

# POLSD Suicide Prevention Intervention, and Postvention Protocol

**PORT ORFORD**



**LANGLOIS 2CJ  
SCHOOL DISTRICT**



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## Introduction

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 entire school community. In 2019, the Oregon legislature passed Senate Bill 52, also known as "[Adi's Act](#)", which requires school districts to develop and implement a comprehensive student suicide prevention plan.

## Purpose

This protocol will provide an overview of POLSD's suicide prevention plan. Taking active steps to put into place suicide prevention tools in schools is vital to preventing youth deaths by suicide. This document will also provide an overview of the POLSD's suicide postvention plan in the event that a student or staff member dies by suicide.

### The POLSD Recognizes:

- That physical and mental health impacts student learning and the learning environment.
- That suicide is a leading cause of death among young people aged 10 - 24 in the State of Oregon.
- Our district has an ethical responsibility to take a proactive approach in preventing suicide and educating our staff, students, and parents on suicide prevention and intervention.
- The school has a role in providing a culture and 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.
- That comprehensive suicide policies include prevention, intervention, and postvention components.
- It will publish its policy and plan on the district website and will revisit and refine the plan as needed.
- Disclosure of suicidality should be taken seriously everytime and action should always be taken.
- School staff are frequently considered the first line of contact with potentially suicidal students. Most school personnel are neither qualified, nor expected, to provide the 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 staying with the student and getting them to a trained screener or administration.
- All school personnel need to know that they are required to refer at-risk students to trained professionals; the burden of responsibility does not rest solely with the individual "on the scene."
- That research shows that talking about suicide or asking someone if they are feeling suicidal does not put the idea of suicide into the individual's head or cause them to decide to kill themselves.
- That school personnel, parents/legal 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.
- School employees are bound by the laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing student information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information. If at any time, a student has shared information that indicates there is foreseeable risk of harm/danger to self or others, that information MUST BE shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA and HIPPA.

## Groups at Increased Risk for Suicidal Behavior

(Please note: POLSD recognizes this is not a 100% comprehensive list and that other factors, known or unknown, may contribute to a youth’s risk for suicidal behavior.)

- Youth Living with Mental and/or Substance Use Disorders
- Youth Who Engage in Self-Harm or Have Attempted Suicide
- Youth in Out-of-Home Settings
- Youth Experiencing Homelessness
- Racial and Ethnic Minority Youth
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth
- Youth Bereaved by Suicide
- Youth Living with Medical Conditions or Disabilities

## Comprehensive Suicide Prevention Plan Components

POLSD takes a strategic approach to preventing suicide. It includes specific components implemented in a particular sequence: prevention, intervention, and postvention. Prevention efforts work best when they are connected to effective intervention and safe postvention efforts. This plan outlines our approach to these three areas and is dedicated to developing a suicide prevention program using an approach that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

### Contact Information

POLSD District Office		
Aaron Miller	Superintendent	541-348-2455
Stephanie Smith	District Secretary	541-348-2455
Driftwood Elementary		
Aaron Miller	Building Principal	541-332-2712
Ashley Jones	School Counselor/Student Support Specialist	541-332-2712
Nicola Steers	Office Manager	541-332-2712
Pacific Junior High/High School		
Shane Brown	Building Principal	541-348-2293
Ashley Jones	School Counselor/Student Support Specialist	541-348-2293
Kari Engdahl	Office Manager	541-348-2293
Community Resources		
Curry County Crisis Line (through Adapt)	24 hour Crisis Line	1-877-519-9322
Safe Oregon Tip Line	24 Hour Tip Line	844-472-3367
National Suicide Hotline	24 Hour Hotline	988
Coast Community Health	Local Doctor’s Office	541-332-1114
Law Enforcement		911
DHS	Child Abuse Reporting Agency	855-503-7233

## Prevention Procedures

### Staff Training and Education

POLSD will take intentional steps to create a school culture that encourages positive coping skills by building protective factors while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The district has adopted the staff and student training programs set forth below:

PROGRAM	WHO	TIME
<p><b><u>QPR</u></b> Question, Persuade, Refer Gatekeeper Training for all student-facing staff members.</p>	All student-facing staff.	2 hours/annual Gatekeeper Training
<p><b><u>Columbia Suicide Severity Rating Scale (C-SSRS)</u></b> Evidence-based first responder to gauge risk and response level needed during a potential suicidal engagement. Includes protocols for both initial and follow-up screening and documentation.</p>	Trained Screeners & Anyone deemed appropriate by admin	90 Minute in person training (30 minutes video, 60 minute slides, discussion, scenarios)
<p><b><u>ASIST Training</u></b> Applied Suicide Intervention Skills Training is for anyone who may come in to contact with a person with thoughts of suicide. This training teaches participants an effective process for asking about suicide and making plans to stay safe. This training also explore societal views of suicide, taboos around suicide, and each person’s personal views on the topic.</p>	Trained Screeners & Anyone deemed appropriate by admin	2 full days, in person every 3 years
<p><b><u>CALM- Counseling Access to Lethal Means</u></b> This training is designed from anyone who may come in to contact with a suicidal person and need to discuss with them their access to harmful or deadly weapons or means.</p>	Trained Screeners & Anyone deemed appropriate by admin	Free 2 hour online training <a href="https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means">https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means</a>
<p><b><u>Youth Mental Health First Aid</u></b> YMHFA is designed for adults who regularly interact with young people. This course introduces common mental health challenges for youth, reviews typical adolescent development and teaches a 5 step action plan for how to help you people in crisis and non-crisis situations.</p>	Any school personnel interested or deemed appropriate by on site admin.	7.5 hours in person
<p><b><u>Connect Postvention Training (NAMI)</u></b> Training around the planned response after a suicide to identify protective factors and reduce risk of those impacted by suicide.</p>	School counselors, school psychologists, admin, anyone deemed appropriate by admin	6 hours

<p><b>Sources of Strength</b></p> <p>A best practice youth mental health promotion and suicide prevention program designed to harness the power of peer social networks to create healthy norms and culture, ultimately preventing suicide, violence, bullying, and substance misuse. The mission of Sources of Strength is to prevent adverse outcomes by increasing wellbeing, help-seeking, resiliency, healthy coping, and belonging. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention.</p>	<p>Staff Advisors and Students (Pacific JH/HS) Elementary Coaches (Driftwood Elementary)</p>	<p>Pacific High School: 6 hours for staff 4 hours for peer leaders</p> <p>Driftwood Elementary: 2 full days for Elementary Coaches One, 4-hour training (from in-building coaches) for teachers providing lessons</p>
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### Student Training and Education

All students K - 12 will receive direct instruction on social emotional learning/mental health and wellness promotion using restorative practices.

