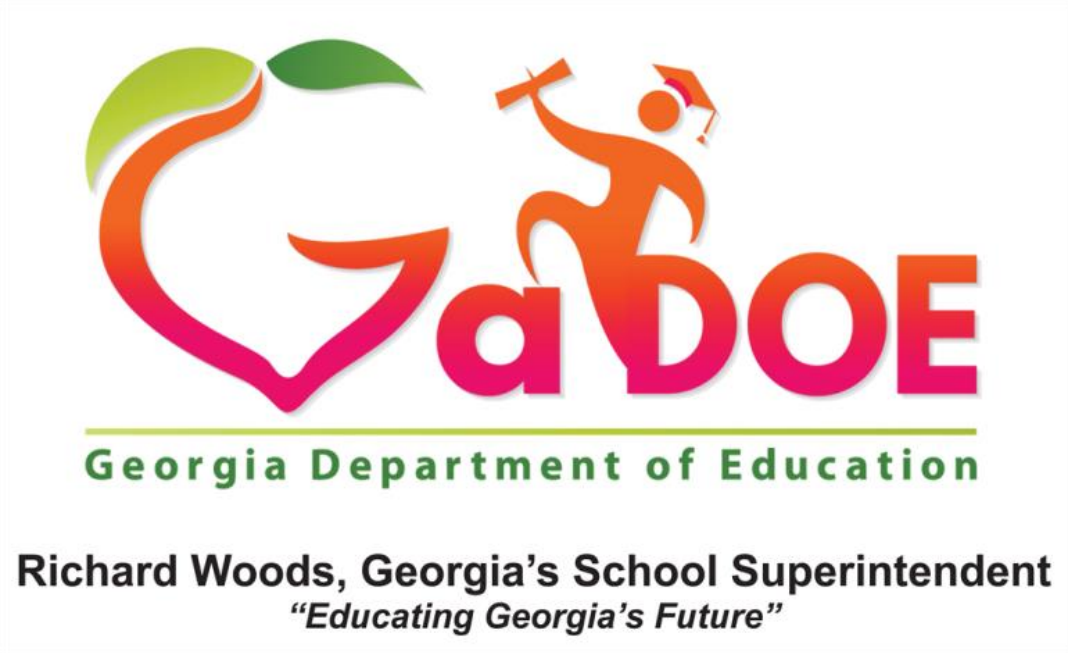

GaDOE Model Policy for Suicide Awareness, Prevention, Intervention and Postvention

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Introduction

Suicide, the third leading cause of death among young people between the ages of 10 and 24, is alarmingly common among youth today. Cutting across all ethnic, economic, social and age boundaries, suicide has a tremendous and traumatic impact on surviving family members, friends, and the community at large. Suicide generally does not materialize in isolation and is often associated with undiagnosed mental illness, such as depression. Other risk factors may include, but are not limited to, alcohol or substance abuse, victimization by peers, feelings of hopelessness, history of trauma or abuse, or the loss of a relationship.[1]

According to results from the 2014 Georgia Student Health Survey 2.0, 10% of students reported that they have harmed themselves on purpose in the past 12 months. Nine percent of students reported to have seriously considered suicide during the past 12 months. Finally, 5% of students reported that they have attempted suicide within the last year.[2] Therefore, it is critically important that school districts have policies and procedures in place to assess the risk of, intervene in, and respond to youth suicidal behavior.

All school personnel (including, but not limited to, teachers, administrators, counselors, social workers, school nurses, support staff, paraprofessionals, bus drivers, and cafeteria workers) who interact with students on a regular basis are in ideal positions to identify and refer students who are potentially at risk for suicide. In 2015, the Georgia General Assembly passed House Bill 198, also known as the "Jason Flatt Act - Georgia". The *Jason Flatt Act – Georgia* requires local school systems to provide annual suicide prevention education training to all certificated school system personnel and to adopt a policy on student suicide prevention.

This document draws on the best practices in crisis prevention and the knowledge and experience of experts in the field. Primary sources for this document include Preventing Suicide: A Toolkit for High Schools by the Substance Abuse and Mental Health Services Administration and After a Suicide: A Toolkit for Schools by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.

[1] Centers for Disease Control and Prevention: Retrieved from http://www.cdc.gov/violenceprevention/pub/youth_suicide.html

[2] Georgia Student Health Survey 2.0: Retrieved from http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Pages/GSHS-Results.aspx

Definition of Terms

Assessment:
A comprehensive evaluation usually performed by a clinician, to confirm suspected suicide risk in a patient, estimate the immediate danger, and decides on a course of treatment.

Certified School System Personnel:
Individuals trained in education who hold a Clearance (C), Teaching (T), Leadership (L), Service (S), Technical Specialist (TS) or Permit (P) certification issued by the Georgia Professional Standards Commission or is an educator teaching students under a highly qualified definition.

Cluster:
A group of suicides or suicide attempts, or both, that occurs closer together in time and space than would normally be expected in a given community.

Crisis Response Team:
A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff who are prepared, trained, and ready to address crisis preparedness, intervention, response and recovery.

Evidence-based practices:
Suicide prevention activities that have been found effective by rigorous scientific evaluation.

Gatekeeper training:
Programs that teach individuals who routinely have personal contact with many others in the community (i.e. "gatekeepers") to recognize and respond to people at potential risk of suicide.

Georgia Department of Education (GaDOE):
The state agency charged with the fiscal and administrative management of certain aspects of K-12 public education, including the implementation of federal and state mandates. Such management is subject to supervision and oversight by the State Board of Education.

High-risk student:
A high-risk student is one who has made a suicide attempt or has the intent to kill him/herself. 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 to a mental health professional and parental/guardian contact as documented in the following procedures.

Local Education Agency (LEA):
A local school system pursuant to local board of education control and management.

Mental health:
A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Postvention:
Activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion.

Prevention:
Activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.

Protective factors:
An attribute, characteristic, or environmental exposure that decreases the likelihood of a person's developing a disease or injury (e.g., attempting or dying by suicide) given a specific level of risk. For example, depression elevates a person's risk of suicide, but a depressed person with good social connections and coping skills is less likely to attempt or die by suicide than a person with the same level of depression who lacks social connections and coping skills. Social connections and coping skills are protective factors, buffering the suicide risk associated with depression and thus helping to protect against suicide.

Risk factors:
Personal or environmental characteristics that increase the likelihood 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 factors should not be confused with warning signs.

Screening:
A procedure in which a standardized tool, instrument, or protocol is used to identify individuals who may be at risk for suicide. Also see *Assessment*.

Self-harm:
The act of deliberately and intentionally injuring one's own body, such as cutting or burning. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

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

Suicide attempt:
A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal behavior:
A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide. Also includes preparatory behavior such as buying a gun, hoarding pills, writing a suicide note, etc.

Suicide contagion:
Suicide risk associated with the knowledge of another person's suicidal behavior, either first-hand or through the media. Suicides that may be at least partially caused by contagion are sometimes called "copycat suicides." Contagion can contribute to a suicide cluster. Community and media education is vitally important to reduce this risk.

Suicidal ideation:
Any self-reported thoughts or fantasies about engaging in suicide-related behavior.

Warning Signs:
Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt.

Requirements under State Law

Local education agencies (LEA) shall adopt a policy on student suicide prevention. Such policies shall be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

To assist LEAs in developing their own policies for student suicide prevention, the Georgia Department of Education, in consultation with the Suicide Prevention Program, established within the Department of Behavioral Health and Developmental Disabilities (DBHDD) pursuant to O.C.G.A. § 37-1-27, shall establish a model policy for use by LEAs in accordance with O.C.G.A. § 20-2-779.1 (the Jason Flatt Act – Georgia).

All certificated public school personnel shall receive annual training in suicide awareness and prevention. This training shall be provided within the framework of existing in-service training programs offered by the Georgia Department of Education or as part of required professional development offered by an LEA.

The Georgia Department of Education shall, in consultation with the DBHDD, the Suicide Prevention Program and suicide prevention experts, develop a list of approved training materials to fulfill the requirements of O.C.G.A. § 20-2-779.1, which may include training materials currently being used by an LEA if such training materials meet the criteria established by the GaDOE.

Approved materials shall include training on how to identify appropriate mental health services, both within the school and also within the larger community, and when and how to refer youth and their families to those services.

Approved materials may include programs that can be completed through self-review of suitable suicide prevention materials.

Authority: O.C.G.A. § 20-2-779.1; House Bill 198

School Climate

Schools should ensure that they maintain a positive and safe school climate. Fostering a feeling of connectedness between the students and the school, providing an opportunity for students to become involved in school activities, and ensuring an overall safe environment for all students are essential components of a safe and positive school climate. Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs may also reduce suicide risk among students.[3] Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse[4]

Schools should set high expectations on all staff and students to behave respectfully and kindly to one another. In a positive school climate, all students are respected, supported, and feel comfortable approaching an adult when confronted with problems. Importantly, bullying among students should be taken very seriously, as research has shown that students who feel victimized by other students or staff have an elevated risk of suicidal ideations and behaviors.

[3] Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative sample of high school students. *Suicide and Life-Threatening Behavior, 39*(3), 241–251.

[4] Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J.,…Udry, J. R. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*(10), 823–832.

Prevention, Intervention and Postvention

Raising staff awareness about suicide and training staff to take steps that prevent it are critical components of any comprehensive school-based suicide prevention program. All school staff should understand that suicide poses a risk to students and that the school is taking steps to reduce this risk. The staff should be made aware that the school's mission includes providing a safe environment in which education can take place and that the mental health of students affects their academic performance.

School System Policy Implementation

Suicide prevention efforts are generally led by school counselors, mental health professionals, or social workers. However, it is important to remember that no one–not the principal, not the counselor, and not the most passionate and involved parent–can establish effective suicide prevention strategies alone. The participation, support, and active involvement of others in the school and community are essential for success.

Local school superintendents should appoint a district-level suicide prevention coordinator to plan and coordinate the implementation of the school district's suicide prevention policy. Likewise, school principals should designate a school-level suicide prevention coordinator to serve as the point of contact in each school for issues relating to suicide prevention and district policy implementation. The suicide prevention coordinator may be an existing staff member (e.g., school counselor). Most school systems already have teams responsible for student health and behavioral health issues, such as a Crisis Response Team. If so, consider adding suicide prevention to their mission and involving members of these teams as you assign responsibility for suicide prevention strategies. All staff members shall report students they believe to be at risk for suicide to the school suicide prevention coordinator or a staff member the school suicide prevention coordinator has designated to act in his or her absence.

Training

All certificated school system personnel shall receive annual training on youth suicide prevention. Although the law requires annual suicide prevention training for all certificated school system personnel, schools are strongly encouraged to provide annual training for all staff members (certified and classified) about the importance of suicide prevention. Suicide prevention training shall include warning signs to identify students who may be at risk for suicide and where to refer a potentially at-risk student. It is important to keep a record of all staff members who receive training. Selected staff members may need additional training to assess and refer students at risk of suicide to appropriate mental health services.

The Georgia Department of Education, in consultation with the Department of Behavioral Health and Developmental Disabilities, recommends the use of evidence-based suicide prevention programs as recognized by the Suicide Prevention Resource Center's Best Practices Registry and the National Registry of Evidence-Based Programs and Practices (NREPP). The suicide prevention programs listed within the *Best Practices Registry* and the *National Registry of Evidence-Based Programs and Practices* have undergone rigorous evaluation and have demonstrated positive outcomes or adherence to accepted standards or practice.

Many schools already have suicide prevention training programs in place (e.g., QPR, Lifelines, Sources of Strength, etc.) Schools are not required to use the programs listed within *the Best Practices Registry* and the *National Registry of Evidence-Based Programs and Practices* as long as the programs that are currently being used adequately address suicide prevention, intervention, and postvention. Such programs must also include training on how to identify appropriate mental health services, both within the school and also within the larger community, and when and how to refer youth and their families to those services.

Suicide prevention experts recommend using a multifaceted approach in which the following components are implemented in a particular sequence:

- Staff education training (prevention);
- Parent education (prevention);
- Student education (prevention);
- Screening (identification);
- Protocols for helping students at possible risk of suicide (intervention); and
- Protocols for responding to a suicide death (postvention).

For additional information about how these components can be implemented in your school, please see *Preventing Suicide: A Toolkit for High Schools*.

Suicide Screening, Assessment and Referral

Most experts agree that a process by which people at risk for suicide can be identified and referred to treatment is an essential component of a comprehensive suicide prevention program. Suicide prevention experts use the term 'suicide screening' to refer to a procedure in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide. Suicide screening can be done independently or as part of a more comprehensive health or behavioral health screening and may be done orally (with the screener asking questions), with pencil and paper, or using a computer. Popular suicide screening tools include, but are not limited to, the **Columbia-Suicide Severity Rating Scale** (C-SSRS).

Suicide assessment usually refers to a more comprehensive evaluation done by a licensed clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment. Although assessment can involve structured questionnaires, they also can include a more open-ended conversation with a patient and/or friends and family to gain insight into the patient's thoughts and behavior, risk factors (e.g., access to lethal means or a history of suicide attempts), protective factors (e.g., immediate family support), and medical and mental health history.

When a student is identified by a staff person as potentially suicidal, (i.e., verbalizes about suicide, presents overt risk factors, student self-refers, etc.) the student should immediately be seen by a mental health professional to assess risk and facilitate referral. If there is no mental health professional available at the school, the school suicide prevention coordinator, a school nurse, school counselor, school social worker or a school administrator should fill this role until a mental health professional can be brought in.

NOTE: All students that exhibit risk factors for suicide that do not rise to the level of warning signs or suicide ideation should be referred to the School Suicide Prevention Coordinator, the school principal and/or the school counselor or social worker for screening and further action if warranted.

For students with warning signs for suicide:

1) School staff should continuously supervise the student to ensure his or her safety until the parents/guardians and/or mental health professional arrive. Under no circumstances should the student be left alone, sent back to class, or sent home on the bus without constant adult supervision.

2) The School Suicide Prevention Coordinator, principal or his/her designee, school counselor, mental health professional, the Crisis Response Team, and the central office (e.g., superintendent or his/her designee) should be informed immediately.

3) If possible, screen the student using a screener such as the *Columbia Suicide Severity Rating Scale*. The additional information obtained from the screener will be helpful in your conversations with family members and referral agencies.

4) The principal or mental health professional should contact the student's parent or guardian and should assist the family with urgent referral for professional assessment. When appropriate, this may include calling emergency services or bringing the student to the local emergency room, but in most cases will involve contacting the **Georgia Crisis and Access Line** (see page 11) or setting up an outpatient behavioral health appointment and communicating the reason for referral to the healthcare provider.

   If the student is under the age of 18 and the parent or guardian refuses to seek appropriate assistance, the school shall have the option to contact and file a neglect report with the Department of Family and Children Services (DFCS). The school may also involve the appropriate law enforcement agency, if necessary.

5) It would be wise for a designated school staff member to ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate. This may be needed for follow-up with the student during and after behavioral health care has been obtained.

Georgia Crisis & Access Line

The **Georgia Crisis & Access Line (1-800-715-4225)** is a toll-free, confidential hotline available 24 hours a day 7 days a week from anywhere in Georgia. Sponsored by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), it connects callers with a trained, professional counselor who can help them get the services they need if they or someone they know are in emotional distress or a suicidal crisis, or have other problems with mental health, drugs, or alcohol. They will assess crisis situations over the phone and have a mobile team that can go out and do a face-to-face assessment as needed. They can get someone into an inpatient setting quickly and also have vacant appointment times at their disposal to fast track someone into the community mental health system as needed.

Signs of Depression or Severe Emotional Distress

Low Self-Esteem; Poor Self-Concept

- May make self-critical remarks like, "I'm no good or I'm just a burden."
- Considers self a failure; guilty of some wrong.
- Says, "I can never do anything right." A series of crisis events may have happened, which leads to feelings of haplessness.

Sense of Hopelessness and Helplessness

Cannot think of any way to make things better; perceives no hope in sight (tunnel vision) even when alternatives exist; despondent about the future.

Shame, Humiliation, or Embarrassment

Loss of face among peers is a critical problem for youth to cope with. May think that others dislike him/her or are talking about him/her.

Listlessness, Tension, or Irritability

May react impulsively or be upset about seemingly small events; quick anger.

Self-Destructive Thoughts May Be Expressed
Intensity and frequency may vary as well as direct or indirect expression.

Overt Sadness and Depression
May often appear sad and depressed or show signs of tension and extreme anxiety.

Acting Out Behaviors That May Mask Depression
Chemical use, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, delinquency, or preoccupation with hostility or revenge.

Unusual Changes in Eating or Sleeping Patterns
Noticeable decrease or increase in appetite with significant weight change. Anorexia or bulimia are extreme examples.

Sudden Personality Changes
Shy, reserved persons may become aggressive or impulsive. Cautious persons may engage in risk-taking or fighting. Generally inactive persons may become hyperactive. Normally gregarious persons may become shy, withdrawn, or isolated.

Neglect of Personal Appearance
Formerly well-groomed person may become apathetic about personal appearance and hygiene.

