



Suicide Prevention Policy

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

Education for Change

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

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly. This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

In compliance with Education Code section 215, this policy has been developed in consultation with EFC and community stakeholders, EFC school-employed mental health professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, the county mental health plan, law enforcement, and community organizations in planning, implementing, and evaluating EFC's strategies for suicide prevention and intervention. EFC must work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

EFC Policy Implementation The Chief of Schools will be designated as the suicide prevention coordinator and will work in partnership with Seneca leadership in this role. S(he) will be responsible for planning and coordinating implementation of this policy for the organization. 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 a site-based Seneca staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

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

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

Employee Qualifications and Scope of Services Employees of EFC must act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of a suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide.

Publication and Distribution This policy will be distributed annually and included in all student and teacher handbooks and on the school website beginning with the 2015-16 school year.

Intervention and Emergency Procedures When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in.

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.
2. The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. Staff will complete [Suicide Risk Assessment](#) and identify risk level and next steps. The school mental health professional or principal will contact the student's parent or guardian and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. After a referral is made, EFC shall verify with the parent/guardian that the follow up treatment has been accessed. Parents/guardians will be required to provide documentation of care for the student. If parents/guardians refuse or neglect to access treatment for a student who has been identified to be at risk for suicide or in emotional distress, the suicide prevention liaisons shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of care. If follow up care is still not provided, EFC may contact Child Protective Services.
5. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

IN-SCHOOL SUICIDE ATTEMPTS In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. Call 911 and report immediately
2. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
3. School staff will supervise the student to ensure their safety.
4. Staff will move all other students out of the immediate area as soon as possible.
5. Staff will immediately request a [Suicide Risk Assessment](#) and/or mental health assessment for the youth.
6. The school employed mental health professional or principal will contact the student's parent or guardian.
7. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
8. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

In the event a suicide occurs or is attempted on the EFC campus, the suicide prevention liaison shall follow the crisis intervention procedures contained in EFC's safety plan. After consultation with the Executive Director or designee and the student's parent/guardian about facts that may be divulged in accordance with the laws governing confidentiality of student record information, the Executive Director or designee may provide students, parents/guardians, and staff with information, counseling,

and/or referrals to community agencies as needed. EFC staff may receive assistance from EFC counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

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

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

OUT-OF-SCHOOL SUICIDE ATTEMPTS In the event a suicide occurs or is attempted off the EFC campus and unrelated to school activities, the **suicide prevention coordinator** or other staff person will:

1. **Call the police and/or emergency medical services, such as 911.**
2. **Inform the student's parent or guardian.**
3. **Inform the school suicide prevention coordinator and principal.**
4. Offer to the student and parent/guardian steps for re-integration to school. Re-integration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's teachers about possible days of absences; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

PARENT NOTIFICATION AND INVOLVEMENT In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practical by the principal, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access

to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.

POSTVENTION

- 1. Development and Implementation of an Action Plan** The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
 - a) Verify the death.** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
 - b) Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
 - c) Share information.** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
 - d) Avoid suicide contagion.** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

- e) **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a school mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis.