

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**REGULATION No. 270
PROGRAM**

SUICIDE PREVENTION, INTERVENTION AND POSTVENTION

Purpose

The Board of Trustees has directed the Superintendent to establish suicide protocols for the District.

The purpose of this regulation is to help protect the health and well-being of all District students by having comprehensive, standardized procedures in place to help prevent, assess the risk of, intervene in, and respond to suicide.

The District:

- (a) recognizes that physical, behavioral, and emotional health and well-being is an integral component of a student's educational outcomes;
- (b) further recognizes that suicide is a leading cause of death among young people;
- (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and,
- (d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and which helps foster positive development.

According, this regulation shall be paired with other policies and regulations of the District which support the behavioral and emotional health and well-being of students. Specifically, this regulation shall be applied in a manner consistent with the District's Child Find obligations.

Scope

This regulation applies to the entire school community, including educators, school and District staff, students, parents/guardians, and volunteers, and covers actions that take place in all District elementary, middle and high schools, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This regulation is intended to address appropriate responses to suicidal or high risk behaviors that take place both inside and outside of the school environment, including social media sites.

Definitions

1. At Risk

A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition.

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The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

2. Crisis Team

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

3. Mental Health

A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

4. Postvention

Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

5. Risk Factors for Suicide

Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.

6. School First Responder

Safe School Professional, School Counselor, Principal, Vice Principal, Nurse, or School Psychologist.

7. Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

8. Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

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9. Suicide Assessment

An evaluation of a student who may be at risk for suicide performed by a mental health clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment. This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

10. Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

11. Suicidal Behavior

Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

12. Suicide Contagion

The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

13. Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

14. Suicide Screening

A standardized instrument or protocol which may be used by non-clinicians to identify individuals who may be at risk for suicide, typically consisting of four to six questions to determine if a person is at risk to commit suicide. The Suicide screening document used within the CCSO is called "Ask Suicide Screening Questions" ("ASQ") and is approved by the National Institute of Mental Health.

15. Suicide Threat

A statement made of intent to commit suicide accompanied by behaviors indicative of suicidal tendencies.

Prevention

1. District Policy Implementation

A District Suicide Prevention Committee shall be designated by the Superintendent. The

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District Suicide Prevention Committee will be responsible for planning and coordinating implementation of this policy for the District. Each school principal shall designate a school suicide First Responder(s) to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. These may be existing staff persons. All staff members shall refer students they believe to be at elevated risk for suicide to a school suicide First Responder.

2. Staff Professional Development

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.

3. Youth Suicide Prevention Programming

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.

4. Publication and Distribution

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

Intervention: Screening and Referral

Suicide intervention should always be planned and administered as part of suicide prevention.

a. **Identification:** While no one risk factor, in itself, proves suicidal intent, the presence of a combination of factors may indicate a need for further assistance. In order to promote good mental health, the District will respond to students who are experiencing stressful life conditions, and who are demonstrating an inability to cope with these stressors.

b. **Staff Actions:** Staff who have identified students who may need intervention will bring these students' names to the attention of the School's First Responder (Safe School Professional, School Counselor, Principal, Vice Principal, Nurse, or School Psychologist) as soon as possible. Depending upon the circumstances, the First Responder may recommend one, or some combination of the following options: monitoring the student, counseling for the student,

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consultation with the student's teachers and/or other staff, parental contact, referral to in-school resources, referral to out-of-school resources, and/or initiation of a Suicide Screening to determine whether the student may be at-risk for suicide.

If a School First Responder has any concerns whether a student may be at risk for suicide, the “Ask Suicide Screening Questions (ASQ)” form will be completed by the First Responder. If, as the result of the Suicide Screening form the First Responder determines the student to be suicidal, the First Responder will immediately make a referral for a comprehensive and clinical Suicide Assessment to one of the following community resources:

1. Rural Mobile Crisis Response Team (RMCRT) at (702) 486-7865
2. Carson Tahoe Behavioral Health Services (CTBHS) at (775) 445-7756
3. West Hills Hospital at (775) 323-0478

School staff will continuously supervise the student to ensure their safety. The principal will be made aware of the situation as soon as reasonably possible. The First Responder will contact the student’s parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

The First Responder will ask the student’s parent or guardian for written permission to discuss the student’s health with outside care as described on the Parental/Guardian Consent Form.

Depending upon clinician availability the Suicide Assessment will be conducted either in person, or via VSEE, which is an installed communication device which allows visual connectivity between users (in this case the clinician and the at-risk student). While installation of VSEE is free, a computer must have a camera installed on top of the monitor.

Either the RMCRT, CTBHS, or West Hills Hospital as the case may be, will obtain written or verbal parental consent to the Suicide Assessment.

The District IT Department will maintain the VSEE software product installed on a computer with camera, at a location communicated to staff.

The school must make every effort to keep the student safe before, during and after interaction with a clinician, whether in-person or via VSEE.

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:

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

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 should: 1. Call the Sheriff's Office and/or emergency medical services, such as 911. 2. Inform the student's parent or guardian. 3. Inform the school suicide prevention coordinator and principal. If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Re-Entry Procedures

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

1. A school employed mental health professional or designee will be identified to coordinate with the student, his or her parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that he or she are no longer a danger to himself or herself or others.
3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

Postvention

1. Development and Implementation of an Action Plan

The Crisis Team will develop an action plan to guide school response following a death by suicide. A meeting of the Crisis Team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

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- a. Verify the death. Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or Sheriff's Office. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
- b. Assess the situation. The Crisis Team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The Crisis Team will also consider how recent other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- c. Share information. The District Public Information Officer (PIO) shall assist the Crisis Team in this process. Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share verbally with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
- d. Avoid suicide contagion. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The Crisis Team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the Crisis Team will review suicide warning signs and procedures for reporting students who cause concern.
- e. Initiate support services. Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The Crisis Team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, Crisis Team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis.
- f. Develop memorial plans. The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g. small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

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2. External Communication

The Public Information Officer or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

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

Parental Notification and Involvement

In situations where a student is screened to determine risk for suicide or has made a suicide attempt, the student’s parent or guardian should be informed as soon as practicable by the principal, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on “means restriction,” limiting the child’s access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding the child. Through discussion with the student, the principal or school employed 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 that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.

Implementation Guidelines & Associated Documents

This policy aligns with the following CCSD governing documents:

- ASQ (Ask Suicide Questions) questionnaire
- “More than Sad”: Suicide Prevention Education for Teachers and Other School Personnel”
- American Foundation for Suicide Prevention <http://morethansad.org>
- Tips for First Responders

Adopted: March 14, 2017

Revised: January 29, 2019