

# Chickasha Public Schools

## Suicide Awareness Protocol



# Prevention: Suicidal Ideation and Threats

Once a year, all schools will conduct an approved suicide awareness Professional Development. This will involve reviewing a competent community (a school community where all staff members are comfortable with their ability to identify students at risk of self-harm and act accordingly), what to do if a student becomes aware of a peer with harmful thoughts, and who to speak with. Each site will post the Lifeline Suicide hotline number. Education and awareness is our best defense. The following are procedures for dealing with students who express a desire to harm themselves. When the risk of suicide exists, the situation must be managed by the designated staff. In cases of a suicidal risk, the school should maintain a confidential record of actions taken which will be recorded in EdPlan. This will help assure that appropriate assessment monitoring, and support are provided as well as document the school's efforts to intervene and protect the student.

## Suicidal risk during the school day:

- **Steps for School Staff/Teachers**

- During the school day, if at any point a student indicates to school staff or teacher or another student overhears and reports that a student is thinking of harming themselves, immediately contact site counselor, LPC, or LPC-C.
- Do not at any point leave the student alone. Take immediate action to move the student to a more private area and prevent access to potential weapons.
- Escort the student to the counselor's office.
- Maintain a safe environment for all other students.
- A Third Party Statement, Form C will be requested from the staff or teacher who reported the incident after evaluation by the LPC or LPC-C.
- If the LPC/LPC-C are not available in person or virtually, the District Resource Officer will be contacted.

- **Steps for LPC/LPC-C/Counselors/Administrators/Designated Staff:**

- The LPC or LPC-C are to be called and informed of the situation.
- If the reported incident is from another student overhearing, wait until the LPC or LPC-C performs their evaluation before calling the parents.
- The parents are to be called by the school counselor. Example statement: "Your son/daughter has reported experiencing suicidal thoughts. He/she is currently being evaluated by the LPC at the school and we request you come to the school to meet with the LPC and your son/daughter as soon as possible."

- **Assessment of Risk/Threat**

The designated staff member will assess the seriousness of the threat. If there is even a question of risk, the student and the staff member involved must understand that the issue of confidentiality shall no longer apply. Ask the student about:

- What is going on in their life that makes them feel like dying?
- How long have they been having these thoughts?
- Do they have a plan?
- Have they rehearsed the plan?
- Do they have the means?

- **Parental Communication**

- If there are thoughts but no plan, contact the parent/guardian. Best practice is to have the parent/guardian come get the student so the child isn't left alone. At that time, the counselor will have the parent/guardian sign Form A- Parental Notification Letter that they have been notified of their child's suicidal ideations. Before they leave, give them a form that lists free resources if they want to pursue a more specific suicide intake.
- If there are thoughts and a plan, have the parent/guardian come to the school and meet with the counselor. The parent/guardian needs to sign Form A-Parental Notification Letter indicating that the counselor has notified them of their child's suicidal ideations as well as the student's plan Form B-Notification of Threat to Self and Form C-Third Party Statement. Give them the resources for a free suicide intake (strongly recommended).
  - After contact is made with the parent/guardian, document the situation in a Log Entry in EdPlan .
  - If the parent/guardian refuses to pick and obtain services for their child, call DHS & local law enforcement, and file a report.
  - After the initial crisis is over, the school counselor will follow up with the parents the following day.
    - A Written Notice to Parent will be sent as documentation.

- **Steps for Re-Entry Into School:**

Prior to the student's return to school a Re-Entry meeting will be conducted with the Crisis Team and parent/guardian to discuss the student's well-being, whether mental health services were initiated, any next steps that the mental health agency recommended, and review the procedures for re-entry into school:

- The school counselor will verify that the parent signed Form B.
- The school counselor should obtain Form C from the parent/guardian which should be signed by the mental health provider who evaluated the child (strongly recommended).
- A medical authorization to release records to the school signed by the parent could be requested in certain situations allowing the school to be in contact with the mental health agency that is working with the student. OSDE Form Consent for Release of Confidential Information.
- The student's absences will be excused and credit will be given for work completed if a doctor's note/letter has been provided.

- **Follow Up:**

- Follow up with the student who reported the incident. Assure them that the student is safe and they did the right thing by reporting. Parental follow up of the student who reported is also highly encouraged. Provide them with information on mental health support at school and in the community.
- When the student with suicidal ideations returns to school, follow up that day. Remind them that the counseling office is a safe place to be and you are there for them if they need help. Also, speak with the student about who their trusted adult is. (See "Steps for Re-Entry Into School")

**Suicidal Risk in the evening or while a child isn't at school:**

If it is brought to the knowledge of a school employee that a child is at risk, notify your school administrator or counselor. The administrator will contact 911 and request a welfare check. Contact the parent to inform them of the concern and that a call has been made.

