

6.005. Policy Concerning Youth Suicide Prevention and Intervention

Cooperative Educational Services (C.E.S.) is concerned about the increasing prevalence of youth suicide. In response to this concern and in accordance with Connecticut General Statute Section 10-221 (e), it shall be the policy of C.E.S. to establish training programs and procedures regarding youth suicide prevention and intervention for program administrators, teachers, school paraprofessionals, certified and licensed pupil personnel and related services staff and those students who provide assistance through their involvement in a student assistance program. The purpose of such training programs will be to heighten the awareness of staff and students about the risk factors associated with youth suicide; procedures to be followed whenever there is any suspicion that a student may be at risk for suicide or attempts suicide and knowledge of community resources that are available for referral of students who may be at risk for suicide or who attempt suicide. C.E.S. recognizes, however, that suicide is a complex problem and that the programs or procedures established by C.E.S. are neither expected nor intended to develop expertise that will enable staff to make clinical assessments or provide in-depth counseling for students.

Therefore, the C.E.S. Representative Council directs that any employee who may acquire knowledge of a potential suicide must take the necessary steps to refer this information to the appropriate school official or representative in accordance with the administrative procedures promulgated to implement this policy.

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6.005A. Administrative Guidelines for Suicide Prevention and Intervention

- I. Primary Prevention - Actions which the agency will undertake in order to promote conditions that reduce the risk of possible youth suicide.
- II. Situation #1: *Students At Risk For Suicide - Actions to be taken by C.E.S. with regard to students who are identified as having potential risk for suicide due to their life circumstances or conditions.
- III. Situation #2: *Students Exhibiting Warning Signs for Suicide - Actions to be taken by C.E.S. with regard to students who are identified as exhibiting commonly recognized warning signs of potential suicide.
- IV. Situation #3: Students Who Have Attempted Suicide - Actions to be taken by C.E.S. with regard to students who are identified as having made a suicide attempt.
- V. Situation #4: Student Who Has Committed Suicide - Actions to be taken by C.E.S. following a death by suicide; these may also be used for responding to sudden death of a student/staff person.

*Certain students placed in C.E.S. Special Education Programs have a history of at risk characteristics and warning signs associated with suicide. Their individual programs are planned to provide the monitoring procedures called for in the administrative guidelines. Administrative actions/follow-up outlined would be carried out when an intensification of such risk-factor/warning signs occur or students display behaviors that aren't accounted for by existing program procedures.

All C.E.S. educational personnel/professionals have a responsibility to immediately share with their program administrator any observations of student behavior which appear to be related to the possibility of suicide.

The program administrator, in turn, has a responsibility to follow the guidelines attached to the C.E.S. policy on suicide. If circumstances of a particular situation indicate that actions other than those described would serve the best interests of a given student and the agency, the program administrator shall consult with the Director of Special Education or Executive Director to make such a decision and shall make appropriate documentation of the circumstances and the resulting decision.

The agency policy and administrative procedures will be annually reviewed with all education personnel. A copy of the policy/administrative guidelines will be available for review in the main office of each program, program administrator's office and classrooms.

Summary of Intervention Steps:

For each situation described in Section II-V, the following intervention steps should be taken:

1. The education personnel who suspects that a student is at risk for suicide or has attempted suicide should immediately inform the program administrator or in his/her absence, Director of Special Education or Executive Director.

2. The program administrator will notify the school nurse and other members of the Crisis Team (school psychologist, school social worker) who will immediately meet with the student.
3. The student will be monitored/observed by a designated staff member while the Crisis Team collects information or makes necessary contacts.
4. The student's parent and/or guardian will be notified.
5. The student's parent/guardian will be provided names of community agencies/professionals who could assist them in assessment/emergency intervention counseling.
6. The student's parents/guardian will be asked to pick-up the student at school, as deemed warranted. The student will not be allowed to go home alone, as deemed warranted.
7. When team members determine that the student's medical or emotional condition requires hospitalization as a result of a suicidal attempt or suicide risk factors, the student will be transported immediately to an area hospital following C.E.S. medical emergency procedures.
8. The program administrator will inform the responsible school district of the situation and steps taken.
9. The program administrator will follow-up with the student's parent/guardian to ensure that a referral has been made.
10. The program administrator in collaboration with the Crisis Team will develop a support plan to provide continued monitoring of the student and to communicate with the outside agency/professional who is treating the student.
11. The program administrator will request that the responsible school district convene a PPT meeting when suicidal concerns continue to persist or if risk of suicide heightens.
12. All actions of staff should be carefully documented using appropriate incident report forms.

SPECIAL ISSUES IN USING PROCEDURES

Communication: The program administrator shall maintain communication with the Director of Special Education or Executive Director about all suicides or suicide attempts and shall call on the Administration for advice on how to proceed if any situation warrants. In turn the Executive Director will keep the Representative Council up to date on suicide related issues as appropriate. All communications must be kept confidential as appropriate.

Documentation: All actions taken by school personnel should be carefully documented. Such records should express facts, observable behaviors and actions. Such records should be maintained in accordance with the Agency Confidentiality of Records Policy/Procedures 6.001.

Crisis Team: A program-level Crisis Team will be established to assist program administrators in the implementation of administrative guidelines. The team will include the school nurse, a school social worker and/or school psychologist and the student's teacher as deemed appropriate.

Contagion: Sometimes a suicide attempt or completed suicide will trigger other suicide attempts. There is no clear body of knowledge about how or why this occurs and what unique circumstances cause it. The best prevention measure against the contagion effect seems to involve careful identification and monitoring of students who may be in a risk category, efforts to reduce glamorization of the suicide, and carefully planned postintervention activities.

Anniversary Dates: The week, month or year anniversary of a death may trigger a delayed grief reaction or a suicide attempt modeled after the first. School personnel should be sensitive to this and intensify monitoring of students at this time.

Support for Crisis Team: While the Crisis Team members will probably be sensitive to each other's needs for support, it can be helpful to have an outside professional available during and following crisis periods to "debrief" the team and offer support to individual members as needed.

Monitor Students: The program administrator may designate a member of the Crisis Team to monitor students in accordance with this policy and guidelines. If so, this designee shall keep the program administrator informed of actions taken on a daily basis.

C.E.S. Special Education Programs: Certain C.E.S. special education programs are established for students who have a history of potential risk factors for suicide. As a result, these programs have been planned to provide the suggested monitoring/supervision outlined in the following situations. Implementation of procedures will occur when a student's behaviors are accentuated and/or not accounted for by existing program procedures.

I. PRIMARY PREVENTION PROCEDURES

The following efforts will be undertaken in order to promote conditions that reduce the risk of possible youth suicide.

RESOURCES C.E.S. will develop and maintain a listing of social services agencies, mental health clinics and other community resources that have expertise in the problem of youth suicide for the purposes of serving as education and referral resources.

1. Pupil Personnel Staff (e.g., School Social Workers & Psychologists) will contact such agencies to familiarize them with C.E.S. student populations.
2. Pupil Personnel Staff will provide such agencies requested information that will better enable school personnel and parents of students to access such resources in times of crisis.

EDUCATION C.E.S. will foster a learning environment that promotes the physical and mental health of students and staff.

1. Classroom and related education programs will be implemented to foster the development of self-esteem, effective problem solving, coping and stress management skills and provide a reward structure that recognizes each student's interests and abilities.
2. C.E.S. will promote youth development training programs for school staff and parents.

TRAINING C.E.S. will develop in-service programs for administrators, teachers, school paraprofessionals, certified and licensed pupil personnel and related services staff and as applicable students involved in youth assistance programs for the purpose of enhancing their ability to recognize those students who may be vulnerable to, or at risk, for suicide. Inservice training will include, but may not be limited to, information about factors that increase a student's risk for suicide; recognition of suicide risk factors; information on community resources available for students that may need assistance; and information regarding school procedures for handling a student at risk for suicide or who has attempted suicide.

1. Administrative procedures for handling a student at risk for suicide or who attempts suicide will be reviewed on an annual basis.
2. An inservice program will be made annually available for staff that provides an overview of common suicide risk factors and possible warning signs of youth suicide.

PROGRAM RESOURCES C.E.S. will make pupil personnel staff resources available for students at risk of suicide. C.E.S. will also make pupil personnel staff resources available to students subsequent to a suicide attempt by one of their peers.

STUDENT ASSISTANT TEAMS C.E.S. programs may, where appropriate, establish a student assistant program for the purpose of developing educational programs for students about the risk factors related to suicide and the community resources available for students who may need counseling.

SUICIDE POLICY Administrative Guidelines

II. SITUATION #1: STUDENTS AT RISK FOR SUICIDE

Identification: Students who may be "at risk" for suicide include students whose life conditions and/or behaviors are among those listed in Appendix A. Since prediction of potential suicide is extremely difficult, the list may not be all inclusive and staff are encouraged to be sensitive to other factors which they believe might put a student at risk for suicide even if they do not appear on this list.

Staff Actions: Staff who have identified an "at risk" student are expected to bring this student's name to the attention of the program administrator as soon as possible. Previously identified "at risk" students should be closely supervised in accordance with program procedures and individualized support plans.

Administrative Actions: Depending on the circumstances, the program administrator or his/her designees should carryout the following procedures:

1. monitor student
2. meet with student
3. meet with student's teachers for further information
4. contact student's parent(s)
5. refer student to in-school resources
6. refer student/family to out-of-school resources
7. develop a support plan for supervision of student
8. other options as warranted by circumstances

Staff Follow-Up: Staff will be asked to monitor students who have been identified as "at risk" and should notify the program administrator if the student exhibits a more intensified pattern of distress or decline in academic/behavioral functioning.

"At risk" students should also be monitored more closely following a suicide attempt or completion in the community. All communication between staff and the program administrator regarding "at risk" students shall be treated confidentially.

Administrative Follow-up: Following a suicide attempt or completion in the community, the program administrator or designated member of the Crisis Team will monitor "at risk" students more intensively, and if circumstances warrant, will contact the students and/or their families to offer assistance.

If an "at risk" student is exhibiting a pattern of decline following another's suicide attempt or completion, procedures for "high risk" students should be followed.

All communication among staff and the program administrator regarding "at risk" students shall be treated confidentially.

III. SITUATION #2: STUDENTS EXHIBITING WARNING SIGNS OF SUICIDE

Identification: High risk students include those who are exhibiting the commonly recognized warning signs of suicide as listed in Appendix B. Staff are encouraged to be sensitive to other signs they believe may indicate a student is feeling suicidal.

In order to facilitate such identification, C.E.S. will provide training to all staff in recognizing the warning signs of suicide.

C.E.S. where deemed appropriate will also seek to enlist formal and informal peer contact systems to encourage students to recognize and refer students about whom they are concerned.

Staff Actions During School Hours: School staff who have identified a student who exhibits the signs as noted in Appendix B or who have other reason to believe the student is at high risk for suicide must immediately bring that student's name to the attention of the program administrator. This must be done even if the student has confided in the staff person and asked the staff person to keep their discussion confidential.* (In such cases, the staff person would explain that he/she cannot keep confidentiality in these circumstances). All communications among staff persons, however, will be handled on a "need to know" basis in keeping with guidelines of this policy.

*NOTE: Confidentiality may not be maintained if a student is at risk of self-injury, posing an injury to another or if the student may be placing themselves or another in a life threatening situation.

Staff Action After School Hours: If a staff member has become aware of a potentially suicidal student after school hours, he/she should try to estimate the level of suicide risk by talking to the student and taking the following actions:

1. Imminent Risk of Suicide: Contact the local police, give them information about the situation and the student's whereabouts. If the circumstances are very serious, stay on the phone or in contact with the student until someone can be enlisted to summon help. A contact should be made as soon as possible with the program administrator who will act in accordance with existing guidelines.
2. No Imminent Risk of Suicide: Contact the program administrator who will consult with a local crisis center and will act in accordance with existing guidelines.

NOTE: If the staff person is not able to assess the level of risk he/she should contact the program administrator who will make a judgement about contacting a local crisis center and following existing guidelines.

Administrative Actions After School Hours

When a staff member notifies the program administrator about a suicidal student outside of school hours, the program administrator will:

1. Obtain whatever information the staff member is able to provide including the student's location.
2. Contact the student's parent(s) and encourage them to contact a local crisis center for an evaluation of the student's risk for suicide. If the parents are unavailable, the program administrator will contact a local crisis center to determine the best course of action and will cooperate with the center in taking such action.

Administrative Actions During School Hours:

1. The program administrator will confer with the Crisis Team.
2. The program administrator will gather background information prior to contacting the student

unless there appears to be imminent risk of self-harm. (If imminent risk, proceed to Step 3). This background check should be done on the same day as the referral and might include further discussion with the person who made the referral or contact with other staff members to get data on recent student performance.

3. The program administrator will, at the earliest possible moment following the collection of information, make contact with the student for the purpose of obtaining information about the seriousness of the situation.

4. Based on the result of this interview and other available information, the program administrator will take the following actions according to the risk level of the situation:

A. High Risk Situation: The student has the intent to kill himself/herself, a specific plan for how he/she will do it and immediate access to the method; in addition, he/she exhibits feelings of aloneness, hopelessness, helplessness and the inability to tolerate any more pain.

i. The program administrator will ask the student to sign an agreement not to harm himself/herself without prior contact with a designated local crisis center.

ii. The program administrator will not leave the student alone but will stay with the student to offer support or designate a member of the crisis team to remain with the student. In addition, he/she will explain to the student that someone will be contacting his/her parent(s) because of their deep concern for him/her.

iii. The program administrator will contact or arrange for someone to:

- a. Contact the student's parent(s) to inform them of the situation and to request that they come to the school immediately.
- b.* Obtain further information from the parent(s) concerning the student's mental health history including therapy and previous suicide attempts. If the student is currently being seen by a mental health professional, the program administrator will ask for parental permission to speak with that professional.

