

**CENTRAL SPRINGS  
COMMUNITY SCHOOL DISTRICT**



**SUICIDE AWARENESS AND  
PREVENTION PLAN**

Board Approval Date: Aug 2021

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## PURPOSE

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

- (a) recognizes that physical, behavioral, and emotional health is an integral component of student's education outcomes,
- (b) further recognizes that suicide is a leading cause of death among young people,
- (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- (d) 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 one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly. Specifically, this policy is meant to be applied in accordance with the district's Child Find obligations.

## DEFINITIONS

1. **At-risk** A student who is defined as 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 or deterioration of mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit 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.
2. **Crisis Team** A multidisciplinary team of primarily administration, school counselors, school social worker, and school nurse whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the 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.
3. **Mental Health** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **Postvention Suicide** postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
5. **Risk assessment** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., administrator, school counselor, school social worker, or school nurse). 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.

6. **Risk factors for suicide** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment.
7. **Self-harm** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. **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.
9. **Suicide attempt** A self-injurious behavior for which there is evidence that the person has at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of less serious or less dangerous suicide attempt.
10. **Suicidal behavior** Suicide attempts, intentional injury to self 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.
11. **Suicide contagion** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
12. **Suicidal ideation** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

## 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 will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

## PREVENTION

1. **District Policy Implementation** A district-level suicide prevention team shall be designated by the Superintendent. This may be an existing staff members. The district suicide prevention

team will be responsible for planning and coordinating implementation of this policy for the school district.

Each school principal shall designate a school counselor to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

2. **Staff Professional Development** All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding your suicide prevention.

The professional development will 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, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, 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 will be provided to school employed counselors, social worker and school nurse.

3. **Youth Suicide Prevention Programming** Developmentally-appropriate, student-centered education material will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

In addition, schools may provide supplemental small-group suicide prevention programming for students.

4. **Publication and Distribution** This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

## **INTERVENTION**

### **ASSESSMENT AND REFERRAL**

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school counselor or social worker within the same school day to assess risk and facilitate referral. If there is no school counselor or social worker available, a school nurse, or administrator will fill this role until a school counselor or social worker can be brought in.

#### **For youth at risk:**

1. School staff will continuously supervise that student to ensure their safety.

2. The principal and school suicide prevention team members will be made aware of the situation as soon as reasonably possible.
3. The school employed counselor, social worker or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with an urgent referral. When appropriate, this will include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

### **IN-SCHOOL SUICIDE ATTEMPTS**

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school employed counselor, social worker, or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

### **RE-ENTRY PROCEDURE**

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed counselor, social worker, principal, or designee will meet with the student's parents or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school employed counselor, social worker, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in the student to help the student readjust to the school community and address any ongoing concerns.

### **OUT-OF-SCHOOL SUICIDE ATTEMPTS**

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention team member and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

### **PARENTAL NOTIFICATION AND INVOLVEMENT**

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, school counselor, or social worker. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal, school counselor, or social worker will assess whether there is a risk of harm due to parent or guardian notification. If the principal, school counselor, or social worker believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.

### **GUIDELINES FOR NOTIFYING PARENTS**

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school counselor, school social worker, or a staff member with a special relationship with the student or family. Staff needs to be sensitive toward the family's culture, including attitudes toward suicide, mental health, privacy, and help-seeking.

1. Notify the parents/guardian about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.

3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and/or prescription medications and alcohol.
4. If the student is at risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents/guardian with the contact information of mental health providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgement Form confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents/guardian that you will follow-up with them in a few days. If this follow-up conversation reveals that the parent has not contacted a mental health provider:
  - a. Stress the importance of getting the child help.
  - b. Discuss why they have not contacted a provider and offer to assist with the process.
7. If the student does not need to be hospitalized, release the student to the parents and notify the site administrator.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services (Department of Human Services-DHS, 1.800.362.2178) that the child is being neglected.
9. Document **all** contacts with the parents/guardians.

## POSTVENTION

1. **Development and Implementation of an Action Plan** The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
  - a) **Verify the death.** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until the cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parents or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
  - b) **Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during school vacation, the need for or scale of postvention activities may be reduced.

