

# **Suicide & Crisis Response Plan**

## **PROTOCOLS & PROCEDURES**

**Grades PK-12**

**Lebanon Public Schools**

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## **Introduction**

The Lebanon Public School District recognizes the need for a comprehensive suicide prevention, intervention and postvention plan because suicide is the second leading cause of death in students ages 10-24, based on 2018 data from the Center for Disease Control (CDC) and Prevention (AFSP Suicide Prevention in K-12 Schools).

According to the 2017 Youth Risk Behavior Survey, more than 1 in 6 high school students in the U.S. reported having seriously considered attempting suicide in the 12 months preceding the survey, and more than 7% of students (about 1 in 13) reported having attempted suicide in the preceding 12 months (AFSP Suicide Prevention in K-12 Schools 2020).

Suicide is a complex issue that requires various levels of support. The following document provides guidance, to support all students, staff and parents within the Lebanon Public School District, by outlining prevention, intervention and postvention procedures in order to address youth suicide/crisis.

This document was created in memory of the people our community has lost to suicide and in the hope that we will not lose any others.

### **Lebanon Public Schools Suicide Prevention and Intervention District Policy 5020 (Revised 3.9.2021)**

#### **SUICIDE PREVENTION AND INTERVENTION**

The Board of Education recognizes that suicide is a complex issue and that schools are not mental health treatment centers. School personnel may recognize a potentially suicidal youth and, in such cases, may make a preliminary determination of level of risk. The Board directs the school staff to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school.

The Board recognizes the need for youth suicide prevention procedures and will establish programs to assist staff to identify risk factors, intervention procedures, and procedures for referral to outside services. Training will be provided for teachers and other school staff and students to provide awareness and assistance in this area.

Any Board employee who has knowledge of a suicidal threat, attempt or ideation must immediately report this information to the building principal or his/her designee, who will, in turn, notify **[appropriate Pupil Personnel Services staff] [the designated Crisis Intervention Team] [the Student Assistance Team]. [PPS staff] [The CIT] [The SAT]**, with administrative assistance, if necessary, will contact the student's family and appropriate resources outside and within the school system. Information concerning a student's suicide attempt, threat or risk will be shared with others to the degree

necessary to protect that student and others.

## **Roles of Teachers/Staff, Student Support Staff, Administrators**

If you work in a school (in any capacity or role), you play an important role in suicide prevention and identification. Research shows that most people who are suicidal are ambivalent about dying and they often project signals or statements that they are contemplating taking their life.

**Why All School Personnel Have an Important Role in Suicide Prevention** Identification of students who are seriously at risk of self-harm is the first step in the intervention process. Students view school personnel (teachers, staff and administrators) with trust. Often, they look up to all staff, as caring adults and may approach them or make them aware of suicidal intentions. Teachers and staff get to know students over an extended period of time. This provides valuable knowledge of normal behavior in young people, allowing staff to identify students at risk of suicide. According to results from the 2019 CT School Health Survey given to high school students, it was found that 30% of the students surveyed felt sad or hopeless for more than two weeks, and about 13% of teens attempted suicide.

**Role of an Educator/Staff** You play a critical role in saving a child's life. First, you are more likely to recognize that a youth is having difficulty and may be at risk of hurting him/her/themself. Second, you have a responsibility to take action by connecting with the student and assisting the student access help.

- **Checking In & the Importance of Listening** The most important thing any adult in a school can do is to connect with students and keep the lines of communication open. This also involves paying attention to indirect communication. Many times a student may not necessarily directly state that they want to kill themselves, but typically students show some sign of being troubled or at risk. The key component of communication is to listen. Many times adults feel they don't know what to say, but most students in emotional distress just want someone to listen to them. It is okay to listen and be honest when you don't know what to say; you also do not need to solve their problems. You can repeat back what you hear the student telling you. You can explain that you will always be there to listen to the student, but you are not sure what to say. Encourage and invite the student to go with you to see support staff in the building. ***Do not leave a student alone if there are concerns they may self harm.***
- **Observing Students** Knowing and understanding the warning signs is important. Have you noticed any changes in the student? Does the student say they are feeling fine, but appear differently to you (i.e. sad, angry, tense, self-care)? Are there changes in appearance? Changes in behavior?

- **What to do** If you suspect that a student is at risk, you must **immediately** contact an administrator or a support staff member, and share your concern. Your concern may be based upon outlined warning signs and risk factors. The student sought you out to share their feelings because they are comfortable and connected with you. Never leave the student alone. If you suspect that a student is at risk after hours, call 911 if the student is threatening to hurt themselves or is suicidal. If there is no immediate threat but there is a concern for the student you can encourage the student to call or call yourself, the suicide prevention hotline 1-800-273-8255. You can also call 211 in CT for Emergency Mobile Crisis Services.

### **Role of an Administrator**

- Suicide Prevention in CT Law: Public Act 89 – 168 Requires Boards of Education to do the following:
  - a. “Adopt a written policy and procedure for dealing with youth suicide prevention and youth suicide attempts.” (C.G.S. Section 10 220 (e) )
  - b. “Each board of education may establish a student assistance program to identify risk factors for youth suicide, procedures to intervene with such youth, referral services, and training for teachers and other school professionals and students who provide assistance in the program.” (C.G.S. Section 10-220 (e) )
  - c. “Each local or regional board of education shall provide a yearly in-service training program for its teachers, administrators and pupil personnel who hold the initial, provisional or professional educator certificate.” (C.G.S. Section 10 – 220a (a) )
- Ensure a thorough crisis intervention and response plan exists in your school.
- Advocate for collaboration among behavioral health and medical providers and community supports.
- Ensure a safe and healthy school climate: physically, aesthetically, emotionally and psychologically.
- Seek out, create and value opportunities for students to be involved in true decision making.
- Support and ensure the curriculum incorporates direct and indirect education designed to prevent suicide.
- Design school protocol for assisting students at risk for suicide. Including:
  - Assessing Suicide Risk using an evidence-based screening tool
  - Notifying Parents
  - Referring to a mental health service provider

- Documentation of the process, including status of a referral and follow-up.

**Role of Student Support Crisis Team** A trained school safety and crisis response team is essential to being able to identify and intervene effectively with students who are at risk of suicidal behavior. The team should include administrators, school psychologists, social workers, school counselors, a school resource officer, nurses, and other appropriate school personnel. Each crisis team member needs to have clearly defined roles and responsibilities.

The crisis response team is responsible for developing and implementing suicide risk assessment, intervention and postvention policies and procedures. An evaluation of a student who may be at-risk for suicide, or is already in crisis, will be conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor). 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, level of hopelessness and helplessness, mental status, and other relevant risk factors.



# **PREVENTION**

**District Policy Implementation** A district level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district. Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

**Publication and Distribution** This policy will be distributed annually in teacher handbooks and on the school website for parents, students, and staff to access.

### **Lebanon Public Schools - Suicide Education/Prevention**

*(District policy: 5020)*

#### **Suicide Education/Prevention - Students and Staff**

I. As part of the Lebanon Public Schools' Health Education Curriculum and Developmental Guidance Curriculum, students will be educated regarding suicide risk factors and danger signals, and how they might appropriately respond if confronted with suicidal behavior, verbalizations, or thoughts.

II. Annually, in-service training for school staff will be held in each school building to discuss suicide risk factors, danger signals, and the procedures outlined in these regulations.

#### **Staff Professional Development**

Research shows that most people who are suicidal are ambivalent about dying and they often project signals or statements that they are contemplating taking their life.

A gatekeeper is anyone who works with children or teenagers. You are a gatekeeper. In the Lebanon School District, you play two important roles in preventing youth suicide. First, as a gatekeeper you may recognize that a youth is having difficulty and may be at risk for hurting him/herself. Second, as a helper you have a responsibility to take action by connecting with the student and assisting the student to access help.

All staff in the district will be trained in the suicide prevention technique, "Question, Persuade, & Refer"(QPR).This includes teachers, support staff, administration, instructional assistants, office staff and custodians. The purpose of QPR is to teach staff what questions to ask students who may be reported to them or who may come to them on their own; how to persuade students to seek additional help; and to whom staff should refer students to for additional support. In addition, staff are trained to recognize the signs of depression, the risk factors, and the warning signs for a student's risk of suicide. Staff are also trained on the district's procedures and protocol as well as proper referral procedures.

Staff should also be informed on what groups of students may be more at risk for suicide (LGBTQ+ youth, those with mental health or substance abuse disorders, those who engage in self-harm behaviors, live in out-of-home settings (foster care, group homes, incarcerated youth, etc.), those who have recently been bereaved by suicide, and those who may be experiencing homelessness or other critical situations (Model School District Policy on Suicide Prevention, 2019).

Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses as necessary.

Once staff receive the initial training, they should receive a brief refresher training each year.

***\*QPR training has to be administered by an official QPR trainer. The district should maintain a minimum of two (2) QPR trainers in the district or hire out to have staff trained. A QPR trainer's certification is good for three years. Funds should be committed to have these trainers retrained every three years.***

## **Student Suicide Prevention Programming**

### **Elementary School**

Elementary School students receive the Gizmo Pawesome Guide to Mental Health. This youth mental health literacy program is delivered to grade(s) deemed appropriate by Administration and teaches students about mental health and wellness, how they can care for their own mental health, and helps them to identify positive coping strategies that they can use to help reduce the risk of poor mental health and suicide. Students learn how to identify trusted adults and they practice how to talk and connect with their trusted adult. By the end of the program, students are able to create a healthy personal mental health plan that they can use daily and when they find themselves in crisis ([www.gizmo4mentalhealth.org](http://www.gizmo4mentalhealth.org)).

