

SUICIDE PREVENTION | INTERVENTION | POSTVENTION AND SELF-INJURY POLICY

Vista Charter Public Schools (“VCPS”) is committed to providing a safe, civil and secure learning environment for all students. It is VCPS’ responsibility to respond appropriately to a student expressing or exhibiting suicidal ideation or behaviors and to follow-up in the aftermath of a completed suicide.

The likelihood of students, faculty, or staff encountering a suicidal student is real, even at the elementary school level. Few events are more painful or potentially disruptive than the suicide of a student. Suicide is an issue for people from all educational and socioeconomic backgrounds. Contrary to popular belief, 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. There is evidence that suicide is preventable in many cases. Appropriate and timely prevention, intervention and postvention (after a suicide) help school administrators to maintain control in a crisis and may help prevent suicide contagion.

This policy reflects the reality that suicide is not the result of one issue, but is a manifestation of multiple, complex problems of child/adolescent development and adjustment. Its purpose is to advise school staff that they are instrumental in helping to save lives by identifying students at-risk and linking them to essential school and community mental health resources. The guidelines provided in this policy do not anticipate every situation that might occur.

PURPOSE

The purpose of this policy is to:

- A. Outline administrative procedures for intervening with suicidal and self-injurious students and offer guidelines to school site crisis teams in the aftermath of a student death by suicide.
- B. Understand the nature of youth suicide; risk and protective factors; warning signs and clues; and appropriate intervention steps.
- C. Establish school based protocols for suicide prevention, crisis intervention and postvention.
- D. Build Connections within a community and among regional support services.

SCOPE

This policy covers conduct that takes place in the school, on any VCPS campus property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops. This policy also pertains to usage of electronic technology and electronic communication that occurs in the school, on any VCPS campus property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and on school computers, networks, forums, and mailing lists. This policy applies to the entire school community, including educators, school and school staff, students, parents, and volunteers.

DEFINITIONS

The following definitions are provided not for the purpose of labeling students, but rather to assist in understanding this policy and the legal obligations of school staff. Students may or may not use these terms to describe themselves. These definitions are intended as functional descriptors.

A. Self-Injury

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Self-injury is an unhealthy way to cope with emotional pain, intense anger and/or frustration.

B. Warning Signs

Warning signs are behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." Warning signs indicate the need to inquire directly about whether the individual has thoughts of suicide or self-injury. Warning signs include the following: suicide threat; suicide notes and plans; prior suicidal behavior; making final arrangements; preoccupation with death; changes in behavior, appearance, thoughts and/or feelings.

RISK FACTORS AND PROTECTIVE FACTORS

Risk Factors for Suicide

Risk factors are characteristics or conditions that increase the chance that a person may try to attempt suicide. Suicide risk tends to be highest when someone has several risk factors at the same time, or has long standing risk factors and experiences a sudden or devastating setback. These factors interact, and the more there are and the more they intensify, the greater the risk.

The most frequently cited risk factors for suicide are:

- Mental health conditions:
 - Major depression (feeling down, withdrawn or agitated in a way that impacts daily life)
 - Bipolar disorder (extreme mood swings)
 - Substance use disorders (alcohol, prescribed and illicit drugs)
 - Anxiety disorders (excessive worry, obsessions or panic attacks)
 - Eating disorders
- Hopelessness
- Problems with alcohol or drugs
- Past suicide attempt(s)
- Family history of suicide or mental health problems

- Problems with impulse control and aggression
- Serious medical condition and/or pain
- Personality traits that create a pattern of intense, unstable relationships, or trouble with the law
- Psychosis, i.e., marked change in behavior, unusual thoughts, and behavior or confusion about reality
- History of early childhood trauma, abuse, neglect, or loss
- Current family stress or transitions
- History of head trauma

Protective Factors for Suicide

Protective factors are characteristics or conditions that may help to decrease a person’s suicide risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them. These factors do not eliminate the possibility of suicide, especially in someone with risk factors. Protective factors help to create resiliency, or an ability to “bounce back” from setbacks encountered throughout life.

Protective factors for suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, and community
- Access to welcoming and affirming faith-based institutions, supportive social groups and clubs
- Presence of healthy role models
- Development of coping mechanisms, safety plans, and self-care strategies
- The skills and ability to solve problems
- Cultural, spiritual, or faith-based beliefs that promote connections and help-seeking

At-Risk Student Populations

It is important for school employees to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

Youth Living with Mental and/or Substance Use Disorders

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population.

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder.

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGB youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or Disabilities

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally,

studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

Referrals and LGBTQ Youth

LGBTQ youth are at heightened risk for suicidal behavior, which may be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. It is therefore especially important that school staff support at-risk LGBTQ youth with sensitivity, cultural competency, and affirming practices. School staff should not make assumptions about a student's sexual orientation or gender identity, and should validate students who do decide to disclose this information. Information about a student's sexual orientation or gender identity should be treated as confidential and not disclosed to parents, guardians, or third parties without the student's permission. In the case of parents who have exhibited rejecting behaviors, great sensitivity needs to be taken in what information is communicated with parents. Additionally, when referring students to out-of-school resources, it is important to connect LGBTQ students with LGBTQ-affirming local health and mental health service providers. Affirming service providers are those that adhere to best practices guidelines regarding working with LGBT

General Information

- Self-injury is a complex behavior, separate and distinct from suicide.
- Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- Self-injury is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping or pulling skin or hair and burning.
- The majority of students who engage in Self-injury are adolescent females, though research indicates that there are minimal gender differences. Students of all ages and socio economic backgrounds engage in Self-injury behavior, as it is commonly mentioned in media, social networks and other means of communication.
- Individual mental health services can be effective when focused on reducing the negative thoughts and environmental factors that trigger Self-injury.
- Tattoos and body piercing are not usually considered self-injurious behaviors, unless they are done with the intention to hurt the body.

Signs of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns.
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs or abdomen).
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class).
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas.
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots (signs of the "choking game").
- General signs of depression, social-emotional isolation and disconnectedness.

- Possession of sharp implements (razor blades, shards of glass, thumb tacks).
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites.
- Risk taking behaviors such as gun play, sexual acting out, jumping from high places or running into traffic.

RESPONSIBILITIES OF VCPS EMPLOYEES

All VCPS employees are expected to:

- Inform the school site administrator/designee immediately or as soon as possible of any concerns, reports or behaviors relating to student suicide or self-injury.
- Adhere to the Suicide Prevention, Intervention and Postvention (SPIP) policy and act in accordance with the policy.

Age Appropriateness

When discussing and delivering any curriculum or other materials associated with this policy to students in grades kindergarten through 6, the materials shall be age appropriate and shall be delivered and discussed in a manner that is sensitive to the needs of young pupils.

Mental Health Referrals

In the event a referral is made for mental health or related services on behalf of a student in grades K through who is a Medi-Cal beneficiary, the school shall ensure proper coordination and consultation with the county mental health plan.

Administrator or Designee must:

1. Respond to reports of students at risk for suicide immediately or as soon as possible.
2. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
3. Establish a safe, respectful and welcoming school environment.
4. Ensure that the SPIP policy is implemented.

GUIDELINES

Prevention

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment and strengthen protective factors that reduce risk for students. Prevention includes:

- A. Promoting and reinforcing the development of desirable behavior such as help seeking behaviors and healthy problem-solving skills.
- B. Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.

C. Monitoring and being involved in young people's lives by giving structure, guidance and consistent, fair discipline.

D. Modeling and teaching desirable skills and behavior.

E. Promoting access to school and community resources.

Intervention: Protocol for responding to students at risk for suicide and/or self-injury

The following are general procedures for the administrator/designee to respond to any reports of students at risk for suicide and/or exhibiting self-injurious behaviors in schools, at VCPS and school-related activities and in all areas within VCPS's jurisdiction.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

A. Respond Immediately

1. Report concerns or incidents to the administrator/designee immediately or as soon as possible. Make direct contact with the administrator/designee. For example, do not leave a note in their mailbox, send an e-mail, leave a voicemail or wait until the end of the day to report concerns about a student at risk for suicide.
2. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student. Do not leave the student unsupervised.