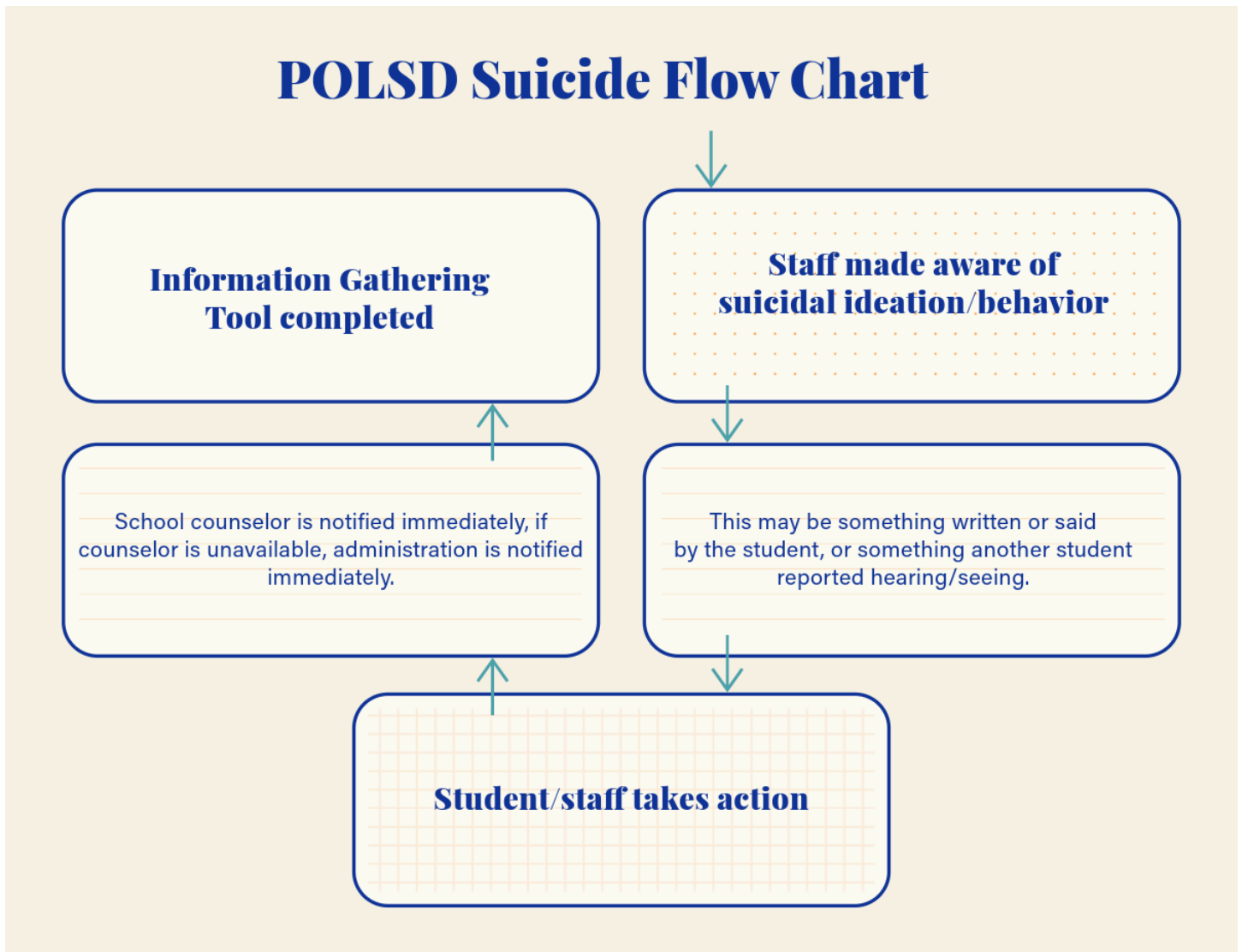
Social/Emotional Learning curriculum (SEL) including regulating emotions, Sources of Strength (SOS) Weekly Lessons, Peaceful Schools Lessons	K - 6
Student Support Specialist Available	K - 12
School Counselor Available	K - 12
Social, Academic, Emotional Behavior needs assessments are provided for a social-emotional health baseline and progress monitoring of all students.	3rd - 12
Suicide prevention direct instruction in health classes	7, 8 and 10
Sources of Strength Program	K - 12

# Intervention Procedures

The risk of suicide is raised when any peer, teacher, caregiver, or school employee identifies someone as potentially suicidal because she/he/they has/have directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat **reports** this information immediately and directly to the school counselor or school administrator so that the student of concern receives appropriate attention. A suicide information gathering tool will need to be completed for every student expressing comments and/or thoughts of suicide and/or report that is made about a student expressing these things. Every effort should be made to make contact with the student the same day staff members are made aware of the risk of suicide.

If the potential for immediate danger exists, call **911** immediately. This is especially important if the student of concern is not in class or left the campus and a plan to suicide is discovered. All threats of self-harm must be taken seriously. **Only the school counselor or administrator may ask specific questions and complete the information gathering tool.**

## POLSD Suicide Flow Chart





## Suicide Intervention Protocol

### Action Steps - Staff aware of suicidal behavior/ideation:

When a staff member becomes aware of student expressing suicidal thoughts, either from the student or other students, they will:

- Notify the counselor immediately. If the counselor is unavailable, notify administration immediately.
- Stay with the student until the appropriate person arrives.
- Not discuss the situation with anyone other than the crisis team in order to protect the student's confidentiality.
- If needed, escort the student to a private area.
- If the staff needs someone to cover a class, the staff member will contact the office for assistance.

### Suicide Information Gathering Tool

[Suicide Information Gathering Tool](#)

### Filling out the Information Gathering Tool

1. The information gathering tool provides questions to ask, and things to consider. Follow the questions/information on the guide to get information about the situation.
2. Please note, it is NOT necessary to complete every question/section of the information gathering tool. The necessary information for the tool will be based on each individual student and situation.
  - a. The one non-negotiable of this tool is to contact parents/guardians when there is suicidal ideation/thoughts/conversations/etc. The only exception to this is if the person filling out the tool feels that the suicidal ideation is a DIRECT result of abuse/neglect from the student's caregiver. In this instance, DHS and the Curry County Crisis Team will be contacted.
3. There may be instances where the student needs to be transported to a facility. If this is the case please do the following:
  - a. When the parent arrives, the team member discusses the situation and information gathered and makes recommendations for the next steps to be taken. The parent/guardian, or other method if required, transports the student to the nearest clinical site for further assessment and care. If the parent/guardian does not have transportation, other arrangements will be made in coordination with parent/guardian, administration, and local agencies.
4. If the team member is **unable to contact the parent/guardian**, the named emergency contact will be called. The procedure in the above paragraph will be followed.
5. If the **emergency contact is also unavailable**, the team member will contact the local crisis line.
6. If the **parent/guardian is uncooperative** and does not agree with the urgency of the situation, he or she is informed that the team member is required to contact the crisis line to ask for assistance. If the parent/guardian takes the student without the intent to get further assessment, the team member contacts DHS to make a report. If the parent/guardian refuses to pick-up the student, transport the student to a facility, or leaves the student at the school, DHS and the local crisis line are contacted for assistance.

### Documentation

Documentation of all intervention steps and phone calls should be done throughout the process.

**Follow-up:**

Continue to work with the student and their caregivers to connect them to outside resources. If the student sees a therapist, counselor, etc. at another agency, it may be beneficial (if wanted by the student and/or caregivers) to complete a Medical Release of Information, most agencies have their own they will want you to sign.

## Student Return to School Following A Suicide Attempt and/or Hospitalization

Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed supports and the student's schedule. Students who have made a suicide attempt are at increased risk to attempt to harm themselves again and effective handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school; this involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Families are more likely to disclose information if they know the school has a helpful, nonthreatening manner of dealing with students who have attempted suicide.

Assuming the student will be absent after a suicide attempt or serious threat and possibly hospitalized in a treatment facility, schools should follow these steps:

1. Update everyone on the crisis team about the situation.
2. Inform the student's teachers regarding the number of probable days of absence.
3. Instruct teachers to provide the student with assignments, if appropriate.
4. Determine if there are any other students that may have been directly affected by the suicidal behavior and need immediate attention.

Some suggestions to ease a student's return to school are as follows:

1. Prior to the student's return, a meeting between the appropriate team member who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for support services and to create an individualized re-entry plan.
2. Seek recommendations for aftercare from the student's therapist. If the student has been hospitalized, a Crisis Team member should attend the discharge meeting at the hospital.
3. The designated crisis team member should:
  - a. Review and file written documents as part of the student's confidential health record.
  - b. Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with practical aspects affecting the student, i.e. medications, full vs. partial study load recommendations.
  - c. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to re-occurring warning signs. Ask the student if he/she has special requests about what is said or done by school.
  - d. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health service providers supporting the student.
4. Classroom teachers need to know whether the student is on a full or partial study load and be updated on the student's progress in general. They do not need clinical information or a detailed history.
5. Discussion of the case among personnel directly involved in supporting the student should be specifically related to the student's treatment and support needs. Discussion of the student among other staff should be strictly on a "need to know" basis. That is, information directly related to what staff has to know in order to work with the student.

6. Discussion of any specific case in classroom settings should be avoided entirely since such discussion would constitute a violation of the student's right to confidentiality, and would serve no useful purpose to the student or his/her peers.
7. The school should maintain contact with the parents to provide progress reports and other appropriate information, and be kept informed of any changes in the aftercare plan.
8. It is appropriate for school personnel to recommend to other students that they discuss their concerns or reactions with the appropriate school personnel. The focus of these discussions should not be on the suicidal individual, but on building help-seeking skills and resources for others who might be depressed or suicidal.

# Postvention Procedures

## Crisis and Suicide Postvention Response Timeline Definition:

**Immediate:** 1 hour to 1 week

**Mid-term:** 1 week to 2 months

**Long-term:** 2 months to 1 year

## Immediate Response Postvention after a Death by Suicide

### Postvention Procedures: After a Death Occurs

Postvention means any compassionate, healing, and effective “post-intervention” activities conducted after a suicide. Postvention seeks to reduce the risk of imitations or “contagion”, supports the needs of those bereaved by a suicide, provides safe messaging to students, families, and the community, and supports the mental health of the entire school community. Appropriate postvention activities serve to enhance future prevention efforts and save lives. Postvention includes procedures and practices addressing immediate, intermediate, and long-term response planning. Postvention also involves active crisis response strategies that strive to treat the loss in similar ways to that of other sudden deaths within the school community and to return the school environment to its normal routine as soon as possible while providing grief support. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at-risk students, and other difficult issues such as memorialization. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents and legal guardians, community, media, law enforcement, etc. In Oregon, postvention is specifically defined under OAR 309-027-0200(8).

Postvention Goals	Postvention Cautions
<ul style="list-style-type: none"> <li><input type="checkbox"/> Support the grieving process</li> <li><input type="checkbox"/> Prevent suicide contagion</li> <li><input type="checkbox"/> Reestablish healthy school climate</li> <li><input type="checkbox"/> Provide long-term support</li> <li><input type="checkbox"/> Integrate and strengthen protective factors</li> <li><input type="checkbox"/> Treat all deaths the same</li> <li><input type="checkbox"/> Provide resources for students, families, and staff</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid romanticizing or glorifying event or vilifying victim</li> <li><input type="checkbox"/> Do not provide excessive details</li> <li><input type="checkbox"/> Do not eulogize victim or conduct school-based memorial services</li> <li><input type="checkbox"/> Do not release information in a large assembly or over the intercom</li> <li><input type="checkbox"/> Hold school-based memorials or gatherings outside of school hours</li> </ul>

## Postvention Response Procedures

- \_\_\_\_\_ 1. Principal or administrator is notified of suspected or known student death by suicide.
- \_\_\_\_\_ 2. Principal/Administrator notifies the Superintendent.
- \_\_\_\_\_ 3. Superintendent confirms cause of death with Law Enforcement.
- \_\_\_\_\_ 4. The Superintendent notifies the Crisis Team.
- \_\_\_\_\_ 5. Crisis Team determines Point Person. \_\_\_\_\_
- \_\_\_\_\_ 6. Crisis Team utilizes Rapid Assessment Guide.
- \_\_\_\_\_ 7. Principal or administrator communicates with the family to offer condolences and determines their wishes for communication about the death.
- \_\_\_\_\_ 8. The Superintendent's office prepares any media statements.
  - i. Determines how to inform parents and community: See [Traumatic Event Communications](#).
  - ii. Maintains contact with law enforcement and other administrators throughout the process.
  - iii. Supply the media with information on "signs and symptoms of depression" and sources of help in the community. Stress prevention and early intervention as the focus of their reporting. Educate the media on "contagion" factors and imitative behaviors. Encourage them not to glamorize or sensationalize suicide in any way. Refer to safe messaging.
- \_\_\_\_\_ 9. The Principal/Administrator meets prior to announcing news to staff, prepares for possible substitutes and support staff.
- \_\_\_\_\_ 10. The Principal/Administrator meets with all substitute and support staff. They also join staff meetings
- \_\_\_\_\_ 11. Crisis Team determines outside resources that should be brought in.
- \_\_\_\_\_ 12. Crisis Team develops a plan on how to inform faculty and students.
- \_\_\_\_\_ 13. Crisis Team meets to assign responsibilities:

Name	Responsibility
	Identifies potentially at-risk students and staff, e.g., those knowledgeable about or connected to the deceased.
	Creates scripts for teachers to use from provided templates. Provides script and response to line staff (building secretaries, etc.)
	Gathers Safe Room supplies (water, snacks, paper, markers, cards, etc)
	Gathers input on concerns from teachers and staff.
	Monitor social media
	Determine staff member to follow student's schedule
	Determine a wellness coordinator to ensure staff and crisis team members have food and breaks.

- \_\_\_\_\_ 14. Principal prepares scripts and resources for all staff meeting by utilizing [Before School Staff Meeting](#).
- \_\_\_\_\_ 15. The Principal/Administrator holds all-staff or stand-up meeting as soon as possible and distributes scripts and other resources for teachers to use.
- \_\_\_\_\_ 16. Building staff, as directed by the administrator, notify students, and distribute any needed notifications or resource handouts.
- \_\_\_\_\_ 17. The Principal/Administrator holds an end-of-day meeting with faculty to debrief.
- \_\_\_\_\_ 18. Crisis Team meets to debrief and determine follow up resources. Crisis Team determines the most trauma-informed manner to remove student's personal effects and present them to the family.
- \_\_\_\_\_ 19. Secretary marks the student as deceased in the student information system.
- \_\_\_\_\_ 20. After day 1, remove the student's desk from the classroom during non-school hours.

## Rapid Assessment Guide

Date: \_\_\_\_\_

Team Member Completing Form: \_\_\_\_\_

Incident:

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1. How many people, and who, can we expect to be impacted?
2. How much disruption, and what kind, should be anticipated?
3. What additional information is required and how might it be obtained?
4. What resources are required for the initial response? Is this an incident our Team can handle in house? If not, how much outside support (SCESD Crisis Team/Local Pastors, other) will be required?
5. How critical/traumatic is this incident?

### Traumatic Event Scale of Response

Level 1: Situation confined to an individual or small group.

Level 2: Class or grade level affected.

Level 3: Multiple grade levels and potentially the entire building impacted.

Level 4: Multiple buildings and a sizable portion of the district impacted.

Level 5: Catastrophic incident with widespread and profound impact on the entire school community.

### Potential Intervention Needs Worksheet

Targeting potential intervention needs:

Large Group Briefing (When, where, who):

Classroom Presentations (Which classes, who):

Safe Room (When, where, who):

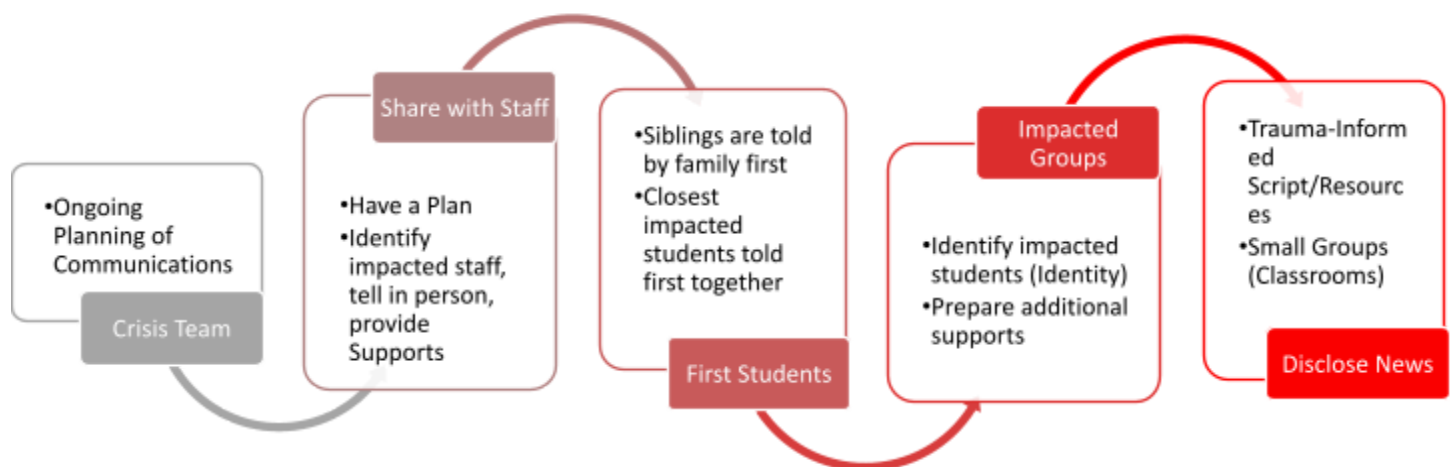
Small Group Discussions (Which groups, when, where):

