

# Cove School District Suicide Prevention Protocol

- *Suicide Prevention Commitment*

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

- *Prevention*

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

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

- *Intervention*

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

Upon notification, the principal shall complete a Level 1 Suicide Risk Assessment. If warranted, the student will be placed under continuous adult supervision during this time. Emergency medical services will be contacted immediately if an in-school suicide attempt occurs. The principal shall contact the superintendent.

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

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

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

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

The Principal or Counselor shall document the incident, including contact with the parent/guardian, by recording:

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

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

## ● *Postvention*

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

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

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

- *Staff Professional Development:*

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

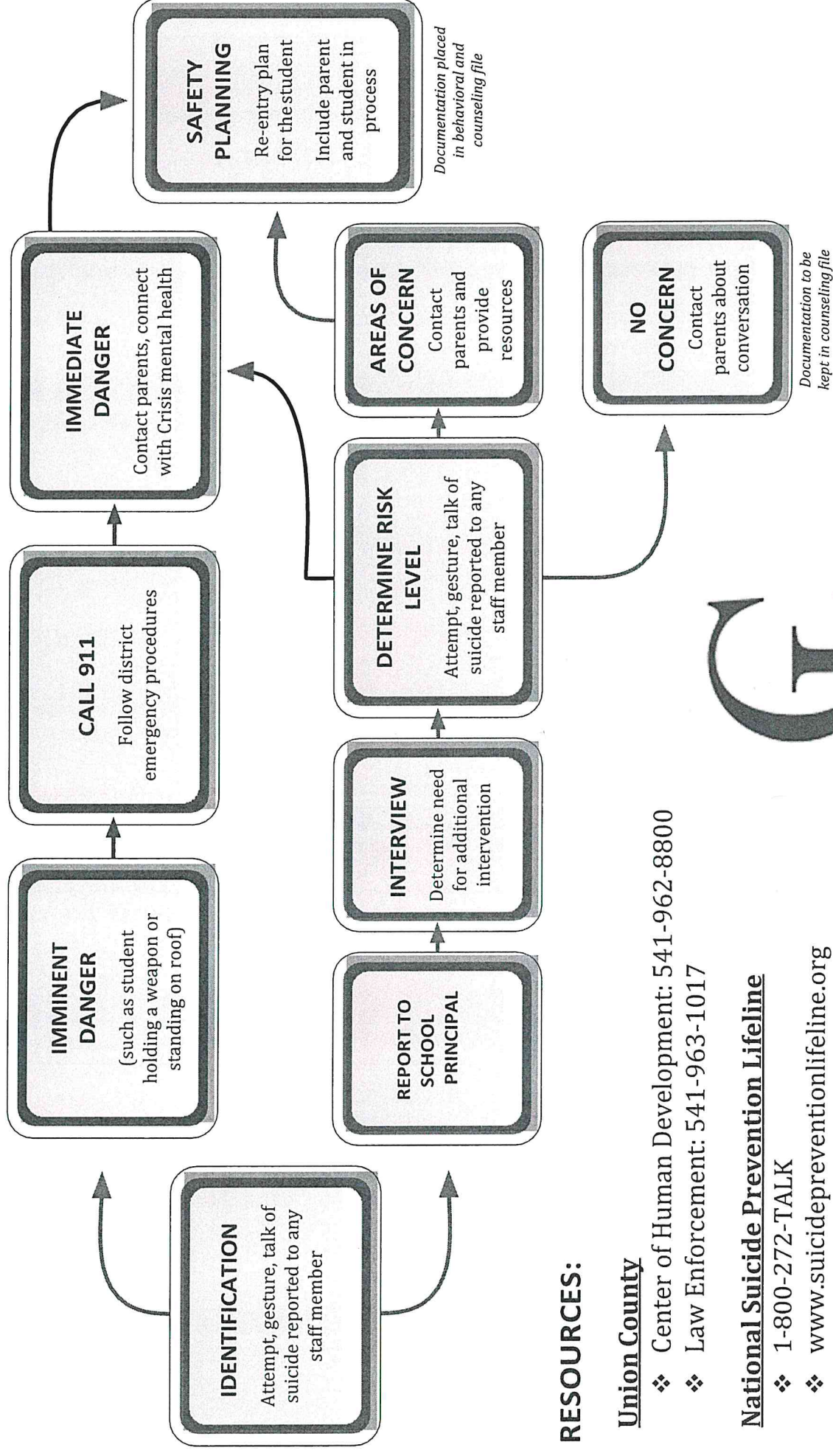
- *Student/Family Outreach, Resources and Communication*

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



# SUICIDE RISK ASSESSMENT PROCESS FLOW CHART

## COVE SCHOOL DISTRICT



### RESOURCES:

#### Union County

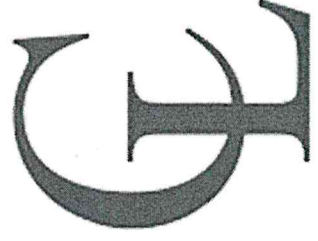
- ❖ Center of Human Development: 541-962-8800
- ❖ Law Enforcement: 541-963-1017

#### National Suicide Prevention Lifeline

- ❖ 1-800-272-TALK
- ❖ [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

#### Oregon Youth Line

- ❖ 1-877-968-8491





## Suicide Screening Form

### 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
IEP/504? \_\_\_\_\_ Address: \_\_\_\_\_  
Parent/Guardian #1 name/phone #(s): \_\_\_\_\_  
Parent/Guardian #2 name/phone #(s): \_\_\_\_\_  
Screener's Name: \_\_\_\_\_ Position: \_\_\_\_\_ Contact info: \_\_\_\_\_  
Screener Consulted with: \_\_\_\_\_

### 2. REFERRAL INFORMATION

Who reported concern/ Contact info: \_\_\_\_\_ ☐ Self ☐ Peer ☐ Staff ☐ Parent/Guardian ☐ Other  
What information did this person share that raised concern about suicide risk?  
\_\_\_\_\_  
\_\_\_\_\_

### 3. INTERVIEW WITH STUDENT

#### A. Does student exhibit any of the following warning signs?

<input type="checkbox"/> Written statements, poetry, artwork, stories, electronic media about suicide	<input type="checkbox"/> Experiencing bullying or being a bully, humiliation
<input type="checkbox"/> Currently or will be isolated or alone, withdrawn	<input type="checkbox"/> Recent personal or family loss or change (i.e. death, divorce, suicide)
<input type="checkbox"/> Preoccupation with death	<input type="checkbox"/> Recent stressful life events (i.e. legal, interpersonal relationships)
<input type="checkbox"/> Feelings of hopelessness/worthlessness	<input type="checkbox"/> Family problems
<input type="checkbox"/> Substance use or abuse	<input type="checkbox"/> Giving away possessions
<input type="checkbox"/> Mental health issues or recent diagnosis	<input type="checkbox"/> Current trauma (domestic/relational/sexual abuse)
<input type="checkbox"/> Current psychological/emotional pain	<input type="checkbox"/> Crisis within the last 2 weeks
<input type="checkbox"/> Discipline problems	<input type="checkbox"/> LGBTQ, Native-American, Alaskan Native, Male
<input type="checkbox"/> Prior Suicide Attempt	<input type="checkbox"/> Inability to concentrate or make decisions
<input type="checkbox"/> Escalating agitation and/or motor restlessness	<input type="checkbox"/> Low or no social support
<input type="checkbox"/> Physical illness	<input type="checkbox"/> Recent changes in appetite or sleep

#### B. Guiding Questions

➤➤ Does the student report to thinking about suicide?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

➤➤ Does the student report to having a plan?

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

➤➤ Does the student have access to their planned method?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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➤➤ If yes, explain level of detail ☐ Little to no detail ☐ An understanding of how to obtain

☐ Very detailed

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

<input type="checkbox"/>	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	Unbearable
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➤➤ Is there a history with previous gesture(s), talk, or attempt(s)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: \_\_\_\_\_

➤➤ Is there a family history of suicide?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: \_\_\_\_\_

➤➤ Has the student been exposed to suicide by others?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: \_\_\_\_\_

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, include date and describe: \_\_\_\_\_



C. Does the student have a support system?

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

4. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: \_\_\_\_\_ Date contacted: \_\_\_\_\_

Was the parent/guardian aware of the student's suicidal thoughts/plans: ☐ Yes ☐ No

Parent/guardian's perceptions of threat? \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Written statements, poetry, artwork, stories, electronic media about suicide | <input type="checkbox"/> Experiencing bullying or being a bully                                  |
| <input type="checkbox"/> Withdrawal from others   | <input type="checkbox"/> Recent personal or family loss or change (i.e. death, divorce, suicide) |
| <input type="checkbox"/> Preoccupation with death   | <input type="checkbox"/> Recent changes in appetite or sleep                                     |
| <input type="checkbox"/> Feelings of hopelessness/worthlessness                                       | <input type="checkbox"/> Family problems   |
| <input type="checkbox"/> Substance use or abuse   | <input type="checkbox"/> Giving away possessions   |
| <input type="checkbox"/> Mental health issue  | <input type="checkbox"/> Current trauma (domestic/relational/sexual abuse)                       |
| <input type="checkbox"/> Current psychological/emotional pain   | <input type="checkbox"/> Crisis within the last 2 weeks  |
| <input type="checkbox"/> Discipline problems  | <input type="checkbox"/> LGBTQ, Native-American, Alaskan Native, Male                            |
| <input type="checkbox"/> Prior Suicide Attempt  | <input type="checkbox"/> Other Signs: _____  |

5. SHORT TERM ACTIONS TAKEN

Contacting Parent/Guardian

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| ➤➤ Contact was made   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤➤ Released to parent/guardian                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤➤ Agree to call MCAT and have them transport to hospital if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤➤ Parent/guardian takes to hospital                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤➤ Parent/guardian schedules mental health appointment              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Notes:

School Decisions

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| ➤➤ Release back to class after parent, and/or agency-confirmed plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤➤ Create safety plan with student (attach copy to this form)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤➤ Provide student and family with resource material                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤➤ Schedule School Counselor/School Psychologist follow up          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Date and Time: \_\_\_\_\_
- Superintendent notified? ☐ Yes ☐ No
- Date and Time: \_\_\_\_\_

6. INTERMEDIATE ACTIONS TAKEN (Complete all that apply)

- Call 911 if in immediate danger  
➤➤ Current Therapist  
➤➤ Union County CHD (541-963-1017)

Contact Date/Time/Name	Recommendations

- ☐ NO FURTHER FOLLOW UP NEEDED ☐ SEVERAL RISK FACTORS NOTED, SUICIDE IDEATION  
(Limited or no risk factors, and NO items marked on 3A) DENIED, CHECK IN BY: \_\_\_\_\_
- ☐ TRANSPORTED TO ST. CHARLES AND LONG TERM PLAN IS CREATED

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

- ☐ Student safety plan completed and distributed: \_\_\_\_\_ Who is responsible?: \_\_\_\_\_  
Date of Follow-Up Meeting: \_\_\_\_\_

☐ Referred to SET team for Tier 2 Intervention:

Team Members:

Type of Intervention:

Date of Follow-Up Meeting:

☐ Referred to SPED Child Find/Contact School Psych

Meeting Participants:

Date of Follow-Up Meeting:

Evaluation deemed appropriate?

☐ Yes ☐ No

☐ Informed relevant school staff of follow up actions

Who is responsible?:

☐ Release of information obtained

Who is responsible?:

☐ Refer to/already seeing qualified mental health professional

Therapist Name:



## STUDENT TAKE AWAY SAFETY PLAN

### Step 1: Warning Signs:

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

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

### Step 4: People who care about me and who I can ask for help:

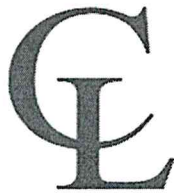
Name	Relationship	Number

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

1. Clinician: Phone:
2. Center for Human Development Phone: 541-962-8800
3. Local Emergency Room:  
Name/Address: Grande Ronde Hospital, LaGrande
4. National Suicide Prevention Lifeline 1-800-273-TALK  
(1-800-273-8255) ([www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org))
5. National Hopeline Network 24 hours/7 days per week  
Phone 1-800-SUICIDE (1-800-784-2433) ([www.hopeline.com](http://www.hopeline.com))  
\*You can always call 911 for help. Tell the operator you are in suicidal danger
6. Oregon Youth Line 1-877-968-8491  
Text teen2teen to 839863 or visit OregonYouthLine.org

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





## Student Re-Entry Plan

Student: \_\_\_\_\_ Date of Initiation: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date to be reviewed: \_\_\_\_\_

Primary School Contact: \_\_\_\_\_

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

Secondary School Contact: \_\_\_\_\_

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

### Accommodations:

#### Student's Schedule:

- ☐ Return to previous full day schedule
- ☐ Return on a full day schedule but with class changes made to the schedule
- ☐ Return with a reduced day schedule
- ☐ Change of Placement
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

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

- ☐ Shortened assignments
- ☐ Extended time for work
- ☐ Provide alternative work
- ☐ Working lunch
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

#### Behavior Accommodations:

- ☐ Allow student to take breaks inside classroom
- ☐ Allow student to take breaks outside of classroom
- ☐ Location: \_\_\_\_\_
- ☐ Preferential seating
- ☐ Allow student to check in with counselor when needed
- ☐ Counselor: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_



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

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

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

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

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

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