**PREVENTION**

The school will provide regular trainings for staff, faculty, students, and families around behavioral health and suicide risk. Trainings on the topic of suicide are not recommended in the immediate aftermath of losing a school community member to suicide. Resources however will be provided during this time of healing.

**FACULTY AND STAFF TRAINING**

Staff and faculty trainings will occur on an annualbasis during a Learning Improvement Day or other staff meeting opportunity by November. For the 2022-23 school year faculty and staff will participate in the *LEARN* training.

**PARENT TRAINING**

Parent trainings will be offered in a remote or in-person format twice a year. The school currently plans to offer *LEARN* for the 2022-23 school year. Parents will be made aware of the training through Blackboard Connect and web-based promotions. The school principal will be responsible for ensuring that at least one parent training is happening per semester and that information regarding these events is communicated to parents.

**STUDENT TRAINING**

All students will receive at least one suicide prevention and mental health training per school year beginning the 2023-24 school year. In 2022-23, the schoolwill provide Signs of Suicide for all freshman students during their Health class. In subsequent years, additional trainings will be provided annually to all students and the implementation plan will be developed by the district Student Health and Wellness Cadre which will be launched during 2022-23 and will include student and staff representation from all high schools. This will support the onboarding of both peer led and faculty delivered training for students.

**REFERRAL FOR HELP:**

All suicide prevention trainings will include information on how to refer either yourself or someone else for help. At the end of each training there will be a slide that contains information about how a staff member, parent, or peer can refer a student who they are concerned about to the Counseling Center for further evaluation and support. The Referral for Help will be online and a paper copy will also be available. If a paper copy is submitted, the staff responder will input the information into the online system for record keeping and monitoring. [Referral for Help Card](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125110/Referral%20for%20Help%20Card.pdf)

The school referral for help card will look like this:



**TRAINING SUSTAINABILITY**

The schoolwill offer faculty/staff, parent, and student trainings annually and will establish the following suicide prevention training sustainability protocol:

* At least two school staff are current and up to date in presenting the Forefront Suicide Prevention LEARN training. Our school has also selected *LEARN* for students and families*.*
* Each year the school will provide time to review, practice and mentor new staff and parents in presenting the Forefront Suicide Prevention *LEARN* training. This will help build up the number of individuals trained within the school community. This practice will help to ensure there are adequate trainers within in the school as well as act as a safety net in the event that there is staff turnover.
* The school will appoint a health and wellness committee (Student Health and Wellbeing Cadre) responsible for the oversight of staff and student wellbeing and this committee will be represented on the district Student Health and Wellbeing Cadre. This team will be responsible for overseeing and ensuring that suicide prevention and other behavioral health related trainings happen each year for school staff, students, and parents/caregivers.

**POLICIES AND PROCEDURES FOR MONITORING STUDENT ENGAGEMENT**

The school recognizes that student engagement is an important way of monitoring student behavioral health: Everett Public Schools has been moving schools to aligning their work to a multi-tiered system of support in which schools engage in regularly screening for academics, attendance, discipline and SEL. Staff will be trained annually on LEARN and will also be trained on the process for referring a student for support.

**INTERVENTION**

**REFERRAL FOR HELP**

The school has created the following protocol to ensure that all referrals (including self and other referrals) are adequately documented.

Staff members, parents/guardians, community members or peers can refer a student who they are concerned about to the counseling center for further evaluation and support by using the link below:

Insert Link (will be finalized by August 2022 – [draft](https://forms.office.com/pages/designpagev2.aspx?lang=en-US&origin=OfficeDotCom&route=Start&sessionid=53eced5c-1c2c-4825-9dc7-d6121748648c&subpage=design&id=8I4VpoVPDUulmZJQl_d7PRjbv1-N2f1KtPrvxlEXOspUNEFTUVFCSThKNTNSRFk5RjZGMk5XVkw5US4u&analysis=false) )

This protocol will be distributed each year to all staff at the time the Crisis Management Plan is distributed and will be in conjunction with staff training at the start of each year*.* Additionally, the counseling secretary and Student Support Advocate will be responsible for supporting counselors in maintaining this protocol and monitoring the online system for new referrals*.*  A paper version of this form will also be available in the counseling office and the counselor or support staff will use the paper form to submit the electronic form so that all students of concern can be monitored via the spreadsheet.

**INTERVENTION PROTOCOLS AND PROCEEDURES**

To ensure all students at the school who are identified as potentially being at risk for suicide and/or other behavioral health concerns are connected with and receive the proper resources and supports; the school has established the following protocol and procedures:

Every student referral will be reported to and documented by the school counselor, student support advocate, and/or intervention specialist*.* When a referral is received, the student’s counselor will receive an automatic alert or will be alerted by either the counseling secretary or the Student Support Advocate. If the student’s counselor is not available (onsite), then the designated back up counselor will assist. If the back-up counselor is not available, then the Student Success Advocate and Intervention Specialist will assist.