Individual Support (When, where, who):

## Disclosing Details of the Death

\*It is important and considered best practice in trauma response to gain permission from family/guardians to share the facts about a crisis, death or trauma. If the family is resistant to this, let them know that you only want to share facts because it is better that students/staff hear facts from supportive adults rather than rumors or inflated stories via social media or by student word-of-mouth.

What to Disclose		
<p><b>Unconfirmed Cause of Death</b></p> <ul style="list-style-type: none"> <li>Do not disclose the cause of death before an official cause is determined.</li> <li>Ongoing investigation: Check with local law enforcement before speaking with students who may need to be interviewed.</li> </ul>	<p><b>Family Declines Sharing Cause</b></p> <ul style="list-style-type: none"> <li>Respect family wishes!</li> <li>Trusted educated admin speaks with family about benefits of sharing mental health resources.</li> <li>Use opportunity to give students info/resources: Grief, suicide, suicide prevention, help seeking, how to get help for a friend.</li> </ul>	<p><b>Rumors</b></p> <ul style="list-style-type: none"> <li>Educate staff on danger in rumors.</li> <li>Acknowledge to students that there are rumors (which are often inaccurate) and remind students that rumors can be deeply hurtful and unfair to the missing/ deceased person/ their family, and their friends.</li> </ul>
Follow Guidelines for Safe Messaging		



### Safe Messaging

- One designated person handles all media interactions.
- Advise students to avoid interviews.
- Oversee school social media and use it as part of crisis response.
- Monitor social media and social networking sites.



- The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

### Before School Staff Meeting

- A) Make sure all building personnel are invited, including: office staff, custodians, paraprofessionals, crossing guards, monitors, bus drivers, etc.
- B) Announcement of current facts (share the basic details – who, how, when, where.) Dispel *rumors*.
- C) Introduce crisis team members and discuss the team’s role.
- D) Outline the day; share an overview of the plan.
  - Explain and emphasize how the crisis is announced to students – a team can be available to help teachers process with their class, or to read the announcement to the class for the teacher.
  - Letter to parents. This should be discussed among administration.
  - Substitute teachers will be available if needed.
  - Where and how team members will be available, i.e. in the classroom, in the office, in the counseling center.
  - Guidelines for sending students to crisis team members (hall passes, etc.)
- E) Provide ideas for dealing with students during crisis.
  - Staff will process with students i.e. take time for students to share and ask questions in a group after the announcement to the student body.
  - Use direct language i.e. dead, died, not passed away or went to sleep, etc. -know if you feel able to answer questions that students might ask. -younger children often can’t grasp the finality of death but will need information– be honest, but not brutally honest. -limit discussion of crisis. Do not discuss details of the death and respect confidentiality.
  - All feelings are OK. Expect a wide range of emotions. -some students may honestly have no reaction. -anger is often a way kids will express strong feelings. -inappropriate remarks, illness, jokes, laughing can be ways of handling strong or scary feelings (especially males). -some students may feel guilty about things they said, did or did not do to the person who died. -some students will have a delayed reaction – the next day or later. -fear of losing a parent, relative, or dying themselves may develop.
  - Crisis events can trigger the surfacing of feelings around unresolved loss or trauma that is unrelated to the current crisis.
  - Students whose families are under stress may have an especially hard time.
  - Provide some form of activity students can use to express their feelings, i.e. artwork, cards or letters for the family.
- F) Support for Staff
  - Reiterate messages about feelings from the previous discussion, i.e. triggering of their emotions about their own losses, difficulties or guilt.
  - Subs will be available if needed.
  - Let us know after the meeting or throughout the day if you’re needing extra support.
- G) Maintain a normal routine as closely as possible.
- H) Media
  - Refer media to designated contact person (announce the designated person.)
  - Discourage staff from talking with the media directly.
  - Media personnel are not allowed inside the building.
  - Request that students not talk to the media.
- I) Arrange to meet with staff directly involved.
- J) Announce plans for after school staff meeting.

## After School Staff Meeting

(This should be run by Admin with Crisis Team present)

- A. Review day's events and any new information.
- B. Process and validate staff's feelings about the crisis.
- C. Discuss student's reactions.
- D. Ask staff to identify students they have concerns about – provide characteristics of high-risk students.
- E. Discuss funeral arrangements, if known
  - a. When and where.
  - b. Time out of the building for staff who wish to attend.
  - c. Procedures for students – they should be accompanied by an adult, preferably a family member.
- F. Discuss staff concerns regarding support for the family.
- G. Future plans – crisis team's role.
- H. Encourage staff to acknowledge and address their own emotional needs this evening and in the
- I. days ahead.
- J. Provide Employee Assistance Program (EAP) information for staff.
- K. Acknowledge the staff's efforts and thank them.