Note: This information will be obtained for students identified at high risk at the time of admission.

iv. An appropriate team member will contact the student's therapist and may also elect to contact an outside, trained professional (psychiatrist, crisis center staff member) for further consultation.

v. If the parent(s) cannot be contacted or if they refuse to come to school and the team determines that a medical emergency exists, C.E.S. medical emergency procedures should be followed.

vi. When the parent(s) arrive at school, the program administrator, the person who interviewed the student, (and if appropriate the outside consultant) will meet with them. The following points should be covered in the meeting:

- a. The utmost seriousness of the situation.
- b. The need for an immediate suicide risk evaluation at a medical or mental health facility.
- c. The need for continued monitoring of the student at home if he/she is released following the evaluation.
- d. The need to "suicide-proof" their home, especially in removing the method the student had described in his/her plan.
- e. The need to obtain follow-up mental health counseling (explain that the school will be maintaining contact with the parent(s) to coordinate in-school support with out-of-school care).
- f. A request for parent(s) to sign a release of information form for communication between the school and the facility to which the student will be taken, the student's therapist and other individuals as appropriate.
- g. Information about resources the parent(s) can contact in case of an emergency.

vii. Following the meeting, parent(s) should accompany their child to the designated facility. If appropriate, a team member may also accompany them.

viii. If the parent(s) refuses to come to school, if they come but refuse to cooperate and/or if their response could be harmful to their child, the program administrator should explain that the school may be required to file a medical neglect report with the Department of Children and Youth Services. If necessary, such a report will be filed with DCYS (See Policy/Administrative Procedures 6.002 Concerning Protection of Children from Abuse/Neglect). In addition, the school will inform the parents that they will not accept the student back into school until a formal mental health evaluation has taken place. This exclusion will be done in compliance with state regulations and should only be done if it is deemed to be in the best interest of the student. Finally, the school will follow medical emergency procedures if circumstances warrant.

ix. Follow-Up:

- a. The following day a team member will contact the family to discuss their plans to provide professional help and support to the student and the team will meet to develop a plan of action for in-school student support.
- b. If the student returns to school the following day, the teacher should immediately inform the program administrator.
- c. If the student is in school the following day, the team members who interviewed him/her the previous day will meet with him/her to offer continuing support.
- d. The team will continue to monitor the student and will meet periodically to review the case. Follow-up monitoring should include:

- I. Frequent contact with the student
 - II. Frequent contact with the student's therapist
 - III. Contact with parent(s) as appropriate
 - IV. Contact with staff and the student's friends as appropriate
- B. Mid-Level Risk: The student has some intent to kill himself/herself and has thought about how he/she would do it. He/she has access to the method he/she has described but has not got everything in place. Although the student may exhibit feelings of hopelessness, helplessness and unbearable pain, he/she shows some willingness to accept help:
- i. The program administrator will ask the student to sign an agreement not to harm himself/herself without prior contact with the designated local crisis center.
 - ii. The program administrator will work with the student to create an adult support system for whom he/she is willing and able to receive support and will offer to speak with those people on the student's behalf.
 - iii. The program administrator will explain to the student that he/she is required to contact the student's parent(s) in order to arrange for professional help and to develop an appropriate support system.
 - iv. Following the meeting with the student the program administrator will:
 - a. Convene the crisis team to plan a course of action
 - b. Contact the student's parent(s) to inform them of the situation and to request a meeting later that day or the following day at the latest.
 - c. Obtain further information from the parent(s) concerning the student's mental health history including therapy and previous suicidal attempts or threats. If the student is currently being seen by a mental health professional, the program administrator will ask for parental permission to speak with that professional.
 - v. A team member will contact the student's therapist (if applicable) and may also elect to contact an outside trained professional for further consultation.
 - vi. When the parent(s) arrive for the meeting, the program administrator and the person who interviewed the student will meet with them. The following points should be covered in the meeting:
 - a. The utmost seriousness of the situation.
 - b. The need for a suicidal risk evaluation at a medical or mental health facility as soon as possible. If possible, this appointment should be scheduled during the meeting.

- c. The need for continued monitoring of the student at home over the coming weeks.
- d. The need to "suicide-proof" their home, especially in removing the method the student has described in his/her plan.
- e. The need to obtain follow-up mental health counseling (explain that the school will be maintaining contact with the parent(s) to coordinate in-school support with out-of-school care).
- f. Information about resources the parent(s) can contact in case of an emergency.
- g. A request for parent(s) to sign a release of information form for communication between the school and the facility to which the student will be taken, the therapist and other individuals as appropriate.

vii. If the parent(s) refuses to come to school, if they come but refuse to cooperate and/or if their response could be harmful to their child, the program administrator should explain that the school may be required to file a medical neglect report with DCYS. If necessary, such a report will be filed with DCYS (See Policy/Administrative Procedures 6.002 Concerning Protection of Children from Abuse/Neglect). In addition, the school will inform the parent(s) that they will not accept the student back into school until a formal mental health evaluation has taken place. This exclusion from school will be done in accordance with state regulations and should only be done if it is deemed to be in the best interest of the student. Finally, the school will follow medical emergency procedures if the circumstances warrant.

viii. Follow-Up:

- a. The following day a team member will contact the family to discuss their plans to provide professional help and support to the student and the team will meet to develop a plan of action for in-school support of the student.
- b. If the student returns to school the following day the teacher should inform the program administrator immediately.
- c. If the student is in school the following day, the team member who interviewed him/her the previous day will meet with him/her to offer continuing support.
- d. The team will continue to monitor the student and will meet periodically to review the case. Follow-up monitoring should include:

- I. Frequent contact with student
- II. Frequent contact with the student's therapist
- III . Contact with parent(s) as appropriate
- IV. Contact with staff and the student's friends as appropriate.

C. Low Level Risk: The student has some intent to kill himself/herself but has only a vague plan or no plan on how to do it with very low access to a possible method. Although they express feelings of hopelessness and helplessness, they are able to describe how things could change in order to do better.

Procedures to be followed are the same as for mid-level risk.

D. Very Low Level Risk: The student has not seriously considered suicide and has no plan or method. He/she is experiencing feelings of intense pain but is willing to work to help change things.

- i. The program administrator will stress the availability of helping resources within the school.
- ii. The program administrator will discuss with the student the importance of involving his/her parents in order to obtain professional help in solving the student's problems.
- iii. The program administrator will convene the Crisis Team. The team will develop a plan of action to help the student and make a decision regarding parent contact.
- iv. Follow-Up:
 - a. The program administrator will contact the student's parent(s) if appropriate and discuss possible sources of professional help.
 - b. The program administrator will ask the parent(s) to sign a release form for sharing of information between the school and therapist, and will maintain frequent contact with the family.
 - c. If it is deemed not appropriate to contact parent(s) at this time, a member of the Crisis Team will continue to meet frequently with the student to offer support and help and encourage parent involvement.
 - d. If the student's condition deteriorates, immediate parent contact will be made.

Follow Up

Staff will be asked to monitor students who have been identified as within this situational category and should notify the program administrator or his/her designee if the student exhibits a more intensified pattern of distress or decline in academic/behavioral functioning.

Such students should also be monitored more closely following a suicide attempt or completion in the school community. All communication between staff and the program administrator regarding such students shall be treated confidentially.

For students identified at risk at the time of placement, a detailed individualized support plan will be established for in-school support and monitoring. This plan will be shared with all staff with whom the student will have regularly scheduled contact.

IV. SITUATION #3: STUDENTS WHO HAVE ATTEMPTED SUICIDE

Out of School Attempt

Staff Actions: The staff member who receives information concerning an attempted suicide will immediately contact the program administrator who will try to verify the information.

Administrative Actions: The program administrator will call a meeting of the Crisis Team as soon as possible the following day to develop a plan of action and to delegate responsibilities.

1. Contact the student's family for the purpose of verifying information, offering support and possible referrals and sharing information about the importance of careful monitoring of their child and "suicide proofing" the home.

Parent(s) will also be asked to meet with designated Crisis Team members prior to the student's re-entry to school. If the student is hospitalized, the parent(s) will be asked to sign release forms for sharing of information between the school and the hospital.

In addition, the school will make arrangements for a Crisis Team member to meet with the student in the hospital room when it is appropriate (this will reduce the sense of shame and alienation the student may feel and ease his/her re-entry to school).

2. Notification of staff: If the attempt is public knowledge, teachers should be informed. If knowledge of the attempted suicide is widespread and causing visible distress among the majority of students, staff may be asked to follow Appendix D, "Guidelines for Talking to Students About Suicide/Sudden Death". Staff who are uncomfortable doing this will be assisted by a Crisis Team member. An after-school meeting may be held to identify other "at risk" and "high risk" students and discuss concerns. If an attempt is not public, staff should be informed on a "need to know" basis.

3. Develop a plan to monitor and support "at risk" and "high risk" students. If circumstances warrant, contact their parent(s).

4. Develop a plan to meet with friends of the student who has attempted suicide. These students should be encouraged to discuss their feelings with the team members or other qualified adults.

Staff Follow-Up: Staff will be expected to monitor "at risk" and "high risk" students more closely following another student's suicide attempt.

Administrative Follow-Up:

1. Meet with parent(s) to plan for the student's transition back to school; strongly encourage family to follow through on counseling referral and to sign releases for sharing of information.
2. Develop a plan for in-school support of the student upon his/her return.

3. Continue to monitor other "at risk" and "high risk" students as needed.
4. Assign a team member to meet with the returning student and provide ongoing support upon his/her return to school.
5. Maintain contact with the student's family and therapist.

In-School Attempt

Staff Actions: The staff who become aware of the attempt will immediately inform the program administrator and nurse.

