**North Powder School District Suicide Prevention Protocol**

##### Suicide Prevention Commitment

North Powder School District is committed to protecting the health and well-being of all students and understands that physical, behavioral and emotional health are integral components of student achievement. All staff are expected to be proactive in maintaining a safe and supportive learning environment and to immediately report to the building principal any indications that a student may be in danger of harming himself/herself or others. Students are strongly encouraged to report if they, or another student, are feeling suicidal or in need of help. A summary of available resources shall be updated and posted for students, families and staff.

##### Prevention

All district employees shall attend annual training in suicide prevention. The training shall include, but is not limited to: the identification of risk factors , warning signs, interventions and response procedures, referrals and postvention strategies.

The Superintendent is responsible for planning, coordinating and monitoring the implementation of this policy. The high school principal and elementary principal shall be designated as the North Powder Charter School suicide prevention co-coordinators to act as points of contact for issues relating to suicide prevention and policy implementat ion.

##### Intervention

Any employee who reasonably believes that a student is at imminent risk of suicide shall immediately report such belief to the principal. Indications that a student is at imminent risk of suicide shall include, but are not limited to: the student verbalizing t·he desire to commit suicide, evidence of a suicide attempt and/or self-harm. A student may also complete a student self­ referral if he or she feels at risk of suicide. A student should report to a staff member if he/she believes another student is at imminent risk of suicide. This report should be investigated by the principal.

Upon notification, the principal shall complete a Level 1 Suicide Risk Assessment. If warranted, the student will be placed under continuous adult supervision during this time.

Emergency medical services will be contacted immediately if an in-school suicide attempt occurs. The principal shall contact the superintendent.

Prior to contacting the student's parenUguardian, the principal and/or the superintendent shall determine if there could be further harm resulting from parenUguardian notification. If parenUguardian notification could result in further risk of harm or endanger the health or well­ being of the student, then local law enforcement and the Department of Human Services/Child Welfare (OHS) shall be contacted. If warranted, a district administrator will accompany the student to the hospital until the proper authorities arrive.

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If appropriate, the principal or designee shall contact the student's parenUguardian and provide the following information:

* 1. Inform the parenUguardian that there is reason to believe the student is at risk of suicide;
  2. Inform the parenUguardian if emergency services were contacted;
  3. Inform the parenUguardian of the results of the Level 1 Risk Assessment
     1. If warranted, refer to Level 2 County team
  4. Ask the parenUguardian whether he/she wishes to obtain mental health counseling for the student;
     1. Provide the names of community mental health counseling resources if appropriate

The School Counselor will seek parental permission to communicate with outside mental health care providers regarding the student. If the student is under the age of 14 and the parenUguardian refuses to seek appropriate assistance, the School Counselor shall contact OHS. If the student is 14 years of age or over and refuses to seek appropriate assistance, the School Counselor will contact OHS.

The Principal or Counselor sh\_all document the incident, including contact with the parenUguardian, by recording:

1. The time, date and circumstances which resulted in the student coming to the attention of school officials;
2. A timeline of the specific actions taken by school officials;
3. The parenUguardian contacted, including attempts;
4. The parenUguardian response;
5. Time and date of release of student to authorized individual;
6. Anticipated follow up and safety plan. (Schedule safety plan review date as appropriate).

Prior to a student returning to school, the Principal and/or other appropriate school personnel shall meet with the student and his/her parenUguardian in order to develop a safety plan. A school support team shall convene to determine if additional evaluation and/or supports are needed . The team will identify an employee to periodically meet with the student to monitor his/her safety and address any problems or concerns with re-entry.

##### Postvention

Immediately following a student suicide death, the Superintendent will contact the regional crisis team. The crisis team shall meet and develop a postvention plan. At a minimum, the postvention plan shall address the following:

1. Verification of death;
2. Preparation of school and/or district response, including support services;
3. Informing staff of a student death;
4. Informing students that a death has occurred;
5. Providing counselors to support students and staff at the school;
6. Providing information on the resources available to students and staff.

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The crisis team shall work with teachers to identify the students most likely to be impacted by the death in order to provide additional assistance and counseling if needed. Additionally, staff will immediately review suicide warning signs and reporting requirements.