Isolation and Social Withdrawal
Withdrawal from friends, family, and activities formerly enjoyed. May stay in room listening to music with depressing or suicidal themes that intensify mood.

Uncharacteristic Decline in Academic Performance
May suddenly appear disinterested in school or in future goals. May make remarks like, "Don't bother to grade my final, I won't be around," or "It's just not worth it." An unusual decline in grades may be an indication that something is troubling a student.

Reversal in Valuation
Sudden change from loving to hating someone, from self-respect to self-hate.

Difficulty in Concentrating; Persistent Boredom
Difficulty in completing tasks or in following through on assignments. May be consistently unable to keep mind on tasks at hand. May appear to think and act very slowly. Simple, everyday decisions may become difficult.

Vague or Unexplainable Physical Complaints
Headaches or stomachaches that visits to a physician do not solve; frequent desire to visit a physician.

Loss of Touch with Reality
May be symptomatic of mental illness or chemical use. May also be indicative of a preoccupation with fantasy role-playing games.

Preoccupation with Fatalistic or Morbid Thought
Excessive thoughts about death or suicide, which may show up in written assignments, drawings, choice of music, literature, or other activities.

Experimentation with Self-Destructive Acts
Very dangerous sign. May make superficial cuts on wrists, drive fast and recklessly, burn or otherwise mutilate body, may become very "accident-prone".

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. Call **911.**
2. Contact Central Office (e.g. superintendent or his/her designee).
3. Contact Crisis Response Team.
4. Secure the area as soon as possible and keep all students away.
5. Send notes and runners to staff members informing them that a medical emergency has occurred. Include any additional instructions (e.g., "The bell schedule will be changed and will be manually sounded at an appropriate time.")
6. Render first aid until professional medical treatment arrives.
7. Provide constant adult supervision to the student to ensure student safety.
8. Request a mental health screening for the student.
9. Notify the principal and the school suicide prevention coordinator regarding in-school suicide attempts.
10. Contact the student's parent or guardian.
11. Crisis Response Team will meet to assess whether additional steps should be taken to ensure student safety and well-being.
12. Prepare a written statement to be distributed to parents and guardians either through email or by letter.

For additional information, please refer to Appendix A: **Action Plan for Suicide Attempt and Suicide Ideation** on page 17.

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 **911**.
2. Contact the student's parent or guardian.
3. Contact the school principal and the suicide prevention coordinator.

4. Contact Central Office (e.g. superintendent or his/her designee).

Parental Notification and Involvement

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 psychologist, or a staff member with a special relationship with the student or family. School staff should be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

Through discussion with the student, the principal or mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal or mental health professional believes, in his or her professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, the principal or mental health professional may delay such contact as appropriate. If parent or guardian notification is delayed, the reasons for the delay shall be documented. If the principal, designee or mental health profession suspects child abuse or neglect, the Department of Family and Children Services (DFCS) shall be notified immediately. If the student is under the age of 18 and the parent/guardian refuses to contact a mental health provider, the school will have the option to contact and file a neglect report with DFCS.

Steps for parental/guardian notification:

1. Notify the parents/guardians about the situation and ask that they come to the school immediately.
2. When the parents/guardians 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 prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parent(s)/guardian(s) with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parent(s)/guardian(s) are with you.
5. Provide the parent(s)/guardian(s) with resources to explain the risk of suicide and the role of parent(s)/guardian(s) in getting and maintaining help for their child.
6. Ask the parent(s)/guardian(s) to sign the Parent/Guardian Contact Acknowledgement Form confirming that they were notified of their child's risk and received referrals for assessment.
7. Tell the parents 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:
   - Stress the importance of getting the child help.
   - Discuss why they have not contacted a provider and offer to assist with the process.
8. If the student does not need to be hospitalized, release the student to the parents.
9. Document all contacts with the parent(s)/guardian(s).

Note: Sample forms are available within the Preventing Suicide: A Toolkit for High Schools to document all contact with parents and guardians.

After a Suicide

A suicide death in a school community requires implementing a coordinated crisis response to assist staff, students, and families who are impacted by the death and to restore an environment focused on education. A meeting of the Crisis Response Team should take place as soon as possible once the basic facts about the death have been obtained to initiate a coordinated response.

While it may not always be possible to immediately ascertain all of the details about the death, confirming as much information as possible is important because speculation and rumors can exacerbate emotional upheaval within the school. If the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed, it can be challenging for a school to determine how to proceed. The school's principal or the local superintendent should first check with the coroner and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death.

