



SHERMAN COUNTY SCHOOL

COMPREHENSIVE SUICIDE PREVENTION, INTERVENTION,
AND POSTVENTION PLAN

Updated 2026

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INTRODUCTION

The purpose of this plan is to protect the health and well being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. Sherman County School District integrates QPR into all prevention, intervention, and postvention efforts and an evidence-based best practice.

Sherman County School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation.
- 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.
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is intended to be paired with other policies that support students' overall emotional and behavioral health.

Sherman County School District Policy JHH

Senate Bill 52, also known as "Adi's Act," was passed in Oregon in 201. This legislation requires school districts to develop and publicly post their suicide prevention, intervention and postvention response plans, beginning no later than the start of the 2020-2021 school year. This plan should be reviewed annually. School staff are frequently considered the first line of contact with potentially suicidal students. All staff are trained in QPR. Asking about suicide does not cause suicide. Use direct, non-judgmental language.

Legal reference(s): ORS 332,107, ORS 339.343, ORS 581-022-251

PURPOSE OF PROTOCOLS AND PROCEDURES

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

Quick Notes: What Schools Need to Know

- School staff are frequently considered the first line of contact with potentially suicidal students.
- Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that responsibility does not rest solely with the individual “on the scene”.
- Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.

- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

CONFIDENTIALITY:

HIPAA AND FERPA:

School employees, with the exception of nurses, therapists, and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Acts of 1974; commonly known as FERPA. There are situations when confidentiality must **not be maintained**. If at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information **MUST BE** shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.”

REQUEST FROM STUDENT TO WITHHOLD FROM PARENTS

Imminent risk of harm or danger to self or others **must** result in contacting parents. The school prevention screener can say, “I know this is scary to you, and I care, but this is too big for me to handle alone.” If the student still does not want to tell their parents, the staff member can ask the student, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents.

EXCEPTIONS FOR PARENTAL NOTIFICATION: ABUSE OR NEGLECT

Parents must be contacted about their child’s suicidal ideation unless a result of parental abuse or neglect is possible. Those on the mental health team are in the best position to make the determination. However, they will need to let the student know that other people would need to get involved on a need to know basis, if parents are not contacted.

If a student makes a statement like “My dad/mom/guardian would kill me” as a reason to refuse, the school staff can ask questions to determine if abuse or neglect is involved. If there is no indication, compassionately disclose that the parent/guardian needs to be involved.

PREVENTION

Suicide Prevention team:

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

Staff: All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. All staff will receive a copy of this plan or review annually.

- Staff will receive best practice training annually with one of the following models:
 - QPR Suicide Prevention
 - Youth Mental Health First Aid
 - Modules from Vector that may include: Youth Suicide: Awareness, Prevention and Postvention
 - FLY 5
 - Be Sensitive Be Brave
- Specific staff (QMHP and one other staff member) should receive specialized training to intervene, assess, and refer students at risk for suicide. Training should be best practice suicide program, and will be one of the following:
 - ASIST (Applied Suicide Intervention Skills Training) should include two 1-hour “refreshers” each year and a full course every 3 years
 - Youth Save (Youth Suicide Assessment in Various Environments)
 - CONNECT: Postvention

Identified staff with training: Andrea Dorzab, QMHP

Students: Students should receive developmentally-appropriate, student-centered education about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

Sherman County School District is currently implementing:

- FLY 5
- LifeFluent (middle school)
- More than Sad (9-12)
- MH/TSEL in accordance with Health Standards
- Printed materials, posters, website shares information on Safe Oregon Tipline and National Suicide Hotline- 988

Parents: Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or to others in their community that may be at risk for suicide. Resources will be in school handbooks or on the school website.

Communicating the Prevention Plan: The Suicide Prevention plan will be shared with staff via email at the beginning of each school year and kept in a shared drive. Additionally, it will be posted to the Sherman County School District Website so that students, parents, and community members can access the information. Information about how to contact the trained staff and how to access other resources will be posted around the school so students know who and how to reach out if they have concerns. YouthLine posters will be posted as an additional resource. A few designated staff members may meet annually to determine the effectiveness of the current suicide prevention plan, make any necessary changes, and ensure that all parts of the plan are being implemented.

Suicide Behavior Risk and Protective Factors

RISK FACTORS (Mark all that apply)

- ☐ Current plan to kill self
- ☐ Current suicidal ideation
- ☐ Access to means to kill self
- ☐ Previous suicide attempts
- ☐ Family history of suicide
- ☐ Exposure to suicide by others
- ☐ Recent discharge from psychiatric hospitalization
- ☐ History of mental health issues (major depression, panic attacks, conduct problems)
- ☐ Current drug/alcohol use
- ☐ Sense of hopelessness
- ☐ Self-hate
- ☐ Current psychological/emotional pain
- ☐ Loss (relationship, work, financial)
- ☐ Discipline problems
- ☐ Conflict with others (friends/family)
- ☐ Current agitation
- ☐ Feeling isolated/alone
- ☐ Current/past trauma (sexual abuse, domestic violence)
- ☐ Bullying (as aggressor or as victim)

- ☐ Discrimination
- ☐ Severe illness/health problems
- ☐ Impulsive or aggressive behavior
- ☐ Unwilling to seek help
- ☐ LGBTQ+, Native-American, Alaskan Native, TAG, male

Protective Factors (mark all that apply)

- ☐ Engaged in effective health and/or mental healthcare
- ☐ Feels well connected to others (family, school, friends)
- ☐ Basic needs are met: housing, food, health, clothing
- ☐ Positive problem solving skills
- ☐ Positive coping skills and resiliency
- ☐ Restricted access to means to kill self
- ☐ Stable living environment
- ☐ Willing to access support/help
- ☐ Positive self esteem
- ☐ High frustration tolerance
- ☐ Emotional regulation
- ☐ Cultural and/or religious beliefs that discourage suicide
- ☐ Does well in school
- ☐ Has responsibility for others
- ☐ Goal-oriented or future minded

INSIGHT: A person can still struggle with suicidal thoughts and urges even with many protective factors in place. Please remember this while assessing risk.

Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

Warning signs that may indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide

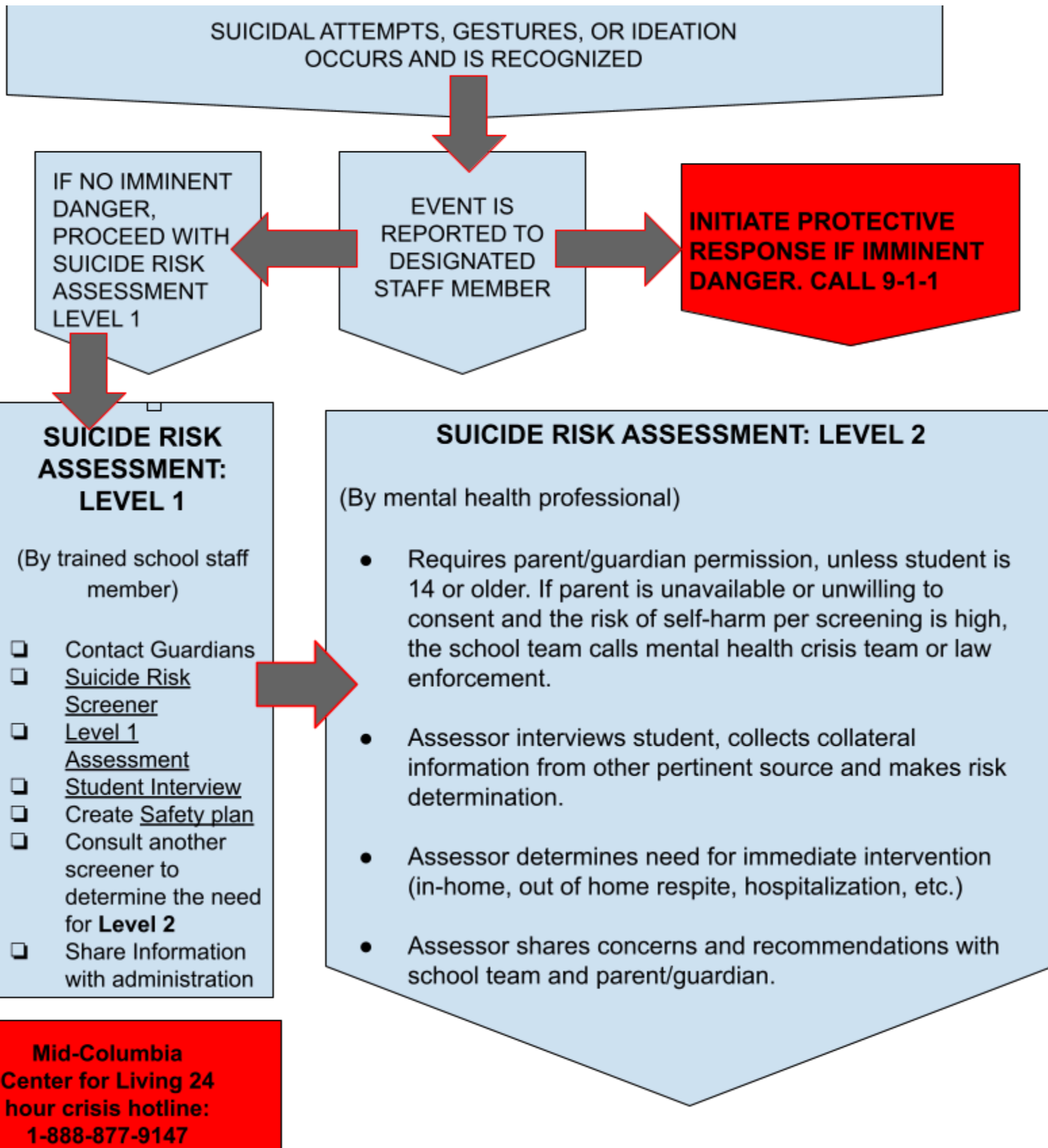
If a suicidal attempt, gesture, or ideation occurs or is recognized:

- Staff will take all suicidal behavior and comments seriously every time
- Call 911 if there is immediate danger
- It is critical that any school employee, who has knowledge of someone with suicidal thoughts or behaviors, communicate this information immediately and directly to a school based mental health person, administrator, or an ASIST trained “gatekeeper”
- Staff will stay with the student until relieved by a school counselor, administrator or designated ASIST trained “gatekeeper”

A Suicide Risk Assessment: Level 1 will be performed by a trained school staff member. The screener will do the following:

- Interview student using Suicide Risk Assessment: Level 1 screening form
- Complete a Suicide Crisis Response Plan, if needed
- Contact parent to inform and to obtain further information
- Determine need for a Suicide Risk Assessment: Level 2 based on level of concern
- Consult with another trained screener prior to making a decision to not proceed to a Level 2
- Inform administrator of screening results

School-Based Suicide Intervention Flowchart



SUICIDE RISK SCREENING TOOL:

Ask the student:

1. In the past few weeks, have you wished you were dead?

☐ Yes ☐ No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

☐ Yes ☐ No

3. In the past week, have you been having thoughts about killing yourself?

☐ Yes ☐ No

4. Have you ever tried to kill yourself?

☐ Yes ☐ No

If the student answers yes, when was the most recent attempt? _____

☐ Within last 12 months ☐ Over 1 year ago

If the student answers Yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now?

☐ Yes ☐ No

If yes, do you have a plan?: _____

Next steps:

- If student answers "no" to all questions 1 through 4, screening is complete. It is not necessary to ask question 5. No intervention is necessary. (*Use your professional judgment!)
- If the student answers "Yes" to ANY of the questions 1 through 4, or refuses to answer, (s)he is considered AT-RISK.

Ask question #5 to determine level of urgency:

- "No" to question 5 = *No immediate risk*. Potential risk is present.
 - **Make Referral** to onsite Mental Health Profession for Level 2 assessment
 - Notify parent/guardian. Student cannot leave until assessment is complete.
 - Inform building Administrator as soon as possible.
- "Yes" to question 5 = **IMMEDIATE RISK IDENTIFIED!**
 - **Student requires immediate intervention!**
 - Student cannot be left alone for any amount of time. Keep student in sight!
 - Remove all dangerous objects from the room.
 - Call 911 or local emergency dispatch right away.
 - Notify parent/guardian immediately. Request that they come to the school.
 - Notify building Administrator as soon as possible.

Suicide Assessment and Intervention:

Suicide Risk Assessment – Level 1

1. IDENTIFYING INFORMATION

Name: _____ 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 INFORMATIONWho reported concern: ☐ Self ☐ Peer ☐ Staff ☐ Parent/Guardian ☐ OtherContact Information:
_____What information did this person share that raised concern about suicide risk?