Administrative Actions:

1. The program administrator and nurse will follow school medical emergency procedures to get immediate medical help for the student.
2. Contact parent(s) in accordance with medical emergency procedures.
3. Continue with school day as normally as possible.
4. Convene emergency meeting of Crisis Team to develop a plan and to delegate responsibilities.
5. If students and/or staff have witnessed the attempt, take the following actions:
 - a. Have someone cover staff member(s)' classes while designated Crisis Team members meet with them to discuss their feelings; if they feel able to return to class encourage them to do so but discourage them from talking about the attempt with students.
 - b. Meet with students who have witnessed the attempt in small groups; offer individual support to those who need it. If students feel able to return to class encourage them to do so but discourage them from talking to other students about the attempt. Students should only be permitted to leave school in the company of their parent(s) or other responsible adults.
 - c. Meet with students who are close friends of the attempter to inform them and offer support.
 - d. If knowledge of the attempt is widespread throughout the school, teachers may be asked to following Appendix D, "Guidelines for Talking to Student's About Suicide/Sudden Death". Staff who are uncomfortable doing this will be assisted by a Crisis Team member.
6. Conduct an after-school staff meeting to review the day's events, identify students who may be in need of extra support, and develop a plan to monitor and support those students whose own risk may be increased as a result of the suicide attempt.

Staff Follow-Up:

1. Staff will be expected to continue with the day as normally as possible.
2. Staff will encourage students who seem distressed to seek help from the Crisis Team.
3. Staff will be expected to monitor "at risk" and "high risk" students more carefully following another student's suicide attempt.

Administrative Follow-Up:

1. Continue to monitor "at risk" and "high risk" students and friends of the attempter.
2. Meet with the parent(s) to plan the student's transition back to school; strongly encourage them to follow through on counseling referrals and to "suicide-proof" home; sign release forms for sharing of information between school and therapist; maintain periodic contact with family and therapist.
3. Develop a plan for in-school support of the student upon his/her return.
4. Assign a Crisis Team member to meet with returning the student and provide ongoing support upon his/her return to school.

Special Issues

1. School knowledge vs. family privacy: The team should use its judgement in balancing the need of some school staff to know what has happened vs. the family's desire and right to keep the attempt as private as possible.
2. Family does not follow through on referral for counseling: The school, under the program administrator's direction, should make every attempt to encourage parent(s) to follow through on a referral for counseling. If the family refuses to obtain such help following a suicide attempt by their child, the school will explain that the school will be required to file a medical neglect report with DCYS and will file such a report (See Policy/Administrative Procedure 6.002 Concerning Protection of Children from Abuse/Neglect). In addition, the school will consult with the facility who treated the student to determine the best course of action in the interim.

V. SITUATION #4: STUDENT WHO HAS COMMITTED SUICIDE

Day of Suicide/Death

Staff Actions: The staff person who receives the information will immediately notify the program administrator who will verify the information.

Administrative Actions:

1. Notification of School Personnel

A. Out-of-School Hours Death

- i. Upon verification, the program administrator will notify the Executive Director, the Director of Special Education, members of the Crisis Team and other appropriate educational personnel (student's teacher, related services personnel).
- ii. The program administrator will consult with the Crisis Team and together they will contact other staff as appropriate.

B. In-School Hours Death

- i. Follow administrative and staff actions as above.
- ii. Convene emergency meeting of Crisis Team: The Team will meet immediately to develop a plan and delegate responsibilities. This should include:
 - a. prepare a written statement of facts
 - b. plan for contact with friends of student
 - c. plan who will be available for small group support
 - d. plan to support teachers who are uncomfortable telling students
 - e. plan who will deal with media
 - f. decide whether to involve outside consultants if needed and appropriate
 - g. decide who else should be notified (parents of friends, colleagues, PTA, etc.)
 - h. decide who will collect student's personal belongings
 - i. decide who will contact family
 - j. plan to monitor and support other "at risk" and "high risk" students
 - k. plan staff meeting(s)
 - l. other tasks as identified by members
- iii. Since most staff will be occupied, they should be notified of the basic facts (what, when, who) in writing and advised to follow designated procedures as outlined on the notification document.

2. Notification of Students

A. Out-of-School Hours

- i. The Crisis Team members will inform parent(s) of those students who were closest to the student who has committed suicide, ask them to share this information with

their own child and stress the availability of support at school.

ii. If these close friends are not notified the evening before, Crisis Team members should contact them as soon as they arrive at school, notify them and stress the availability of support.

iii. All other students should be notified as soon as appropriate.

B. In-School Hours

i. Before all staff are informed, those students who were closest to the person who has died should be informed by a Crisis Team member. In addition, the following guidelines should be observed:

a. If the student is already in a "risk" category and/or if the student is extremely upset and indicates that he/she may be suicidal, a preliminary assessment of suicidal risk should be done.

b. Stress the availability of support and develop a plan with the student about who he/she can go to for support in and out of school.

c. Give student the option of returning to class, continuing to meet with support personnel or going home (with parental approval).

d. Students should be allowed to leave school only if accompanied by a parent or other responsible adult.

ii. The classroom teacher or a Crisis Team member will inform students of the basic facts of the death and stress the availability of immediate and on-going support as specified in Appendix D, "Guidelines for Talking With Students About Suicide/Sudden Death". Students should be allowed to discuss as long as needed, to leave class for support or to call their parent(s) to go home.

3. Staff Meeting - See Appendix E

A. If a general staff meeting is held prior to informing students of the death, the meeting should focus on reviewing the "Guidelines for Talking with Students About Suicide/Sudden Death." Staff should also be told to be aware of those students who are "at risk" or "high risk" or other students who may not voluntarily seek help and should be referred.

B. If the general staff meeting is held after students are informed, the meeting should focus on reviewing the day's events and identifying students as above.

C. In either case, great sensitivity should be taken in responding to staff member needs. Staff will be experiencing all the feelings associated with the death and the availability of support for them should also be stressed. They should especially be encouraged to meet with a support staff person if they are experiencing guilt related to unobserved warning signs from the student or related to actions they may have taken with the student (discipline, grades, etc.)

4. End of Day Crisis Team Meeting

- A. Review day's events
- B. Modify previous support plans as needed
- C. Develop support plan for students who are in "risk" categories

Day Following Suicide/Death

Staff Actions: Staff should try to resume a normal class routine while being sensitive to encouraging distressed students to utilize the support services which are available.

Administrative Actions:

1. If the death occurred after school, on a prior day, follow procedures as previously outlined and as needed and consider setting aside first period of the day to inform students and discuss.
2. Return to normal as much as possible but continue to provide highly visible support. This support might consist of:
 - A. Small group discussions in visible places (library, etc).
 - B. Availability of counselors in private rooms for one-to-one support.
 - C. Use of gym to "work off" feelings
 - D. Participation in an action-oriented group which is focused on how to prevent further deaths.
3. An administrator and Crisis Team member(s) should visit the family to:
 - A. Offer condolences and support
 - B. Return personal possessions
 - C. Determine funeral arrangements and family wishes regarding student/staff attendance at funeral
 - D. Offer other assistance as needed and appropriate
4. Faculty meeting should be held daily for 2-3 days following suicide/sudden death.
5. Meetings of Crisis Team should take place as needed during the day, and after school to review the day and continue planning.

Second and Subsequent Days Following Death

Staff Actions: Continue to monitor "at risk" and "high risk" students and refer students to designated support centers as needed.

Administrative Actions:

1. Announce funeral arrangements
 - A. A delegation should be selected to officially represent the school and to be supportive to students who attend.
 - B. Staff should be allowed to attend as appropriate.
 - C. Students should be allowed to attend, preferably with their parent(s), or at the very least, with written parental permission.
2. Continue to monitor and support students - this may need to be intensified on the one week and one month anniversary of the death.
3. Maintain frequent contact with staff to facilitate identification of students who may need extra support; weekly meetings are recommended for the first month.
4. Take care of business related to student as appropriate.
 - A. Delete names from lists, mailing lists
 - B. Notify colleges to which the student has applied, if appropriate.
 - C. Other

Appendix C - Emergency Telephone Numbers

State of Connecticut Infoline	211 (or 1-800-203-1234)	24 Hours
St. Vincent's Hospital - ER	576-5171	
Bridgeport Hospital – ER	384-3566	
St. Raphael's Hospital	789-3633	
St. Francis's Hospital	(860) 714-2737	
Danbury Hospital Crisis Intervention Unit	(888) 447-3339 (203) 797-7007	24 Hr. Crisis Line
Family Services Woodfield	368-4291	
CATS Child & Adolescent Services	830-6082	
Family Center		
Westport	227-3529	
Greenwich	629-2822	
Darien	655-0542	
Trumbull Counseling Center	261-5110	
Bridges	878-6365	
Clifford Beers	772-1270	
Yale Child Study Center	432-9993	
Reach	384-3377	
Child Guidance		
Bridgeport	367-5361	
Stamford	324-6127	
Stratford	378-1654	
Fairfield	255-2631	
Teen Crisis Service		
Stamford	323-9797	
Hall-Brooke Foundation	227-1251	

Catholic Family & Social Services	
Bridgeport	372-4301
Stamford	323-1105
Norwalk	750-9711

Council of Churches - Greater Bridgeport	
Janus House	374-9473

Youth Options (Drug Abuse Programs)	
Darien/New Canaan	655-8973
Greenwich	869-1349
Stamford	325-1511

Four Winds	(914) 763-8151
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Informational Websites