**REFERRALS**

**Self-Referral:** If a student is concerned about themself and has disclosed this concern to a school staff, the staff member should first talk with the student about the student’s concerns. Staff are reminded to listen to this student with empathy and compassion and without judgement. Staff should thank the student for feeling comfortable enough to come talk to them and praise the student for seeking help (this will encourage a positive school culture around help-seeking behaviors and reduce stigma). Once the student has voiced their concerns, even if all they say is that they need help, staff should submit a Referral for Help via the online system or go to the counseling office for a paper version. Once the referral is received, the student’s counselor will respond with direct supports and screening of student needs.

**Other-Referral:**In the event that a school staff member becomes concerned about a student, they should report their concerns to the school counselor, using the online Referral for Help system. as soon as they can.

**Referral Forms:**All school staff members will be instructed about how to use a referral form at the first staff meeting of the school year. The Referral for Help form will be housed online in a Quicklinks on the school home page and a paper copy will be available in the school counseling center*.* Referral form procedures will be for self-referrals and other referrals (i.e. a student reporting concern about themselves or a friend to a teacher OR a teacher reporting a concerned student). All referrals will be documented automatically within the online system and a spreadsheet will be regularly used to monitor.

Once a referral form has been submitted, a risk assessment will be conducted within 48 business hours of the receipt of the referral**, with the exception of when a student indicates they are actively suicidal – in that case the referral must be done ASAP.**

**DOCUMENTATION AND STUDENT MANAGEMENT BY RISK LEVEL**

***The mobile crisis number for Everett Public Schools area is: (800) 584-3578***

Once a student is evaluated by the school counselor, student support advocate, or intervention specialist, will use the[**asQ Suicide Risk Screening Tool**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125103/asQ%20Screening%20Tool.pdf) to assess the student’s level of suicide risk, the following documentation and procedures will occur:

**Immediate Risk (Extreme):** If a student is at immediate risk for suicide, meaning they have made a suicide attempt and/or are in progress of an attempt; the student will be immediately brought to a safe space, ideally the counselors office where they can be under constant supervision until a healthcare professional has arrived. A school staff member, ideally the student’s counselor, remain with the student while the principal or designee calls 911. The principal will then notify school safety and other relevant staff members of the crisis.. To preserve confidentiality and reduce stigma, school staff will be instructed to try and keep the designated (counselors office) clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. The administrator or designee will also contact the student’s guardian(s) as soon as possible.

Please note: In a crisis, where a student is at immediate risk of suicide, the main priority is keeping the student safe and connecting them to acute care as quickly as possible. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian) the school counselor will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the S drive, that only approved school staff have access to. They will then schedule to follow up with the student and their family within 24 hours (business days) to check in with them and figure out next steps (i.e. follow up care and supports the school can offer) and creating a safety plan for the student.

**High Risk (Severe)**: If a student is at high risk for suicide, meaning they have indicated that they have a plan and/or access to means to carry out the plan, and indicate that they intend to carry out their plan; the student will be immediately brought to a safe space, ideally the counselors office, where they can be under constant supervision. Immediately notify school administrator who will call 911 if necessary and contact the parent/guardian as soon as possible.

If the student is **under 13** – The school counselor, or support staff, will remain with the student while principal or designee calls the student’s guardian. The school counselor or support staff will remain with student until the guardian is a able to come to the school. Upon the guardian’s arrival, the school counselor will explain that the student has been identified as being at high risk for suicide and recommend they be evaluated immediately by a mental health professional (i.e. by mobile crisis or at the local emergency department). If the student’s guardian is unable to be reached in a reasonable amount of time, emergency services will be called. (Please note ideally crisis services; 911 should only be used as a last resort for behavioral health emergencies - to preserve confidentiality and reduce stigma).

School staff will be instructed to try and keep the designated area, counselor’s office, clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian. The school counselor will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school-based server (S-Drive), that only approved school staff have access to.

They will then schedule to follow up with the student and their family **within 24 hours** to check in with them and figure out next steps (i.e. follow up care and supports the school can offer).

