NEW MANUAL 3530E

Coeur d'Alene School District No. 271

STUDENTS 3530E

The District:

a) recognizes that physical, behavioral and emotional health is an integral component of a student's educational outcomes,

b) has a responsibility to take a proactive approach in preventing deaths by suicide, and

c) acknowledges the school's role in providing an environment which 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, this school suicide prevention manual is meant to be paired with other programs supporting the emotional and behavioral health of students.

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 a 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 protocol.
2. Crisis team: a multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. Crisis team members often include someone from the administrative leadership, school psychologist, school counselors, social workers, resource police officer, and others including support staff and/or teachers. 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, emotional and cognitive health that can impact perceptions, choices and actions that affect wellness and functioning. Mental health problems include mental health conditions such as depression, anxiety disorders, PTSD, and substance use disorders. Mental health can be impacted by the physical health, genes, the home and social environment, and early childhood adversity or trauma.
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., school psychologist, school counselor, school nurse, or school social worker). 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. Risk is highest when several risk factors are present and when the individual has access to lethal means.
7. Self-harm: behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm can be categorized as either non-suicidal 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 had 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 wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a 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 manual 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.

The District-level suicide prevention coordinator is responsible for planning and coordinating the implementation of procedures addressing suicide prevention, intervention and postvention.

In your building, the suicide prevention team members are

Principal or Assistant Principal: _____

School Counselor(s): _____

School Nurse: _____

School Resource Officer: _____

and possibly School Psychologist: _____

Prevention:

Any teacher or school district employee with direct evidence of a student's suicidal tendencies shall report this knowledge to a member of the school's suicide prevention team. If any staff member believes a student is at elevated risk; they are ~~encouraged~~ instructed to report this belief to the suicide prevention team.

Staff Professional Development:

All staff/staff who work closely with students will receive training in this school suicide prevention manual. The professional development will include risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include suicide prevention, intervention and postvention. Additional development will include 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. ~~prevention, intervention and postvention.~~ Such training shall be provided annually/within the employee's first year of employment. Additional professional development in risk assessment and crisis intervention may be provided to members of the school's suicide prevention team, employed mental health professionals and school nurses.

Youth Suicide Prevention Programing:

Developmentally-appropriate, student-centered education materials on suicide prevention will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials may 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, the school district may provide supplemental small group suicide prevention programming for students.

Publication and Distribution

This manual 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, e.g., 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 member of the school's suicide prevention team within the same school day to assess risk and facilitate referral. The Columbia-Suicide Severity Rating Scale Screen with Triage Points for Schools is used to screen and triage students. If there is no member of the school's suicide prevention team available, a school staff member will accompany and observe the student until a member of another school's suicide prevention team or the District-level suicide prevention coordinator can be brought in or emergency services are engaged.

For youth at risk needing a Behavioral Health Referral (Yellow):

1. A member of the school's suicide prevention team 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 referral to either an existing community mental health professional or Children's Mental Health, Region 1 (208-769-1406).

For youth at higher risk needing a Behavioral Health Referral and Consideration of Consultation (Psychologist/Social Worker) and Student Safety Precautions (Orange):

1. School staff will continuously supervise the student to ensure their safety until their care is transferred to parents / guardians or emergency services. In situations where the student is deemed to be at high risk of suicide, the student should not be left alone.
2. The principal and the District-level suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. A member of the school's suicide prevention team 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 urgent referral. When appropriate, this may include calling the Idaho Suicide Prevention Hotline (1-208-398-4357), Children's Mental Health, Region 1 (208-769-1406), or 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.

For youth at highest risk needing Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency Room (RED):

1. School staff will continuously supervise the student to ensure their safety until their care is transferred to parents / guardians or emergency services. In situations where the student is deemed to be at high risk of suicide, the student should not be left alone.
2. The principal and the District-level suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. A member of the school's suicide prevention team 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 urgent referral. A voluntary referral for crisis response can be made with Children's Mental Health, Region 1 (208-769-1406). An involuntary referral for crisis response can be made by the parent, guardian or SRO bringing the student to the local Emergency Department or any staff member calling 911.
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 and attempt to ensure their safety, provided doing so does not threaten the safety of the staff member or others.
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 from Children's Mental Health, Region 1 (208-769-1406) for the youth.
5. A member of the school's suicide prevention team 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 District-level suicide prevention coordinator regarding in- school suicide attempts
7. The school may 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 nurse, the principal, or designee will meet with the student's parent or

guardian and with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school nurse 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 school nurse or other designee will periodically check in with student and their parents, on the phone or in person, to help the student readjust to the school community and address any ongoing concerns, including academic or social issues. The school nurse will ensure the student and their parents are supported in the transition.
4. The administration will disclose to the student's teachers and other relevant staff (without sharing specific details of mental health struggles) that the student is returning after hospitalization/medical treatment and may need adjusted deadlines for assignments. The school nurse will also be available to teachers to discuss any concerns they have regarding the student after re-entry.

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 make reasonable efforts to:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the District-level suicide prevention coordinator and principal. If the student contacts the staff member and expresses suicidal ideation, the staff member shall make a reasonable effort to maintain contact with the student (either in person, online, or on the phone). The staff member can 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, or a member of the school's suicide prevention team. Staff should provide outside mental health resources to the parents or guardians to support their child. Outside mental health resources are available at Children's Mental Health, Region 1 (208-769-1406). If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," i.e., limiting the child's access to mechanisms for carrying out a suicide attempt. Means restriction counseling should include discussing the following:

Firearms

- Recommend that parents store all guns away from home while their child is having problems, e.g., store their guns with a relative, gun shop, or police.
- Discuss parents' concerns and help problem-solve around offsite storage of firearms. Avoid a negative attitude about guns; accept parents where they are, but let them know offsite storage is an effective, immediate way to protect their child.

- Explain that in-home locking is not as safe. Kids sometimes find the keys or get past the locks.

If there are no guns at home:

- Ask about guns in other residences (e.g., joint custody situation)

If parent won't or can't store offsite:

- The next safest option is: unload guns, lock them in a gun safe, lock ammunition separately (or don't keep ammo at home for now).
- If guns are already locked, ask parents to consider changing the combination or key location. Parents can be unaware that kids know their "hiding" places.

Medications

- Recommend locking up all medications (except rescue meds like inhalers) with a traditional lock box or a daily pill dispenser.
- Recommend disposing of expired and unneeded medicines, especially prescription pain pills.

If parent won't or can't lock all:

- Advise they prioritize the following and seek specific guidance from a doctor or pharmacist:
  - ✓ Prescriptions, especially for pain
  - ✓ Over-the-counter pain pills
  - ✓ Over-the-counter sleeping pills

Mental Health Assessment

Through discussion with the student, the principal or member of the school's suicide prevention team will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or member of the school's suicide prevention team 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 while identifying appropriate resources for the student such as law enforcement or child protective services. If contact is delayed, the reasons for the delay shall be documented.

Postvention

Development and Implementation of an Action Plan

The crisis team will develop an action plan to guide school response following a death by suicide that has a significant impact on the school community. Ideally, this plan should be developed long before it is needed. A meeting of the crisis team to implement the action plan will take place immediately following news of the suicide death. If the death has not yet been confirmed to be a suicide, the team should still meet while this is being confirmed. For more detailed information on responding to a suicide death, please see the document- After A Suicide: A Toolkit for Schools

which was newly revised in 2018. A link to this document can be found in the resources section below.

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 shall not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent 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) *Alert the State Department of Education (SDE).* Alert the Director of Student Engagement, Career & Technical Readiness about the death (208-332-6961 / mamccarter@sde.idaho.gov). The SDE tracks student suicides throughout the state and can leverage resources (counselors, guidance, scripts) as well as asserting flexibility around SDE program monitoring activity, SDE trainings and other SDE reporting requirements so school staff can focus on student / staff grieving.

c) *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 a school vacation, the need for, or scale, of postvention activities may be reduced.

d) *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 acknowledgement 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. Avoid public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

e) *Avoid suicide contagion.* It shall 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.

f) *Initiate support services.* Students identified as being more likely to be affected by the

death will be assessed by a 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. School administration will monitor crisis team members for signs of 'compassion fatigue' and provide additional supports for staff as needed (extra counselors, engaging the district Employee Assistance Program, etc.).

g) *Develop memorial plans.* The school will avoid the creation of 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. Avoid canceling school for the funeral. Any school- based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides, prevention resources available and healthy coping mechanisms.

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 coordinator 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 news media, the spokesperson can encourage reporters to follow safe messaging guidelines (e.g. 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 including the Idaho Suicide Prevention Hotline number.

Resources:

Idaho Suicide Prevention
Hotline (208)398-4357
www.idahosuicideprevention.org

Idaho Suicide Prevention Program
(208)334-4953
https://spp.dhw.idaho.gov

Idaho Suicide Prevention Coalition
(208)577-4430
https://www.idahospc.org

SPAN Idaho
(208)860-1703
http://www.spanidaho.org/support/school-support

Idaho Lives Project
http://www.idaholives.org/

American Federation of Suicide Prevention- Idaho Chapter
Contact: Ryan Price
(503)951-3012
rprice@afsp.org

Sample Language for the 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, but the encouragement of help seeking behavior should be promoted at all levels of the school leadership and stakeholders.
2. Each school will designate a suicide prevention team 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 member of the school suicide prevention team who will work with the student and help connect them to appropriate local mental health resources.
4. Students will have access to Idaho resources which they can contact for additional support, such as:
5. The Idaho Suicide Prevention Hotline- 208-398-4357 / www.idahosuicideprevention.org
6. 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.
7. 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.
8. For a more detailed review of policy changes, please see the District's full suicide prevention policy.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

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

Response Protocol to C-SSRS Screening

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

CONSENT FOR REFERRAL TO THE CHILDREN'S MENTAL HEALTH PROGRAM OF THE DEPARTMENT OF HEALTH AND WELFARE

By completing this Consent for Referral, I am seeking a referral to the Department of Health and Welfare (DHW) for assistance with children's mental health services on behalf of my child or the child of whom I am the parent or guardian. Following completion of this Consent for Referral form, I understand that _____ will forward this form to the appropriate clinical staff at the DHW. I understand that a Clinician will then contact me to gain a better understanding of the current mental health needs of my child/youth and options for appropriate interventions and/or services.
(Referring Agency)

I, _____, do hereby inform the DHW of my desire to be contacted to discuss potential services for my child:
(Parent/Legal Guardian)

Name of Child/Youth:	
	SSN: DOB:
Family Address:	
	(Street Address)
	(City) (State) (Zip Code)
Mailing Address: (If Different)	
	(Mailing Address)
	(City) (State) (Zip Code)
Phone Number:	( )
Your Name and Relationship to the child/youth:	

I understand that, at my request, a copy of the completed and signed Consent form will be made available to me. I understand that I may revoke this Consent in writing, at any time, except to the extent that action has been taken in reliance upon this Consent.

I understand that my signature on this form is not required for treatment, payment, enrollment, or eligibility for benefits, and that a copy of this Consent shall be as valid as the original. This Consent for Referral will be in effect until the following date, _____; or, one year from the date below; or, when this release is revoked upon my written request.

By signing below, I understand that I will be contacted by the DHW's Children's Mental Health Program.

_____ _____

(Parent or Guardian Signature) (Date)