### **Middle School & High School**

Students in the district receive suicide prevention training starting in sixth grade. Sixth graders, through the school's developmental school counseling program, discuss mental health topics that include suicide and self harm prevention. Seventh grade students receive initial training through the Signs of Suicide (SOS) program where they learn what the signs of depression are as well as how to recognize someone who may be having suicidal thoughts. These students learn the signs and risk factors of someone who may be suicidal and how to A.C.T. - Acknowledge, Care, & Tell. Students learn how to acknowledge that someone is having difficulty, whether a friend tells them directly or they notice the signs. They learn how to show that they care without judgment. They learn to tell a trusted adult. In eighth grade, students receive an SOS refresher and in high school health, students receive the high school version of SOS. As part of prevention, students are made aware that they can report to any staff in the building as all staff are QPR trained.

Also, as part of the SOS program, students take the Brief Screen for Adolescent Depression (BSAD). After administration, student support staff member(s) follow up with students identified to be at risk, as a result of the screening tools criteria.

***\*Funds should also be committed by the district for the Signs of Suicide Program which needs to be renewed yearly for both the middle school and high school, as well as funds for the Gizmo program.***

### **Parent Prevention Programming**

Parents and guardians play a key role in youth suicide prevention, and it is important for the school district to involve them in suicide prevention efforts. Parents/guardians need to be informed and actively involved in decisions regarding their child's welfare. Parents/guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary. Parents/guardians should be advised to treat every statement regarding suicide or a wish to die seriously and they should avoid assuming that a child is simply seeking attention.

When students receive the SOS programs at school, letters of notification will be sent home prior to the lessons, with resources that parents can access through the SOS Parent Portal. This notification allows parents the opportunity to prepare students with the information that will be covered. The SOS Parent Portal also provides talking points so that parents can talk with their children about suicide and the best practices to prevent it.

When available, the district will also provide programs related to student mental health, including how to recognize depression, a large risk factor for suicide.

### **Suicide and Crisis Prevention Task Force**

- The Lebanon School District Suicide Prevention/Crisis Task Force should meet at the start of the school year. The Task Force should include administrators, school counselors, nurses, school psychologists, social workers, health teacher, and additional staff representation from each school, to address Suicide Prevention & Wellness.
- Goals of the Suicide Prevention/Crisis Task Force include:
  - a. Promote educational and training activities to support the goal of preventing suicide and reduce the stigma associated with suicide
  - b. Address suicide awareness and prevention recommendations
  - c. Promote integration of "wellness" across the curriculum
  - d. Continue to review the health curriculum to determine the points at which suicide should be directly addressed, given national trends indicating suicide is impacting younger students.
  - e. Increasing the safety of all staff and students
- The Director of Pupil Services is the district suicide prevention coordinator.

- Each school should have a designated school coordinator, determined by each school's administration.
- Support staff (school psychologists, social workers, school counselors and nurses), along with administrators and the school resource officer, will serve as a resource to their respective school(s), and will provide guidance in times of crisis.
- Support staff and other staff that Administration identifies, will be trained in student intervention that may include physical safety skills, team intervention, strategies for prevention and management of peer aggression, transitions, and floor holds. Time should be designated annually for suicide prevention staff training (QPR Refresher for returning staff or QPR certification for new staff.)
- Upon return to school in the fall, guidelines for suicide prevention should be provided to all staff at each building's staff meeting.
- All staff within the district will be QPR trained including custodian, cafeteria staff, and coaches/club advisors.
- Time and opportunity should be provided within each building to meet with new staff in regards to suicide prevention and risk factor identification through Question, Persuade, and Refer (QPR) training. New staff will also be trained on district protocols and procedures around Suicide and Crisis. This should take place during the new staff orientation days or another time designated by administration. The Central Office Executive Assistant will provide new staff hired after the start of the school year, with the QPR GoogleSlides training that they will be required to view. At the end of the presentation these new staff will be required to email the in-house QPR trainer for further instructions and training.
- Parent forums/presentations to promote positive mental health should be part of an ongoing proactive prevention program.

# **INTERVENTION**

## **Lebanon Public Schools Crisis Team**

### **Protocol for Calls Related to Crisis Management**

#### **911 v 211**

##### **When to call 911:**

- Feeling of imminent danger in the presence of a student
- If a student self-inflicts harm
- If there is a threat to life: real and immediate threat to a loss of life, threat to cause serious harm, threat of injury to another
- If a student leaves the building and attempts to leave school grounds

##### **If 211 contacted and directed to call 911, we can:**

- Agree to this and hang up and call 911
- Call 911 and request 211 to still respond
- State that 911 is not needed but 211 needs to respond
- Police to respond and follow up with 211

#### **Walkie Talkie**

- All support staff and Crisis Team Members, should have a walkie-talkie
- Always state who you are, initials of student, and location
- If additional assistance is needed, specify who/how many, and repeat initials of student and location
- If there is no response to walkie-talkie request for assistance after 30 seconds, repeat the request and others should respond to their status and availability

#### **Emergency Protocol**

- Call 911. This step **MUST** be taken before any other step.
- While calling 911, another staff member should simultaneously call the SRO on his school radio. If you are certain the SRO is not at your school, then immediately call SRO cell phone.
- If the SRO does not answer the radio call, call the SRO's cell phone.
- If the SRO does not answer the cell phone, call the SRO office at 860-642-5710
- If the SRO does not answer the office phone, call the main office at each school, in the order provided below.

- The SRO signs in and out with the main office at each school when he comes and goes. Additionally, if he is going to be out of the district he has been instructed to notify dispatch and each school administrator.

Lyman Memorial High School: **860-642-5688; 860-642-3568; 860-642-5746; 860-642-3547**

Lebanon Middle School: **860-642-5632; 860-642-5625**

Lebanon Elementary School: **860-642-5762; 860-642-5634; 860-642-5763**

**Non-Emergency Protocol if School Resource Officer is Needed for Additional Support:**

- Call SRO on the school radio
- If SRO does not answer school radio, call SRO cell phone.
- If SRO does not answer cell phone, call SRO office at 860-642-5710
- If SRO does not answer office phone during school hours, call the main office at each school in the order provided below.
  - The SRO signs in and out with the main office at each school when he comes and goes and has been instructed to also advise Troop K dispatch when he moves from school to school.

Lyman Memorial High School: **860-642-5688; 860-642-3568; 860-642-5746; 860-642-3547**

Lebanon Middle School: **860-642-5632; 860-642-5625**

Lebanon Elementary School: **860-642-5762; 860-642-5634; 860-642-5763**

**Other:**

- All calls that involve the Crisis Team will be documented - Google docs, PBIS paperwork, individual behavior plan documentation, and/or Power School/SWIS (determined by which school team is involved)
- Administration will be notified if there is an injury related to students or staff
- Administration and/or support staff will contact families of students involved
- Nurse will complete a check of students or staff that are injured and complete an incident report on the day of the incident.
- Concentra Urgent Care will be recommended to staff, if warranted, and this will be documented
- The Crisis Team will debrief the incident to determine if a student safety plan needs to be implemented or if any changes need to be made to an existing safety plan.
- Follow up from nurse the day after incident (if there was injury);
- Follow up from administration/support staff the day after the date of the incident
- Faculty and/or staff will be offered coverage if needed following incident



- Following the incident, the school psychologist and/or other support staff will offer a debriefing with the faculty, staff, class, or groups of students who may have been involved adhering to all confidentiality protocols regarding student specific information. Conversations will align with the district's use of restorative practices.
- When a disruption warrants removal of a student from a classroom, the teacher and/or members of the Crisis Team will determine if the safest course of action i.e., it is safest to remove the child causing the disruption to a different location or to move the rest of the class to a different location.
- A crisis team member will determine if 211 and/or 911 should be contacted.
- An Administrator or member of the Crisis Team will notify the parent.

***\*Please refer to each individual school building plan on "How to Activate the Crisis Team" (Appendices E, F and G)***

### **Student Referrals, Assessment Guidelines & Risk Level for Suicide**

#### **Student Referrals and Assessment of Risk Level for Suicide**

There are many warning signs for suicide. If any staff member observes any of the warning signs in a student, or receives a report from a peer about warning signs observed in a student, the student will be referred to a school counselor, school psychologist, or social worker.

If a staff member observes any of the warning signs or receives a report after school hours, then the staff member will contact their respective administrator and should also refer to community agencies (211/ER) and/or local police.

Any staff member who is supervising an after school event should receive emergency contact information for their respective administrator(s). If an administrator cannot be reached during the time of an incident, the staff member should contact 211 and then follow up with the administrator.

Following a referral during the school day by a staff member, parent/guardian, or peer, the student will be interviewed by a school counselor, school psychologist, or social worker to assess the student's current risk level. Consideration will be given to the social emotional relationship of the staff member with the student, and the student's mental health history. The parent will be notified of the referral on the same day by support staff or administration, if necessary.

#### **Columbia Suicide Severity Rating Scale (C-SSRS) (Appendix B)**

School counselors, school psychologists, and social workers are trained to use the Columbia-Suicide Severity Rating Scale (C-SSRS) to assess a student’s risk level. The C-SSRS will be used when a student self reports suicidal ideation or another party reports that a student is potentially suicidal. The C-SSRS is a short assessment designed to assist support staff with determining the severity of a student’s level of suicidal ideation. Support staff will determine if a student needs to be referred to an outside agency or if emergency services need to be contacted. Parents will be notified that the C-SSRS was administered to their child and informed of the outcome and appropriate recommendations.

**Brown & Stanley Safety Plan (Appendix C)**

The Brown and Stanley Safety Plan is a prioritized written list of coping strategies and sources of support to be administered to students who have been assessed to be at high risk for suicide. This document will be filled out by a school counselor, school psychologist, or social worker with any student who has been determined to be suicidal or is self-harming. This Brown & Stanley Safety Plan will also be completed with the student upon re-entry to the school, as a result of a hospital admission due to self harm, suicide intent, or another mental health crisis that signifies the need of a safety plan. The plan is meant to provide the student with coping strategies, as well as identification of trusted adults with whom the student can talk to. This plan can be shared with parents/guardians and other identified staff.

**Guidelines of Assessed Risk**

- After consulting with an administrator, the school counselor, school psychologist, or social worker should contact DCF for all students under 18 years of age, if it is determined that the parent/guardian does not follow the recommendations of the school professionals working with a student in crisis.
- If a student has an active IEP, the support staff that completed the C-SSRS will notify the the Director of Pupil Personnel Services.

Level of Assessed Risk Indicator(s)	Indicator(s)
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	<i>Note: May be expressed verbally or in social media or be reported by peers.</i>
<b>Emergency</b>  <b>In School Event or School Sponsored Activity</b>	Student has taken a life-threatening action.  A serious, self-inflicted injury or a life-threatening circumstance has occurred.
<b>Risk Level III - Imminent Danger</b>	Student is in imminent danger of suicide: <ul style="list-style-type: none"> <li>• The student has been thinking about how to commit suicide and has some intention of acting on these thoughts.</li> <li>• The student has started to work out the details of how to commit suicide and has some intent to carry out the plan.</li> <li>• The student has recently done something, started to do something, or has prepared to do something, to end their life (i.e purchasing pills/a weapon/a rope, giving away possessions, writing a will).</li> <li>• The student cannot verbalize a plan for safety.</li> </ul>
<b>At Risk Level II - High</b>	Student is at high risk for self-directed violence: <ul style="list-style-type: none"> <li>• The student has thought about suicide and has thought about how to commit suicide, but the student has no intention of acting on these thoughts.</li> <li>• The student expresses thoughts about a wish to be dead or a wish to fall asleep and not wake up.</li> <li>• The student has had general, nonspecific thoughts of wanting to end one's life, without thoughts of ways to commit suicide/associated methods, intent, or plan.</li> </ul>
<b>Risk Level I- Low</b>	Student is at risk, but not presently in danger: <ul style="list-style-type: none"> <li>• The student has exhibited changes in behavior(s), which are associated with suicide risk.</li> <li>• The student has not expressed suicidal intentions.</li> </ul>

### **Emergency Scenarios**

Any individual who expresses suicidal thoughts, plans, or actions needs immediate attention by a Crisis Team Member. Because of the seriousness of this, the information must be shared with appropriate personnel and only those with an immediate need to know. To the greatest extent possible, the individual's confidentiality should be protected and maintained..

The responding staff member will ensure that the student is not left alone, and will transition the student to administration and/or support staff.

### **What teachers and other employees should do**

If any school employee suspects that a student may be planning suicide or is having suicidal thoughts/expressions, the following will apply:

1. Immediately report the suspected student to the school's Crisis Team. To do this, call the school office and report that a member of the Crisis Team (principal, assistant principal, school nurse, school counselor, school psychologist, or social worker) is needed immediately. The student can also be brought by you to the school office.
2. Do not let the student out of your sight. You are responsible for the student until you hand them over to one of the Crisis Team members. The student should not be left with anyone other than a member of the Crisis Team unless specifically directed to do otherwise by a member of the Crisis Team.
3. A Crisis Team member will contact you for details regarding your conversation with or observations of the student in crisis. You will be asked to convey this information verbally.
4. If a member of your school's Crisis Team is not available, the office secretary will direct you about an agreed upon plan from a member of the Crisis Team.

### **What secretaries and office personnel should do:**

1. If a teacher or other employee contacts the office to report that a student is suicidal, immediately contact a member of the Crisis Team (principal, assistant principal, school nurse, school counselor, school psychologist, or social worker). If no members of the Crisis Team are in the building, call the other district schools and report that you have an emergency and a student that is suicidal and that you need to speak with a member of the Crisis Team immediately. If there is no one available from the other district schools, contact the Director of Pupil Services or the Superintendent at Central Office.
2. If a teacher or other staff member brings a student to the office, the teacher or staff member is responsible for the student until a member of the Crisis Team arrives to interview the student. If no Crisis Team members are available, then the office staff should assist the teacher with getting coverage for his/her classroom while the teacher sits with the student until a member of the Crisis Team arrives.

## **Guidelines for Crisis Team Members**

The Crisis Team member shall be responsible for determining the immediacy and the seriousness of the threat. Utilization of the Columbia-Suicide Severity Scale (C-SSRS) and taking into account the student's mental health history, will be factors in assessing next steps. Whenever needed, consult with at least one other member of the Crisis Team even if this requires having someone from one of the district's other schools come over to consult with you.

### **Lebanon Public Schools - Suicide Intervention**

*(District policy: 5020)*

### **ADMINISTRATIVE REGULATIONS REGARDING SUICIDE PREVENTION AND INTERVENTION**

#### **Management of Suicidal Risk**

The school cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, the Board is committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or is seriously considering attempting suicide. The following procedures shall be implemented toward this end.

- I. Any staff member who becomes aware of a student who may be at risk of suicide must immediately notify the building principal or his/her designee. This must be done even if the student has confided in the staff person and asked that his/her communication be kept confidential. The principal or designee will then notify an appropriate **[Pupil Personnel Service (PPS)][Crisis Intervention Team (CIT)][Student Assistance Team (SAT)]** staff member. **(Note: The principal may have multiple designees.)**
- II. The staff member shall interview the student, consider available background information and determine whether the student is "at-risk" or in "imminent danger."
- III. If the student is assessed to be "at-risk":
  - A. The staff member shall notify the student's parent/guardian and request a meeting with them as soon as possible, preferably that same day.
  - B. When the parent/guardian arrives at school, the staff member shall meet with him/her to discuss:
    1. the seriousness of the situation;
    2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);
    3. the need for continued monitoring of the student at home if he/she is

released following the evaluation;

4. referral to appropriate professional services outside the school system and;

5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

C. The staff member shall document in writing the course of events, including what transpired at the meeting, and the outcome.

D. If the parent/guardian does not follow through, thereby leaving the student "at risk", a medical referral to the Department of Children and Families (DCF) should be made (if the student is less than 18 years of age). The parent/guardian may be notified that such a referral has been made.

E. The staff member may notify other staff, as necessary to protect the student and others.

F. The staff member may refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning Placement Team or other staff as appropriate for further consultation and planning.

G. The staff member or the team shall monitor the student's progress and shall consult as necessary with family, outside professionals and school staff.

#### IV. If the student is assessed to be "in imminent danger":

A. The staff member shall ensure that the student is not left alone.

B. The staff member shall notify the parent/guardian and request that the student be picked up at school and taken to a medical or mental health professional for thorough suicidal risk evaluation.

C. When the parent/guardian arrives at school, the staff member shall meet with him/her to discuss:

1. the seriousness of the situation;

2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);

3. the need for continued monitoring of the student at home if he/she is released following the evaluation;

4. referral to appropriate professional services outside the school system

5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

D. The staff member shall document in writing the course of events, including what transpired at the meeting, and the outcome.

E. The staff member shall inform the principal of the course of events and the outcome.

F. The staff member may notify other staff, as necessary to protect the student and others.

G. The staff member may refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.

H. If the parent/guardian is unable to come to school:

1. The staff member shall provide, over the telephone, information as to available resources outside and within the school system, and shall plan follow-up contacts.

2. The staff member will notify the parent/guardian of his/her intent to and arrange transport of the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser).

3. Police may be notified if the student poses a threat to the safety of him/herself or others, or as dictated by other circumstances.

4. The staff member shall document in writing the course of events and the outcome.

5. The staff member shall inform the principal of the course of events and the outcome.

I. If the parent/guardian does not agree with the school's determination that the student is in imminent danger or for any other reason refuses to take action:

1. The staff member shall meet with the building principal to develop an immediate plan focused on protection of the student.

2. The staff member shall notify the parent/guardian of the plan and shall either

a) inform the parent/guardian that the Department of Children and Families (DCF) will be contacted and a medical neglect referral made, if the parent/guardian remains uncooperative and the student is less than 18 years of age; or b) inform the parent or guardian and student that the police will be called if the parent or guardian or student remains uncooperative.

3. The staff member shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall inform hospital staff of the situation; shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.

4. The staff member shall consult and cooperate with DCF and/or the police as necessary.

5. The staff member shall document in writing the course of events and the outcome.

J. When a student assessed to have been "in imminent danger" returns to the school, the PPS staff member or the appropriate school-based team (if such referral has been made) shall coordinate consultation with outside professionals, supportive services in school, and changes in the instructional program, when necessary.