Department of Children and Families “Connecticut Community KidCare” Resource Directory	www.state.ct.us/dcf/KidCare_directory/kidcare_index.htm
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Youth Services Bureaus	www.ctnonprofits.org/pages/humanservices/cysa.asp
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Bridgeport Police	332-5541 Youth Division
Fairfield Police	254-4835 Youth Division
Redding Police	938-2564
Easton Police	268-4111
Norwalk Police	854-3008 Youth Division
Ridgefield Police	438-6531
Darien Police	662-5300
Stamford Police	977-4640 Youth Division
Greenwich Police	622-8030 Youth Division
Westport Police	341-6023 Youth Division
Weston Police	222-2600
Wilton Police	834-6260
New Canaan Police	594-3523 Youth Division
Trumbull Police	452-5057 Youth Division 261-3665 Main #
Stratford Police	385-4141 Youth Division
Monroe Police	452-5446 Youth Division

Appendix D - Guidelines for Talking to Students About Suicide/Sudden Death

1. Prepare students for the serious and tragic nature of the information you are about to share with them. Say that it is expected that this news will upset many of them and that both you and other staff are there to help them get through this.
2. Announce the facts of the situation and what actions are being taken as a result (i.e., all classes are being informed, counseling centers are being set up, etc.).
3. Allow students to react; pay special attention to the following:
 - A. Dispel any rumors or unconfirmed information.
 - B. Stress that we each react differently to tragedies and must respect one another's feelings and ways or reacting.
 - C. Point out that grief, sadness, anger, guilt, fear and disbelief are all normal reactions to such news.
4. Convey a sense of acceptance for all the feelings expressed, avoid judgemental or value statements about anyone's feelings.
5. Note that some people's feelings will be stronger than others and that individual help is available (name where and with whom) for those who want to discuss their feelings further with someone.
6. If students' reactions seem particularly intense or you feel unable to respond to them adequately, strongly encourage them to seek assistance from one of the designated counseling centers. Offer to accompany them to the center after class. Refer to Crisis Team.
7. If students have questions you are unable to answer or if you are feeling uncomfortable in the discussion, summon a Crisis Team member to assist you.
8. Encourage students to be supportive of one another but stress the importance of seeking help or encouraging their friends to seek help from adults if their feelings seem more intense or persistent than "normal".
9. Reassure students that they are not responsible for what happened - discourage guilt and unrealistic "hindsight regrets". Instead, focus discussion on how they might use what they now know to avoid similar tragedies in the future.
10. Stress that the feelings students now have are temporary and will diminish with time; display your own sense of assurance that things will get better.
11. In cases of suicide, avoid glamorizing the death or dead person. Stress that this was a tragic and unnecessary event.

12. In cases of suicide, avoid focusing on the details or circumstances that led up to the person's death; stress that suicide is a permanent solution to a temporary problem and focus discussion on how the person might have gotten help to avoid this tragic ending. Stress that suicide is not a normal reaction to life's setbacks.

13. Allow students who do not want to participate in the discussion to study quietly in the room or seek assistance from one of the counseling centers. Don't assume that the lack of a visible reaction means the student has no reaction.

14. Allow as much time as students seem to need for the discussion. Try to move discussion toward how students can help one another express sympathy for the family and help to prevent (in the case of suicide) similar tragedies.

15. Students who wish to memorialize the dead person in some way should be referred to a Crisis Team member.

16. End the class by reminding students of the counseling and support services that are available.

Appendix E - Guidelines for Faculty Meeting to be Used Following Suicide or Sudden Death

1. Distribute written statement of facts; dispel any rumors or misinformation.
2. Inform faculty of what actions have been taken up to now (i.e., confirmation of facts, contact with family, notification of key personnel, Crisis Team meeting, funeral arrangements, etc.).
3. Announce administrator, Crisis Team roles and contact persons for responding to outside requests for information from police, media, parents, etc.
4. Allow staff to react, ask questions and express feelings. Staff should be encouraged to discuss feelings; point out that understanding their own feelings will make it easier for them to deal with student feelings.
5. Point out availability of support services for staff as well as students; review who will be available, when and where.
6. Review plan to inform students and Appendix D - Guidelines for Talking to Students About Suicide/Sudden Death; stress availability of Crisis Team members to assist and support staff who are uncomfortable leading class discussion.
7. Discuss need to monitor possible and known "at risk" and "high risk" students more carefully. Review Appendix A and B and staff responsibilities as outlined in suicide procedures.
8. Review plan for school day; announce after-school faculty meeting schedule during crisis period.
9. In subsequent faculty meetings:
 - A. support staff and encourage discussion of their feelings
 - B. identify any problems that have arisen and problem-solve
 - C. identify "at risk" and "high risk" students; develop a plan for monitoring and supporting them
 - D. brainstorm and assign tasks such as: removal of student's belongings, notification of colleges, deletion of student's name from lists, etc.