If the student is **over 13** – The school counselor or support staff will remain with the student while principal or designee calls the mobile crisis hotline to come and evaluate the student and will then also call the student’s guardian. The school counselor will remain with the student until mobile crisis and/or guardian can come to the school. If the guardian arrives before mobile crisis, the school counselor will explain that the student has been identified as being at high risk for suicide and recommend they be evaluated immediately by a mental health professional (i.e. by mobile crisis or at the local emergency department). In the event mobile crisis comes before the guardian, to preserve confidentiality and reduce stigma, school staff will be instructed to try and keep the designated area, counselors office, clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian. The school counselor will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school-based server, that only approved school staff have access to. They will then schedule to follow up with the student and their **family within 24 business hours** to check in with them and figure out next steps (i.e. follow up care and supports the school can offer).

**Moderate Risk**: If a student is at moderate risk for suicide, meaning the student has communicated that they are experiencing suicidal ideation, and have a plan, but do not intend to follow through on it and/or do not have the ability to follow through on a plan; the student will be immediately brought to a safe space, ideally the counselor’s office, where they can be under constant supervision until the student’s guardian can come and/or the student can be evaluated by a mobile crisis unit. The school administrator will be notified. The school counselor or support staff will remain with the student while principal or designee calls the student’s guardian. **If the student is over 13, the school can call mobile crisis without guardian permission. If the student is at moderate risk and 13 or older and school personnel think a mobile crisis visit is urgently needed, principal or designee will call the mobile crisis team before contacting the guardian.** The school counselor or support staff will remain with the student until the guardian can come to the school. Upon the guardian’s arrival, the school counselor will explain that the student has been identified as being at high risk for suicide and recommend they be evaluated immediately by a mental health professional (i.e. by mobile crisis or at the local emergency department). School staff will provide parent/guardian appropriate resources for accessing a mental health assessment and crisis counseling. School staff will review with parents the importance of supervision, removal of any dangerous implements and conveyance of care/concern while waiting for an appointment with a mental health provider. If the student’s guardian is unable to be reached in a reasonable amount of time, emergency services will be called. To preserve confidentiality and reduce stigma, school staff will be instructed to try and keep the designated area clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian. The school counselor will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school-based server, that only approved school staff have access to. They will then schedule to follow up with the student and their family within **24-48 hours** to check in with them and determine next steps (i.e. follow up care and supports the school can offer).

**Low Risk:** if a student is at low risk for suicide, meaning they have expressed thoughts of dying and are experiencing stressors, but do not have a suicide plan and are not exhibiting suicidal behaviors; students should be referred to the school counselor. Upon referral, either self or other, the school counselor will make an appointment with the student **within 48 hours**. The school counselor will notify the school administrator. The counselor will talk with the student to further identify what supports and resources the student may need. The school counselor should encourage the student to have their guardian involved in their treatment plan. **If the student is under 13, the school counselor will contact the student’s parents regardless of whether or not the student wants them involved.** The school counselor will then work with the student and their guardian (when applicable) to make an appropriate mental health referral and provide appropriate resources to access mental health assessment and crisis counseling when appropriate. If appropriate, ask the parent/guardian to come to the school to meet with you and support their student. The school counselor, student support advocate, intervention specialist, or school nurse will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school-based server, that only approved school staff have access to. The school counselor, student support advocate, intervention specialist, or school nurse will regularly stay in touch with the student and their guardian (when appropriate) to ensure the student was successfully referred and to offer ongoing support to the student and their family.

Responding staff should use the [**Student Risk of Suicide or Self-Harm Form**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125102/Student%20Risk%20of%20Suicide%20or%20Self-Harm%20Documentation%20Form.docx) to document outcomes of the screening.

**Post-Event**

When possible, use parent /guardian and student input to determine who in the school setting needs to be alerted to the student’s mental health status. This usually will include the building principal/designee, school counselors/counseling support staff, school psychologist, and assigned classroom teachers. This may include debriefing with friends/classmates who were involved with reporting. Confidentiality needs to be maintained as much as possible.

After consultation with the superintendent/designee and the student’s parents/guardians about facts that may be divulged in accordance with the laws governing student privacy and the confidentiality of student education records, the principal/designee may provide other students, parents/guardians, and staff with information, counseling and/or referrals to community agencies as needed.

School administrators may request assistance from school counselors, school psychologists, and mental health professionals, such as the Employee Assistance Program, in determining how best to discuss the suicide or attempted suicide with students, parents/guardians and staff.

**SCREENING**

Everett Public Schools has identified and approved [**asQ Screening Tool**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125103/asQ%20Screening%20Tool.pdf) to help screen for and identify students at risk for suicide.

The approved asQ Suicide Screening Tool will be used to further assess a student if a referral (self or other referral) due to concerns about a student arises. The school counselorwill meet with the student within 24 hours of receiving the referral and will talk with the student about the concerns that led to a referral and evaluate the student with the screening tool. Based on this assessment the counselor will then follow the appropriate risk-level protocols spelled out in this document to ensure the student is referred and connected to ongoing assessment and care.