## **Additional Intervention Information for the Crisis Support Team**

### **Emergency**

#### **In School Attempt: Serious, Self-Inflicted Injury Procedures**

1. The responding Crisis Team member will call the school nurse and/or 911, immediately. Administration is notified by the responding staff member.
2. Administration will activate the building Crisis Team. Administration notifies the Superintendent.
3. The appropriate support staff member contacts the parent/guardian with another staff member present and notifies the parent/guardian of the situation. The parent/guardian will be given the name of the hospital to which the student is being taken.
4. If appropriate, the appointed Crisis Team staff member can meet the student at the emergency room in the absence of a parent/guardian being present at school.
5. Nurse will notify the hospital's emergency room that the student is on the way.
6. The school psychologist, social worker, or school counselor will notify the student's outside mental health provider, if applicable.
7. If knowledge of the attempt is widespread, the staff will be informed of the situation. Due to issues of confidentiality, when disclosing information regarding the attempt, the Crisis Team will use its judgment in balancing the need for certain school staff to know about the attempt, while simultaneously honoring the family's desire and right to keep the attempt private.
8. Administration will put procedures into effect to provide immediate assistance for students or staff who are significantly impacted by the event.
9. Crisis intervention supports will be ongoing for a duration of time as determined by the Crisis Team
10. An after school staff meeting will be held at the end of the school day. Staff will have an opportunity to review the day's event, to help identify students who may need extra support and to learn of any plan to monitor those students whose own risk may increase as a result of the attempt.
11. The school psychologist, social worker, or school counselor will follow-up with the parent/guardian on the next school day.
12. A re-entry meeting will be held prior to the student returning to school. Administration should be present at the re-entry meeting. The Brown and Stanley Safety Plan should be completed by the appropriate support staff, with the student.
13. Administration or Support Staff notifies the Director of Pupil Services

### **Emergency**

#### **School Sponsored Activity: Serious Self-Inflicted Injury (On or off school grounds) Procedures**

1. The responding Crisis Team member should immediately call 911, notify the Administration and the parent/guardian. If a Crisis Team member is not at the school sponsored activity, a designee and his/her crisis responsibilities should be determined by Administration, prior to the school sponsored activity being held.
2. The Crisis team member or identified staff person, should **remain with the student at all times**. If the CTM or staff member needs to step away to speak with emergency providers or other staff, regarding this student, the student should be left in the care of another staff member.

### **Imminent Risk: Risk Level III**

#### **Student is in imminent danger of suicide**

##### **Procedures**

1. The school psychologist, social worker, or school counselor deems a student to be at imminent risk for suicide, after assessing the student, based on the C-SSRS and taking into account, the student's past mental health history.
2. Administration is consulted for next steps. Administration notifies the Superintendent.
3. The parent/guardian must be notified, immediately, at home or at work.
4. A determination of safety should be made, as to whether the parent/guardian can safely transport their child to the ER, or if an ambulance should be called.
5. With parent/guardian permission and while awaiting their arrival at the school,
  - a. Contact the hospital emergency room of the parent's choice, where the student can be evaluated and possibly hospitalized
6. If appropriate, follow up with the parent/guardian to check on the status of admission to the ER. If the parent and student do not arrive in a reasonable time at the hospital, call the hospital ER social worker and check to see what the status is. If the student has not arrived, then the school will do number 7.
7. If the parent refuses to take the student to the hospital or an appropriate mental health professional immediately, then the school will contact the DCF and the State Police to notify them that this student is a high risk for suicide and that the parent refuses to cooperate with a plan to have the child evaluated.
8. If a parent/guardian refuses to come to the school, a member of the CRT will consult with the Administration. If appropriate, 911 will be called.
9. If appropriate, an administrator or appointed support staff member will meet the student at the emergency room in absence of a parent/guardian being present at school.
10. If the parent/guardian transports the student to the ER, an appointed staff member will call emergency room crisis services, to inform them of the student transport.
11. The school psychologist, social worker, or school counselor notifies/consults with the student's outside mental health provider, if appropriate (if the school has a release of information on file).
12. The CTM member should follow up with a telephone call the next day to that parent and, if appropriate, the ER or mental health facility, to determine the status of the student's mental health plan.
13. A re-entry meeting will be held prior to the student returning to school. Administration should be present at the re-entry meeting. The Brown and Stanley Safety Plan should be completed by the appropriate support staff, with the student.

### **At Risk: Level II- High**

#### **Student is at high risk for self-directed violence**

##### **Procedures**

1. The school psychologist, social worker, or school counselor deems a student at high risk for suicide, after assessing the student, based on the C-SSRS and taking into account the student's past mental health history.
2. Administration is consulted for next steps. Administration notifies the Superintendent.
3. Immediately notify and discuss the situation with the parent/guardian by phone and request parent/guardian to come to school.
  - a. There are 3 options:
    - i. After approval by the parent/guardian, Emergency Mobile Crisis (211) is called by the support staff that assessed the student to be at high risk for suicide. During this phone call, the student is supervised by Administration and/or another member of the Crisis Team. A mobile crisis counselor is requested to come to school for evaluation of suicidal risk.
      1. When the C-SSRS crisis form is completed, staff will note that the parent/guardian agreed to or refused Mobile Crisis services.
    - ii. The school psychologist, social worker, or school counselor may recommend to the parent/guardian that the student schedule an emergency meeting for that same day, with their outside clinician, to assess student risk.
    - iii. The school psychologist, social worker, or school counselor may recommend to the parent/guardian that the student be taken to an emergency room, to assess student risk.
4. The Crisis Team member verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
5. If the student has an outside mental health provider, the school psychologist, social worker, or school counselor notifies the mental health provider of the situation (only if the school has a release of information).
6. The Crisis Team member will follow-up with the parent/guardian the next school day.
7. A re-entry meeting will be held prior to the student returning to school. Administration should be present at the re-entry meeting. The Brown and Stanley Safety Plan should be completed by the appropriate support staff, with the student

### **Low Risk: Risk Level I**

#### **Student is at risk, but not presently in danger**

##### **Procedures**

1. The school psychologist, social worker, or school counselor utilizes the C-SSRS and the student is found to not presently be in danger of suicide, however, the student has exhibited changes in behavior or behaviors consistent with warning signs for being at risk for suicide (see Appendix D)
2. The school psychologist, social worker, or school counselor may notify the parent/guardian by phone and may request the parent/guardian to come in for an immediate meeting
3. The school psychologist, social worker, or school counselor verbally notifies/consults with other staff as necessary, including Administration. Administration notifies the Superintendent, as appropriate.

4. The school psychologist, social worker, or school counselor notifies/consults with the student's outside mental health provider (if the school has a release of information on file), if appropriate.
5. The school psychologist, social worker, or school counselor discusses available professional resources with the parent/guardian, as appropriate.
6. The school psychologist, social worker, or school counselor will complete the Brown & Stanley Safety Plan with the student, monitor the student and contact the parent/guardian as needed.
7. The Brown and Stanley Safety Plan should be completed by the appropriate support staff, with the student, if appropriate.
8. Support staff and Administration will consult regarding long term steps to take, in order to support the student's mental health, during the school day, as appropriate.

# **RE-ENTRY MEETING GUIDELINES**

## **Re-Entry Meeting Guidelines**

Students returning from a medical or mental health crisis, will benefit from a Re-Entry Meeting and Plan. The Re-entry plan for each school will take a look at the following, at a minimum.

- Re-entry meetings will take place after a student has not attended school due to a mental health crisis and/or return from an outside treatment facility/program. Examples include, but are not limited to:
  - In-patient treatment – Suicidal ideation, self injury, mental health crisis
  - Extreme anxiety, phobia, obsessive compulsive disorder
  - Other crisis/suicidal ideation or a suicide attempt
- Meetings should be scheduled with the family, by support staff. This meeting should occur prior to the student attending his/her classes
- Family and school personnel who must participate are: administration, student, parent/guardian, school counselor(s), social worker, nurse, and school psychologist
- Family is encouraged to bring assessment/discharge summary/doctor's note, to share with the team
- Discuss after care resources that are in place outside of the school setting, and/or connect family to additional resources
- Encourage parents to sign releases with the agency of discharge, as well as after care providers/program
- Address questions/concerns about missed work, credits, absences etc.
- Consider a modified school day or modified class schedule to support student success, if appropriate.
- Have student complete the Brown and Stanley Safety plan, with support staff
- Other areas to address: lunch accommodations, passing periods, access to bathrooms, access to nurse, notification of teachers/coaches/after school activity supervisors
- Address supervision during after school activities/sports, as needed

- Provide teacher notification of accommodations
- SPED (Special Education): If a student receives SPED services, review IEP as soon as possible and schedule an update or transition IEP meeting if needed. SPED case manager may be asked to attend Re-entry meeting
- SST (Student Support Team): If a student is in the SST process, ensure teachers are continuing data collection. If a student does not receive SPED services and is not in the SST process, consider beginning the process for student assistance if appropriate
- 504 plan: If a student has a 504 plan in place, review and update if needed.
- If a student does not have an IEP or a 504 plan, consider holding a 504 plan meeting to address any new accommodations the student may now need.
- Health: Consult with a school nurse regarding student health conditions. The nurse will need to speak with the student and parent/guardian regarding medications the student is taking at home or at school and any new or changed diagnoses or health needs.
- BIP (Behavior Intervention Plan): If the student has a BIP, review and update as needed to meet the current needs of the student.

# **POSTVENTION**

## **After a Suicide Death**



## **Student Suicide or Death**

### **School Aftermath Procedures**

**Before the opening of school the next day (or the same day), the Crisis Team should meet to decide/determine the following:**

- ☐ Verify the facts of the suicide with the family and/or police (**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.*)
- ☐ Obtain permission from the family to release a statement to the school community
- ☐ Notify all appropriate personnel (i.e., school administrators, pupil services staff, and other school staff having contact with family members). Contact the principal of schools where siblings attend.
- ☐ Develop a crisis management plan for informing staff and student body and managing student stress and risk of suicide contagion.