## Mid-Term Postvention to Death by Suicide

### Avoid Suicide Contagion

*Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma. Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death. The Crisis Response Team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk. In the staff meeting, the Crisis Response Team shall review suicide warning signs and procedures for referring students who present with increased risk.*

*For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.*

### Develop Memorial Plans

*Memorializing a student who has died by suicide can be a difficult process. Staff, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It is important to be prepared to respond to and channel the need of people to grieve into activities that will not raise the suicide risk of vulnerable students or escalate the emotional crisis.*

*The person designated as the liaison with the family needs to consult the family and be prepared to explain the memorialization policy to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.*

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Spontaneous memorials may occur from students expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by the school administration.
  - If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.
  - The school shall also leave a notice for when the memorial will be removed and given to the student's family.
- Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited.
- School shall not be canceled for the funeral or for reasons related to the death.
- Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

**It is noteworthy that even articles that are inappropriate to share with families may have been therapeutic for the students to create. Allowing for these memorials to stay in place for a brief period up to the funeral (up to approximately five days), and monitoring memorials while in place, is recommended to avoid hostile and glamorizing messaging and to monitor for at-risk students.**

### **Consider Ongoing Supports**

The Crisis Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and support. These supports may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Pause all Suicide Prevention training for at least 6 to 9 months
- Targeted supports for identified and/or at-risk students

### **Long-Term Suicide Postvention to Death by Suicide**

#### **Preparing for Significant Dates and Events**

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death. Anniversaries are a good time to increase discussion of mental health support resources and mental health awareness activities.

### **Consider Ongoing Supports**

The Crisis Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports. These supports may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Targeted supports for identified and/or at-risk students
- Additional & Ongoing Training & Education
- Frequent mental health and suicide prevention communication

## Appendix A: Language for Student Handbook

POLSD is committed to creating a community of connection, understanding, and trust by assessing and addressing the needs of all students. Student success is gained through their knowledge and understanding of physical, behavioral, and emotional well-being. Suicide is preventable and anyone can help prevent a death by suicide. Research indicates that asking about suicide does not increase its risk, but in fact may decrease anxiety allowing open conversation with anyone contemplating suicide. Students can talk to any trusted adult in their building to receive support or to ensure that a fellow student gets support. This can be done anonymously. All warning signs or requests for help will be taken seriously. Go to our website to see our Adi's Act Plan.

## Appendix B: Supporting Information

### Supporting Families through Their Child's Suicidal Crisis

#### **Family Support is Critical**

When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a Crisis Team of acute personal shock or distress. Many people do not seek help – they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

#### **Common Parental Reactions to Hearing that Their Child is Suicidal**

- Acute personal shock and distress
- Totally paralyzed by anxiety
- Very confused, puzzled, or in denial
- Embarrassed
- Blamed, stigmatized
- Angry, belligerent, threatening

#### **Concerns of the Helper/Professional**

- Safety of the youth
- Professional responsibilities
- Gaining cooperation from parent(s)

#### **Concerns of the Parent**

- Maintain some equilibrium
- What to do; where to turn for help
- The safety of the youth

#### **Parents May Need Support to:**

- Overcome their emotional reactions
- Accept the seriousness of the situation
- Recognize their key role in helping their child
- Recognize the importance of finding (professional) help
- Understand the importance of removing firearms from their environment
- Identify personal coping mechanism and support systems
- Understand their limits
- Establish some hope

**How crisis team member can be Helpful:**

- “Just be there” (through the immediate crisis)
- Reflective listening – acknowledge the impact, the fear, the anger...
- Avoid judging, blaming
- Provide information and referrals
- Emphasize safety; strongly recommend removing lethal means from the home and provide information on how to do that
- Support any and all acceptance of responsibility and efforts to help
- Model limit setting and self-care

**Things You Can Ask – or Say – Once the Immediate Crisis has Passed:**

- “How can I help?”
- “How are you coping?”
- “Who can you talk to? How are you in touch with these people? Would it help if I called them for you?” (sometimes just picking up the phone is more than they can do for themselves.)
- “I can appreciate how this has turned your world upside down. It is great that you have been willing to get help. None of us can do this alone.”
- “How have we (professionals) been helpful? What has not been helpful? What could we do better?”

## Common Youth Reactions to Suicide and Recommended Responses

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposures and cultural traditions all play a role. Below are some of the more or less predictable adolescent reactions to suicide and suggested responses.

Emotion	Emotions Displayed May Look Like...	Suggested Response
<b>Shock and Denial</b>	At first there may be remarkably little response. The reality of the death has yet to be absorbed. "You are kidding, right?" "This is just a joke – it can't be true."	Acknowledge the shock, anticipate the reaction to come, and demonstrate a willingness to talk when students are ready.
<b>Anger and Protection.</b>	Generally speaking, "black and white" thinking sets in. Students want someone to blame for this and may openly express/direct anger at the deceased's parents, teachers, or boy or girlfriend. "Why did you let this happen?" "It is all your fault that this happened!"	Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don't understand. Suggest that suicide is a very complicated human behavior and that there are always multiple reasons...and that blaming another individual may put that person at risk of suicide also.
<b>Guilt</b>	Students close to the deceased may blame themselves. "If only I had called him back last night;" "I should have known...I should not have teased him..."	Remind students that only the person who kills him/herself is responsible for having made that decision.
<b>Anger at the Deceased</b>	This is surprisingly common, among close friends as well as those who were not close to the deceased. "How could she do something so stupid?"	Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal stage of grieving. Acknowledgement of anger often lessens its intensity.
<b>Anxiety</b>	Students sometimes start to worry about themselves and/or other friends. "If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends)."	Help students differentiate between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.
<b>Loneliness</b>	Those closest to the deceased may find it almost impossible to return to a normal routine and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive.	Encourage students to help each other move forward in positive ways. Notice anyone who seems to be isolating from others and reach out to them, offering resources to help with grieving process.
<b>Hope and Relief</b>	Once the reality of death has been accepted, and the acute pain of the loss subsides, students find that life resumes a large degree of normalcy and they come to understand that over time, they feel better. They can remember their friend without extreme pain.	Simply remain open to listening to student's feelings, especially on the anniversaries (two weeks, months, years, etc.). Recognize the importance of both mourning and remembering.



## Am I Normal? Reactions to Overwhelming Stressful Events

Most people have reactions to traumatic events or other overwhelming situations. These experiences may affect your ability to function and take care of yourself. Everyone reacts differently, based on personal experiences. Sometimes it appears that there is no reaction at all, sometimes the reaction is immediate, and sometimes reactions are delayed.