_____**3. PARENT/GUARDIAN CONTACT**

1. Name of the parent/guardian contacted: _____ Date: _____

2. Was the parent/guardian aware of the student's suicidal thoughts/plans? ☐ Yes ☐ No3. Parent/guardian's perception of threat?

4. INTERVIEW WITH THE STUDENT

a. Does the student exhibit any of the following warning signs?

- ☐ Withdrawal from others
- ☐ Written statements, poetry, stories, electronic media about suicide
- ☐ Preoccupation with death
- ☐ Feelings of hopelessness
- ☐ Substance Abuse/Mental Health Issue
- ☐ Current psychological/emotional pain
- ☐ Discipline issues
- ☐ Conflict with others (friends/family)
- ☐ Experiencing bullying or being a bully
- ☐ Recent personal or family loss or change (i.e., death, divorce)
- ☐ Recent changes in appetite
- ☐ Family problems
- ☐ Giving away possessions
- ☐ Current trauma (domestic/relational/sexual abuse)
- ☐ Crisis within the last 2 weeks
- ☐ Stresses from: gender ID, sexual orientation, ethnicity
- ☐ See Risk Factors Page for additional 8 signs:

Does the student admit to thinking about suicide? ☐ Yes ☐ No

Does the student admit to thinking about harming others? ☐ Yes ☐ No

Does the student admit to having a plan? ☐ Yes ☐ No

If so, what is the plan?

(how, _____)

Is the method to carry out the plan available? ☐ Yes ☐ No

Explain: _____

Is there a history of previous gesture(s) or attempts? ☐ Yes ☐ No

If yes, describe:

Is there a family history of suicide? ☐ Yes ☐ No

Explain: _____

Has the student been exposed to suicide by others? ☐ Yes ☐ No

Explain: _____

Has the student been recently discharged from psychiatric care ☐ Yes ☐ No

Date/Explain: _____

Does the student have a support system? ☐ Yes ☐ No

List an adult the student can talk to **at home**: _____

List an adult the student can talk to **at school**: _____

Additional supports:

b. Protective Factors (see supplemental Risk & Protective Factor sheet and attach)

5. ACTIONS TAKEN

- ☐ Yes ☐ No Called 911 (contact date/time/name)
- ☐ Yes ☐ No Crisis Response Plan created with student CUM file
- ☐ Yes ☐ No Parent/guardian contacted
- ☐ Yes ☐ No Released back to class after parent (and/or agency) confirmed Crisis Response

Plan And follow up plan established.

Notes: _____

- ☐ Yes ☐ No Called DHS
- ☐ Yes ☐ No Released to parent/guardian
- ☐ Yes ☐ No Parent/guardian took student to hospital
- ☐ Yes ☐ No Parent/guardian scheduled mental health evaluation appointment Notes:

-
- ☐ Yes ☐ No Provided student and family with resource materials and phone numbers
 - ☐ Yes ☐ No School Based Mental Health Provider follow up (date/time) scheduled:

-
- ☐ Yes ☐ No School Administrator notified (date/time):

-
- ☐ Limited or NO risk factors noted. **NO FURTHER FOLLOW-UP NEEDED.**
 - ☐ Several risk factors noted but no imminent danger. Completed Crisis Response Plan.
Will follow up with student on Date/Time: _____
 - ☐ Several risk factors noted: referred for Level 2 Suicide Risk Assessment from County Mental Health or student's private counselor (contact date/time/name):

-
- ☐ Consulted with and approved by:

1. _____

2. _____

Student Safety Plan

Student Name: _____ DOB: _____ Plan date: _____

Warning signs that I am not safe:

1. _____

2. _____

3. _____

Things I can do to keep myself safe (in the case that I was thinking about suicide):

1. _____

2. _____

3. _____

An adult I can talk to **at home** when I feel it would be better if I were not alive:

An adult I can talk to **at school** when I feel it would be better if I were not alive:

Identify reasons for living:

1. _____

2. _____

3. _____

(optional) My plan to reduce or stop use of alcohol/drugs:

1. _____

2. _____

3. _____

I can call any of the numbers below for 24 Hour Crisis Support:

- MidColumbia Center for Living Crisis line: **888-877-9147**
- National Suicide Prevention Lifeline **1-800-273-TALK (8255)**

- Oregon Youthline **1-877-968-8491** or text **“teen2teen”** to **839-863**
- SAMHSA Suicide and Crisis Lifeways **988**

My follow-up appointment is: _____ with _____

Copies, as agreed upon with student, will be sent to:

Student Re-entry Plan Guidelines

After a Suicide Attempt or Hospitalization

Transitioning back to school after a suicide attempt or hospitalization can be a difficult one, especially if the attempt was public. The student's privacy going forward is critical and the student and their parent(s) need to be an integral part of the decisions made in the re-entry plan.

The return to school requires individualized attention and planning. It is important that staff who have direct contact with the student be aware of the student's plan in order to monitor potential continued risk.

Counselor/Administrator Guidelines

Prior to returning:

1. Meet with the student and their parent(s) before the return to school and fill out the Student Re-entry Plan.
2. Respect the student's wishes as to how their absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers and staff. If no one is aware, help the student create a short response to explain the absence. Role play so that the student can try out different responses to different situations (peer-to-peer & staff-student), if needed. Being prepared helps reduce anxiety and helps the student feel more in control.
3. Reassure the student and family that sharing information with school personnel will be done on a need-to-know basis. Staff who have direct contact should be informed so they can actively assist the student academically.
4. Identify the staff who will need to know by name and role.

5. Reassure the student that staff will be available to help the student with any academic issues and that it will be important for the student to reach out if they are feeling worried about school work.
6. Obtain a Release of Information from the parent so the mental health provider can talk to the school counselor.
7. If needed, schedule a student interview team meeting if a student has a diagnosis or condition that will last more than 6 months that may hinder access to education. Determine if a 504 plan would be sufficient.

After return to school:

1. Continue to monitor and support the student, as needed.
2. Have regular contact with the student's parent(s) and therapist to provide feedback and gain information on how best to support the student.

Staff Guidelines

After return to school:

1. Welcome the student's return to school as you would any other students' return from an extended absence. Let them know you are glad they are back – "Good to see you".
2. Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
3. Be aware that the student may be adjusting to the medication and may be dealing with side effects including fatigue or jitteriness.
4. Keep the reason for the student's absence **CONFIDENTIAL**.
5. Discuss missed classwork and homework and arrangements for completion. Adjust expectations, if needed. If possible, provide alternative assignments instead of having the student try to make up all the work; provide temporary interventions during re-entry.
6. Keep an eye on the student's academic performance as well as their social/emotional interactions. If you see that they are isolating or being shunned by peers or falling further behind academically, follow up with the student's counselor.
7. Pay close attention to further absences, tardies, and requests to be excused during class, and share any concerns with the student's counselor.
8. Encourage the student to use the school counselor/QMHP for additional support.

Student Re-entry Plan

(Confidential)

Student: _____ Date: _____

School: _____ Grade: _____ Date to be reviewed: _____

Primary School Contact (a qualified school professional who will create and monitor the Support plan):

Secondary School Contact (a qualified school professional available to the student when the primary contact is not):

Re-Entry meeting participants: _____

Accommodations/Support Options- check those that apply

- ☐ Re-entry meeting before returning to class
- ☐ Reduced schedule for gradual re-entry
- ☐ Return to the previous full-day schedule
- ☐ Return to full-day schedule but with class changes made to the schedule
- ☐ Change of placement
- ☐ Shortened assignments
- ☐ Extended time for work
- ☐ Provide alternative work
- ☐ Working lunch
- ☐ Arrange with teachers to not call on the student unless the hand is raised
- ☐ Assigned classmate as a volunteer assistant
- ☐ Preferential seating, near the door to allow leaving class for breaks
- ☐ Alternate work environment
- ☐ Alternate transition plan between classes (buddy walk, early dismissal, staff escort)

- ☐ Alternate seating plan (away from the bully)
- ☐ Student is allowed to take breaks inside the classroom
- ☐ Student is allowed to take breaks outside the classroom
- ☐ Student allowed to check in with the counselor as needed
- ☐ Audio or listening options (i.e. sound canceling headphones) as deemed appropriate in class
- ☐ Other:

_____ School Safety Plan completed

Next steps in case of continued safety concerns: _____

Parental/Guardian/Student needs and/or additional information: _____

Signature: _____ Title: _____ Date: _____

Date of next meeting: _____

SUICIDE POSTVENTION

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a suicide death. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology).