Upon returning to school a Re-Entry meeting should be conducted to discuss the child's safety and needs. This meeting should be documented. Contact with the parent/guardian will be made by the counselor and a notification letter will be signed as needed. Notify the school principal as soon as possible.

**Line of communication:**

- Staff will contact the site counselor or administrator
- Call 911 to request a welfare check
- Contact parent/guardian
- Follow-up with a DHS Report

# INTERVENTION: SUICIDE ATTEMPT

During the school day, if a school/staff member becomes aware of a student who has attempted suicide on school property, **DO NOT LEAVE THE STUDENT ALONE, ENSURE HE/SHE IS IN A SAFE LOCATION AND DOES NOT HAVE ACCESS TO ANY OBJECT THAT CAN CAUSE HARM.**

- Notify the administrator and he/she will determine the next step in the process. (call 911, LPC/LCP-C, initiate lockdown procedures in order to verify everyone's safety and clear the halls, etc.)
- Parental/Guardian Communication: The parent/guardian must be notified as soon as possible by designated personnel (administrator, counselor or nurse).
  - Parent/Guardian must come get their child or if it is a situation where 911 has been called, the parent/guardian will meet the school official at the emergency room.
  - If the student leaves with the parent/guardian Form B: Threat to Self will be given to and signed by the parent acknowledging the student's at-risk behavior.
- Once the student is safe, the administrator needs to contact District Administration.
- Always document what happened with the student, the steps the school official took and a summary of the contact with the parent/guardian in EdPlan under Contact Log and follow-up with a Written Notice To Parent. This is to safeguard you in case the forms listed above were not filled out. Note: Statements should be brief and factual noting the steps the school took.
- Prior to the student's return to school a Re-Entry meeting will be conducted with the Crisis Team and parent/guardian to discuss the student's well-being, whether mental health services were initiated, any next steps that the mental health agency recommended, and review the procedures for re-entry into school:
  - A medical authorization to release records to the school signed by the parent could be requested in certain situations allowing the school to be in contact with the mental health agency that is working with the student. OSDE Form Consent For the Release of Confidential Information.
  - The student's absences will be excused and credit will be given for work completed if a doctor's note/letter has been provided.
  - In the event that another person was threatened or a weapon was brought, the school's approach may be altered to match other policies and procedures.
  - Teachers who have daily contact with the student will be notified.
  - Identify a trusted adult the student can meet with.

- **Staff meeting:** A meeting with all staff is advisable as soon as possible at the principal's discretion.
  - Inform staff of facts (at the discretion of the principal)
  - Allow time for staff to ask questions or express concerns.
  - Remind staff of possible contagion effect and advise teachers to watch for “at risk” students. Also, review what those at-risk behaviors are. Review attendance policies and procedures, if needed.
  - Counselor/Administrator will compile a list of students who are close to the attempter and a list of staff that had contact with the attempter that day.
    - Those individuals on the list should be provided with information regarding counseling and support services
  - Provide information regarding counseling/support opportunities for students and staff
- Have designated staff members available to speak with the students/staff.
- If there is any intervention done, log it into EdPlan and communicate needed information to the receiving school within the district in order to follow up with the student.

## **Intervention regarding staff member**

- If the school becomes aware of a staff member contemplating suicide, notify the school principal.
- The District LPC/LPC-C will speak with the staff member and if suicidal ideations are present.
- The principal will notify the emergency contact person listed on their staff information sheet.
- The staff member should be encouraged to leave with the emergency contact or go with another staff member to a mental health facility or local emergency room.
- If the staff member refuses to get help from a mental health facility and there is a plan and means, call 911 because they are a danger to themselves.
  - Do not allow the staff member to go back to class.



# POSTVENTION: AFTER A STUDENT DEATH BY SUICIDE

The building crisis team will direct all steps in this procedure, and will document every step in the handling of information about the suicide. The following steps will be taken to ensure privacy and appropriate follow up for all students and staff members.

- **Parental Communication** – Contact with the parent/guardian should be made by the building principal or a member of the crisis team. This person will offer support to the family, letting them know specifically the services to which the school can refer the family to as well as services the school can offer any siblings in the school system. Ascertain any information that the family wants to make known, such as funeral arrangements, visitations, etc.
- **Parental Permission** – It is the parent/guardian decision as to exactly what is to be said about the death. If they don't want the death labeled suicide, that is their right.
- **Notifications** – Notify the following:
  - Superintendent
  - School Board Members
  - Schools attended by siblings
  - Neighboring Schools districts if deemed advisable
- **Communication to Staff** – Staff will be notified through emergency meeting
- **Staff meeting** – A meeting with all staff is advisable as soon as possible. At this meeting:
  - Inform staff of facts.
  - Allow time for staff to ask questions or express concerns
  - Review attendance procedures to ensure students are where they are supposed to be (limiting opportunity of contagion).
  - Review staff of possible contagion effects and advise teachers to watch for "at risk" students. Also, review what those at risk behaviors are.
  - Compile a list of students who are close to the attempter.
  - Compile a list of staff that had contact with the attempter that day.
  - Provide information regarding counseling/support opportunities for students and staff

- **Staff Memo** – Each building principal with the collaboration of the Superintendent and/or designee will determine the best way to disseminate information to all staff members regarding the details of the death. The principal may choose to draft a document that teachers will read to all students to ensure that all students receive the same information.
  - Teachers may read the information and allow time for discussion.
  - The memo should state the information available at the time. It should only state that this was a tragic death. It should also include the names of individuals designated to provide support and counseling to students.
  - Students should be allowed an opportunity to express their feelings
  - Explain to students what to expect as they grieve (feeling angry, guilty, shocked, anxious, lonely, sad, numb.) Ensure students understand there is no right way to grieve.
  - Reorient students to ongoing classroom activities.
- **Provide Care to other Students** – Have designated staff talk with the most profoundly affected students to determine the type of support needed.
  - Designate a space for peers to receive support services.
  - Members of the building crisis team should spend time in the classroom(s) of the deceased to be ready to provide support for classmates. This may also help identify students who may be ‘at risk.’
  - Reschedule any immediate stressful academic exercises or tests whenever possible.
  - Follow up with parental contacts and referrals if necessary.
- **Parent Notification** – Send a letter home to parents/guardians with notification of the event.
  - Offer the following resource information:
    - Warning signs for adolescents who may have suicidal ideations.
    - Supportive services available to students at the school.
    - Community resources they may wish to utilize.
    - How to respond to students’ questions about suicide.
    - Remind them of their child’s special needs during this time.
- **Funeral Arrangements** – Provide information about visiting hours and funeral arrangements to staff, students, parents/guardians, and community members. Funeral attendance should be in accordance with the procedures for other deaths of students.
  - Arrange for students and staff to be excused from school to attend the funeral if necessary.
  - In order to avoid glamorizing the death, do not fly the school flag at half-mast.



## Parental Notification Letter

Date: \_\_\_\_\_

School: \_\_\_\_\_

I, or we, \_\_\_\_\_

the parent(s)/guardian(s) of \_\_\_\_\_

were involved in a conference with school personnel/district licensed professional counselor on this date. We have been notified that our child has expressed thoughts of self-harm or has engaged in self-harming behavior. We have been provided with a list of community resources for psychological or psychiatric consultation. We understand that accessing mental health treatment is our choice and responsibility as the parent/guardian of this child.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
School Personnel

\_\_\_\_\_  
Title

### Resources

Reference list available upon request

Suicide Prevention Lifeline: 1-800-273-TALK (8255) - 24 hour suicide prevention hotline

Oklahoma Resource Hotline: 211 (call for any needs)

Form A: Ideation



### Notification of Threat to Self

Date: \_\_\_\_\_ School: \_\_\_\_\_

I, or we, \_\_\_\_\_  
the parent(s)/guardian(s) of \_\_\_\_\_  
were involved in a conference with school personnel/district licensed professional counselor on this date. We have been notified that our child has expressed thoughts of self-harm or has engaged in self-harming behavior. I have been advised to seek the services of a mental health agency and to not leave my child alone for a minimum of 24 hours. I understand a follow up check by school personnel will be made with my child, the treating agency, and me within two weeks of this date. A medical release from a licensed M.D., Ph.D., Psy. D., or D.O. stating that my child has been evaluated must be presented to the school counselor, administrator, or nurse when my child returns to school is strongly recommended.