### **Common reactions to a death, near death or overwhelming event are:**

#### **Thoughts:**

- Re-enacting the event over and over in your mind

#### **Physical Reactions:**

- Fatigue
- Headaches
- Trouble concentrating

#### **Emotional Reactions:**

- Feeling stressed
- Feeling anxious
- Feeling overwhelmed
- Feeling numb
- Irritability
- Nightmares
- Sadness
- Anger
- Apprehension

#### **Changes in Behaviors:**

- Increase in risk-taking
- Change in appetite
- Sleep problems
- Increase in use of alcohol or drugs
- Withdrawal

### **What can I do to feel better?**

- ◆ Get involved in activities that you can start and finish in one day.
- ◆ Eat healthy foods and get physical exercise.
- ◆ Talk openly with a friend or person you trust about your feelings.
- ◆ Spend time doing things you enjoy, even if it is hard.
- ◆ Support a friend – this is remarkably healing.
- ◆ Listen to music you think is positive.

### **When do I need to get additional help?**

- ◆ If you continue to have trouble functioning normally, weeks or months after the events.
- ◆ When you have a friend who has these reactions and is not getting better.
- ◆ When you have thoughts of harming or killing yourself or someone else.
- ◆ If you are feeling overwhelmed or out of control.
- ◆ When you are not taking care of yourself.

### **Where can I get help?**

- ◆ Parent, Friend (who is not overwhelmed), or Relative: \_\_\_\_\_
- ◆ Others (list the names): \_\_\_\_\_
- ◆ School Guidance Counselor or nurse: \_\_\_\_\_
- ◆ Pastor or another adult you trust: \_\_\_\_\_
- ◆ Counseling Services: \_\_\_\_\_
- ◆ Curry County Mental Health Crisis Line: 1-877-408-8941
- ◆ National Suicide Prevention Lifeline: 988 (call or text)

## Appendix C: Re-entry Scenarios that May Arise (after an attempt)

Following are some of the issues that might arise upon re-entry to school, as well as options for resolving the specific issue.

1. **Issue:** Transition from the hospital setting

**Options:**

- Visit the student in the hospital or home to begin the re-entry process with permission from the parent/guardian.
- Consult with the student to discuss what support he/she feels that he/she needs to make a more successful transition. Seek information about what the student would like communicated to friends and peers about what happened.
- Request permission to attend the treatment planning meetings and the hospital discharge conference.
- Arrange for the student to work on some school assignments while in the hospital.
- Include the therapist/counselor in the school re-entry planning meeting.

2. **Issue:** Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)

**Options:**

- Schedule a family conference with designated school personnel or home-school coordinator to address their concerns.
- Include parents in the re-entry planning meeting.
- Encourage the family to an outside community agency for family counseling services.

3. **Issue:** Social and Peer Relations (if appropriate)

**Options:**

- Schedule a meeting with friends prior to re-entry to discuss their feelings regarding their friend, how to relate and when to be concerned.
- Be sensitive to the need for confidentiality and how to restrict gossip.

4. **Issue:** Academic concerns upon return to school

**Options:**

- Ask the student about his/her academic concerns and discuss potential options.
- Arrange tutoring from peers or teachers.
- Modify the schedule and adjust the course load to relieve stress.
- Allow make-up work to be adjusted and extended without penalty.
- Monitor the student's progress.

5. **Issue:** Medication

**Options:**

- Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- Notify teachers if significant side effects are anticipated.
- Follow the policy of having the school nurse or trained personnel monitor and dispense all medication taken by the student at school.

6. **Issue:** Behavior and attendance problems

**Options:**

- Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- Discuss concerns and options with the student.
- Consult with the person responsible for discipline.
- Request daily attendance report from attendance office.
- Make home visits or regularly schedule parent conferences to review attendance and discipline records.
- Refer student/family to outside counseling.
- Place the student on a sign in/out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

7. **Issue:** On-going support\*

**Options:**

- Assign a school liaison to meet regularly with the student at established times.  
Talk to the student about his/her natural contact at school – try to assign the person who already has a relationship with the student.
- Maintain contact with the therapist and parents.
- Ask the student to check in with the school counselor daily/weekly.
- Utilize established support systems, support groups, friends, clubs and organizations.
- Schedule follow-up sessions with the school counselor.
- Provide information to families on available community resources when school is not in session.

\*In the event that a student loses a family member to suicide, school personnel should understand that suicide evokes a special, complicated grief and most of the on-going support considerations mentioned in #7 would also apply.

## Appendix D: Postvention Communication

### Death by Suicide: Survivor Interview

Name of survivor \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Date/Time of call \_\_\_\_\_

Express Concern	<i>"We heard about what happened and wanted you to know how concerned we are. We can't even begin to imagine how hard this must be for you."</i>
Ask how the school can be of assistance	<i>"We want to help you however we can. Is there anything that we can do at this time? Do you have family and/or friends close by to support you?"</i>
Clarify the facts	Here is what we have heard (very briefly share available details). Is this accurate? Is there anything else that we should know?
Share School Response	Our building crisis response team will meet to develop a plan for our school. Of course, we will carefully secure any personal items. Are you comfortable with us sharing the facts with students who are affected?
Reiterate concern and availability of assistance	Again, we are so sad about what has happened. Please let us know if there is anything that we can do to help you.

## Traumatic Event Communications

### Sample Student Announcements:

Today we received tragic (or sad) news. We learned that one of our students/staff members, (name), died (or was seriously injured) by / as the result of / due to (give basic appropriate elaboration without too much detail, confirmed facts only.)

When things like this happen, people have all different kinds of reactions, such as shock, sadness, fear and anger. Those reactions may rise and fall throughout the day, and even for days to come.

Some of us will want to have a quiet time alone and others may want time to talk with friends of adults. Some of you, who did not know (name), may be ready for teachers to return to academics sooner than others. We just need to practice patience and respect for each other.

Your (teacher/advisory teacher/first bell teacher) will spend a little time discussing this today. There are plans in place for those who need additional support.

As a reminder, we need to respect the thoughts and feelings of each other. Everyone has the freedom to choose how they will cope with this tragic event.