**SAFETY PLANNING**

The school recognizes the benefit of safety planning for suicide prevention; therefore, safety plans will be created with all students of concern. The school counselor will oversee ensuring all students of concern have a safety plan. If a student already has a safety plan the will meet with the student to review the current safety plan and make any necessary edits. Once a safety plan is created, the school counselor or support staffwill continue to check in with the student to ensure their safety plan is still working and to work with the student to make any necessary edits or changes.

**REFERRALS, RISK MANAGEMENT, AND SCREENING DOCUMENTATION**

The schoolwill ensure that all referrals, risk management (including school-based interventions, outcomes of risk management, and communication with caregivers), and screening will be formally documented and tracked.

**Referrals:**The school counseling team, with support from the will track all referrals in a password protected excel file. This file will keep a running tab of the date of the referral, the student that was referred, the reason for the referral, when the student was seen by counseling staff, and the outcome of the referral. This log will serve two purposes – first it will ensure that all students that are referred are followed up with (including their participation in out of school supports and do not fall through the cracks, second, this log will ensure the school has accurate information on student behavioral health concerns which is important for future prevention efforts.

**Risk Management:**All risk management must be documented. Documentation of the situation, any interventions, if crisis support was called, communication with caregivers, plans to follow up with the student, should all be documented*.* The student’s counselorwill keep a password protected file on their computer where detailed risk management notes will be stored for all students who have a behavioral health concern at school.

**Screening:**All student based behavioral health screenings will be formally documented*.* The school counselorwill keep a password protected file on their computer where detailed screening notes will be stored for all students who are screened for behavioral health concerns. These notes will include student name, date of screening, who conducted the screening, which screening tool was used, the outcome of the screener, and any post screening details as well as outcomes, recommendations and follow up.

**Safety Planning:**The school counselor will store all student safety plans on a password protected folder/server on the S Drive. In addition to keeping a copy of safety plans,the school counseling secretarywill keep a password protected Excel log of all students with safety plans. This log will include the student’s name, the date the safety plan was created, and the date and brief notes for follow-up/check-in meetings. This log will ensure that all students who need safety plans have them, that students have regular check ins to ensure their safety plans are still working and/or if any changes or edits are needed, and finally to ensure the school has an accurate record of school-based safety planning interventions.

**RE-ENTRY**

**SUPPORTING STUDENT/FAMILY IN RETURN FROM EXTENDED ABSENCE AT SCHOOL**

The school is dedicated to supporting students and families following an extended absence. In the event that a student has missed school due to behavioral health related concerns and has established and will follow the following re-entry protocol:

**RE-ENTRY PROTOCOL**

Once the school has become aware of a student absence due to behavioral health related concerns, a re-entry team led by the school counselor will be assembled to support the student. The school counselor will work with the student to create a re-entry team that is staffed with school faculty and staff that are relevant to supporting the student. [Please note: the student should be involved in creating a re-entry team that makes them feel comfortable and supported]. The purpose of this team will be to provide support to the student and the family during the student’s transition back to school. If the student already has an IEP or 504, these assigned staffcan act as members of the re-entry team. If a student does not already have an IEP or 504, a re-entry team should be created. This team will be responsible for communicating with the family, the student’s teachers, and for completing documentation and filling out the [**Student Re-entry Process, Checklist and Safety Plans**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125096/Student%20ReEntry%20Process.docx). Request for parent/guardian to complete the student re-entry form and receive an [**Authorization for Release of Information**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125100/Authorization%20for%20Release%20Exchange%20of%20Information.docx)**.**

One member of the re-entry team should be appointed as the main point person, this will more likely be the counselor. This person will be responsible for communicating with the family and relevant school staff. Accommodations for accessing and completing school assignments will be determined and communicated to Parents/Caretakers during the student’s absence.

A re-entry team will be convened within 48 hours of the school’s notification of a student’s absence. The re-entry team will then meet to gather and discuss relevant information to the student’s absence (i.e. what classes and staff members need to be engaged, what the projected return date of the student is (if that information is available), and what immediate communication (either with the family or school staff members is needed). The re-entry group will draft up a plan and timeline for assisting the student and their family with the re-entry process*.*

Ideally, at least one week before the student’s return date, the re-entry team will schedule a meeting with both the student and their family to go over the re-entry checklist and address any concerns the student or family might have about the student’s re-entry back to school.

At the re-entry meeting the re-entry team will work with the student and their family to figure out how the school can best support the student moving forward. Together, the team with the student and their family, will draft emails that will be sent to relevant faculty and staff notifying them of the student’s re-entry and of the agreed upon accommodations and supports for the student. The point person of the re-entry team will be responsible for sending out all correspondence regarding the student’s re-entry. (Note – the re-entry team will be instructed to work collaboratively with the student and their family, and to obtain the student and families approval before sending correspondence to relevant school faculty and staff.)

The point person for the re-entry team will be responsible for keeping track of and documenting all team communications and plans regarding the student’s re-entry. A file will be created for the student including all documentation on re-entry planning. The file will be stored in a password protected folder on the school’s private server. Only members of the re-entry team will have access to the files to preserve confidentiality.

**Safety Planning:** The re-entry team should work with the student to create a Safety plan. If a safety plan already exists, the re-entry team should work with the student to review and make any necessary changes of edits to the existing safety planning.

**ADDITIONAL TASKS FOR THE RE-ENTRY TEAM**

* Create a plan to address bullying, harassment, and discrimination*.*
	+ Theschool counselor, student support advocate, or intervention specialistwill work with the student’s teachers to make sure they monitor the classroom for bullying.
	+ Similarly, theschool counselor, student support advocate, or intervention specialistwill work with the student’s teachers to prepare them to appropriately address any questions that might come up about the student’s absence
* The crisis team will designate one of the team members to monitor the student once they return to school to ensure the student is not getting bullied, feels supported in their return, and is adjusting well to returning to school.

**POSTVENTION**

The school recognizes that the death of a student, staff member, alumni, or anyone within the school community by suicide is a tragedy that effects the entire school community. The school leadership, counseling and support staff teamsunderstand that suicide postvention must be handled in a way that is supportive of all community members and is handled in a way that is mindful of contagion.

**POSTVENTION INFRASTRUCTURE**

**POSTVENTION COMMUNICATIONS**

**School Staff, Students, and Parents/Caregivers:** To ensure that the school is prepared during a postvention, the following infrastructure has been put in place:

EPS has created [**Guidelines and templates**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125105/Communication%20Death%20or%20Tragedy%20Handbook.docx) to be used to communicate to staff, students, families and community in the event of a death or tragedy. These should include notifications for the following situations: a) family has given permission to call the death a suicide, b) family has confirmed suicide but wishes not to communicate this and c) family has not given permission to call the death a suicide. There are three separate drafts, one tailored to school staff, the other tailored to students, and the third designed for parents and caregivers***.***

**The Media:**The principal will coordinate with the Director of Communications to act as the point person for all media related requests and statements. Any communications to the media should go through the media point person. Communications Officer uses Best Practice Guidelines in reporting on suicide.

**Internal Communication:** The school will use Blackboard connect to communicate to staff when an face to face meeting is not an option such as weekends, holidays and summer. The principal will ensure that all staff who had direct or recent contact with the student such as current and previous teachers and coaches receive personal communication in advance of mass communication. The principal will communicate directly with their Regional Superintendent and the Director of Student Support Services to both inform executive leadership and to garner extra assistance as needed. The Director of Student Support Services will deploy the District Response Team if appropriate.

**District Response Team:** All counselors in the district are prepared to support a school in need. The DRT will be formed based on the specific needs and context. In general, counselors from regional schools will support. If an event impact two schools, such as a scenario where a sibling is involved, the Director of Student Support Services will deploy counseling support from neighboring regions.

**Staff Support:** The school recognizes that a loss in the school community affects not only students, but staff as well. We realize that there needs to be infrastructure to support school faculty and staff. For that reason, in the event of a death in the school community, the principal will contact Human Resources to access EAP support and will remind staff that they can get in touch with the Employee Assistance Program (EAP) if they need support.

In addition, Everett Public Schools has prepared a resource guide for employees. The resource guide includes information on how to access employee support (Such as the EAP) program, as well as information on local behavioral health resources including information about grief and loss, etc. This guide can be found in the appendix.

**MEMORIALS**

 The school has established in advance policies and procedures regarding memorials and related activities following a suicide death in the school community. These policies and procedures follow best practices for suicide postvention and recognize postvention efforts need to be handled with care and in a way that reduces the risk of suicide contagion. The following procedures have been established:

* The school will work with students who want to do something in memory of the deceased student.
* The following are considered appropriate ways for students express grief and are evidence based to reduce the risk of suicide contagion:
* A student-led suicide prevention initiative supervised by one or more faculty members
* A donation or fundraiser for a local crisis service or mental health care provider
* Participation as a school in a local suicide awareness event.

