate. These could include exemption from classes with potentially triggering content (for example, a student who has been hospitalized for an eating disorder may need to be excused from the eating disorder unit in health class), adjustments in examination schedules, or other accommodations.
- Again, depending on the situation, it could be appropriate to engage the student's friends in helping with the transition. Appropriate roles for friends include working to eliminate or lessen rumors or bullying in the school and on social media, helping the students understand when to seek help, and finding ways to be supportive within appropriate peer boundaries.
- Necessary accommodations may not be clear until the student has returned to school. **During the student's first several days at school, a designated Student Success Team member should check in with the student daily and remain in contact, if appropriate, with the student's guardian and care provider.**
 - ✓ **A check-in meeting with the student and guardian should be scheduled for a week after the return to school and then as concerns arise to review accommodations and safety plan content and make necessary adjustments.**

RE-ENTRY PROCEDURES FOR STUDENT WHO HAS ALREADY RETURNED TO SCHOOL

If a student has already returned to school after hospitalization or inpatient treatment due to a crisis:

- The school counselor will meet with the Student Success Team and the student/guardian within the week of return to provide support and create a ***Student Safety Plan for Mental Health Purposes (Safety Plan MH)***. Follow the information from the previous section.

POSTVENTION RESPONSE

Coldspring Oakhurst Consolidated Independent School District recognizes that the death of a student, whether by suicide or other means, is a crisis that affects the entire school and community. In the event of a student's death, the school's response must be swift, consistent, and intended to protect the student body and community. In the case of a death by suicide, other concerns such as the prevention of suicide contagion will be taken into account.

CONFIRM THE NEWS AND CONVENE THE CRISIS TEAM

- ✓ Upon receiving news of a student's death, including an unconfirmed rumor, a staff member must immediately contact the campus administrator or counselor. Contact must be made whether this is during or outside school hours. The campus administrator/counselor will confirm the accuracy of the information.
- ✓ Discuss with the family how they want the death described to the school community. (For example, are they uncomfortable with it being referred to as a suicide? Is an ongoing investigation hampering communication?)
- ✓ Provide factual information to staff and students, while respecting the wishes of the family.
- ✓ Monitor social media for any inaccurate or exaggerated details of the event.

ACTIVATE THE DISTRICT/CAMPUS' ESTABLISHED COMMUNICATION PLAN

- ✓ Follow campus communication protocol for notifying staff and holding staff meetings, and other internal and external communication.

The staff meeting agenda to include:

- Verifiable facts about the death and information about the family's needs and preferences.
- Time for staff to ask questions and express feelings.
- Information about grief counseling and support available.
- Review of the school and district's postvention plans.
- Identification of crisis team members and introductions if they are not known to staff.
- Dissemination of statement to be read by teachers during the first period of the day.
- Location of the Safe Room and what will take place there.

Discussion with Student Success Team of students who immediately come to mind as at risk during this crisis and plans for action to check in on their wellbeing.

- ✓ Follow campus communication protocols for notifying student body. For more information about tailoring a statement to the situation and what topics to avoid in this conversation, see [After a Suicide: A Toolkit for Schools](#).
- ✓ Consider the need to notify other schools in the district, in particular, schools who may have students related to the student in crisis.

The Superintendent will designate a district administrator who will initiate communication with the Region 6 Crisis Response Team, including other districts to help with the response.

- Initiate the protocols for communicating with the media.

ESTABLISH A TRAUMA-RESPONSIVE SCHOOL SETTING IMMEDIATELY FOLLOWING A CRISIS

Designate a Safe Room with: Staffing and counseling support until the end of the school day. Immediately following a crisis, two adults should be in the designated Safe Room. At least one should be an adult with training in suicide prevention, such as a school counselor – preferably one that is accessible and known to all students.

- **Forms for students to sign in and out**
- **Information about grief**
- **Remove the deceased student's name from:**
 - The school's attendance roster
 - Automated call system
 - Any other place where a call home could be initiated.

Initiate the process that will be used to identify students who may require extra support or at risk of suicide contagion.

The following should be considered:

- Students who are having an unusually strong reaction to the death.
- The deceased student's friends.
- The deceased student's dating partners.
- Students related to the deceased student.
- Teammates, members of the same clubs, and other associates.
- Other students with a history of suicidal thoughts or behaviors.
- Other students who have dealt with a recent crisis or loss.
- Students experiencing mental health problems or other vulnerabilities.

Where possible, parents may be encouraged to add their children to the list if they have concerns.

Identify staff responsibilities for subsequent days

For at least the day after the first day, there should be **before-school and after-school staff meetings** focusing on the following:

- Review of and adjustments to crisis plan implementation.
- Any emerging needs among the student body or community.
- Discussion of students identified as at risk and what they need.
- Appreciations to helpful colleagues
- Self-care plan implementation for all staff
- A Safe Room will be open for multiple days after the incident if student's need continues. This Safe Room will be supported by an adult with training in suicide prevention, such as a school counselor.