**In developing the crisis management plan, the following should be considered:**

- ☐ Develop a list of impacted students and staff to notify, prior to the larger student body.
- ☐ Create a schedule of where support staff will go throughout the day so that they are highly visible to students and staff.
- ☐ Collect deceased individual's personal belongings (locker, gym locker, classroom, etc.) to be returned to the family. Reach out to the faculty to see if they feel they may have any work of this student that the family may want. ***\*This should be done out of sight of other students.***
- ☐ Contact the student's family to offer support
  - ☐ Offer support
  - ☐ Verify facts
  - ☐ Obtain information on funeral arrangements, family wishes, and information to be released
  - ☐ Offer help and assistance where appropriate
- ☐ Media contact should be made through the administrator, as appropriate
- ☐ Before school staff meeting should be held to review necessary information with staff
- ☐ An end-of-day team/staff meeting should be held to review the day's events and identify unmet needs and further procedures.
- ☐ Assign one support staff member to each identified at-risk student, as well as each staff member impacted by a student's death in order to follow-up.
- ☐ Consider a letter or another form of communication to the school community regarding the incident (if okay with the family of the deceased student).

**Other interventions for consideration:**

- ☐ Hold Crisis Team Meetings as needed (this is important for the team to have time to debrief, plan next steps and support each other).
- ☐ Continue to provide support for students and staff.
- ☐ Follow normal school procedures - providing a sense of normalcy is important for many.
- ☐ Allow students with written parental permission to attend the funeral services.
- ☐ Delete student's name from school lists, Powerschool and routine parent mailing lists.
- ☐ If a senior, inform the college(s) to which the student had applied. Confirm with parent that this is okay to do.
- ☐ Contact families of students who continue to be at risk and help to develop a plan for those students.
- ☐ Careful discussion of memorials and tributes should be had, given the potential for glamorization of the death.\*

\*It is strongly recommended and advised by multiple suicide prevention organizations and psychologists that suicidal deaths should not be memorialized. Working with students to find ways to honor the deceased in an appropriate way, should take place.

## ROLES & RESPONSIBILITIES

<b>Superintendent</b>	<b>Building Administrator</b>	<b>Crisis Team</b>	<b>Other Building Administrators/Designee</b>
Notifies district administrative team and makes sure they are informed	Contacts family to offer condolences and secures permission to share information (refer to Parent Phone Call Protocol below)	Chaired by building administrator or administrator designee	Conference with clinical staff to determine needs of building
Confer with impacted building administrator to determine if additional staff are needed	Meet with Crisis Team	Obtain facts and relevant information prior to Crisis Response Team meeting (i.e. student photo, schedule, who the student's close friends are, activities they are involved in)	Set Crisis Team meeting to determine next steps
Attends Crisis Team meeting and coordinates with building administrator and Crisis Response Team	Meet with faculty to notify them and discuss protocols. Identify any staff who may need extra support.	Chairperson shares all relevant information	Notify all building staff

members throughout the day			
	Determine whether staff, student, school, or district activities need to be canceled	Determine best way to notify staff, students, and parents. Use of intercom discouraged (refer to sample notification below, teacher guidelines, parent letter, and handout)	Work with other administrators to determine best placement of support staff
	Check in on student support staff throughout the day. Discuss changes to the schedule/protocol for the day if needed.	Plan deployment of support staff. Determine where support centers will be located. Determine who will brief arriving support staff. Create a schedule so all support staff have opportunities to eat & take breaks	
		Determine if outside support is needed - UCFS 211, etc.	
		Scripted notification should be read in individual classes by teacher with support, if requested	
		Begin identification of friends and at-risk students. Divide among student support staff	
		Assign person to monitor the social media.	
		Plan mid-day briefings and after school faculty meeting	

### **Considerations for Supporting Students:**

- Assign student support staff (school counselors, school psychologists, school social workers) to different locations throughout the building.
  - **Crisis Support Center** - have no less than 2 people in this area as there could be several students in this area at one time
  - **Individual Support Centers** - have support staff that can stay in their offices to meet with students 1:1 as needed. Reserve these spaces for the students who have the greatest need. Rotate these individuals when possible to provide for breaks.
  - **Hallways/Classroom Check-ins** - have support staff & administrators who can monitor the hallways/bathrooms and classrooms to check for students in need of support.
- Contact parents of students who are really struggling and offer alternatives (like going home) as needed
- If necessary, call 211 for students who are at imminent risk (see procedures in this manual)

### **Considerations for Supporting Staff, including Student Support Staff:**

- Have administration or support staff check in periodically with each teacher throughout the day. To best do this:
  - Create a schedule of who will check in on each teacher
  - Make sure to use a master list of staff so no one is left off
  - Provide teachers with “breaks” if they need it
  - Offer support staff to speak with staff who may need it
  - Send staff home who may not be able to stay in school - have a plan for a sub
- Cancel any meetings or staff events for the rest of the day (PD’s, curriculum writing, PLC’s, etc.)
- Make sure that student support staff have adequate break time throughout the day
- Contact UCFS 211 or other agencies to come in and provide student support, as needed
- If possible provide support staff/administration with lunch
- Be sure to check in with student support staff and their mental health throughout the days/weeks ahead

## Guidelines for Administrator's Phone Call to Family

☐ Express sympathy and offer support

☐ Verify facts

☐ Status of child (deceased, life support, cause of death, etc.)

☐ Verify if there are siblings within the Lebanon School District or Sending Districts (including CT Technical high schools)

Siblings/Grade/School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Ask who the child's closest friends are (and what schools they attend as they may be different from the one the deceased student attends).

Friends:

\_\_\_\_\_

\_\_\_\_\_

☐ Gain permission to share information within the Lebanon Public School District -

Possible phrasing: *"We know this is a sensitive issue, but we find students quickly inform each other, so the best way to assure the safety of the students is to talk openly about this. Certainly the details will not be discussed."*

☐ Parent gives permission to share the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Let the parent know you are here for additional support and that you will follow up with them in the coming days.

## **Talking with Students about Suicide**

### **Guidelines for Teachers**

Talking with students about the death of a student or staff member is difficult and may be out of a teacher's comfort zone. However, because of the need to make sure all students are getting the same information and at the same time, it becomes necessary for teachers to help with the delivery of this information. If you are having a really difficult time with this and need support, please request assistance from a support staff member and/or administrator. Below are guidelines for sharing this information.

- Read the information exactly as it was given to you by the Crisis Response Team/Administration. It is vital that all students get the same information.
- Repeat the announcement and facts as needed.
- Start the discussion with students with a comment, such as "This will be a very sad time for \_\_\_\_\_'s family and friends. Suicide (or other cause of death) is a tragedy in every way."
- Know that it is okay to say that you don't have all the answers.
- Ask if anyone in the group is a friend of the victim. If they or anyone else appear to need more support, please direct them to the school counseling office.
- Share with students where they are able to go for additional support (should be in the email with the message - i.e. school counseling office, crisis support room).
- Encourage students to express their thoughts, feelings, and questions.
- Discourage speculation or rumors, explaining to students that out of respect for the family we want to make sure we are not sharing information that we do not yet know whether it is factual
- Know that as an adult it is okay for you to express your emotions and that it is not harmful to students.
- Let students know there is no single or correct way to feel or react and that we should respect each person's way of grieving.
- Encourage students to accept the reactions & thoughts of others. Explain that while some students may not be close to this individual, the death of anyone can bring up a lot of emotions for people who have lost someone and their reactions may be based on those feelings.

*\*Suicide is a unique type of loss. We need to support students in their sadness and show respect for the suicide victim, but refrain from glorifying or sensationalizing suicide.*

## Student Announcement

TO: All Faculty and Staff

FROM: The Crisis Team

DATE:

### PLEASE READ SILENTLY NOW:

This announcement contains two parts. The first part consists of information and instructions for all faculty and staff, and the second contains a statement that should be read to your students at \_\_\_\_\_(time).

### Information and Instructions to Faculty and Staff:

We regret to inform you that (student and grade) at (school) took his life last night (or explanation of how student died if not by suicide). We are deeply saddened by this news.

The Crisis Team met today to begin the process of offering support to students, faculty and families.

We ask that you read the statement below to your class at/during (period or time). Please do not hesitate to request assistance or support if needed by calling the main office.

Students should be given a brief period of time to process the information. (See the attached guidelines.) Any student who appears emotionally distressed may be referred to one of the support centers located in (room).

-----

### PLEASE READ TO STUDENTS:

May I please have your complete attention? I have some sad and serious news to share.

I regret to inform you that (student), a member of the (school) community took his/her/their own life last night. He/she/they was a good friend to many and will be missed by students and staff. Our thoughts go out to his/her/their family at this difficult time.

This is a sad and challenging time for our school community. Thank you for supporting each other during this difficult time. If you feel that you are in need of support during the day, you may let your teacher know and you can go to room \_\_\_\_\_. If you feel like you need additional support you can go to the school counseling office to meet with a student support staff professional.

