

## SUICIDE PREVENTION

### A. Prevention of Self-Harm

Suicide prevention strategies may include, but are not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and each other, and is characterized by caring staff and harmonious relationships among students. District efforts to target and reduce suicide, also include systems targeted at creating this environment, identifying students in need, and disseminating information about local resources.

Specific times and programs directly tied to this core mission of prevention have included sections of the 9<sup>th</sup> grade health curriculum, character trait programs (*Kids Care, Second Step, Steps to Respect, Why Try*), selected speakers, drug and alcohol counseling, and anti-bullying protocols. Most importantly, Eastmont recognizes that strong connections with students create a safe environment that both prevents self-harm and allows communication when students and staff experience difficulty.

### B. Student Responsibility

The District will encourage students to notify a teacher, principal, counselor or other adult when they are experiencing depression or thoughts of suicide or when they suspect or have knowledge of another student's despair or suicidal intentions.

These concerns can also be reported via text, email, phone, website anonymously using the District's Safe Schools Alert system at <https://eastmont206-wa.safeschoolsalert.com>

### C. Intervention

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they will take proper steps to support the student, promptly notify the principal or designee, and request appropriate guidance and risk assessment.

The principal or counselor will then notify the student's parents/guardians as soon as possible, unless notification of the parents will jeopardize the student's safety. The District may also refer the student to mental health resources in the community.

Additionally, the principal or designee will ensure the student's physical safety by one or more of the following as appropriate:

1. Secure immediate medical treatment if a suicide attempt has occurred.
2. Secure emergency assistance if a suicidal act is being actively threatened.
3. Keep the student under supervision until the parent/guardian or appropriate support agent can be contacted and has the opportunity to intervene.
4. Document the incident as soon as feasible.

5. Follow-up with the parent/guardian and student, in a timely manner, to provide referrals to appropriate services as needed.
6. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident.
7. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used and make recommendations for future actions.

D. Postvention

Postvention refers to services offered to a school, program, or individuals following a traumatic event or death.

Tragically, it is true that even the most well-devised and carefully implemented prevention program will not necessarily ensure that a school will escape the trauma of a suicide death. Our best efforts may not suffice in turning a child or staff member from a self-destructive course. Thus, it is equally important that faculty and staff receive adequate in-service training in proper postvention procedures.

In the event that a student or staff death occurs, the principal or designee will use the crisis response guide in the District's emergency guide (Appendix A) and adjust it as needed with the Crisis Response Team.

In the event of a youth suicide, one of the aims of crises intervention involves mobilizing the staff and other resources in order to reduce the risk of a suicide cluster developing. Suicide clusters are groups of suicides occurring closer in space and time than would normally be expected. Such clusters occur predominately among adolescents and young adults. The mechanism generating suicide clusters has not been well established but seems to involve a sort of contagion, by which exposure to the suicides of friends or others increases one's own risk of suicide. For this reason, schools and other community agencies should be prepared to respond quickly to minimize the likelihood of suicide contagion following one or more teen suicides.

E. Crisis Response

Crisis response and postvention to incidents of student or staff death will be addressed on a case-by-case basis, with the response guide (Appendix A) serving as a guide. It is understood that these events vary in nature and emotional impact—to include accidental death, suicide, rapid onset illness, and prolonged terminal illness. In each case, the proximity to school campus, time of occurrence, and individual differences necessitate a standardized response, with the flexibility needed to target heightened areas of need.

Critical areas to be addressed by the crisis response team and prompted by the provided response guide should include: gathering facts regarding the incident and wishes of the family, plans for notification of affected parties and communication to others in the community, response plan for Day 1 following an incident, resources that can be made available to those in need, and continuing efforts to address ongoing needs.

F. Communications

The District's suicide prevention policy and procedure and the crisis intervention plan will be available for all staff, students and community through the building principal and/or District Office.

G. Memorials

Any permanent commemoration/memorial will conform to Policy 6970 Naming Facilities & Employee & Student Memorials. Otherwise, the District is forced to make decisions about how each death should be handled and risks treating the loss of an important life unequally. Use of District's property during non-school hours will be done via facility use Policy 4260 Use of School Facilities.

H. Resources

The District will utilize (or make available) school counselors, school psychologists, trained response providers, mental health specialists, coaches, youth leaders, parents, clergy, or other support resources that could assist.

*Adapted from and informed by A Toolkit for Schools, created by the American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, The Suicide, Prevention, Intervention, and Postvention manual – San Diego County, After a Suicide Toolkit from the American Foundation for Suicide Prevention, A Death in Your School, Randy Town ESD 171, Preventing Suicide: A Toolkit for High School, Substance Abuse and Mental Health Services Administration, University of South Florida School Based Youth Suicide Prevention Guide, Maine Youth Suicide Prevention Intervention & Postvention Guidelines: A Resource for School Personnel by the Maine Youth Suicide prevention.*