B. Secure the Safety of the Student

1. Supervise the student at all times.
2. For immediate, emergency life threatening situations call 911.
3. If a student is agitated, unable to be contained or for immediate assistance, contact the Los Angeles Police Department, Rampart Division at (213) 484-3400 or the local law enforcement agency.
4. VCPS employees should not transport students exhibiting the behaviors noted above. This does not pertain to authorized agencies.
5. Contact law enforcement to conduct a welfare check, as appropriate.
6. For technical assistance and consultation, contact the Local Mental Health Crisis Counseling and Intervention Services at (800) 854-7771.

C. Assess for Suicide Risk

1. The student should be supervised at all times by another designated staff member.
2. The administrator/designee or designated crisis team member should gather essential background information that will help with assessing the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings or drawings).
3. Phone calls for consultation should be made in a confidential setting and not in the presence of the student of concern.
4. The administrator/designee or the designated school site crisis team member should meet with the student to complete a risk assessment using Attachment B, Suicide Risk Assessment Checklist. The questions should be used as a guide while assessing the student and should not be read directly to them.

D. Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by the child protective services agency personnel.

E. Determine Appropriate Action Plan

1. The administrator/designee should collaborate with the designated school site crisis team member and at least one other school site crisis team member to determine appropriate action.
2. If a determination is made that the student will be transported to an emergency mental health hospital, the school site administrator should designate a certificated staff member to accompany the student.
3. The administrator/designee or designated school site crisis team member should contact the parent/guardian or consult the emergency card for an appropriate third party. Communication with parent/guardian may include:

- Communicating concerns and making recommendations for safety in the home (e.g., securing firearms, medications, cleaning supplies, cutlery, razor blades).
- Providing school and/or local community mental health resources. Students with private health insurance should be referred to their provider.
- Facilitating contact with community agencies and following-up to ensure access to services.

F. Determine Appropriate Follow-up Plan

The follow-up plan will be based upon severity and potential risk. There are circumstances that might increase a student's suicide risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender bias.

The follow-up plan determined by the team should be documented and managed by the school site administrator/designee. Actions may include:

1. Develop a safety plan.
 - a. Identify caring adults in the school, home and community environment.
 - b. Discuss and identify helpful coping skills.
 - c. Provide after hours resource numbers, Suicide Prevention Crisis Line (800) 273-8255
2. Mobilize a support system and provide resources.
 - a. Connect student and family with social, school and community supports.
 - b. For mental/physical health services, refer the student to School Mental Health, a community resource provider, or their health care provider.
3. Monitor and manage.
 - a. The administrator/designee should monitor and manage the case as it develops and until it has been determined that the individual no longer poses an immediate threat to self.
 - b. Maintain consistent communication with appropriate parties on a need to know basis.

- c. Plan for re-entry, as needed (see Section IV G, Student Re-entry Guidelines).

G. Student Re-entry Guidelines

1. A student returning to school following hospitalization, including psychiatric and drug or alcohol inpatient treatment, must have written permission by the health care provider to attend school.
2. If the student has been out of school for any length of time, including mental health hospitalization, the school site administrator/designee may consider holding a re-entry meeting with key support staff, parents, and student to facilitate a successful transition.
3. As appropriate, consider an assessment for special education for a student whose behavioral and emotional needs effect their ability to benefit from their educational program.
4. If the student is transferred to another school or location, the site administrator/designee should communicate with the receiving school to assist with the transition and ensure continued support services for the student.

H. Document All Actions

1. The administrator/designee shall maintain records and documentation of actions taken at the school for each case by completing an incident report.
2. Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.

Responding to Students who Self-Injure

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who cut or exhibit other types of self-injurious behaviors for suicidal ideation.

A. Indicators of Self-Injury

- Frequent or unexplained bruises, scars, cuts or burns.

- Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtlenecks, especially in hot weather; bracelets to cover the wrists; not wanting to change for PE)
- Possession of sharp implements (e.g., razor blades, shards of glass, thumb tacks)
- Evidence of self-injury (e.g., journals, drawings, social networking sites)

B. Protocol for Responding to a Student who Self-Injures

1. Respond immediately or as soon as possible.
2. Supervise the student.
3. Assess for suicide risk using the protocol outlined in Section IV.
4. Communicate with and involve the parent/guardian, even if the student is not suicidal, so the behavior may be addressed as soon as possible.
5. Encourage appropriate coping and problem-solving skills; do not discourage self-injury.
6. Listen with calm and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors.
7. Provide resources.
8. Identify a support system at home and at school.
9. Document all actions

C. Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools. The following are guidelines for addressing self-injurious behaviors among a group of students:

1. Respond immediately or as soon as possible.
2. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
3. As students are identified, *they should be supervised in separate locations.*
4. *Each student should be assessed for suicide risk individually.*

5. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student.

D. Other Considerations for Response to Self-Injury and Contagion

The following are guidelines for how to respond as a school community when addressing self-injurious behaviors among a group of students:

1. Self-injury should be addressed with students individually and never in settings, such as student assemblies, public announcements, school newspapers, the classroom, or even in groups.
2. When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information parent meeting at the school. Considerations should be made for supervising students and children during this time; the meeting should be reserved for parent(s)/guardian(s) only (see sample parent letter).

Postvention: Protocol for Responding to a student death by suicide

The following are general procedures for the administrator/designee in the event of a completed suicide.

A. Gather Pertinent Information

1. Confirm cause of death is the result of suicide, if this information is available.
2. The administrator/designee should designate a certificated staff member to be the point of contact with the family of the deceased. Information about the cause of death should not be disclosed to the school community until the family has been consulted and has consented to disclosure.

B. Notify on a Need to Know Basis

1. VCPS Administration and Staff.
2. Parent(s)/Guardian(s).
3. Students

C. Mobilize the School Site Crisis Team

Concerns and wishes of family members regarding disclosure of the death and cause of death should always be taken into consideration when providing facts to students, staff and parents.

1. Assess the extent and degree of psychological trauma and impact to the school community
2. Develop an action plan and assign responsibilities.
3. Establish a plan to notify staff of the death, once consent is obtained by the family of the deceased.
 - a. Notification of staff is recommended as soon as possible (e.g., emergency meeting before school or after school).
 - b. To dispel rumors, share accurate information and all known facts about the death.
 - c. Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music and/or school.
 - d. Allow staff to express their own reactions and grief; identify anyone who may need additional support and provide resources.
4. Establish a plan to notify students of the death, once consent is obtained from the family of the deceased.
 - a. Discuss plan for notification of students in small group settings, such as the classroom. Do not notify students using a public announcement system.
 - b. Provide staff with a scripted notification of death for students, including possible reactions, questions and activities students may engage in (e.g., writing, drawing, referral to crisis counselor)
 - c. Review student support plan, making sure to clarify procedures and locations for crisis counseling
5. Establish a plan to notify other parents/guardians of the death, once consent is obtained from the family of the deceased. Prepare and disseminate a death notification letter for parents.
6. Define triage procedures for students and staff who may need additional support in coping with the death. Some actions to consider:
 - a. Identify a lead crisis response staff member to assist with coordination of crisis counseling and support services.

- b. Identify locations on campus to provide crisis counseling to students, staff and parents, as needed.
- c. Request substitute teachers, as needed.
- d. Maintain sign-in sheets and documentation on individuals serviced for follow-up, as needed.
- e. Provide students, staff or parents with after hours resource numbers such as the 24/7 Suicide Prevention Crisis Line
- f. Request crisis counseling support, as needed.