The School acknowledges that students will display their grief and memories in various ways and the school will use [Memorials after a Suicide Guidelines](https://epscloud-my.sharepoint.com/personal/05554_apps_everettsd_org/_layouts/15/onedrive.aspx?id=%2Fpersonal%2F05554%5Fapps%5Feverettsd%5Forg%2FDocuments%2FDAVE%27S%20DOCS%2FCounseling%2FSuicide%2FForefront%2FPostvention%2FMemorials%20After%20a%20Suicide%20%2D%20Guidelines%2Epdf&parent=%2Fpersonal%2F05554%5Fapps%5Feverettsd%5Forg%2FDocuments%2FDAVE%27S%20DOCS%2FCounseling%2FSuicide%2FForefront%2FPostvention&ct=1654808360397&or=Outlook%2DBody&cid=A15B14B0%2D59D4%2D491C%2DA57D%2DC4EE32781968&ga=1) to address the needs in particular contexts.

**ANNIVERSARY**

The school will be mindful of anniversaries, such as the anniversary of the death, the student’s birthday, the date the student would have graduated, etc. The school counselor, student support advocate, and intervention specialist will note important dates in a postvention document, that will be kept in a password protected file. The school recognizes that vulnerable students may need extra support and observation during these times. Theschool counselor, student support advocate, and intervention specialist will be responsible for keeping track of these important dates and will make sure to keep an eye on students who either had a close relationship with the deceased student and/or students who had concerning reactions to the death, and/or students who have been identified of as being at risk for suicide.

**RESOURCE GUIDE**

Everett Public Schools has also identified handouts that includes warning signs of suicide and possible reactions to grief/trauma. The resource identifies what to look for and provides reminders of how to refer any students of concern. These can include:

* Students having an unusually strong reaction to the death.
* The deceased student’s friends.
* The deceased student’s dating partners.
* Students related to the deceased student.
* Teammates, members of the same clubs, and other associates.
* Other students with a history of suicidal thoughts or behaviors.
* Other students who have dealt with a recent crisis or loss.
* Students experiencing mental health problems or other vulnerabilities.
* Where possible, parents may be encouraged to add their children to the list if they have concerns.

The resource handout also lists both school-based and external behavioral health resources. A copy of the resource handout can be found in the appendix of this document.

[Forefront Suicide Prevention LEARN](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125097/Learn%20FOREFRONT.pdf)

[Preventing Youth Suicide NASP](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125098/Preventing%20Youth%20Suicide%20Tips%20for%20Parents%20and%20Educators%20NASP.pdf)

[Preventing Teen Suicide Tips for Peers NASP](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125099/Preventing%20Youth%20Suicide%20Tips%20for%20Peers%20NASP.pdf)

**BEFORE THE FIRST DAY**

* The principal will confirm the news and convene the crisis team
* Upon receiving news of a student’s death, including an unconfirmed rumor, a staff member must immediately contact the principal. Contact must be made whether this is during or outside of school hours. The principal will then confirm the accuracy of the information.
* The principal will discuss with the family how they want the death described to the school community. (For example, are they uncomfortable with it being referred to as a suicide? Is an ongoing investigation hampering communication?)
* The principal will determine factual information to be shared with staff and students with respect to the wishes of the family.
* The principal would work with the Communications department to monitor social media for any inaccurate or exaggerated details of the event.
* The principal will then activate the building’s established communication plan.
	+ The principal will call or personally notify the teachers/staff with personally relationships before a formal communication goes out
* The principal will notify school faculty and staff of the news through staff meeting (preferred) or Blackboard Connect and as part of that communication will also share the information that will be shared with families and at what time that information will be sent.
* The principal will work with the Communications department to send out an email to parents/caregivers notifying them of the news
* The school crisis team composed of administrators, all counselors, the student interventionist and student support advocate will work to establish a trauma-responsive school setting immediately following a crisis. This will include the following:
	+ The counselor will be responsible for establishing a temporary safe room for students. The counselor will work with the crisis team to ensure the following takes place:
	+ Staffing and counseling support until the end of the school day. At least two adults should be in the Safe Room at all times. At least one should be a person with advanced training in suicide prevention.
	+ That is accessible and known to all students
	+ Forms for students to sign in and out
	+ Information about grief
	+ At the start of each year, the school will determine possible places for the safe room
* At the start of each year, school staff that could help run the safe room will be identified.
* The deceased student’s name will be removed from:
	+ The school’s attendance roster in eSchools
* Blackboard Connect
* Any other place that a call home could be initiated such as apps and mail lists used by teachers
* Automated lunch program payment system
* Theschool counselors, student support advocate, and intervention specialist will initiate the process that will be used to identify students who may be in need of extra support or at risk of suicide contagion. The following should be considered:
* Students who are having an unusually strong reaction to the death.
* The deceased student’s friends.
* The deceased student’s dating partners.
* Students related to the deceased student.
* Teammates, members of the same clubs, and other associates.
* Other students with a history of suicidal thoughts or behaviors.
* Other students who have dealt with a recent crisis or loss.
* Students experiencing mental health problems or other vulnerabilities.
* Where possible, parents may be encouraged to add their children to the list if they have concerns.
* The Regional Superintendent will notify other schools in the district, in particular, schools who may have students related to the deceased student.
* The principal will contact Human Resources to activate staff support resources such as the employee assistance program. They will also ensure all staff members receive the employee resource guide and are aware of all available staff support.
* The principal will be responsible foremailing all school faculty and staff with a plan for the next day. The email will include information regarding a required faculty meeting before the start of the next school day, safe room location and resources for staff, family and students.
* Finally, the principalwill work with theschool counselors, student support advocate, intervention specialistand Communications department to ensure a resource guide of both school and community-based behavioral supports goes out to all parents/caregivers/families within 24 business hours of the news being confirmed.

**DURING THE FIRST DAY**:

An hour before the first day, the principal will hold a staff meeting for ALL school faculty and staff. The staff meeting agenda will include the following:

* Verifiable facts about the death and information about the family’s needs and preferences.
* Time for staff to ask questions and express feelings.
* Information about grief counseling and support available through the Employee Assistance Program and procedures for accessing it.
	+ Time should be taken to discuss self-care strategies for staff and to ask staff what additional support they may need
		- Certain staff might require additional support and/or might need a substitute so they can take some time for themselves.
		- The school will work to ensure all staff needs are met and staff feel supported during the postvention process
* Review of the school and district’s aftermath plans.
* Identification of crisis team members and introductions if they are not known to staff.
* Dissemination of statement to be read by teachers during the first period of the day. It is not best practice to make announcements over the school intercom system. An exception to this would be circumstances where schools are in a distance learning mode.
* Location of the Safe Room and what will take place there.
* Discussion of students who immediately come to mind as at risk during this crisis.
* Identify staff responsibilities for subsequent days – this should include identifying staff to fill roles needed immediately. Roles that need to be identified at the staff meeting include:
	+ Counseling staff to follow the deceased student’s schedule
	+ Counseling staff to check in with students of concern
* Plans for the next few days will be discussed including:
	+ For at least the day after the first day, there should be before-school and after-school staff meetings focusing on the following:
	+ Review of and adjustments to crisis plan implementation.
	+ Any emerging needs among the student body or community.
	+ Discussion of students identified as at risk and what they need.
	+ Appreciations to helpful colleagues
* The school crisis team will meet regularly to assess and discuss any ongoing needs. They will keep the Safe Room open for a couple of days based on student need. Staff will be encouraged to reach out to the crisis team with any additional concerns, questions, or relevant updates.
* Teachers will be given an announcement to read to their first period class notifying them about the death, [**After a Suicide: A Toolkit for Schools.**](http://www.sprc.org/webform/after-suicide-toolkit-schools) Use the EPS [**Guidelines and templates**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125105/Communication%20Death%20or%20Tragedy%20Handbook.docx) for examples of how to communicate with students on the first day after a death.
* Finally, staff will ensure that all students of concern (prior to the first day) are identified. This includes the deceased student’s siblings, close friends, teammates, or partners. Additionally, any students who have been identified as being at risk for suicide should be on the list of students to check in with. Teachers will be asked to closely monitor all students over the next few days and to please contact the school counselors, student support advocate or intervention specialist if any additional students of concern are identified.
	+ A staff member will be assigned to check in with each student of concern.
* During the meeting the principal will document staff roles (i.e. who will follow the deceased student’s schedule, who will check in with students of concern, etc.). The principal will be responsible for following up with staff members who have been assigned roles and for checking in with those staff members to ensure all of their roles have been fulfilled and/or if they have any additional concerns or need additional support.

**WORKING WITH THE MEDIA**

*[insert name of school media contact*] will be responsible for communicating with the media. Staff and students will be instructed to not speak with the media themselves, but to instead direct all media questions to [*insert name of school media contact*]. \**Please include draft templates of media communications in the appendix\**

**AFTER THE FIRST DAY**

The school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk. Accommodations should be discussed on a case-by-case basis.

Students may wish to attend the deceased student’s funeral. It is appropriate to make information about the date, time, and location of the funeral available to students. Having extra counseling staff available in the school the day of and the day after the funeral is recommended. The principal will work with the school to ensure that information on the funeral is communicated appropriately with the school community.