Please be here for one another. I know we will get through this difficult time together.

**If family does not consent** to sharing the manner of death, (i.e. car accident, suicide, etc) you may say in the staff and student announcement, (example), “We wanted to share with you some very sad news. Mary Smith died this morning. Her family is not ready to share the details of the death, so please refrain from speculating about how she died. When the family is ready to share, we will provide more details.”

### Guidelines for Family Letters

Letters sent home should include the following:

1. The crisis and a statement of tragedy. Give basic facts.
2. Information on utilization of POLSD Counselors, Crisis Team and available resources.
3. Reference materials including guidelines to help a child deal with loss/death and characteristics of the mourning process.
4. Statement that parents should be sensitive and listen to their child's reaction.
5. Name of person at school to contact regarding questions and concerns.

### Sample Parent Letter

Dear (School Name) Parent or Guardian:

At approximately (note date and time) \_\_\_\_\_, one of our students (note what happened)\_\_\_\_\_. The information that we have received at this time is that the student (note condition) \_\_\_\_\_.

Our school's crisis response team is handling the situation in a calm and compassionate manner. Additionally, other mental health professionals from \_\_\_\_\_ were in the building today. Please be assured that team members will continue to provide support for students and staff as long as a need exists.

We request that you continue to send your child to school. Remember that our school is the safest place for your child in an emergency and that your child's welfare and safety is our top priority.

Finally, should you have any further concerns, please feel free to contact the school at \_\_\_\_\_. As always, we thank you for your assistance and support.

Sincerely,

Principal

### Sample Staff Email

(Date)

Mary Smith, fifth grade teacher at (school) and an employee of MSD for (number of years), died from a heart attack at her home this morning. Information as to visitation and funeral arrangements will be made available to you as soon as possible.

Today, the MSD Crisis Response Team and community resource persons will be in the building to provide counseling to classes, groups or individuals, students, faculty, and staff. Crisis Team Members are also available to assist teachers in the classroom.

If you have questions or concerns, please contact (designated person) at (telephone number.)

Principal's Signature

## Classroom Presentation Guide

The purpose of a classroom presentation is to provide information, minimize unwanted student responses, normalize grief and trauma reactions, and suggest appropriate behavior.

Staff will be informed if/when classroom presentations should take place, depending on the scale of the crisis. If you are asked to guide a classroom discussion and would like assistance, contact a member of the crisis team. A team member or administrator will assist you.

Five steps should be included:

Introduce Discussion	<i>As some of you may already know, _____ . This is very difficult for all of us. When something like this happens, it is hard to know what to say or how to act. It is important, however, that we spend some time talking about this incident and answer any questions that you might have.</i>
Clarify the facts	<i>This is what we know so far: _____. We do not know anything else. As we find out more information that you need to know, we will share it with you (may want to emphasize the importance of not starting rumors – see #4).</i>
Normalize common reactions	<i>What did you think and feel when you first heard about this? What are you thinking and feeling now? I am not surprised that you feel this way, or have these kinds of thoughts. Sometimes I feel and think this way. These are very normal reactions. If they are really bothering you, it usually helps to talk to someone about what you are thinking and feeling.</i>
Identify appropriate behavior	<i>When you have felt upset in the past, what kinds of things have you done to help you feel better? What have you seen other people do to help themselves? Here are some of the things that I have seen other people do _____. Sometimes people begin to spread rumors. This is not helpful to the family or close friends. If you hear anything different from what we have talked about, please let us know and we will check it out.</i>
Conclude discussion	<i>Are there any questions before we end? If at any time during the next several days you want to talk to someone, please let a teacher know. For the remainder of the bell I would like for us to _____. (Consider modifying lesson plans depending on student response.) Inform students of building resources that are available and tell them they will be informed of new information.</i>

**\*If teachers are uncomfortable or unable to facilitate the classroom presentation, please let your principal know and a Crisis Team member will be assigned to facilitate the discussion in conjunction with the presence of the regular classroom teacher. Not every traumatic event will indicate a classroom discussion/presentation, it will depend on the scale of the crisis. Teachers will be informed if this needs to take place.**

## Safe Room Checklist

- 1. Pads of paper
- 2. Various colors of construction paper
- 3. Crayons/Markers
- 4. Pens/Pencils
- 5. Water and Snacks
- 6. Envelopes
- 7. Plain white paper
- 8. Blank cards
- 9. Scissors/glue
- 10. Access to large paper, for murals, etc.
- 11. Boxes of Tissue
- 12. Sand/Play-doh



Safe-Room Sign In & Sign Out

Staff Member \_\_\_\_\_

Student Name	Time Arrived	Time Departed

\*It is vital that all students and staff sign in and out of the safe room. It is also important to note students went home from the safe room. All students entering the safe room should be followed up with the next day.

\*Students may bring their phones and headphones into the safe room. It is appropriate that they listen to music, watch videos, or text with family members if needed. It is not appropriate for them to be taking pictures or videos.

## Crisis Team Debriefing Guide

Debriefing the crisis team members is strongly recommended after students and staff have been released for the day. This will help to minimize negative effects, teach and reinforce skills, and help team members “practice what they preach”. Move through the questions in the order that they are presented.

Date: \_\_\_\_\_

1. How well did we establish awareness to all individuals who needed to know?

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2. How well did the crisis response team meet the needs of students?

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3. How well did the crisis response team meet the needs of staff?

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4. After today’s crisis response, do you have any suggestions for handling future crises?

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1. What were your first thoughts about the incident? Of the thoughts that you had, which one surprised you the most?
2. What was the worst moment for you?
3. Was your response to this difficult moment appropriate at the time? If you felt it was not, why not? What would you do differently?
4. What did this incident make you aware of about your own personal experience, feelings, and attitudes? What did it make you aware of about your own professional knowledge and skills?
5. What was the most rewarding aspect of the interventions provided?
6. What do you need to do to take care of yourself (today, tonight, over the next several weeks)?

This protocol was adopted using the following agencies and resources: Myrtle Point School District, Coquille School District, South Coast ESD, Lines for Life, ASCA, and others.