7. Refer students or staff who require a higher level of care for additional services such as School Mental Health, a community mental health provider, or their health care provider. Indicators of students and staff in need of additional support and/or referral may include the following:

- a. Persons with close connections to the deceased (e.g., siblings, by the family of the deceased).
- b. To dispel rumors, share accurate information and all known facts about the death.
- c. Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music and/or school.
- d. Allow staff to express their own reactions and grief; identify anyone who may need additional support and provide resources.

Confidentiality

All student matters are confidential and may not be shared, except with those persons who need to know. Personnel with the need to know shall not re-disclose student information without appropriate legal authorization. Information sharing should be within the confines of VCPS's reporting procedures and investigative process. VCPS will not tolerate retaliation against anyone for filing.

SUGGESTIONS FOR PARENTS

LISTEN

- Address the behavior as soon as possible by asking open questions and listening to what they say and how they act.
- Talk to your son/daughter with compassion, calm and caring.
- Understand that this is his/her way of coping with pain.

PROTECT

- Foster a protective home environment by maintaining structure, stability, and consistency.
- Maintain high expectations for behavior and achievement.
- Set limits and provide supervision and consistency to encourage successful outcomes.
- Provide firm guidelines and set limits around technology usage.
- Be cautious about giving out punishments or negative consequences as a result of the SI behavior, as these may inadvertently encourage the behavior to continue.

CONNECT

- Check in with your child on a regular basis.
- Become familiar with the support services at your child's school. Contact appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

MODEL

- Model healthy and safe ways of managing stress and engage your child in these activities, such as taking walks, deep breathing, journal writing, or listening to music.
- Be aware of your thoughts, feelings and reactions about this behavior. Lecturing, expressing anger or shock can cause your child to feel guilt or shame.

TEACH

- Teach about normal changes that can occur when experiencing stressful events.
- Teach your child about common reactions to stress and help them identify alternative ways to cope.
- Teach your child help seeking behaviors and help them identify adults they can trust at home and at school when they need assistance.

Letter to Parent/Guardian RE: Self-Injury

DATE

Dear Parent(s)/Guardian(s):

On _____, many students in a ____ grade classroom were involved in hurting themselves outside of their classrooms. These students were involved in using razor blades to cut themselves. Our mental health staff has advised us that this is known as a “rite of togetherness” in which students choose to bond together by hurting themselves. VCPS staff are working collaboratively with the Department of Mental Health and local law enforcement. We believe we have identified all the students involved and have responded to each individually.

I would like to take this opportunity invite you to attend an important informational meeting for parents regarding youth who self-injure and how we can help our children. We hope you can join us. The parent meeting will be held as follows:

LOCATION

DATE

TIME

Also, please see the attached handout “Self-Injury and Youth – General Guidelines for Parents” for suggestions on how to respond to your child. At VCPS, the safety of every student and staff member is very important to us. We are all involved in creating a safe environment for our students.

Should you or your child have any concerns, please feel free to contact:

Ryan Bird, School Psychologist (213) 201-4000
Vista Charter Middle School and Vista Horizon Global Academy.

Karen Amaya, Principal
Vista Charter Middle School (213) 201-4000

Michael Rosner, Principal
Vista Horizon Global Academy (213) 224-6800

Sincerely,

Dr. Donald Wilson,
Superintendent

POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

The following is a summary checklist of general procedures for the administrator/designated crisis team member to respond in the event of a completed suicide.

A. GATHER PERTINENT INFORMATION

- Confirm death and cause of death, if this information is available.
- Contact family of the deceased.

B. NOTIFY

- VCPS Staff
- Other offices

C. MOBILIZE THE SCHOOL SITE CRISIS TEAM

- Review information and assess impact.
- Develop an action plan and assign responsibilities.
- Establish a plan to notify staff.
- Establish a plan to notify students.
- Establish a plan to notify parents.
- Define triage procedures.
- Know indicators of those who may need additional support.
- Consult with Crisis Counseling and Intervention Services, School Mental Health, as needed.

D. MONITOR AND MANAGE (When reporting child abuse, include information about the student's suicide risk)

E. IMPORTANT CONSIDERATIONS

- Memorials
- Social Networking
- Suicide Contagion
- School Culture and Events