NEXT STEPS

The school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk. Accommodations should be discussed on a case-by-case basis and provided following the district's intervention procedures.

- ✓ Students may wish to attend the deceased student's funeral. It is appropriate to make information about the date, time, and location of the funeral available to students.
- ✓ Having extra counseling staff available in the school the day of and the day after the funeral is recommended.

Removal of the deceased student's desk or chair from classrooms must be done sensitively and with clear communication to students.

Considerations:

- It is best to remove the chair or rearrange the classroom during a weekend, school break, or other time that the student body will be away from the school for multiple days.
- A member of the Student Success Team may wish to be present during the first class period after the chair has been removed or the seating chart rearranged.
- Messages to students will emphasize that the action is not meant to erase or disrespect the student but to help the class adjust to the "new normal." A class discussion facilitated by the counselor may be necessary at this time.

Remove and return the deceased student's personal items:

- ✓ Empty the student's locker, gym locker, cubbies, or other places for personal items in a timely fashion.
The campus administrator will consult with the student's family about who should do this and what should be done with the items.

It is not a safe practice to hold a candlelight vigil, hold a memorial service, or erect permanent memorial (such as a plaque, bench, or tree) at the school in the case of any student death, as these practices could contribute to sensationalizing of suicide or students considering suicide a means to gain admiration or attention.

- Acceptable "living memorials" that decrease the risk of suicide contagion include:
 - A student-led suicide prevention initiative supervised by one or more faculty members.
 - A donation or fundraiser for a local crisis service or mental health care provider.
 - Participation as a school in a local suicide awareness event.
 - Hosting a suicide prevention or postvention training for students, staff, and/or families.

Be mindful of anniversaries, such as the anniversary of the death, the student's birthday, the date the student would have graduated, etc. Vulnerable students may need extra support and observation during these times.

CRISIS DEBRIEFING

Debriefing after a crisis helps staff, students, and crisis team members reflect on the successes and challenges of the school and district's responses: Debriefing is critical to handling the next crisis better. Debriefing should focus on staff self-care and on process improvement. One outcome of quality postvention will be enhanced and improved prevention.

Appendix

Student Support Team Members for

(school):

Position	Name	Office phone Area code:936	Email	Personal phone	Trained in Suicide Risk Assessment*

* These individuals have received training in assessing suicide risk as part of their certification or professional development or have completed district risk assessment training.

GUIDING QUESTIONS FOR SUICIDAL IDEATION ASSESSMENT

*Adapted from C-SSRS. Questions are not meant to be used in isolation and are only a guide to help trained professionals assess the presence of suicidal ideation.

Student Name: _____ Date of Birth: _____

Interview completed by: _____ Date: _____

Suicidal Ideation

Question	Response
Have you wished you were dead or wished you could go to sleep and not wake up?	
Have you actually had any thoughts of killing yourself?	
Have you been thinking about how you might do this?	
Have you had these thoughts and had some intention of acting on them?	
Have you started to work out or worked out the details of how to kill yourself?	
Do you intend to carry out this plan?	

Intensity of Ideation

Question	Response
How many times have you had these thoughts?	
When you have these thoughts, how long do they last?	
Could/can you stop thinking about killing yourself or wanting to die if you want to?	
Are there things (anyone or anything) that stopped you from wanting to die or acting on thoughts of committing suicide?	
What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling or was it to get attention, revenge or a reaction from others? Or both?	

Suicidal Behavior

Question	Response
Have you made a suicide attempt?	
Have you done anything to harm yourself?	
Have you done anything dangerous where you could have died?	
What did you do?	1.
Did you do it as a way to end your life?	
Did you want to die (even a little) when you...?	2.
Were you trying to end your life when you...?	
Did you think it was possible you could have died from...?	3.
Did you do it purely for other reasons/without ANY intention of killing yourself?	4.
Have you engage in non-suicidal self-injurious behavior?	
Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did something?	
Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?	
Have you taken any steps towards making a suicide attempt or preparing to kill yourself?	
Collected pills?	
Getting a gun?	
Giving away valuables?	
Writing a suicide note?	

Additional Notes:

Counseling and Crisis Resources

TCHATT - Texas Child Health Access Through Telemedicine 713-798-8257 TCHATInfo@bcm.edu **contact your campus counselor for help with referral**

988 LIFELINE – Call 988 for immediate support with emotional wellness
<https://988lifeline.org>

The Burke Center Crisis Hotline - 24 Hour Crisis Hotline: [1-800-392-8343](tel:1-800-392-8343)

Websites:

- Crisis Text Line: www.crisistextline.org/get-help-now
- Parent Help: www.parenthelp123.org (English & Spanish)
- The Trevor Project (LGBTQ youth): www.thetrevorproject.org
- American Foundation for Suicide Prevention: www.afsp.org
- S.A.F.E. Alternative: www.selfinjury.com
- The Youth Suicide Prevention Program: <https://www.dfps.texas.gov/youth-helpline/>
- Boys Town National Crisis Hotline: <https://www.boystown.org/child-family-services/crisis>