#### Staff Professional Development:

* Initial and Annual Training: SafeSchools
* Additional Training Options;
  + ASIST (2-day)
  + In-Person
    - QPR (2 hours)
    - SafeTALK (4 hours)
    - Youth Mental Health First Aid (8 hours)
  + Online
    - Act on Facts (2 hours)

#### Student/Family Outreach, Resources and Communication

* Curriculum and Lessons
  + Oregon Youth Line (grades 6-12): Oregon Youth Line and Lines for Life teach 45-90 minute lessons promoting mental wellness, help-seeking behavior and coping skills via adult educators and experienced youth peer leaders. Lessons include: coping with stress, suicide prevention, under pressure, understanding bullying and teen decision making.
  + Curriculum (grades 8-12): SOS/Signs of Suicide--three 45-minute lessons (recognizing symptoms of depression and suicide in self and others), 1 hour staff presentation, 1 hour parent presentation
  + More than Sad (grades 9-12): components for students, parents and teachers. Recognize signs/risk factors, demystify the treatment process, learn how to initiate the conversation, refer to get help.
* Resources
  + OregonYouthline.org, [teen2teen@linesforlife.org,](mailto:teen2teen@linesforlife.org) 877-968-8491 or Text teen2teen to 839863
  + Youth Family Crisis Services 503-576-4673
  + National Suicide Prevention Hotline 1-800-273-8255 (en espanol)

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**SUICIDE RISK ASSESSMENT PROCESS FLOW CHART NORTH POWDER SCHOOL DISTRICT**

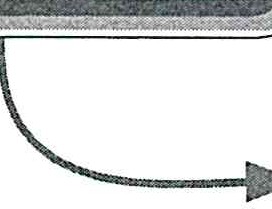
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**IMMEDIATE DANGER**

Contact parents, connect with Crisis mental health

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| /, | |  |
| - |
|  | **IMMINENT**  **DANGER**  (such as student holding a weapon or standing on roof) |
| \ | , | |

CALL 911



**IDENTIFICATION**

Attempt, gesture, talk of suicide reported to any staff member

► Follow district emergency procedures

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SAFETY PLANNING

Re-entry plan for the student

Include parent

/ *,r* ' *,r ,r* '

**AREAS OF CONCERN**

Contact parents and provide resources

**DETERMINE RISK LEVEL**

Attempt, gesture, talk of suicide reported to any staff member

**INTERVIEW**

Determine need for additional intervention

|  |  |
| --- | --- |
|  | ' |
|  | **REPORT TO SCHOOL PRINCIPAL** |

and student in process

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**Hai'""** .......

*Documentation placed* in *behavioral and counseling file*

### RESOURCES:

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*I".* '

## Union County

NCenter of Human Develo pment: 541-962-8800 Law Enforcement: 541-963-1017

**National Suicide Prevention Lifeline**

1-800-272-TALK

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org/)

**Oregon Youth Line**

1-877-968-8491

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NO CONCERN

Contact parents about conversation

*Documentation tobe kept in counseling file*

1. **IDENTIFYING INFORMATION**

***Suicide Screening Form***

Name: ID: School:, DOB: Age: \_ IEP/504? Address: \_

Parent/Guardian #1 name/phone #(s): Parent/Guardian #2 name/phone #(s): Screener's Name: Position:, Contact info: Screener Consulted with:---------------------------------------

1. **REFERRAL INFORMATION**

Who reported concern/ Contact info: Self Peer Staff Parent/Guardian Other

What information did th\_i§\_J)\_erson share that raised concern about suicide risk?

1. **INTERVIEW WITH STUDENT**
   1. Does student exhibit any of the following warning signs?

Written statements, poetry, artwork, stories, electronic media about suicide Currently or will be isolated or alone, withdrawn

Preoccupation with death

Feelings of hopelessness/worthlessness Substance use or abuse

Mental health issues or recent diagnosis Current psychological/emotionalpain Discipline problems

Prior Suicide Attempt

Escalating agitation and/or motor restlessness Physical illness

Experiencing bullying or being a bully, humiliation

Recent personal or family loss or change (i.e. death, divorce, suicide) Recent stressful life events (i.e. legal, interpersonal relationships) Family problems

Giving away possessions

Current trauma (domestic/relational/sexual abuse) Crisis within the last 2 weeks

LGBTQ, Native-American, Alaskan Native, Male Inability to concentrate of make decisions

Low or no social support

Recent changes in appetite or sleep

* 1. Guiding Questions

►► Does the student report to thinking about suicide?