Removal of the deceased student’s desk or chair from classrooms must be done sensitively and with clear communication to and with students. The janitor will be responsible for removing the student’s belongings and desk. Considerations:

* It is best to remove the chair or rearrange the classroom during a weekend, school break, or other time that the student body will be away from the school for multiple days.
* A member of the student support team may wish to be present during the first class period after the chair has been removed or the seating chart rearranged.
* Messages to students will emphasize that the action is not meant to erase or disrespect the student but to help the class adjust to the “new normal.” A class discussion facilitated by the support team member may be necessary at this time.

The principal and counselor with support as needed from custodian will remove and return the deceased student’s personal items and respectfully dismantle any memorials:

* Empty the student’s locker, gym locker, cubbies, or other places personal items in a timely fashion.
* A member of the crisis team, ideally the building administrator, will consult with the student’s family about who should do this and what should be done with the items.
* The principal and counselor will work with students to ensure any memorializations are removed in a respectful manner.

The school will work with students who want to do something in memory of the deceased student. Some appropriate living memorials that decrease the risk of suicide contagion include

A student-led suicide prevention initiative supervised by one or more faculty members.

* A donation or fundraiser for a local crisis service or mental health care provider.
* Participation as a school in a suicide prevention community awareness event.
* Note: It is not a safe practice to hold a candlelight vigil, hold a memorial service, school-wide assembly or erect a permanent memorial (such as a plaque, bench, or tree) at the school in the case of any student death, as these practices could contribute to sensationalizing of suicide or students considering suicide a means to gain admiration or attention.

Be mindful of anniversaries, such as the anniversary of the death, the student’s birthday, the date the student would have graduated, etc. Vulnerable students may need extra support and observation during these times.

Finally, students identified as being at risk and or experiencing/displaying heightened levels of stress following the suicide will be closely monitored. Teachers are asked to work closely with the school counselors, student support advocate and intervention specialist to continually identify and follow up with students of concern.

**GRADUATION**

It is common to recognize deceased students during graduation, but it is also essential to maintain focus on the class as whole group.

If there is a tradition of including a tribute to deceased students who would have graduated with the class, students who have died by suicide should likewise be included. Schools may wish to include a brief statement acknowledging and naming those students from the graduating class who have died. Final decisions about what to include in such tributes should be made by the principal, family and affected students.

Consider creating protocols with a team of staff ahead of time regarding graduation, memorialization and yearbook to help reduce conflict and strong reactions in the immediate aftermath.

**YEARBOOK**

Decide on your school’s protocols for these situations in advance. Suggested protocols include:

* Treat all deaths equitably.  Do not include some students and exclude others.
* Limit overall space to avoid creating “tributes” which are strongly discouraged.
* Avoid sensationalizing, glamorizing and/or suggesting suicide as a normal response to stress etc.  “*John is finally at peace*.”
* Avoid turning the yearbook into a call to action.  This is a permanent document and not the place for this type of activity.
* Consult with the family and Admin staff before going to print.
* Consider putting towards the back of the yearbook vs front.
* Tone should be comforting and positive.

**POST-CRISIS**

**Crisis Debriefing.** Debriefing after a crisis helps staff, students, and crisis team members reflect on the successes and challenges of the school and district’s responses: Debriefing is critical to handling the next crisis better. Debriefing should focus on staff self-care and on process improvement. One outcome of quality postvention will be enhanced and improved prevention.

* Follow up staff meetings will be helda week after the student’s death. An additional meeting will be held one month after the student’s death and again at three months or as needed to discuss the postvention process
	+ The principal will be in charge of scheduling and running these follow up meetings and will coordinate with EAP and/or Student Support Services as needed
	+ The content of these follow-up meetings should include any remaining concerns following postvention, what went well during the postvention process, what did not go so well during the postvention process, and how to improve the postvention process in the future. Additionally, staff should feel free to express thoughts, feelings, and suggestions about the postvention process.
* Review of the crisis plan and update accordingly: One month following a death, members of the crisis team will meet to discuss the current crisis plan with Regional Superintendent and Director of Student Support Services. The plan will be updated based on what worked and what did not work relating to the suicide and the postvention process. Input from the follow up staff meetings will be taken into account and incorporated.

APPENDIX – SUPPORTING DOCUMENTS

[**Suicide Risk Forms**](https://docushare.everett.k12.wa.us/docushare/dsweb/View/Collection-18670)

* asQ Screening Tool and Assessment Guide
* Authorization for Release
* Follow Up Meeting Documentation
* Referral Form
* Student Re-entry Process, Checklist and Safety Plan
* Student Risk of Self-Harm Documentation Form:

[**Communication Guidelines and Templates**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-125105/Communication%20Death%20or%20Tragedy%20Handbook.docx)