If the body has not yet been recovered or if there is an ongoing investigation, schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed. Acknowledge that there are rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing or deceased person, his or her family, and his or her friends.

While the fact that a student has died may be disclosed immediately, information about the cause of death should not be disclosed to students until the family has been consulted. If the death has been declared a suicide, but the family does not want it disclosed, someone from the administration or counseling staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death amongst themselves, and that having adults in the school community talk to students about suicide and its causes can help keep students safe.

If the family refuses to permit disclosure, schools can state, *"The family has requested that information about the cause of death not be shared at this time"* and can nevertheless use the opportunity to talk with students about the phenomenon of suicide: *"We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal."*

For additional information about how to respond to suicide deaths in the school community, please refer to Appendix B: **Action Plan for Suicide Death** on page 21. You may also view After a Suicide: A Toolkit for Schools.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act or FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education. Under FERPA, parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (Department of Education, 2010).

Appendix A

CONTACTS	PHONE NUMBERS
SRO	
FIRE/POLICE/AMBULANCE	
LOCAL CRISIS RESPONSE TEAM	
CENTRAL OFFICE	
DFCS	
MENTAL HEALTH PROFESSIONAL	

Action Plan for Suicide Attempt and Suicide Ideation

Actions to be Assigned to Staff	Responsible Staff Person	Alternate Responsible Staff Person
Suicide Attempt		
1. If the student has made a suicide attempt or it is suspected that the student made a suicide attempt on school property, the principal or designee will immediately call 911 for any medical emergency while first responder attends to person in crisis.		
2. Secure the area to prevent onlookers and panic, and to maintain the integrity of the crime scene.		
3. Make appropriate contacts. a) **Custodial parent/guardian** and/or emergency contact as quickly as possible b) **Crisis Response Team** consisting of trained personnel (e.g., School Counselor, School Social Worker, School Psychologist, School Resource Officer and School Nurse) c) **Central Office** d) <u>If there is a suspicion or accusation of child abuse</u> regarding the parent/guardian, school personnel will follow the Child Abuse Protocol and notify the Department of Family and Children Services (DFCS)		
4. Continue overseeing safety of student, secure school environment, and preserve the area		
5. Follow local school/district protocols		
6. Upon student's return, the administrator or designee will convene a meeting to develop an Individual Safety Plan. Recommended meeting participants include: Parent(s)/Guardian's, Administrator, School Counselor, School Social Worker, School Resource Officer, School Nurse, Teacher(s) and other duly notified staff.		
Reported Suicide Attempts, Warning Signs or Ideation		
1. The Suicide Prevention Coordinator/School Counselor, Principal, or Principal Designee will be notified and the student		

Actions to be Assigned to Staff	Responsible Staff Person	Alternate Responsible Staff Person
involved will be: a) Placed under constant adult observation (student will not be left alone, sent back to class, or sent home on the bus without constant adult supervision) b) Privately questioned by a trained staff member to determine the level of risk using school district procedures for suicide screening and assessment		
2. Notify Crisis Response Team. The team members will: a) Complete a Safety Assessment/Survey/Rating Scale as recommended by the Crisis Response Team b) Report screening/assessment finding to the Principal or designee and recommend a plan of action		
3. The School Counselor or Administrator will notify the custodial parent/guardian and/or emergency contact, and ask him/her to immediately come to the campus.		
4. Parent/guardian/emergency contact will be provided a copy of the following: a) Parent/Guardian Notification Form b) Safety Screening Results c) Release of Information Form(s) d) Helpful resources about the suicide risks and warning signs e) Available resources for Assessment related to suicide and the Georgia Crisis and Access Line contact information		
5. Parent/guardian/emergency contact will be strongly encouraged to take the student from the campus to a facility or provider of his/her choice for a mental health assessment.		
6. If the child is under the age of 18 and the parent/guardian refuses to seek appropriate assistance, the school will have the option to contact and file a neglect report with the Department of Family and Children Services (DFCS). The school may also involve local law enforcement, if necessary.		
7. Upon student's return, the administrator or designee will convene a meeting to develop an Individual Safety Plan. Recommended meeting participants include: Parent(s)/Guardian's, Administrator, School Counselor, School Social Worker, School Resource Officer, School Nurse, Teacher(s) and other duly notified staff. This process cannot delay the student's reentry.		

Actions to be Assigned to Staff	Responsible Staff Person	Alternate Responsible Staff Person
In Both Suicide Attempts and Suicide Ideation		
1. Make appropriate contacts. **a) Custodial parent/guardian** and/or emergency contact as quickly as possible **b) Local Crisis Response Team** (e.g., School Counselor, School Social Worker, School Psychologist, School Resource Officer and School Nurse) **c) Central Office** **d)** If there is a suspicion or accusation of child abuse regarding the parent/guardian, school personnel will follow the Child Abuse Protocol and notify the Department of Family and Children Services (DFCS)		
2. Prepare for possible "lock down." Clear driveway for entering and exiting of emergency vehicles.		
3. Gather information concerning the incident.		
4. Identify any witnesses. *Note: Segregate witnesses from other students. Allow them to talk with school personnel – no news media.).*		
5. Retrieve student records for more information.		
6. Determine who will remain with the affected classroom of students to provide calming atmosphere.		
7. Discuss known and appropriate facts to diminish rumors or misunderstandings.		
8. Coordinate with Central Office for possible deployment of an Emergency Response Team(s).		
9. Collaborate with Central Office to prepare parent and media response. Coordinate communications with the wishes and permission of affected family.		

Other Actions to be Followed

1. Do not use the name of the student/victim over the radio or walkie-talkies.
2. Treat all threats of suicide as serious (until you are assured otherwise). This is particularly true for adolescent populations.
3. Consider plans for providing ongoing, longer term counseling support for students and all faculty and staff.
4. Provide access to regular school counselors.

School-Specific Information

In the space below indicate school-specific information for this incident.

Appendix B

CONTACTS	PHONE NUMBERS
SRO	
FIRE/POLICE/AMBULANCE	
LOCAL CRISIS RESPONSE TEAM	
CENTRAL OFFICE	
DFCS	
MENTAL HEALTH PROFESSIONAL	

Action Plan for Suicide Death

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)
Notify key individuals		
1. Verify death	Lead: Backup:	Police: Medical examiner:
2. Ensure that staff know how to respond to inquiries and manage the campus for safety	Lead: Backup:	
3. Notify superintendent's office	Lead: Backup:	Superintendent : . Backup/weekends:
4. Notify Crisis Response Team	Lead: Backup:	District crisis team: Weekend/vacation/late night contacts:
5. Notify schools attended by family members of the deceased	Lead: Backup:	Other schools in district: .
6. Contact and coordinate with school crisis team, district crisis team and/or external mental health professionals	Lead: Backup:	School crisis team, district crisis team, and community mental health providers: External crisis response professionals:
7. Reach out to and work with the family of the deceased	Lead: Backup:	
8. Notify all faculty and staff	Lead:	

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)
	Backup:	
9. Coordinate notifying students about the death(s)	Lead: Backup:	
10. Notify families of students about the death and the school's response	Lead: Backup:	
11. Provide staff with guidance in talking to students	Lead: Backup:	
12. Provide support to staff	Lead: Backup:	Community mental health professionals:
13. Identify, monitor, and support students who may be at risk	Lead: Backup:	
14. Implement steps to help students with emotional regulation	Lead: Backup:	
15. Participate in and/or advise on appropriate memorialization in the immediate aftermath	Lead: Backup:	
16. Work with press/media	Lead: Backup:	Local media contact(s):
17. Monitor social media	Lead: Backup:	

Other Actions to be Followed

1. Do not use the name of the student/victim over the radio or walkie-talkies.
2. Consider plans for providing ongoing, longer term counseling support for students and all faculty and staff.
3. Provide access to regular school counselors.

School-Specific Information

In the space below indicate school-specific information for this incident.

Resources

- Preventing Suicide: A Toolkit for High Schools
- After a Suicide: A Toolkit for Schools
- Georgia Crisis & Access Line: 1-800-715-4225
- National Suicide Prevention Lifeline: 1-800-273-8255
- Society for the Prevention of Teen Suicide
- American Foundation for Suicide Prevention
- The Jason Foundation
- Georgia Disaster Mental Health
- The National Child Traumatic Stress Network
- American Association of Suicidology
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Suicide Prevention Resource Center
- FERPA and the Disclosure of Student Information Related to Emergencies and Disasters

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- Douglas County Schools, Office of Student Services
- Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.
- American Foundation for Suicide Prevention and Suicide Prevention Resource Center. 2011. *After a Suicide: A Toolkit for Schools*. Newton, MA: Education Development Center, Inc.