I acknowledge that the school personnel/district licensed professional counselor has notified me of my student's self-harming behavior and recommends I take my student for a follow-up evaluation.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
School Personnel

\_\_\_\_\_  
Title

#### Resources

Children's Recovery Center: 405-364-9004, 320 12th Avenue NE Norman, OK

St. Anthony's Hospital: 405-272-7000, 1000 N. Lee Avenue OKC, OK

Suicide Prevention Lifeline: 1-800-273-TALK (8255) - 24 hour suicide prevention hotline

Oklahoma Resource Hotline: 211 (call for any needs)

Form B: Threat



**Physician/Mental Health Professional Third Party Statement**

Date: \_\_\_\_\_ School: \_\_\_\_\_

To the attending Physician/Mental Health Professional:

\_\_\_\_\_ has been referred to you for a mental health evaluation for the following reasons:

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If you have any questions or need additional information before assessing this student, please call \_\_\_\_\_ at \_\_\_\_\_.

Please sign this form to indicate that you are aware of the reasons for the referral. The parent/guardians must return this form to the school.

\_\_\_\_\_  
Licensed Mental Health Professional

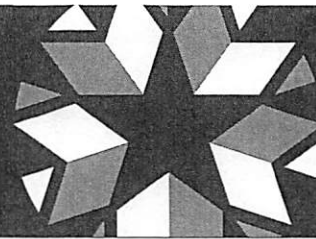
\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Phone Number

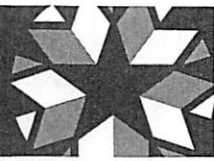
Form C Third Party Statement

# STUDENT RE-ENTRY PLAN



STUDENT INFORMATION									
Student:					ID:		Grade:		
Person Completing Form:									
Meeting Date:					Date Returning to School:				
Length of time out of school:									
Signed release of information from mental health provider					Yes	No			
Mental health provider present (if yes, provide name)					Yes	No			
Parent/Guardian present					Yes	No			
Student Safety Plan (must complete before re-entry)					Yes	No			
Student on 504 plan or IEP					Yes	No			
Daily check-in upon Reentry		Yes	No	With whom:			AM	PM	Both
Family Concerns									
Academic Concerns									
Re-entry Conference (Names & titles of all present)									
Modification on course assignments (list course and if assignments can be modified) List modifications on back									
Course	Can assignments be modified?				Can assignments be modified?				
	Yes	No			Yes	No			
	Yes	No			Yes	No			
	Yes	No			Yes	No			
	Yes	No			Yes	No			

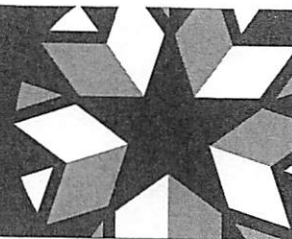
# STUDENT RE-ENTRY PLAN



RE-ENTRY PLAN COURSE MODIFICATIONS FOR	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
Course	Teacher	
Modification		
Course	Teacher	
Modification		



# THIRD PARTY STATEMENT



IN RE: THE PROTECTIVE CUSTODY OF:

\_\_\_\_\_

I, \_\_\_\_\_ (name),  
the undersigned, state that on the \_\_\_\_\_ day  
of \_\_\_\_\_ (month), 20\_\_\_\_ (year), at \_\_\_\_\_ (time of day).

I observed \_\_\_\_\_ (name)  
at \_\_\_\_\_ (location)  
in \_\_\_\_\_ County, Oklahoma,  
do the following (describe activity or incident personally observed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That upon such basis, I have a reasonable belief that this person has a mental illness or is alcohol or drug dependent to a degree that immediate emergency action is necessary. Any false statement given to the officer by the person upon whose statement the officer relies shall be a misdemeanor offense.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_





**STATE OF OKLAHOMA STANDARD FORM  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I understand that these records are protected under Federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

AUTHORIZING PERSON -- ☐ CHILD ☐ PARENT ☐ GUARDIAN ☐ LEGAL CUSTODIAN ☐ OTHER  
request that information concerning: \_\_\_\_\_

NAME OF CHILD

DATE OF BIRTH

SSN

be released and authorize \_\_\_\_\_

NAME OF PERSON OR AGENCY RELEASING INFORMATION

ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP

to release to:

NAME/AGENCY

NAME/AGENCY

NAME/AGENCY

ADDRESS

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

CITY, STATE, ZIP

the following information: \_\_\_\_\_

KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

for the following purpose(s): \_\_\_\_\_

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Redislosure, except as provided at 34 CFR § 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION THAT COULD BE CONSIDERED INFORMATION ABOUT COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

☐ NOTARY:

(Notary)

Subscribed and sworn to me \_\_\_\_\_ 20\_\_\_\_

My commission number \_\_\_\_\_

My commission expires \_\_\_\_\_ 20\_\_\_\_

Notary Public  
(or Clerk or Judge)

(signature of person(s) authorizing release)

(date)

☐ AGENCY VERIFICATION IN LIEU OF NOTARY:

(staff signature and title)

(date)