- c) **Share Information.** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgment that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from student's parent or guardian) to send home with students what includes facts about death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
  - d) **Avoid suicide contagion.** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high-risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
  - e) **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
  - f) **Develop memorial plans.** The school should not create on-campus physical memorials (e.g., photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.
  - g) **Message to district Parents/Guardians.** Encourage parents/guardians to monitor their child's social networking pages. Students often turn to social networking websites as an outlet for communicating information and for expressing their thoughts and feelings about the death. Parents/guardians should be advised to monitor the websites for warning signs of suicidal behavior.
2. **External Communication** The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:
- a) Keep the district suicide prevention team and superintendent informed of school actions relating to the death.

- b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- c) Answer all media inquiries. If a suicide is to be reported by new media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic”- as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

## **SAMPLE LANGUAGE FOR STUDENT HANDBOOK**

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

1. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in all health classes.
2. Each school will designate a suicide prevention team member to serve as a point of contact for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school counselor or social worker who will work with the student and help connect them to appropriate local resources.
4. Students will have access to national resources which they can contact for additional support, such as:
  - The National Suicide Prevention Lifeline- 1.800.273.8255 (TALK), [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
  - The Trevor Lifeline- 1.866.488.7386, [www.thetrevorproject.org](http://www.thetrevorproject.org)
5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Students should also know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For a more detailed review of policy changes, please see the district’s full suicide prevention policy.

## Suicide Risk Screening Form

Student Name:

Date:

Staff Name:

Reason Referred:

Consulted with:

What is the level of distress? Why today? What has changed? 1-10 response?

How prepared is the student? Is there a plan? Is there access to means (firearm, medication, accident)?

What is the past history regarding suicidal ideation and/or attempts? Has this student attempted suicide before? Rehearsed any part of the plan previously? Researched any potential plans?

How vulnerable is the student? (Are there mental health diagnoses/concerns, drug/alcohol concerns, family concerns, etc.)?

How isolated does the student feel? Who has he/she talked to about how he/she is feeling, about suicide? Who does the student spend time with?

Next Steps?

## **PARENT CONTACT ACKNOWLEDGEMENT FORM**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

This is to verify that I have spoken with a member of the school's staff

\_\_\_\_\_ (name of staff) on \_\_\_\_\_ (date)

Concerning my child's suicidal risk. I have been advised to seek the service of a mental health agency or therapist immediately.

I understand that \_\_\_\_\_ (name of staff member) will follow-up with me, my child, and the mental health care provider to whom my child has been referred for services within two weeks.

Parent Signature: \_\_\_\_\_

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

Parent Contact Information:

Phone : \_\_\_\_\_

Email: \_\_\_\_\_

School Staff Member Signature: \_\_\_\_\_

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

## **Suicide Prevention Steps for Parent/Guardians**

- 1.) Show you care- Listen carefully and talk openly with your child about their thoughts and feelings (specifically about suicide and/or self-harm). And take care of yourself too- crisis lines/websites are also great resources for parents.
- 2.) Contact your medical care provider for an appointment and/or referral for treatment. Complete release of information document (ROI) for communication with the school and provide the school's risk assessment information to your medical provider.
- 3.) Contact National Suicide Prevention Lifeline at 1.800.273.8255 (TALK) or The Trevor Lifeline (for lesbian, gay, bisexual, transgender, and questioning young people) at 1.866.488.7386 for more immediate risk assessment and mental health counseling.
- 4.) Remove potential threats to safety, for example, weapons, medications, sharps, toxic household substances (e.g. bleach), belts, etc.
- 5.) Supervise and monitor- Avoid leaving your student alone or letting them isolate themselves behind closed doors.
- 6.) Schedule a re-entry meeting with your child's school counselor and administration before your student returns to school. This meeting is required before your child returns to classes.

Counselor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**RELEASE OF INFORMATION AGREEMENT**

*(A copy of this form is considered as valid as the original. The contact person will send copies of this form to all individuals/agencies listed below. Individuals/agencies listed are responsible for providing information requested.)*

We want to protect student and family confidentiality while complying with the Privacy Act of 1974. By signing this form you are giving permission for the individuals/agency listed to discuss student's needs and share information. If you have any questions or comments, please call the contact person listed below.

**Child/Student** \_\_\_\_\_  
(Legal Last Name) (First Name) (Middle Name)

**Birthdate** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

I, the undersigned, hereby authorize \_\_\_\_\_

\_\_\_\_\_  
(Name and address of person or agency)

to send and/or exchange information (verbal and/or written) to/with:

\_\_\_\_\_  
(Central Springs CSD Personnel)

regarding the above named student for the purpose of: \_\_\_\_\_

\*\*\*\*\*

This permission is good for one (1) year from the date signed.

I understand \_\_\_\_\_  
(Contact Person) (Position) (Agency) (Phone)

can direct me to the shared information upon request.

I understand that I may revoke this consent at any time by sending a written notice to contact person listed above.

I understand that the revocation will not apply to disclosure made prior to receiving the written notice. This authorization will automatically expire one year from the date of signature, except as specified: \_\_\_\_\_

At that time no express revocation shall be needed to terminate my consent.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Specific Authorization for Release of Information Protected by State and Federal Law:**

**My signature authorizes release of all information relating to (check appropriate area):**  
\_\_\_\_\_ **Mental Health** \_\_\_\_\_ **Substance Abuse** \_\_\_\_\_ **HIV/AIDS related**

**NOTE: In order for this information to be released, you must sign below and above.**

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Name) (Position/Agency)

## **RE-ENTRY PROTOCOL**

**Re-entry meetings will take place after suicidal ideation or a suicide attempt and before the student returns to school. Re-entry meetings will be documented using the Re-entry meeting notes form. Meeting scheduled in partnership with the counselor and administrator.**

### **Family and School personnel who must participate are:**

Student  
Parent/Guardian  
School Counselor  
Administrator

### **Optional Attendees:**

Nurse  
Family Advocate  
School Social Worker

### **Purpose of the re-entry meeting:**

- Review steps taken by family and student to follow up on suicidal ideation or attempt.
- Discuss resources in place or connect to additional resources.
  - Family is encouraged to bring Release of Information form (ROI)
  - Family is encouraged to bring assessment/appointment notes
- Share recommendations by the student's medical practitioner and/or therapist
- Address questions/concerns about missed work, credits, absences, etc.
- Create or discuss school safety plan. Include in discussion:
  - Lunch/passing periods
  - Access to bathrooms and nurse
  - Notification of teachers/coaches/after school activity supervisors/bus drivers
  - Supervision during after school activities/sports
  - Duration of safety plan
- Next steps in case of continued safety concern (when a student is sent home and with whom)

**Re-Entry Meeting Notes**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Absences Date(s) From/To: \_\_\_\_\_

Re-entry meeting participants: \_\_\_\_\_

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- Steps taken by family and student to follow up on suicidal ideation and attempt. Discuss resources in place or connect to additional resources. (Release of Information Form (ROI), Assessment/Appointment notes)
  
- Recommendations by student's medical practitioner and/or therapist.
  
- Questions/concerns about missed work, credits, absences, etc.
  
- School safety plan. (Restrictions during lunch/passing periods. Supervision during after school activities/sports. When to notify teachers/coaches/after school activity supervisors and by whom. Duration of safety plan and check-in/review process.)
  
- Next steps in case of continued safety concern. (When student needs to go home and with whom.)

Signatures:

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Counselor: \_\_\_\_\_ Administrator: \_\_\_\_\_

Other(s): \_\_\_\_\_

\_\_\_\_\_

**School Safety Plan (Confidential)**

**Name:** \_\_\_\_\_

**Completed By (Staff):** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Causes:** Things that tend to set me off (make me feel mad, sad, upset):

**Warning sign** that I am mad, sad, or upset (how can I/others tell?):

I am responsible for my behavior and if life becomes overwhelming, I'm upset, and I want to harm myself in any way, I will do the following:

**Coping Strategies:** Things or activities I can do to help me calm myself at school.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**While at school, the adults I can contact for support are:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

**While at home or away from home, the adults I can contact for support are:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If I feel suicidal, I will call Crisis Lifeline at 1.800.273.8255 (TALK)**

**Parent contact made by:** \_\_\_\_\_

**Parent Name/Number:** \_\_\_\_\_

**Copy to student, parent, counselor, administration, social worker, nurse**

**School Safety Plan Instructions for Teachers/Support Staff (Confidential)**

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

Our student \_\_\_\_\_ is on a Safety Plan at school. While the student is in your classroom please follow the procedures checked below. **Keep this confidential at all times and follow this plan until further notice.**

- If the student has left class to use the bathroom, please monitor the time the student is gone. Call the office at (Manly 2409 or NS 1100) if you are concerned that the student has been gone too long.
  
- If he/she is visibly upset or expressing thoughts of unsafe behavior, call the office at (Manly 2409 or NS 1100) and send him/her to talk with the counselor, social worker, or administrator. **Always request an office escort and call the office so that we know the student is on their way.**
  
- Make sure this document is included with your sub notes when you are absent.
  
- 
  
  
  
  
  
  
  
  
  
- 

Contact the student's counselor if you have any questions or concerns.

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Copy to student, parent, counselor, administration, social worker, nurse

## **RESOURCES**

### **GUIDEBOOKS AND TOOLKITS**

“Preventing Suicide: A Toolkit for High Schools”- U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services  
<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-School/SMA12-4669>

“After a Suicide: A Toolkit for Schools”- American Foundation for Suicide Prevention and Suicide Prevention Resource Center  
[www.afap.org/schools](http://www.afap.org/schools)

“Guidelines for School-Based Suicide Prevention Programs”- American Association of Suicidology  
[http://www.spr.org/sites/sprc.org/files/library/aasguide\\_school.pdf](http://www.spr.org/sites/sprc.org/files/library/aasguide_school.pdf)

“Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel”- Maine Youth Suicide Prevention Program  
<http://www.maine.gov/suicide/docs/Guideline.pdf>

“Trevor Resource Kit”- The Trevor Project  
[www.thetrevorproject.org/resourcekit](http://www.thetrevorproject.org/resourcekit)

“Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender (LGBT) Children”- Family Acceptance Project  
<http://familyproject.sfsu.edu/publications>

National Center for School Crisis and Bereavement  
<http://www.stchristophershospital.com/pediatric-specialties-programs/specialties/690>

Adolescent and School Health Resources- Centers for Disease Control and Prevention, contains an assortment of resources and tools relating to coordinated school health, school connectedness, and health and academics  
<http://www.cdc.gov/healthyyouth/schoolhealth/index.htm>

### **SCHOOL PROGRAMS**

“Signs of Suicide Prevention Program (SOS)- Screening for Mental Health, Inc.  
<http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>

“American Indian Life Skills Development/Zuni Life Skills Development”- University of Washington  
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81>

“Lifeguard Workshop Program”- The Trevor Project  
[www.thetrevorproject.org/adulteducation](http://www.thetrevorproject.org/adulteducation)

“More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel”- American Foundation for Suicide Prevention

<http://morethansad.org>

## **CRISIS SERVICES FOR STUDENTS**

National Suicide Prevention Lifeline: The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends, and loved ones.

Call 1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area.

<http://www.suicidepreventionlifeline.org>

The Trevor Lifeline: The only nationwide, around-the-clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, 13-24, available at 1.866.488.7386.

TrevorChat: A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender, and questioning young people, 13-24, through

<http://www.TheTrevorProject.org>

## **RELEVANT RESEARCH**

“Youth Risk Behavior Surveillance System”- Centers for Disease Control and Prevention. Monitors health-risk behaviors among youth, including a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

<http://www.cdc.gov/healthyouth/yrbs/index.htm>

2012 National Strategy for Suicide Prevention: A report by the U.S. Surgeon General and the National Alliance for Suicide Prevention outlining a national strategy to guide suicide prevention actions. Includes up-to-date research on suicide prevention.

[http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full\\_report-rev.pdf](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf)

## **WORKING WITH THE MEDIA**

“Talking About Suicide & LGBT Populations”- Gay & Lesbian Alliance Against Defamation, Movement Advancement Project, American Foundation for Suicide Prevention, The Trevor Project, et al.

<http://www.afsp.org/understanding-suicide/for-the-media/reporting-on-suicide/talking-about-lgbt-suicide>

“Recommendations for Reporting on Suicide”- American Foundation for Suicide Prevention, et al.

<http://reportingonsuicide.org/>