## Guidelines for Memorials & Other Events

There may be many different ideas on how to memorialize a student who has passed, especially in a death by suicide. It is important in these circumstances, that a death by suicide is treated like any other death to avoid sensationalizing the death or encouraging others to follow suit. The Substance Abuse and Mental Health Services Association (SAMHSA) in their “Preventing a Suicide: A Toolkit for High Schools” (2012) lists some basic guidelines to follow:

- **Flags** should not be put at half mast
- **Spontaneous memorials** should not be encouraged as they can be an upsetting reminder to the family and others affected by the loss and could increase the risk of contagion
- **Large assemblies** should be discouraged as emotions can be hard to control and address
- At **graduations** it is okay to acknowledge the death but it should be brief and towards the beginning of the ceremony
- **Funerals** or other services should never be held at school
- **Consult with the family** about any memorials and be prepared to explain to the family the school's stance on memorials
- Consider ways to positively memorialize the student without creating further risk or exacerbating the emotional crisis that occurs after a death
  - Create a memory book where students can write personal, last remembrances. Keep it in a monitored, centralized location.
  - Encourage service projects or getting involved in charitable organizations that honor the deceased (i.e. suicide prevention walks, raising money for cancer, etc.)
  - Invite students to raise money or make donations in memory of the deceased

## Long-Term Response Protocol

It is important that following the death of a student, especially by suicide, that students and families affected are followed up with. As time progresses, those affected may have different needs, and anniversaries can trigger all kinds of emotions and reactions that should be addressed and supported.

- Support Staff should check in with students most affected by the student's death (close friends, students who have experienced similar loss in their lives, etc.) at



regular intervals (i.e. two weeks after, one month, three months, year anniversary, etc.).

- Administration or Support Staff should connect with the family of the deceased student at regular intervals to see how they are doing and if they need anything (i.e. two weeks, one month, three months, year anniversary, etc.).
- Check ins with staff as well, to assess how they are coping with the student loss

### **Guidelines for the Anniversary of the Death**

Anniversaries of the student's death as well as important milestone events in that student's life, can bring up grief all over again for many people. It is important to prepare for these dates. Here are some basic guidelines:

- Be mindful of anniversary dates
  - Date of death
  - Birthdays
  - Holidays
  - Start of the School Year
  - Special events (i.e. athletic events, proms, graduations, etc.)
- Alert staff to the anniversary dates and prepare staff that they too may have emotional reactions
- Have a plan for support staff to be available to address student and staff needs
- Continue to provide training for staff on suicide prevention/warning signs

# **REMOTE LEARNING CRISIS PLAN**

# Remote Learning Crisis Plan

When it becomes necessary for the District to utilize remote learning for students and staff, support staff and teachers will still need to respond to crisis as it may arise. Many of the in-school procedures would still be utilized, but it may be necessary for some information about a student or staff member's death to be communicated in different ways. The following steps should be taken:

## Reports of Suicidal Ideation or Suicidal Thoughts:

- ☐ Support staff should still be utilizing the C-SSRS protocol to assess the risk of the student
- ☐ If there is an immediate risk of injury, 911 should be called and dispatched to the last known location of the student
- ☐ Parents should be immediately notified of the risk and discuss calling 211 to come to the student's location (skip to this step if the information reported is not imminent and 911 does not need to be called or if you are unable to connect with the student)
- ☐ Work with the student to complete the Brown & Stanley Safety Plan, if possible
- ☐ Have the school resource officer or police do a wellness check if necessary and appropriate
- ☐ Provide resources to both the student and the family
- ☐ Support staff should follow up with student/parent the next school day

## Re-entry during Virtual Learning

Re-entry meetings should still take place virtually if a student has not attended school due to a mental health crisis and/or is returning from an outside treatment facility/program. Examples include, but are not limited to:

- In-patient treatment – Suicidal ideation, self injury, mental health crisis
- Extreme anxiety, phobia, obsessive compulsive disorder
- Other crisis/suicidal ideation or a suicide attempt

A physical follow-up re-entry meeting may be necessary upon physical return to school and should be assessed on a case by case basis.

## In the Event of a Student Death

- ☐ Administration should activate the Crisis Support Team (CST)
- ☐ Procedure for a student death while in school should be used and the meeting may take place virtually

- ❑ Administration should be notified in the other buildings and those administrators should be contacting their crisis team (in the event there are siblings)
- ❑ Communication should be kept open between administration and the family
- ❑ A designated member of the CST should handle any online memorials that students/faculty may conduct - this is important in having someone screen information before it is put online
- ❑ A plan should be established for follow up with any students who are affected by the passing of the student

### **Return to School After Distance Learning**

- Upon returning to school from a period of distance learning, student support staff and administration should meet to discuss students who were in crisis during distance learning. These meetings should establish a plan to meet the social emotional needs of each student.
- A social emotional screen may be administered to all students, after an extended closure, to assess the social emotional needs of the student population. This may help student support staff and administration to develop a plan to address the social emotional needs within the school building, by creating multi-tiered systems of support.

# **APPENDICES**

## **(A-M)**

**Appendix A**  
**Local and Community Resources**

<b>Emergency</b>	<b>911</b>
<b>Reasons to call 911</b> <ul style="list-style-type: none"> <li>• Student self harms which requires an ambulance</li> <li>• Student barricades himself and we can't get in and we don't know what his behavior is behind the closed door</li> <li>• Student leaves the school, heads outside and then takes off (i.e starts to run away, ends up in the woods, heads into the road)</li> </ul>	
<b>Emergency Mobile Psychiatric Services (EMPS)</b> <ul style="list-style-type: none"> <li>• 24 hours per day, 7 days per week, 365 days per year</li> <li>• In the event of a psychiatric emergency, a trained screener will facilitate direct contact with a licensed EMPS staff member or other emergency service as necessary.</li> <li>• When clinically appropriate, and following risk and decision making protocols, the EMPS will dispatch a mobile team to the point of the crisis.</li> </ul>	<b>211</b>
<b>Department of Children and Families (DCF)</b> <ul style="list-style-type: none"> <li>• All school employees are mandated reporters</li> <li>• Reporters must report orally to the Department of Children and Families' (DCF) Careline or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected</li> <li>• Reporters must submit a written report (DCF-136 form) to DCF, within 48 hours of making the oral report</li> </ul>	<b>(800) 842-2288</b>
<b>Connecticut Children's Medical Center (CCMC Hartford)</b>	<b>(860) 545-9200</b>
<b>Windham Hospital (ER)</b>	<b>(860) 456-9116</b>
<b>Middlesex Health Marlborough Medical Center ER</b>	<b>(860) 358-3200</b>
<b>Backus Hospital (Norwich ER)</b>	<b>(860) 889-8331</b>
<b>Backus Health Center (Colchester)</b>	<b>(860) 537-4601</b>
<b>Med-East Medical Walk in Center (Windham)</b>	<b>(860) 456-1252</b>
<b>United Community and Family Services</b> <ul style="list-style-type: none"> <li>• Individual, Family &amp; Group Therapy</li> </ul>	<b>Norwich (860) 892-7042</b>

	<b>Colchester (860) 537-7676</b>
<b>United Services (Mansfield)</b> <ul style="list-style-type: none"> <li>Outpatient mental health services, including assessments and evaluations, counseling, psychiatric treatment, psychopharmacology, and family counseling.</li> </ul>	<b>(860)456-2261</b> <b>(860)774-2020 Crisis</b> <b>Mental Health Hotline</b>
<b>Generations (Willimantic)</b> <ul style="list-style-type: none"> <li>Behavioral health support: group and individual counseling, psychiatric evaluation, medical therapy</li> </ul>	<b>(860) 450-7471</b>
<b>Community Health Resources (CHR)</b> <ul style="list-style-type: none"> <li>Assessment, outpatient treatment, in home supports</li> </ul>	<b>Willimantic(860)456-7200</b> <b>Mansfield (860) 456-0038</b>
<b>Natchaug Hospital</b> <ul style="list-style-type: none"> <li>Mental health and addiction treatment services for children,&amp; adolescent</li> <li>Inpatient services, residential treatment for court-involved teenage girls, clinical day treatment schools, and ambulatory services</li> </ul>	<b>(860) 456-1311</b>  <b>Mansfield Center (Joshua Center)&amp; Norwich (Thames Valley) locations</b>
<b>Institute of Living</b> <ul style="list-style-type: none"> <li>Services for children and adolescents, including educational programs, day treatment, outpatient, and inpatient services</li> </ul>	<b>(860)-545-7000</b>
<b>Rushford</b> <ul style="list-style-type: none"> <li>Substance abuse services for teens</li> <li>Early intervention, evaluation and assessment, outpatient and residential treatment, and relapse prevention</li> </ul>	<b>877-577-3233</b>
<b>Substance Abuse &amp; Mental Health Services Administration (SAMHSA)</b> <ul style="list-style-type: none"> <li>24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish</li> </ul>	<b>1-800-662-HELP (4357)</b>
<b>TrevorChat</b> <ul style="list-style-type: none"> <li>A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender, and questioning young people, 13-24, through <a href="http://www.TheTrevorProject.org">http://www.TheTrevorProject.org</a></li> </ul>	