►► Does the student think about harming others? (if yes, complete Risk Screen as well)

►► Does the student report to having a plan?

If Yes, what is the plan (how, when, where?)

□

Yes No

Yes No

Yes No

# □

►►

►► If yes, explain level of detail

Little to no detail

►► What is the current level of physical or emotional pain being experienced?

Does the student have accesstotheirplannedmethod?□

Yes No

# □ □

An understanding of howto obtain

Very detailed

None

Some

Unbearable

►► Is there a history with previous gesture(s), talk, or attempt(s)? Yes

No

If yes,describe:

►► Is there a family history of suicide?

YES NO

If yes, describe :

►► Has the student been exposed to suicide by others? Yes No

If yes,describe:

►► Has the student been recently discharged from psychiatric care?

Yes No

If yes, include date and describe:

* 1. Does the student have a support system?

List the names of family members: School staff: Peers at school: Others in the community (friends, neighbors, etc.):

1. **PARENT/GUARDIAN CONTACT**

Name of parenUguardian contacted: Date contacted:

Was the parent/guardian aware of the student's suicidal thoughts/plans:

OYes ONo

Parent/guardian's perceptions of threat?

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If needed, probe the parent guardian for more information regarding the s tudents current warning signs (check all that apply):

Written statements, poetry, artwork, stories, electronic media about suicide Experiencing bullying or being a bully

Withdrawal from others Recent personal or family loss or change (i.e. death, divorce, suicide)

Preoccupation with death

Feelings of hopelessness/worthlessness Substance useor abuse

Mental health issue

Current psychological/emotional pain Discipline problems

Prior Suicide Attempt

Recent changes in appetite or sleep Family problems

Giving away possessions

Current trauma (domes tic/relational/sexualabuse) Crisis within the last 2 weeks

LGBTQ, Native-American , Alaskan Native, Male Other Signs:

1. **SHORT TERM ACTIONS TAKEN**

Contacting Parent/Guardian

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ►► Contact was made | |  | Yes |  | No |
| ►► | Released to parent/guardian |  | Yes |  | No |
| ►► | Agree to call MCAT and have themtransportto hospital if needed |  | Yes |  | No |
| ►►  ►► | Parent/guardian takes to hospital  Parent/guardian schedules mental health appointment |  | Yes  Yes |  | No  No |

Notes:

School Decisions

►►

Release back to class after parent, and/or agency-confirmed plan

►► Create safety plan with student (attach copy to this form)

►► Provide student and family with resource material

►► Schedule School Counselor/School Psychologist follow up

Date andTime :

►► Superintendent notified?

Date and Time:

Yes Yes Yes Yes

D Yes

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No No No No

□ No

1. **INTERMEDIATE ACTIONS TAKEN** (Complete all that apply)

|  |  |
| --- | --- |
| Contact Date/Time/Name | Recommendations |
|  |  |
|  |  |
|  |  |

►► Call 911 if in immediate danger

►► Current Therapist

►► Union County CHD (541-963-1017)

□**NO FURTHER FOLLOW UP NEEDED** □**SEVERAL RISK FACTORS NOTED, SUICIDE IDEATION**

□

(Limited or no **risk factors, and NO** items **marked** on **3A) DENIED, CHECK IN BY:**

**TRANSPORTED TO ST. CHARLES AND LONG TERM PLAN IS CREATED**

1. **LONG-TERM PLAN (SCHOOL AND COMMUNITY) Check all that apply:**

D

Student safety plan completed and distributed: Who is responsible? :

Date of Follow-Up Meeting:

D Referred to SET team for Tier 2 Intervention:

□Referred to SPED Child Find/Contact School Psych

Informed relevant school staff of follow up actions Release of information obtained

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Refer to/already seeing qualified mental health professional

Team Members :

Type of Intervention:

Date of Follow-Up Meeting : Meeting Participants:

Date of Follow-Up Meeting :