The school’s primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy including having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc. Youth and others associated with the event are vulnerable to suicide contagion (increased risk for suicide)

Postvention Goals

- Support the grieving process
- Prevent imitative suicides – identify and refer at-risk survivors and reduce identification with victim
- Re-establish healthy school climate
- Provide long-term surveillance

Postvention response includes, but is not limited to, the following actions:

- Verify the suicide attempt or death by suicide and estimate the level of response resources needed
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom)
- Mobilize crisis response team
- Inform faculty and staff
- Identify at-risk students and staff
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk. Be aware that persons may still be traumatized months after the event
- Create Safe Room for when students and staff return to campus

Crisis Team Responders

- Administration: Julia Fall - Superintendent/Principal
- Amanda Bagwell - Vice Principal
- Mary Sallee-Dean of Students

- Andrea Dorzab - QMHP
- School Counselor - Montana Walters
- Crisis Flight Team through NCESD and MCCFL
- Matt Bagwell - School Nurse
- Mid-Columbia Center for Living- Andrea Dorzab, QMHP

Goals of Crisis Team

- Support process of grieving
- Prevent suicide contagion
- Return school to a safe and healthy climate, return to baseline functioning
- Monitor climate of school and community
- Identify and incorporate protective factors

Cautions and Safe Reporting:

- Avoid romanticizing or glorifying event, or vilifying the victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school based memorial services
- Address loss but avoid school disruption as best as possible.

There are safe and unsafe ways to share the news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion.

- Do not share the means of death
- Avoid sensationalizing death
- Include resources for community members to get help if needed

Risk Identification Strategies

- **IDENTIFY** students/staff who may have witnessed the suicide or its aftermath, have had person connection/relationship with the survivor or deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- **MONITOR** student absences in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.
- **NOTIFY** parents of affected students, provide recommendations for mental health services, hold evening meetings for parents, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement, and community agencies.

Safe Room

A safe room is a place for students and/or staff to process a loss without disrupting normal academic routines in the building. This is a place for students to share stories and memories with one another, write letters or make cards for the family or the individual. The idea is to have somewhere private to cry, if needed, and work through pain.

A Safe Room should be set up after any student or staff member death; after any major crisis or loss of life, that has potential to affect the school family; Set it up as soon as possible, following an incident. Keep it open and available as long as needed.

Safe Room Process

1. Identify/Announce location

Once the room(s) are ready, students/staff should be made aware. Try not to call it a “Safe Room” or “Counseling Room” or “Grief Room.” Simply notify everyone that the room will not be open for regular use that day and that anyone who wishes to gather there may do so.

2. Sign in/out

Anyone entering the safe room, even staff should sign in and out. This creates a list of students/staff who may need a follow-up visit with a school counselor or a parent contact to ensure safety and well-being.

3. Welcome each person who signs in

Point out the activities and resources available in the room. Offer to listen if they need to talk. Encourage them to ask if they need anything. This gives an opportunity to assess whether the student may need more support. Invite them to stay as long as they need.

4. Engage

Listen, validate, reflect. Do not guess how student/staff are feeling. Monitor room for rumor control and intended use. Provide facts without speculation. Ask students to avoid phone use or social media posting while they are in the room.

5. Encourage

Help students prepare for what happens next. Ask them about their plans for self-care and their support at home. Make sure the students know they are welcome to come back after they leave, if needed. Encourage students to participate in recess or lunch with friends, if possible. This gives them a chance to burn some energy or take their mind off the pain for a while.

6. Debrief

Debrief twice: Before leaving for the day and the following business day. Meet with any staff member who participated in the Safe Room. Listen to any concerns, take names of students who need a follow-up check in or referral, and discuss what went well and what did not go so well. Hold a second meeting, the following business day, so staff can

come with a list of any new thoughts, concerns, etc. It is also a good way to check back in and ensure all is well.

Considerations after a suicide

Key Considerations

It is very important that schools follow the district policy and protocols on memorialization before a suicide death occurs and is included in this document. Schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces prejudice associated with suicide and may be deeply painful to the student's family and friends.