SUICIDE PREVENTION LIFELINES/SUPPORT	
<p><b>National Suicide Prevention Lifeline:</b> The Lifeline is a 24-hour, 7 days/week, toll-free suicide prevention service available to anyone in a suicidal crisis or their friends and loved ones. Call 1.800.273.8255 (TALK (Veterans, press 1). Callers are routed to the closest possible crisis center in their area.</p> <p>July 2022: Call, text, or chat 988, to be connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network.</p>	
<p><b>211 Connecticut:</b> 211+1+1 will connect anyone in a suicidal crisis or their friends and loved ones who may need help to a trained professional. This number is specific to Connecticut.</p>	
<p><b>The Trevor Lifeline:</b> The only nationwide, around-the clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, 13-24, available at 1.866.488.7386.</p>	
CRISIS SUPPORT	
<p><b>Crisis Text Line:</b> Text TALK to 741-741 to text with a trained crisis counselor from the Crisis Text Line for free, 24/7</p>	
<p><b>Sexual Assault Crisis Center of Eastern CT:</b> Free comprehensive services for victims of sexual violence, child sexual abuse, rape and sexual harassment. 24 hour hotline for crisis intervention service. 860-456-2789</p>	
<p><b>National Teen Dating Abuse Hotline:</b> Text LOVEIS or 1-866-331-9474 24/7/365 to offer education, support and advocacy to teens and young adults, as well as their concerned friends and family members, who have questions or concerns about their dating relationships.</p>	
<p><b>MY3 App:</b> Let's you stay connected when you are having thoughts of suicide. Access this on the Apple App store or Google Play</p>	
<p><b>Disaster Distress Helpline:</b> 1-800-985-5990 Stress, anxiety, and other depression-like symptoms are common reactions after any natural or human-caused disaster. Call this toll-free number to be connected to the nearest crisis center for information, support, and counseling.</p>	
SUICIDE PREVENTION	
<p><b>American Association of Suicidology (AAS):</b> To promote the understanding and prevention of suicide and support those who have been affected by it.</p>	
<p><b>Stopbullying.gov:</b> Helps teach kids how to identify bullying and how to stand up to it safely</p>	



**American Foundation for Suicide Prevention (AFSP):** Provides ongoing research and resources for students, families and educators around suicide prevention

**APPENDIX B**  
**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
*Screen with Triage Points for Schools*

	Past month	
Ask questions that are bold and underlined.	YES	NO
<b>Ask Questions 1 and 2</b>		
1) <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>		
2) <u><b>Have you had any actual thoughts of killing yourself?</b></u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u><b>Have you been thinking about how you might do this?</b></u> e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it....and I would never go through with it."		
4) <u><b>Have you had these thoughts and had some intention of acting on them?</b></u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u><b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></u>		
6) <u><b>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b></u>  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.  If YES, ask: <u><b>Was this within the past 3 months?</b></u>	Lifetime	
	Past 3 Months	

**Response Protocol to C-SSRS Screening**

**Item 1 Behavioral Health Referral**

**Item 2 Behavioral Health Referral**

**Item 3 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions**

**Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room**

**Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room**

**Item 6 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions**

**Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Support Staff: \_\_\_\_\_

**Guidelines to Determine Level of Risk with Interventions**

Risk Stratification	Triage
<p><b><u>High Suicide Risk</u></b></p> <p>Suicidal ideation with intent or intent with plan in <u>the past month</u> (C-SSRS Suicide ideation #4 or #5)                      -OR-                      Suicidal behavior <u>within past 3 months</u></p>	<ul style="list-style-type: none"> <li>• Parent phone call</li> <li>• 211 phone call</li> <li>• Notify Administrator, Nurse, Other support staff</li> <li>• Student remains supervised until 211/parent arrive</li> <li>• Brown &amp; Stanley Safety Plan</li> <li>• School Safety Plan re-entry meeting upon return to school (identification of resources)</li> </ul>
<p><b><u>Moderate Suicide Risk</u></b></p> <p>Suicidal ideation with method, <u>WITHOUT plan, intent or behavior</u> in last month (C-SSRS Suicide ideation #3)                      -OR-                      Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)                      -OR-                      Multiple risk factors and few protective factors</p>	<ul style="list-style-type: none"> <li>• Parent phone call</li> <li>• Discretionary 211 phone call</li> <li>• Counseling referral made</li> <li>• Brown &amp; Stanley Safety Plan</li> </ul>
<p><b><u>Low Suicide Risk</u></b></p> <p>Wish to die or Suicidal ideation <u>WITHOUT method, intent, plan or behavior</u> (C-SSRS Suicidal Ideation #1 or #2)                      -OR-                      Modifiable risk factors and strong protective factors                      -OR-                      No reported history of suicidal ideation or behavior</p>	<ul style="list-style-type: none"> <li>• Parent phone call</li> <li>• Discretionary counseling referral</li> <li>• Discretionary Brown &amp; Stanley Safety Plan</li> </ul>

DOCUMENTATION	
Risk Level: <input type="checkbox"/> High Suicide Risk <input type="checkbox"/> Moderate Suicide Risk <input type="checkbox"/> Low Suicide Risk	
Based on: <input type="checkbox"/> Student Interview <input type="checkbox"/> Information Reported <input type="checkbox"/> C-SSRS responses <input type="checkbox"/> Previous history <input type="checkbox"/> Current Student mental state	
Evaluation Summary: <input type="checkbox"/> Warning Signs <input type="checkbox"/> Risk Indicators <input type="checkbox"/> Protective Factors <input type="checkbox"/> Access to Lethal Means <input type="checkbox"/> Collateral Sources used and relevant information obtained <input type="checkbox"/> C-SSRS used <input type="checkbox"/> Rational for Actions Taken and Not Taken	

**Given to Student:** ☐ **Suicide Prevention Hotline #s (1-800-273-8255/211)** ☐ **Copy of Safety Plan** ☐ **Additional Strategies/Resources not listed on Safety Plan**

**Notes:**

## Patient Safety Plan Template

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>
1. _____
2. _____
3. _____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>
1. _____
2. _____
3. _____
<b>Step 3: People and social settings that provide distraction:</b>
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____
<b>Step 4: People whom I can ask for help:</b>
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>
1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
<b>Step 6: Making the environment safe:</b>
1. _____
2. _____
Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrown@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

\_\_\_\_\_

## **Appendix D**

### **Protective Factors, Risk Factors, and Warning Signs for Suicide**

Effective suicide prevention involves identifying warning signs, reducing risk factors, and increasing protective factors.

#### **Warning Signs**

Warning Signs are changes in a person's behavior, feelings, and beliefs about oneself that are maladaptive or out of character and place them at risk of suicide.

#### ***Acute Risk Factors***

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills or other means.
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary

#### ***Additional Warning Signs***

- Increased substance (alcohol or drug) use
- No reason for living, no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all the time
- Feeling trapped, like there's no way out
- Hopelessness
- Withdrawal from friends, family, and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities
- Dramatic mood changes

#### **Risk Factors**

Risk Factors are characteristics of a person or his environment that increase the risk of suicide.

#### ***Major risk factors include:***

- Prior suicide attempt(s)
- Misuse or abuse of alcohol or drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care
- Stress resulting from prejudice and discrimination (family rejection, bullying, violence)

## **Protective Factors**

Protective Factors are personal or environmental supports/characteristics that help protect people from suicide.

### ***Major protective factors include:***

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem-solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

The list of warning signs is from the State of Connecticut Suicide Prevention Plan. The list of protective factors and risk factors is from the Suicide Prevention Resource Center, which is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services (SAMHSA), and Center for Mental Health Services (CMHS)

## Appendix E

### Activating the Crisis Team: Lebanon Elementary School

#### **Crisis Team: LES**

**Purpose:** A staff member is to request for the crisis team when the following are concerns:

- Medical problem, accident, or injury
- If a student is unsafe towards self, others or property
- If a student leaves the building without adult supervision

#### **How to Activate**

- Call the office using a phone or a walkie talkie (if available)
- Code Yellow: Soft lockdown, as needed
- Specify the following - I need assistance for XX (use initials only) in Room XX; you can also follow with the request of a certain staff member, if this in the students plan or team meeting notes
- If using a walkie, repeat the request if there is no response and/or try calling the office
- The nearest Crisis Team members (note below) will support and request additional assistance if necessary:

**Tier 1 Crisis Team** - Principal, School Nurse, School Psychologist, School Social Worker (designated day), School Psychologist Intern, SCALES SPED teacher, BCBA, Administrative Assistant, and SRO (when called or if on location)

**Tier 2 Crisis Team:** SPED teachers from Grades 1, 2, 3 & 4\*

\*In case of primary team absences from building or if extra assistance is required

- Proximity to be considered and familiarity of student to staff
- Debrief meeting after a major episode (211 or 911 call)
- Any new student who receives at least 3 calls in the course of 2 weeks - immediate meeting with crisis team to discuss student
- SPED conversation once a month of strategies that work
- 1 time per month, Special Education teachers and Crisis team:, 240pm-3pm to discuss Tier 3 students to share changes (identify special ed, medication) & access to BIP for crisis
- Communication when being out of the building so there is a teacher on call (back-up); if additional assistance is needed, specify location and how many people

## Appendix F

### Activating the Crisis Team: Lebanon Middle School

**Purpose:** A staff member is to request for the crisis team when the following are concerns:

- Medical problem, accident, or injury
- If a student is unsafe towards self, others or property
- If a student leaves the building without adult supervision

#### **How to Activate**

- Call the office using a phone or a walkie talkie (if available)
- Code Yellow: Soft lockdown, as needed
- Specify the following - I need assistance for XX (use initials only) in Room XX; you can also follow with the request of a certain staff member, if this in the students plan or team meeting notes
- If using a walkie, repeat the request if there is no response and/or try calling the office
- The nearest crisis team members (note below) will support and request additional assistance if necessary

**Tier 1 Crisis Team:** Principal, School Counselor, School Psychologist, Nurse, Administrative Assistant, designated SPED teacher, Social Worker (designated day), SRO (when called or if on location)