Evaluation deemed appropriate? Who is responsible?:

Who is responsible? : Therapist Name:

D Yes 0No

###### STUDENT TAKE AWAY SAFETY PLAN

**Step 1: Warning Signs:**

**Step 2: "By myself" Coping Tools: Things** I **can do to take my mind off my problems**

**Step 3: People and places that** I **can go to who will distract me, to make myself feel better:**

|  |  |  |
| --- | --- | --- |
| **Step 4: People who care about me and who** I **can ask for help:** | | |
| **Name** | **Relationship** | **Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Step 5: Professional or agencies to contact during a crisis:**

1. Clinician: Phone:
2. **Center for Human Development Phone: 541-962-8800**
3. Local Emergency Room:

Name/Address: Grande Ronde Hospital, LaGrande

4 . National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255) (www.suicidepreventionlifeline.org)

1. National Hopeline Network 24 hours/? days per week

Phone 1-800-SUICIDE (1-800-784-2433) (www.hopeline.com)

\*You can always call 911 for help. Tell the operator you are in suicidal danger

1. Oregon Youth Line 1-877-968-8491

Text teen2teen to 839863 or visit OregonYouthline.org

**Step 6: Making the environment safe (removing lethal means, other self-harm related instruments):**

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**Student Re-Entry Plan**

Student: Date of Initiation :

School: Grade: Date to be reviewed: Primary School Contact:

*This shall be a qualified school professional who will create and monitor the Support Plan.*

Secondary School Contact:

*This qualified school professional will be available to the student when the primary contact is not available.*

**Accommodations:**

Student's Schedule:

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Return to previous full day schedule

Return on a full day schedule but with class changes made to the schedule Return with a reduced day schedule

Change of Placement Other:

*Comments:*

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**Coursework:** *The student may have missed a number of days of school. How can we accommodate for work missed?*

Shortened assignments Extended time for work Provide alternative work Working lunch

Other:

*Comments:*

Behavior Accommodations:

Allow student to take breaks inside classroom Allow student to take breaks outside of classroom Location:

Preferential seating

Allow student to check in with counselor when needed Counselor:

Other:

*Comments:*

***INDIVIDUAL STUDENT SAFETY PLAN***

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others with the goal of student safety.



**[ Date:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | | | | **D.0.8:** | | | | **ID#:** | | | **Grade:** |
| Special Education | I | I | No | I | I | Yes | If yes, | | Case | Manager: | |
| 504 Eligible? | I | I | No | I | I | Yes | If yes, | | Case | Manager: | |

|  |  |
| --- | --- |
| **Contact Information** | |
| Parent/Guardian: | |
| Cell Phone: I Home Phone: | Other: |
| Emergency Contact: | Phone: |

|  |  |
| --- | --- |
| **Places Student May Be if Missing During School Hours** | |
| On School Grounds: |  |
| Off School Grounds: |  |

|  |
| --- |
| **Medical Information** |
| Physician: I Phone: |
| Diagnoses: |
| Medications: |
| Allergies/Special Considerations: |

**Description of Specific Unsafe Behaviors (why student requires a safety\_plan}**

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|  |  |
| --- | --- |
| SAFETY PLAN | |
| What to do if student exhibits above described behavior | Who will do what/backup staff |
|  |  |

|  |  |  |
| --- | --- | --- |
| Warning Signs/Triggers | Strategies That Work & Student Strengths | Strategies That Do Not Work |
|  |  |  |

|  |  |
| --- | --- |
| BEHAVIOR SUPPORTS | |
| What will staff, student, and family do prompt safe behavior (i.e., supervision,  transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)? | Who/ Back-up person? |
|  |  |
| How will plan be monitored? | Who/Back-up person? |
|  |  |
| How will decision be made to terminate the plan? | Who/Back-up person? |
|  |  |

|  |  |  |
| --- | --- | --- |
| Current Agencies or Outside Professionals Involved | | |
| Name | Agency | Phone |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |  |
| --- | --- | --- |
| Student Safety Team Members | | |
| Name/Signature | Title | Date |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. | Principal |  |
| 6. | Safety Plan Coordinator |  |

[ Next Review Date: (approximately two weeks from initiation of plan or last review date)