Nevertheless, because adolescents are especially vulnerable to the risk of suicide contagion, it is equally important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Focus on how the student lived, rather than how he or she died. If the student had underlying mental health problems, seek opportunities to emphasize the connection between suicide and those problems, such as depression or anxiety, that may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

Wherever possible, schools should meet with the student's friends and coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss. Make sure to be sensitive to the cultural needs of the students and the family.

Memorialization

Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. However, it can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students and appropriately memorializing the student who died without risking suicide contagion among other students who may themselves be at risk.

Spontaneous Memorials

It is not unusual for students to create a spontaneous memorial by leaving flowers, cards, poems, pictures, stuffed animals, or other items in a place closely associated with the student, such as their locker or classroom seat, or at the site where the student died. Students may even come to school wearing T-shirts or buttons bearing photographs of the deceased student.

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. If spontaneous memorials are created on school grounds, school staff should monitor them for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk. The District discourages requests to create and distribute images of the deceased, such as on T-shirts, buttons, etc. Although these items may be comforting to some students, they may be quite upsetting to others. Some schools have found a middle ground with students, for example, by allowing them to wear wristbands that portray a positive message (i.e., Faith, Hope, Love) as a way to honor and remember the deceased.

Memorials may be left in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. Find a way to let the school community know that the posters are going to the family so that people do not think they were disrespectfully removed. For example, post a statement near the memorial on the day it will be taken down.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be rearranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died, while at the same time returning the focus back to the classroom curriculum.

School Newsletters and Yearbooks.

The guiding principle is that all deaths should be treated the same way. If there is a history of dedicating the yearbook (or a page of the yearbooks) to students who have died, that policy is equally applicable to a student who has died by suicide, provided that the final decisions are made by a school administrator. Coverage of the student's death in a school newsletter may be seen as a kind of memorial; also, articles can be used to educate students about suicide warning signs and available resources. All articles should be reviewed by a school administrator with the consideration of safe messaging practices.

Events

The student's family or classmates may wish to dedicate an event (such as a dance, performance, concert, or sporting event) to the deceased. The recommendation is that all deaths should be treated the same way. It is also highly recommended to not use the aftermath of a completed suicide as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high-risk students at a higher risk of acting on their own suicidal thoughts.

Graduation

Many times, parents of deceased children would like an empty chair for their child placed amongst the graduation class, or a portrait placed, or a jersey, or some kind of tribute. The recommendation is to include the name of the deceased in the graduation program, along with the dates of his/her life. During the opening remarks by the administrator, a brief statement can be made acknowledging students who have died. Again, all deaths should be treated the same way. Empty chairs and portraits and tributes should not be part of the graduation ceremony. If it is customary to hang student collages during a celebrator event it is acceptable to have one of a deceased student as long as no reference to suicide or cause of death.

Key Points/ Summary

- Suicide is preventable
- It's important to prepare before a crisis occurs
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger / help students identify and express emotions
- Healthy coping skills can be learned
- Help is available
- Grief is normal

Resources:

Mid-Columbia Center for Living: 541-296-5452 (main line)
888-877-9147 (Crisis line)

Safe Oregon Tip Line: 844-472-3367 <https://www.safeoregon.com/>

National 988 Suicide Prevention Hotline: 988 <https://988lifeline.org/>
1-800-273-TALK
1-800-273-8255

YouthLine: Nationwide teen to teen crisis support and help via phone, txt, chat and email daily from 4-10 pm PST.; Call - 877-968-8491; Text - teen2teen to 839863/ Chat - OregonYouthLine.org

North Central ESD BSAT: Lynn Cowdrey 541-602-0430

North Central ESD Flight Team: Michelle Geer 541-980-9573

North Central ESD Resources:
<https://www.ncesd.k12.or.us/page/school-safety-and-prevention>

QPR - Suicide Prevention & Risk Reduction Training:
<https://qprinstitute.com/organization-training>

ASIST Workshops - Statewide ASIST Coordinator: Tim Glascock, 503-399-7201;
tglascock@aocmhp.org; <https://www.livingworks.net/asist>

Youth Mental Health First Aid - www.mentalhealthfirstaid.org

Trauma Informed Care - www.traumainformedoregon.org