## Appendix G

### Activating the Crisis Team: Lyman Memorial High School

#### **Activating the Crisis Team for All Staff Members : LYMAN**

**Purpose:** A staff member is to request for the crisis team when the following are concerns:

- Medical problem, accident, or injury
- If a student is unsafe towards self, others or property
- If a student leaves the building without adult supervision

#### **How to Activate**

- Call the office using a phone or a radio (if available)
- Code Yellow: Soft lockdown, as needed
- Specify the following - I need assistance for XX (use initials only) in Room XX; you can also follow with the request of a certain staff member, if this in the students plan or team meeting notes
- If using a radio, repeat the request if there is no response and/or try calling the office
- The nearest crisis team members (note below) will support and request additional assistance if necessary:

**Tier 1 Crisis Team:** Principal, Assistant Principal, Nurse, School Counselors, Social Worker,, School Psychologist

**Tier 2 Crisis Team:** SRO (when called or if on location)

## Appendix H

### Tips for Talking about Suicide

After a Suicide: A Toolkit for Schools: 2nd edition. American Foundation for Suicide Prevention (AFSP), Suicide Prevention Resource Center (SPRC) and the Education Development Center (EDC), 2018

**Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.**

#### **Give accurate information about suicide.**

- Suicide is a complicated behavior. It is not caused by a single event.
- In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.
- Talking about suicide in a calm, straightforward way does not put the idea into people's minds.

#### **By saying...**

- "The cause of [NAME]'s death was a suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness."
- "There are effective treatments to help people with mental health or substance abuse problems as well as those who are having suicidal thoughts."
- "Mental health problems are not something to be ashamed of. They are a type of health issue."

#### **Address blaming and scapegoating.**

- It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.

#### **By saying....**

- "Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."

#### **Do not focus on the method.**

- Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.
- The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

#### **By Saying...**

- "Let's talk about how [NAME]'s death has affected you and ways you can handle it."
- "How can you deal with your loss and grief?"

**Address anger.**

- Accept expressions of anger aimed at the deceased and explain that these feelings are normal.

**By saying....**

- “It is okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about [NAME]. You can be angry at someone’s behavior and still care deeply about that person.”

**Address feelings of responsibility.**

- Help students understand that they are not responsible for the suicide of the deceased.
- Reassure those who feel responsible or think they could have done something to save the deceased.

**By saying....**

- “This death is not your fault. We cannot always see the signs because a suicidal person may hide them.”
- “We cannot always predict someone else’s behavior.”

**Promote help-seeking.**

- Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.

**By saying....**

- “Seeking help is a sign of strength, not weakness.”
- “We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”
- “If you are concerned about yourself or a friend, talk with a trusted adult.”

## Appendix I

### SOS (Signs of Suicide) Program Guidelines

#### SOS

#### **Prior to Implementation:**

- ❖ Lebanon Middle School (LMS) and Lyman Memorial High School (LMHS) will notify the parents/guardians of all students that will receive the SOS program during the school year. Typically, the program has been given to 7th, 9th, and 9th graders during health classes. The communication to the parents/guardians may include:
  - A letter describing the program and the option to opt-out. The letter also may provide a link to SOS parent portal for more information  
<https://sossignsofsuicide.org/parent/>
  - An opt-out form
  - A copy of the parent version of the BSAD screener
  - A list of national and community mental health resources. (Link to resources can also be provided in the letter)
  - Each school keeps a record of the families who have opted-out of the program.

#### **Each school year:**

- ❖ LMS and LMHS will create the schedule of the classes that will have the SOS program and prepare materials for the program.
- ❖ A school psychologist, social worker, or school counselor and a teacher are assigned to each class for the program implementation. The class materials include:
  - A class list for noting absences.
  - The SOS instructions appropriate for the grade level (including a link to the videos).
  - The instructor's SOS script
  - Student screener forms (BSAD)
  - Student response forms (Students can indicate if they would like to talk with someone about themselves or someone else).
  - ACT cards/handout for students to take home.
- ❖ A school psychologist, social worker, or school counselor will follow up with any student who:
  - Answers yes to question 4 or 5 on the screener (have they seriously thought about suicide or have they ever attempted suicide in the past).
  - Responds on the half sheet that they would like "speak to someone about myself" or "speak to someone about someone else."
  - Answers yes to 3 or more of the depression screening questions
- ❖ A school psychologist, social worker, or school counselor may also connect with students who do not name a trusted adult.

- ❖ The school psychologist, social worker, or school counselor will complete the C-SSRS as appropriate and follow the procedures for intervention according to the assessed risk level.
- ❖ The school buildings will retain the completed BSAD screener forms and completed C-SSRS, keep a list of students followed up with, and inform Administration regarding these students. Administration may notify the Superintendent and Director of Pupil Services, as appropriate.

## **Gizmo's Pawesome Guide to Mental Health**

### **Gizmo**

#### **Prior to Implementation:**

- ❖ Lebanon Elementary School (LES) will notify the parents/guardians of all students that will receive the SOS program during the school year. Typically, the program has been given to 4th graders.
- ❖ The communication to the parents/guardians may include:
  - A letter describing the program and the option to opt-out. The letter also may provide a link to the Gizmo program
  - An opt-out form
  - A list of national and community mental health resources. (Link to resources can also be provided in the letter)
  - LES keeps a record of the families who have opted-out of the program.

#### **Each school year:**

- ❖ LES will create a schedule of the classes that will have the Gizmo program and prepare materials for the program.
- ❖ A school psychologist or social worker and a teacher are assigned to each class for the program implementation. The class materials include:
  - A class list for noting absences.
  - The instructor's Gizmo script and supporting materials (i.e Gizmo book to share with children)
  - Gizmo activities related to mental health to allow students to engage openly
  - A Gizmo Mental Health Plan to be completed by students
- ❖ A school psychologist or social worker will follow up with a student, as needed, after review of each student's mental health plan
- ❖ A school psychologist or school social worker may also connect with students who do not name a trusted adult.
- ❖ LES will retain a list of students followed up with and meet with students determined to be at risk through the C-SSRS. If necessary, administration may notify the Superintendent and Director of Pupil Services, as appropriate.

## Appendix K

### Crisis Support Room Sign In sheet

[illegible]

## Appendix L

# Sample Letter to Parents

Dear Parents/Guardians:

I am writing to inform you about a tragic loss within our school community. We received the sad news that (Name), a student in the (Grade) at (School) took his/her own life on (Date). We would like to express our sympathy and support for the (Name) family.

All students were provided with the essential facts about the loss. We feel that it is important at times like these that students be given as many of the pertinent facts as possible from a single, reliable source in order to limit false information. Misinformation can be devastating to students and to the family members affected by the loss. Today, we had the teaching staff read a brief statement about the loss during class time today. Teachers processed the news with students to gauge their reactions and to explain that counseling staff was available to assist them should they wish to seek further support.

Please be aware the children send and receive information via social media without any way of checking the authenticity and without any support should the information be distressing. We ask you to be vigilant in observing your child's response to this unfortunate news, including any information they receive online.

Students were encouraged to return to their school routines as much as possible. School psychologists, social workers, and the school counselors were available to students throughout the school day. Students in need of support were seen by counseling staff who will continue to be available for the immediate future.

Some students, particularly those close to (Name) or those who have had their own losses may be particularly affected by the news. Should your child appear to be struggling to cope we encourage you to contact the school to speak with one of our support staff. We all need to support one another in times like these.

Sincerely,

School Principal

**<Provide a list of resources as needed>**

**Appendix M**  
**Sample Letter to Parents at**  
**Student's Siblings School**

Dear Parents/Guardians:

I am writing to inform you about a tragic loss/sudden death of (Name). He/she is the sibling of \_\_\_\_\_ who is a student in the (Grade) in \_\_\_\_\_'s class. We would like to express our sympathy and support for the (Name) family.

\*(If sibling is in 3rd, 4th or 5th grade) The children in Kindergarten, 1st and 2nd grades have not been given any of this information. We thought it should come from parents should they deem it appropriate. Children in grades 3, 4, and 5 have been informed of this news. (Support staff) were present in the classrooms to discuss this with the children, along with their teachers. In an effort to make \_\_\_\_\_'s transition back to school as easy as possible, teachers and support staff also talked to the children about ways that our community can assist \_\_\_\_\_ and the family during this difficult time.

When a tragedy of this depth occurs, we need to recognize, respect, and be sensitive to the fact that everyone handles grief in different ways. Please know that we are committed to supporting each child in dealing with this and fully understand that children may respond in an unanticipated manner. Should you feel your child is struggling to cope with this, we encourage you to speak with your child's teacher or (support staff)\_\_\_\_\_.

News of this nature is never easy to comprehend. It reminds us that life is precious, fragile, and too often inexplicable. It also reminds us that during these moments, it is important to reach out to each other and to help those around us cope with this loss. Please feel free to contact me if you have any questions or concerns.

Sincerely,

School Principal

***\*Elementary School Staff need to make a decision about what grade levels it may and may not be appropriate to share this news with.***



## APPENDIX N

### DEFINITIONS

**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. 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.

**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.

**Mental health:** A state of mental and emotional being that can impact choices and actions that affect wellness.

**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 death by suicide, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

**Risk assessment:** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This 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.

**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

**Self-harm:** Behavior that is self-directed and deliberately results in injury or the

potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

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

**Suicide attempt:** A 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.

**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.

**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.

**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.

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