

5277-R Suicide Prevention

SCOPE

This regulation 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 regulation also applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This regulation will also cover appropriate school responses to suicidal or at risk behaviors that take place outside of the school environment.

DEFINITIONS

- a. At risk/suicidal behavior: A student who is defined as at risk for suicide or exhibiting suicidal behavior is one who has made a suicide attempt, has expressed 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.
- b. Mental health: A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems can include substance use or a medical condition.
- c. Crisis Response team: A multidisciplinary team which may include administration, mental health professionals, and support staff 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.
- d. 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 community.
- e. Safety Evaluation: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This evaluation is intended 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, level of hopelessness and helplessness, mental health status, and other relevant risk factors.
- f. 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.
- g. Safety packet: Shall include paperwork for parents to document their student's assessment for suicide risk by a mental health professional in the community, a list of

resources available in the community, means restriction safety sheet, evidence based information of what every parent should know about children and suicide, and notification from the school for a re-entry meeting before the student returns to school after an assessment/treatment.

- h. Self-harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. 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.
- i. Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior, and confirmed by the coroner's or medical examiner's office.
- j. 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 a 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.
- k. 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.
- l. 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.

PREVENTION

- a. District Policy Implementation: A district level suicide prevention coordinator shall be designated by the Superintendent. The district suicide prevention coordinator will be responsible for disseminating this policy for the school district. Each school principal shall designate a school suicide prevention coordinator(s) to act as a point of contact in each school for issues relating to suicide prevention and policy implementation.
- b. Staff Professional Development: All staff (certified or classified employees) will receive professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. In compliance with state statute, each teacher and school administrator within the district will complete at least eight (8) hours of suicide prevention education every four (4) school years using suitable materials reviewed and recommended by the State Superintendent of Public Instruction. Any teacher or school administrator will complete at least two (2) hours of suicide prevention education during the initial school year of employment with the district if the teacher or school administrator has not received suicide prevention training complying with this paragraph prior to employment. Suicide prevention education may consist of self-review of approved suitable materials. 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 safety evaluation and crisis intervention will be provided to school counselors/social workers and school nurses.

- c. Youth Suicide Prevention Programming: Developmentally-appropriate, student centered education materials will be integrated into the K-12 curriculum. 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 health concerns 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.
 4. In addition, schools may provide supplemental small group suicide prevention programming for students.
- d. Publication and Distribution: This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

SAFETY EVALUATION AND REFERRAL

When a student is identified as potentially suicidal, i.e., communicates about suicide, presents overt risk factors, the act of self-harm, or a student self-refers, the student will be seen by a school counselor/social worker within the same school day, when possible, to evaluate risk and facilitate referral. If there is no school counselor/social worker available, a school nurse or administrator will fill this role.

For youth at risk:

- a. School staff will supervise the student to ensure their safety.
- b. The principal will be made aware of the situation as soon as reasonably possible.
- c. The school counselor/social worker, principal or school nurse 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 may include calling emergency services or referring the student to the local emergency services, and communicating the reason for referral.
- d. Staff will ask the student's parent or guardian to sign a release of information 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:

- a. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
- b. School staff will supervise the student to ensure their safety.
- c. Staff will move all other students out of the immediate area as soon as possible.

- d. The school counselor/social worker, principal, or school nurse will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
- e. Staff will immediately notify the principal or designated administrator regarding in- school suicide attempts, who shall notify the district Superintendent.
- f. The school will engage, as necessary, the crisis response 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 a school counselor/social worker, the principal, or designee will request to meet with the student's parent or guardian, and/or the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

- a. A school counselor/social worker, school nurse or other designee will be identified to coordinate the re-entry meeting with the student, their parent or guardian, and may include any outside mental health care providers.
- b. The parent or guardian will be requested to 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.
- c. A designated staff person(s) will periodically check in with the student to help him or her readjust to the school community and address any ongoing concerns.

OUT-OF-SCHOOL SUICIDE ATTEMPTS/IDEATION

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:

- a. Call law enforcement and/or emergency medical services, such as 911, immediately.
- b. If able to make contact, inform the student's parent or guardian.
- c. Inform the principal, who shall notify the Superintendent or the Director of Student Support Services.

If a staff member becomes aware that a student has expressed suicidal ideation outside of school hours, the staff member should attempt to 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 parent and/or law enforcement while maintaining contact with the student.

If a staff member becomes aware that a student has attempted suicide outside of school hours (via social media posting, direct contact from the student, etc.), the staff member should contact the parent and/or law enforcement to assess whether emergency services has responded. The staff member shall notify their building principal; who shall notify the Superintendent or Director of Student Support Services.

PARENT NOTIFICATION AND INVOLVEMENT

The school counselor/social worker principal, or designee, shall notify the student's parent/guardian immediately in situations where a student is believed to be at risk for suicide or has made a suicide attempt. Staff shall notify the parent/guardian of intervention options, including but not limited to: emergency services, counseling options in the community, and

possible The school counselor/social worker shall request the parent/guardian to transport the student to a mental health provider for the assessment. Staff has a duty to notify law enforcement/DFS if the parent or guardian refuses to seek services to address the student's suicidal ideation or refuses to provide verification of a mental health assessment. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

If the student has exhibited any kind of suicidal behavior, the parent/guardian should be provided the District's safety packet which includes the "means restriction safety sheet", which discusses limiting the child's access to mechanisms for carrying out a suicide attempt. Staff shall review and/or make available to the parent or guardian a copy of the district's means restriction packet.

Through discussion with the student, the principal, school counselor/social worker, or school nurse will evaluate whether there is further risk of harm due to parent/guardian notification. If the principal, school counselor/social worker, or school nurse, in their professional capacity, determines that contacting the parent or guardian would endanger the health or wellbeing of the student, they may delay such contact until the appropriate authorities have been contacted and consulted. If contact is delayed, the reasons for the delay should be documented and the Superintendent or Director of Student Support Services shall be contacted.

The principal, school counselor/social worker, or designee will document the evaluation and parental notification process and send a copy to the Superintendent or designee.

POSTVENTION

Development and Implementation of a Crisis Plan: The Crisis Response team will develop an crisis plan to guide school response following a death by suicide. A meeting of the crisis response team to implement the crisis plan should take place as soon as possible following news of the suicide death. The action plan may include the following steps:

- a. Verify the death: The crisis response team ~~Staff~~ will confirm the death and determine the cause of death through communication with a coroner's office or law enforcement. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made by the coroner's office. 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. Assess the situation: The crisis response team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students and staff. The crisis response 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.
- 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 acknowledgement that its cause is unknown. Inform the staff that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement may 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 response team may prepare a letter (with the input and permission from the student's parent or guardian) to send out on the District's mass notification system 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. When sending the notification to parents, be sure the message is not sent to the parents of the student who died by suicide.

- 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 response team will work with teachers to identify students and staff who are most likely to be significantly affected by the death. In the staff meeting, the crisis response team will review suicide warning signs and procedures for reporting students and staff who generate concern.
- e. Initiate support services: Students identified as being more likely to be affected by the death will be assessed by school counselors/social workers to determine the level of support needed. The crisis response team will coordinate support services for students and staff in need of individual and small group counseling. In concert with parents or guardians, crisis response 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 will not create on-campus physical memorials (e.g. photos, flowers, yearbook pages, etc.), 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 postvention community meetings (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available. If memorials occur on school property the school will take steps to disband or remove the items, in an effort to prevent contagion. Items from disbanded memorials (e.g. pictures, flowers, etc.) should be offered to the student's family.
- g. External Communication: The Superintendent or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:
 1. Prepare a statement for the media including the facts of the death, postvention plans, available resources, and provide media with a copy of the American Foundation for Suicide Prevention (AFSP) "Recommendations for Reporting on Suicide". The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
 2. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson will encourage reporters to follow the AFSP "Recommendations For

Reporting on Suicide”, to include: 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. The media 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.

ADOPTION DATE: July 17, 2013; Replaced November 14, 2017; Revised October 25, 2022

LEGAL REFERENCE(S): W.S. 21-3-110 (a)(xxxiii)

CROSS REFERENCE(S): 5277

ADMINISTRATIVE REGULATION: