



VASHON ISLAND SCHOOL DISTRICT

Equipping every student to engage, thrive, and contribute in an ever-changing world.

Vashon Island School District Suicide Prevention and Postvention

Plan for Prevention and Intervention in Emotional and Behavioral
Crisis and Postvention after a Student Death or Other Crisis

Vashon School District

Updated November 2019

In our state, an average of two young people under 25 die by suicide every week and as many as one out of five students have seriously considered suicide in the last year. One in five 10 graders acknowledged on the 2012 Healthy Youth Survey that they had used an illegal drug in the last 30 days and about one in four had consumed alcohol in the last 30 days. One in twelve 10 graders reported a physical fight on school property in the last month and one in three 6 graders reported being bullied on school property in the last 30 days. About a third of Washington students report signs of depression within the last year. All of these problems have a greater impact among more vulnerable populations of students, such as those experiencing poverty, contact with the child welfare system, and identity-based discrimination. These issues have a serious impact on students and families in schools and communities across the state of Washington.

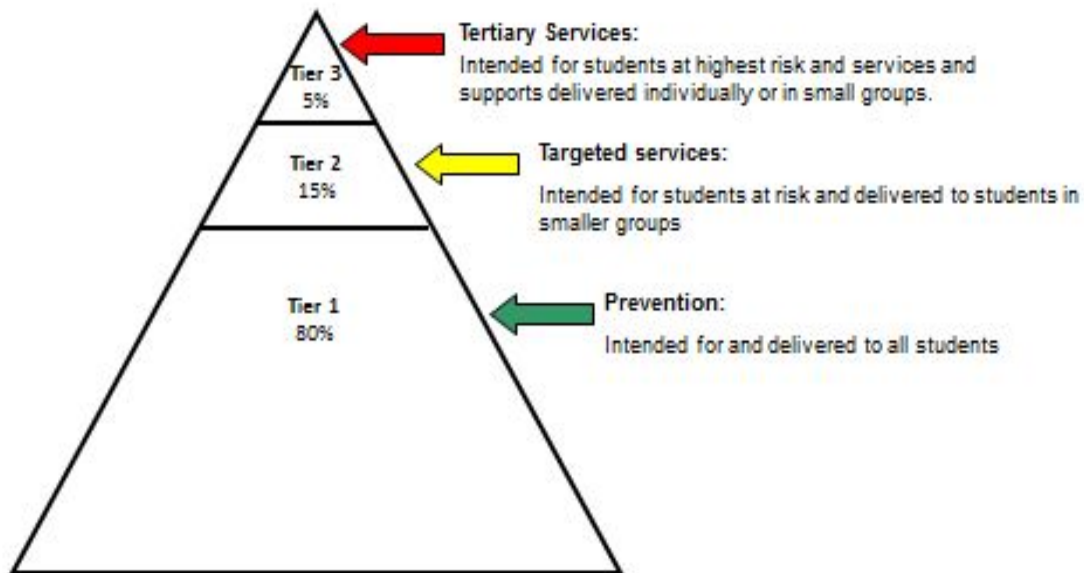
Vashon School District recognizes that the school plays a unique and important role in the prevention of youth suicide, violence, and substance abuse and in the identification and treatment of mental health disorders in our community.

This plan outlines Vashon School District's approach to prevention of and support for students experiencing emotional and behavioral distress and plans for supporting our school communities after a student's death. This plan shall be available to all staff and reviewed and updated at the beginning of each school year.

The RTI and PBIS Triangle

We can think of suicide and violence prevention, intervention and postvention using the Response to Intervention and PBIS triangle. Prevention activities fall into Tier 1 and are intended for all students, whether at risk or not. Intervention activities, depending on the situation and level of risk, fall into Tier 2 or Tier 3. Postvention activities engage all three levels, with some actions targeting the entire staff and student body, others focusing on those more affected by the crisis, and some interventions targeting students in an emergency situation after the loss of a classmate or friend.

Response to Intervention



1

Crisis Management Guide

Annually, in September of each school year:

- A. School administrators and staff will be aware of the VISD “Suicide Prevention and Crisis Plan” regarding the definition of crisis, organization of Rapid Response and Flight Teams and crisis intervention strategies. A copy of the Rapid Response Binder will be maintained at each site for reference and the district wide policy updated and posted on the districts cloud.
- B. The VISD will update the Flight Teams contact information and copies of these will be provided to each school.
- C. School and District will review and update list of community partners and resource list.
- D. The VISD will provide and orientation / training to review crisis response and proposed activities for the coming year.
- E. The VISD will initiate a minimum of one meeting with the King County police to become/remain familiar with staff and services.

Throughout the school year:

- A. Schools counselors will document crisis interventions and response of the specifics of each critical incident and the team’s response.
- B. Flight Team members will meet twice annually for training and /or review of their response to incidents or their crisis response plans.
- C. Relevant sections of the “Suicide Prevention and Crisis Plan” will be updated annually, posted to the web and provided to staff.

Crisis Response Staff Infrastructure

The following is a list of staff and others at the district and in each school building who have expertise in mental health, substance abuse, threat assessment and crisis response and their contact information. To respond to a crisis, staff can seek support from the district Flight Team. To convene this group, staff should contact their principal or vice principal.

Location	Position	Name	Office phone	Email
District	Superintendent	Slade McSheehy	(206) 463-8534	smcsheehy@vashonsd.org
District	Assistant to the Superintendent	Jodi Burwell	(206) 463-8534	jburwell@vashonsd.org
District	Nursing	Sarah Day	(206) 463-8600	sday@vashonsd.org
District	Director of Teaching and Learning	Stephanie Spencer	(206) 463-8531	sspencer@vashonsd.org
District	Special Education/Special Services Supervisor	Kathryn Coleman	(206) 463- 8532	kcoleman@vashonsd.org
District	Safety/Security Supervisor	Kevin Dickerson	(206) 463-5110	kdickerson@vashonsd.org
CES	Principal	Rebecca Goertzel	(206) 463-8575	rgoertzel@vashonsd.org
CES	Assistant Principal	Julie Kangas	(206) 463-8714	jkangas@vashonsd.org
CES	School Nurse	Ann Zapf	(206) 463-8599	azapf@vashonsd.org
CES	School Psychologist	Jenna Buffington	(206) 463-8584	jbuffington@vashonsd.org
CES	School Counselor	Kristina Miller	(206) 463-8597	kmiller@vashonsd.org
CES	PBIS Support	Lisa Radford	(206) 463-8694	lradford@vashonsd.org
CES	PBIS Support	Lance Morgan	(206) 463-8652	lmorgan@vashonsd.org
McMurray	Principal	Greg Alison	(206) 463-9168	gallison@vashonsd.org
McM	School Counselor	Kailey Ketter	(206) 463-8619	kketter@vashonsd.org
McM	School Counselor	Yvette Butler	(206) 463-8576	ybutler@vashonsd.org
McM	Prevention Specialist	Traci Mach	(206) 463-8717	tmach@vashonsd.org
VHS	Principal	Danny Rock	(206) 463-8680	drock@vashonsd.org
VHS	Assistant Principal	Andrew Guss	(206) 463-8682	aguss @vashonsd.org
VHS	School Counselor	Tara Vanselow	(206) 463-8644	tvanselow@vashonsd.org
VHS	School Counselor	Paul Peretti	(206) 463-8643	pperetti@vashonsd.org
VHS	Prevention and Intervention Specialist	Moana Trammell	(206) 463-8631	mtrammell@vashonsd.org

The following persons and agencies outside the school can be of help in a crisis:

Location	Position	Name	Office phone	Email
Local ESD SAPISP Coordinator	Prevention Center Director	Kim Beeson	(800) 664-4549	KBeeson@psed.org
Local Law Enforcement Contact	Sheriff	Bryan Howard	(206) 477-2248	Bryan.Howard@kingcounty.gov
Mental Health Provider	VYFS	Carol Goertzel	(206) -552-1693	cgoertzel@vyfs.org
Mobile Crisis Response or Evaluation Team	NA	CCORS- Accessed through Crisis Line	(206) 461-3222 Or (866) 4CRISIS	NA
Local Crisis Line	NA		(206) 461-3222 Or (866) 4CRISIS	NA
Local Hospital with Emergency Beds for Adolescents	Children's Hospital	Psychiatry and Behavioral Health Medicine	(206) 987-2055	NA
Local Hospital with Emergency Beds for Adolescents	Mary Bridge Children's Hospital	Psychiatry and Behavioral Health Medicine	(253) 403-0556	N/A

In order to support students and families from diverse linguistic and cultural groups, it is recommended that there be at least one staff member who can communicate in at least the five most common languages in the district. At least one person able to communicate in each of these languages should receive crisis intervention training.

Staff who speak this language	Spanish	French	ASL	Other
Sarah Day	X			
Sarah Hamill (CES)	X			
Kathleen Lawrence (CES)			X	Some Italian
Holly Boyajian (CES)	X			
Aristy Gill (CES)		X		
Slade McSheehy (VISD)		X		
Laura Belmonte (CES)	X			
Stephanie Detwiler (MCM)		X		
Frank Daniels (MCM)				German
Sara Filanoski (MCM)			X	
Greg Allison (MCM)	X		X	
Sarah Sullivan (VYFS)	X			
Jim Gilmour (VHS)		X		
Louis Mangione (VHS)	X			
Sarah Powell (VHS)	X			
Sally Adams	X			

Prevention

Vashon School District recognizes that prevention of youth suicide, violence, and substance abuse and the early identification and treatment of mental health disorders are most effective when students, staff, parents, and community members have access to prevention information and resources. With this in mind, the following will occur:

For staff

Annual review of this plan and plan revisions will occur prior to the beginning of the school year, during the time that other safety information is reviewed. The review will be done by the following person(s):

Location	Position	Name	Office phone	Email
District Office	Executive Assistant to the Superintendent	Jodi Burwell	(206) 463-8534	jburwell@vashonsd.org

The following tasks should be completed as part of the review and revision process:

- Update contact and community resource lists to confirm accuracy.
- Update any Memoranda of Understanding between the district and local agencies.
- Update in-school and in-district resources to ensure that names, roles, and contact information are current.
- Updating contact information in all print and electronic copies of this plan.
- Updating contact information in all communications and educational materials, including the school's website, student handbooks, resource guides, parent education materials, procedure manuals, student ID cards, and other forms and publications.

Annually, a training of at least one hour in length will be provided for all teachers, school health staff, and other staff who have direct student contact, including the following information:

- Background and scope of emotional and behavioral issues affecting students and their impact on the school environment, including review of school and district Healthy Youth Survey data;
- Information about the signs of stress, depression, and other mental health issues;
- Information on risk factors and warning signs for youth violence;
- Information about youth substance abuse, how to identify signs of substance abuse, and where to send students for help;
- Information on risk factors for suicide and signs of suicidal thinking;
- Information about steps to intervene when a student presents signs of suicidal thinking;
- Information about the district's policies and procedures for responding to emotional and behavioral distress among students; and
- Identification of school safety and support team members and their roles in a crisis.

Access to online and written copies of this plan in each building, on the district website and in an accessible google doc for all staff.

Vashon Students' Families

In partnership with VARSA an annual training will be provided including the following:

- Background and scope of emotional and behavioral issues affecting children and youth of the appropriate age and their impact on the family, including school and district Healthy Youth Survey data;
- Information about the signs of stress, depression, and other common mental health issues and the family's role in helping;
- Information about youth substance abuse and how to identify signs of substance abuse;
- Information on risk factors and warning signs for youth violence and the family's role in prevention and intervention;
- Information on risk factors for suicide and signs of suicidal thinking and the family's role in prevention and intervention;
- Resources in the school and community for families and how to access them.

Written information about prevention of and family intervention in emotional and behavioral crisis will be available in school counselor offices, school main offices, the district's website and distributed at parent events and in intervention meetings.

Contact information for the school nurse, school counselor, and other support staff within the school district will be provided on each school's website.

Vashon School District Students

Part of prevention for students is creating a supportive school environment. Schools do this differently – with anti-bullying initiatives, social and emotional learning curricula, student-led clubs focusing on peer support, and a focus on support and compassion in disciplinary interventions. The district’s adopted social and emotional learning curriculums are taught in every class in grades K-5, and in Healthy Living and homeroom classes. The following resources for **social and emotional learning** have been adopted by the school or district:

Title	Publisher	Grade(s)
Second Step	Committee For Children	Kindergarten – 8 th grade
Look-Listen-Link	YSPP	7 th grade
Mindup	The Hawn Foundation	7 th grade
SMART		6 th -8 th grade

The following resources for **substance abuse prevention** education have been approved by the school or district:

Title	Publisher	Grade(s)
Growing Up		5 th grade
Second Step	Committee for Children	6 th -8 th grade
Project Success		6 th -10 th grade

Prevention of **harassment, intimidation, and bullying** will be taught in compliance with Washington State law and policy. Student leadership on prevention of violence, bullying, suicide, and substance abuse will be carried out by the following clubs and student organizations:

Club or organization	Faculty advisor	Faculty advisor email
McM Sources of Strength Club	Peggy Rubens-Ellis	prubensellis@vashonsd.org
Queer Student Alliance	Aaron Marsh	amarsh@vashonsd.org

Title	Publisher	Grade(s)
Second Step	Committee for Children	Kindergarten - 8 th grade

The following resources for **suicide prevention education** have been approved by the school or district:

Title	Publisher	Grade(s)
Look, Listen, Link	YSPP	7 th and 8 th grade
Suicide Prevention	YSPP	9 th grade

VISD recognizes that it is not a safe practice to teach suicide prevention in assemblies or other large gatherings and that prevention education should be taught in classrooms or other small group settings.

Resource hotlines including the Anonymous Tip Line and the National Suicide Prevention Lifeline's phone number will be available to students on the website and in schools.

Safe Messaging Guidelines

VISD will follow the Suicide Prevention Resource Center's Safe Messaging Guidelines in suicide prevention education with students.

The Do's—Practices that may be helpful in public awareness campaigns:

- Do emphasize help-seeking and provide information on finding help. When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.
- Do emphasize prevention. Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.
- Do list the warning signs, as well as risk and protective factors of suicide. Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology (AAS). Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the National Strategy for Suicide Prevention.
- Do highlight effective treatments for underlying mental health problems. Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death. The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.

The Don'ts—Practices that may be problematic in public awareness campaigns:

- Don't normalize suicide by presenting it as a common event. Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.
- Don't present suicide as an inexplicable act or explain it as a result of stress only. Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim. Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any

explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination.

Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.

- Don't focus on personal details of people who have died by suicide. Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.
- Don't present overly detailed descriptions of suicide victims or methods of suicide. Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.

Intervention

The following process should be followed when a staff member becomes aware that a student is experiencing a crisis that may involve risk of harm to self or others.

Understanding the scope of the crisis and the risk of suicide

If the information comes directly from the student to a member of the school staff, expressed either verbally or through behavior, the staff member will:

- Obtain basic information from the student about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.
- Share this information with a member of the student support team, in the presence of the student and with the student's participation whenever possible.

If the information comes to a staff member from another person such as a peer or a parent, the staff member will:

- Obtain the student's name and basic information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.
- Refer the situation to a student support team member before the end of the school day, or at the beginning of the next school day if this information is shared outside school hours.

Upon receiving information or a referral related to an emotional or behavioral crisis, the support team member will:

- Schedule a meeting with the student before the end of the school day, or at the beginning of the next school day if this information is shared outside school hours.
- Further discuss the situation with the student to obtain information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response, and evaluate their needs.
- If trained and qualified to do further evaluation of risk, administer the district-approved Columbia Suicide Rating Scale to further explore the student's risks.
- [Click here for copies of scales](#)
- [Click here for training instructions](#)
- [Triage/alert rules and scale](#)

Screening tools used in VISD are as follows:

Name	Staff trained to use the tool
Columbia Suicide Rating Scale (C-SSRS)	School counselors, nurses, psychologists

The following are appropriate people to carry out this evaluation within the school:

Bldg	Name	Office phone	Email
CES	Jenna Buffington	(206) 463-8584	jbuffington@vashonsd.org
CES	Kristina Miller	(206) 463-8597	kmiller @vashonsd.org
McM	Yvette Butler	(206) 463-8576	ybutler@vashonsd.org
McM	Kailey Ketter	(206) 463-8619	kketter@vashonsd.org
VHS	Tara Vanselow	(206) 463-8644	tvanselow@vashonsd.org
VHS	Paul Peretti	(206) 463-8643	pperetti@vashonsd.org
All Schools	Sarah Day	(206) 463-8600	sday@vashonsd.org

The following is the VISD community partner who can also carry out this evaluation within the schools:

Location	Name	Office phone	Email
NeighborCare		(206) 548-7550	

Staff intervention response to identified suicide risk

Procedures will differ based on the level of risk revealed by this risk assessment. All actions taken need to be documented and documentation placed in the student's file.

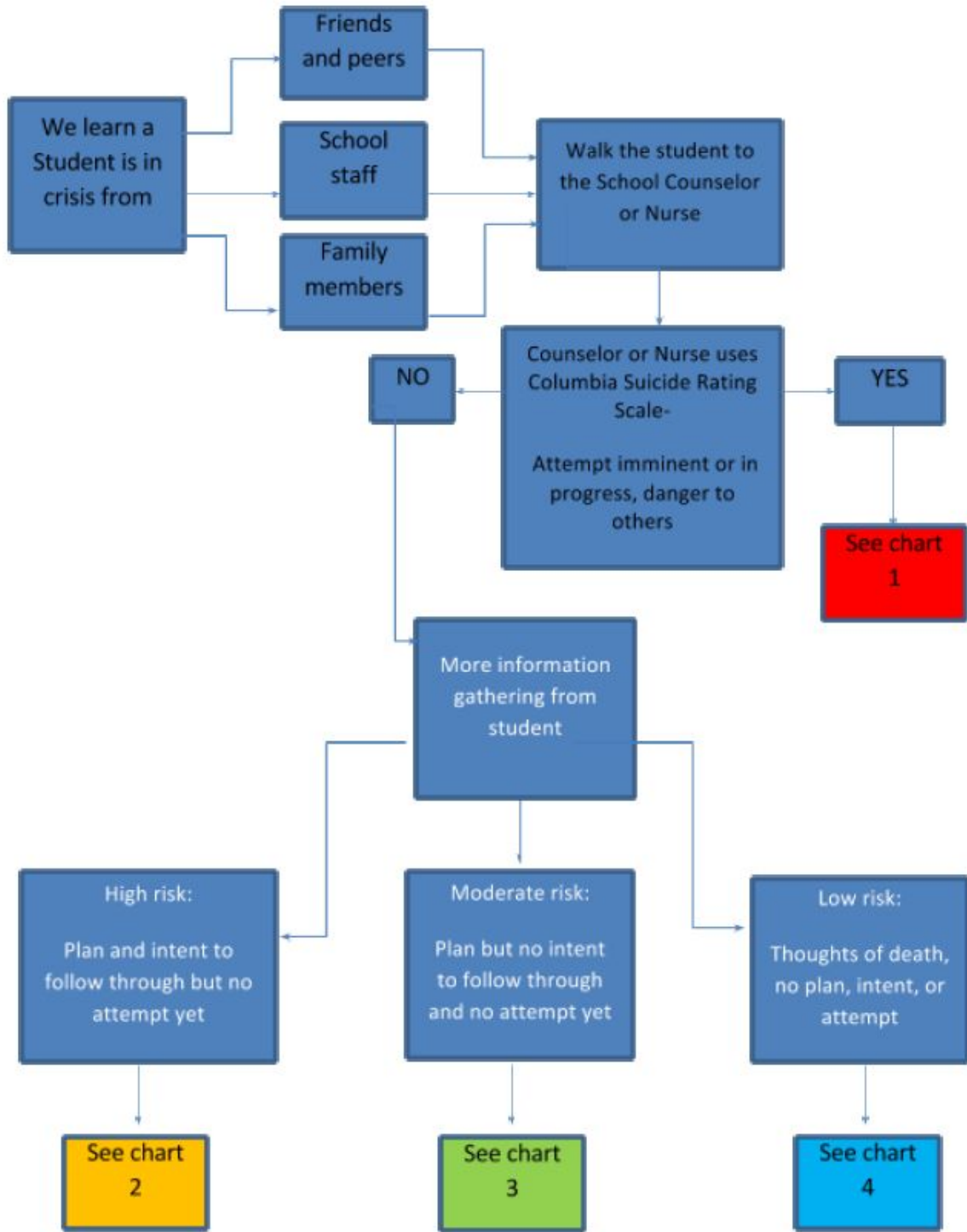
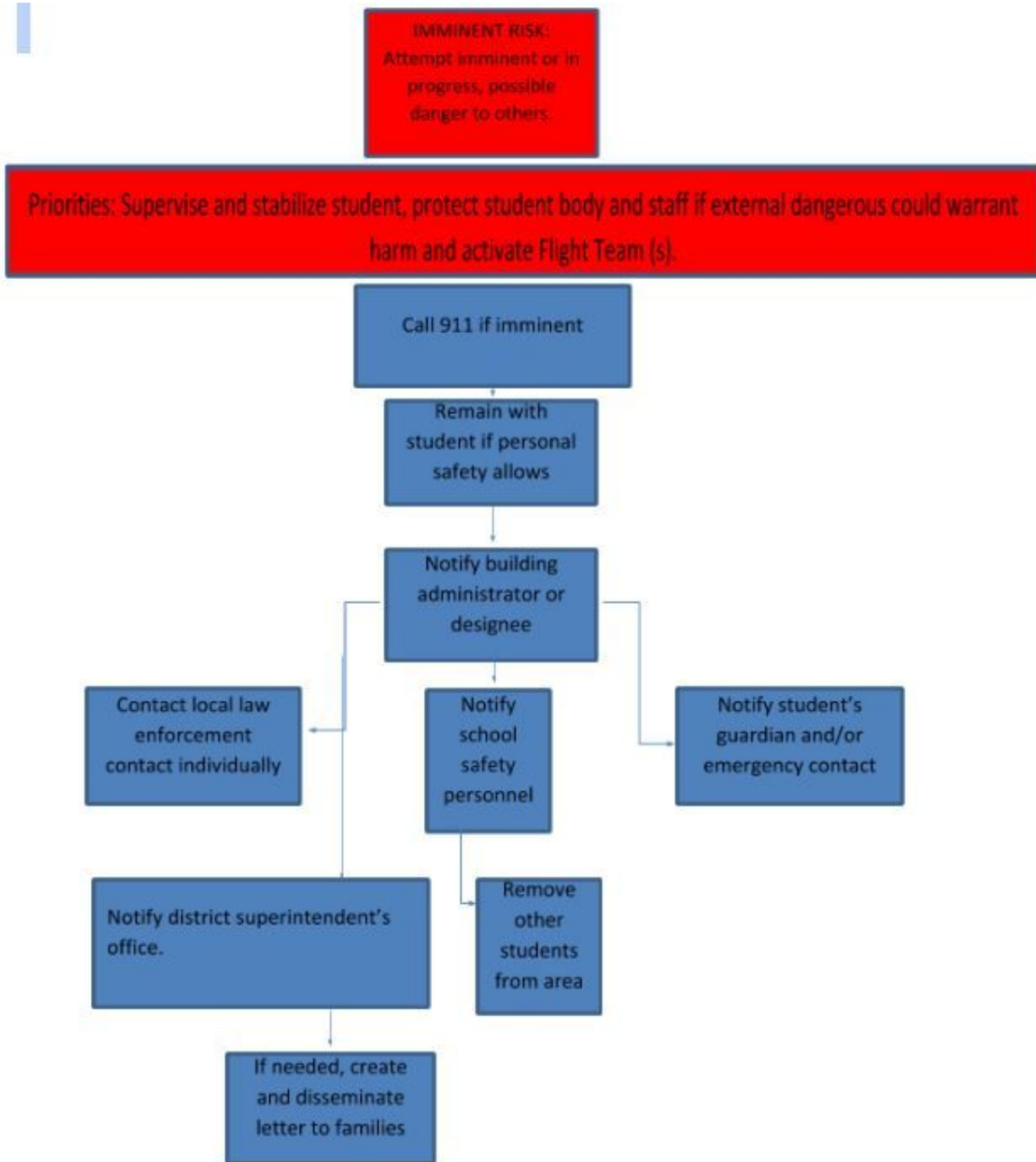


CHART 1: IMMINENT RISK



IMMINENT RISK

- There is immediate danger to the student's self or others (for example, possible presence of a weapon or other means the student intends to use to harm self or others).
- There is a suicide attempt in progress (for example, the student has taken a drug or medication overdose).

The support team member or other staff will do the following:

- Provide for continuous supervision of the student at risk until an emergency responder arrives, keeping personal safety in mind.
- Call 911 or designate a person to call. Be mindful that in the presence of a weapon or danger to others, emergency medical personnel will need the scene secured by law enforcement personnel before they can intervene.
- Notify the building administrator or their proxy.
- Call Crisis line for CCORS or request law enforcement or the fire department to request DESC to be dispatched.

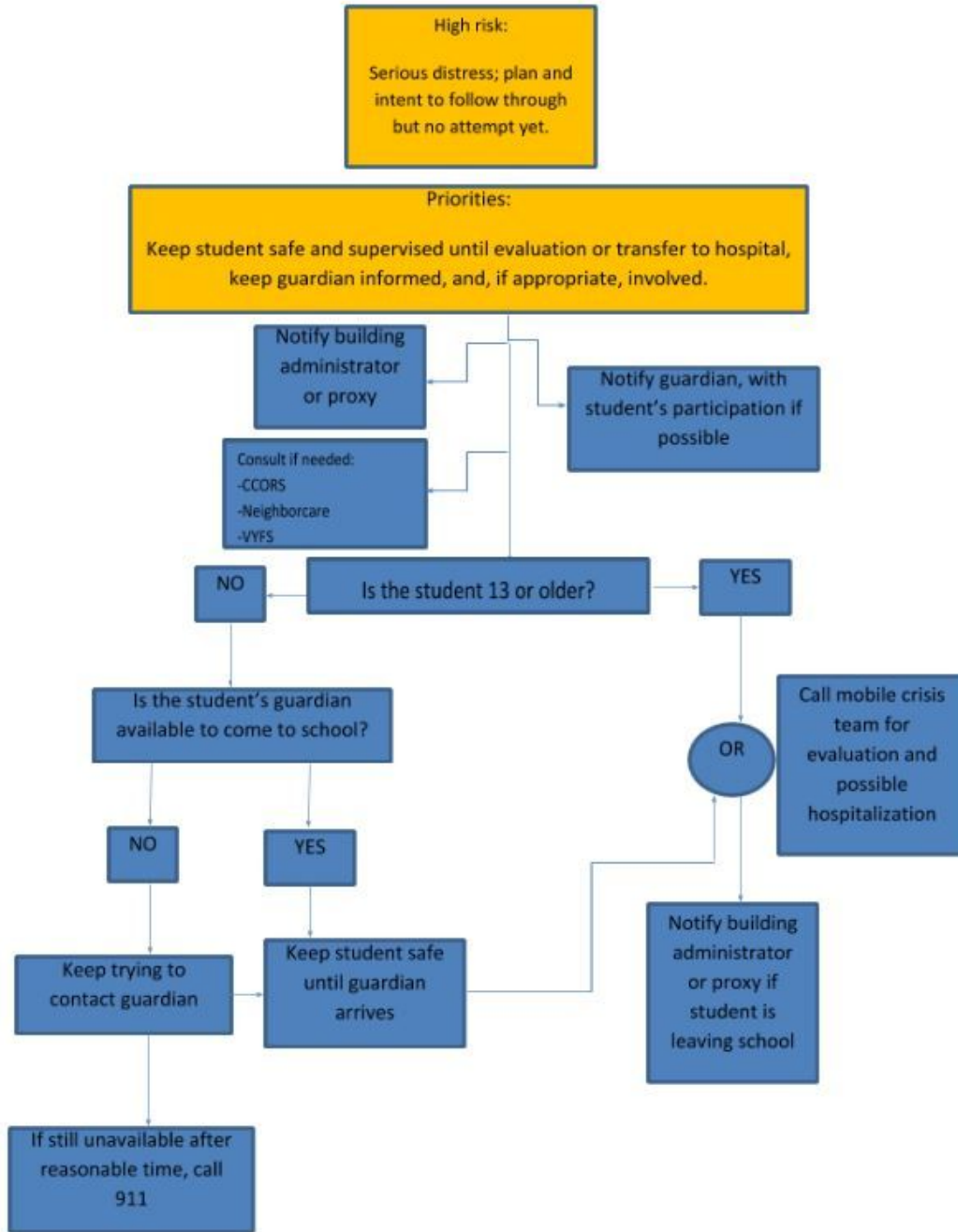
Depending on the situation, the support team member, building administrator or proxy will:

- Notify the person(s) responsible for security within the building to ensure the safety of the student at risk and the staff and student body. Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed quickly and calmly from the vicinity.
- Notify the student's guardian and/or emergency contact by telephone and document the time and content of the conversation.
- Fill out the district's incident report forms.
- Notify the district superintendent and media contact of the situation if it appears that media will cover the event or students have been impacted such that families will need to be notified.

If necessary, the district office will:

- Draft talking points for office staff answering calls from families at the school and the district;
- Create or help the administrator create a statement for students' families, summarizing:
 - Factual information about what occurred, steering clear of details.
 - What the school did to ensure safety and what will happen next.
 - Reactions families might expect from their children.
 - Reassurances that the school remains open and remains safe.
- If communication with families is necessary, the letter will be disseminated to families by [method](#) within one school day of the incident.
- Draft a statement to be given to any media who approach or call the school if needed.

CHART 2: HIGH RISK



HIGH RISK

- The student is in severe distress due to mental health symptoms or a serious stressor.
- The student has identified a realistic suicide plan and intention to follow through on it but has not yet taken action.

The support team member will do the following:

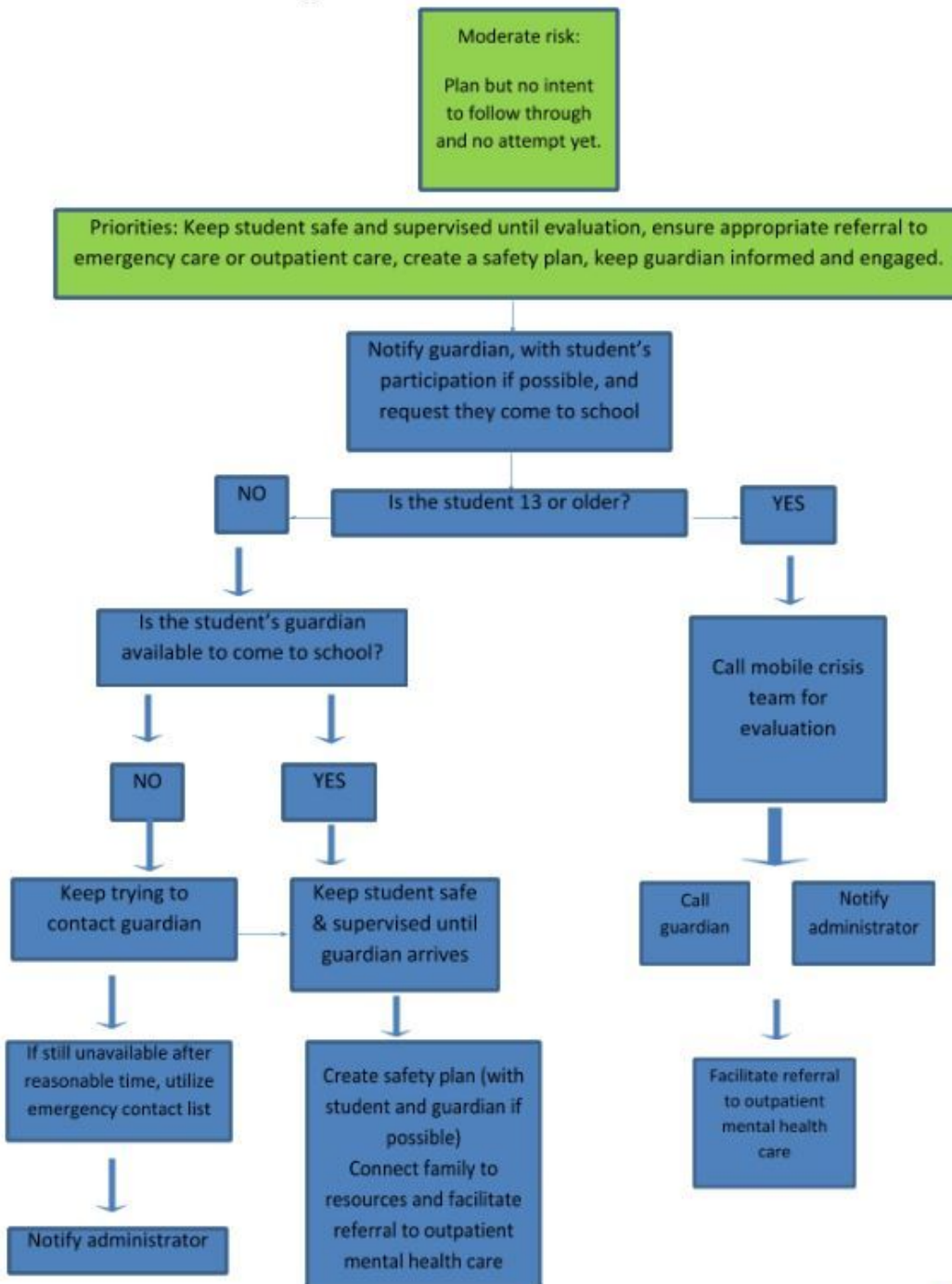
- Remain with the student and provide support, safety, and continuous supervision.
- Obtain information from the student as to whether [substance abuse](#) is a concern and whether possibility of [harm to others](#) is a concern.
- Notify the building administrator.
- Notify the student's guardian(s) by telephone that they should come to the school.
- Consult, if needed, with CCORS, Neighborcare or VYFS.
- With the student's guardian, the support team member may call the local crisis line to request a mobile crisis evaluation. The guardian may instead choose to bring the child to the nearest hospital for evaluation. The building administrator must be notified if the student will be leaving school grounds.

If the student's guardian(s) are unavailable or unable to come to the school:

- According to Washington State law (RCW 71.34.530), a student age 13 or older may independently consent for a range of mental health services without parental consent or notification. These include evaluation from mobile crisis outreach teams.
- If parent guardian available or the school can ask for a mobile crisis evaluation by contacting:

Organization	Phone number
VYFS	(206) 463-5511
Crisis Line- CCORS	(206) 461-3222
NeighborCare	(206) 548-7550
Vashon Fire/Rescue	911

CHART 3: MODERATE RISK



MODERATE RISK

- The student is thinking about suicide and has identified a plan.
- The student has no intention of following through on the plan and has made no suicidal gestures.

The support team member will do the following:

- Remain with the student and provide support, safety, and continuous supervision.
- Obtain information from the student as to whether [substance abuse](#) is a concern and whether possibility of [harm to others](#) is a concern.
- Request that the student’s guardian(s) come to the school before the end of the school day.
- Create Safety plan with student and share with people listed as resources.
- With the student’s guardian, the support team member may request a mobile crisis evaluation. The guardian may instead bring the child to the hospital for evaluation. To request evaluation, contact:

Organization	Phone number	Contact person, if known
VYFS	(206) 463-5511	Carol Goertzel
Children’s Crisis Outreach Response System CCORS	(206) 461-3222	
Neighborcare	(206) 548-7550	
Seattle Children’s Hospital	(206) 987-2055	

- At the time of referral, a release of information form allowing communication between the school and the provider should be signed by the guardian and student.
- The building administrator must be notified if the student will be leaving school grounds.
- A student at moderate risk who does not need to go to inpatient care should also create a safety plan using the safety plan template.
- Copies of the safety plan should be given to those named in it as resources.

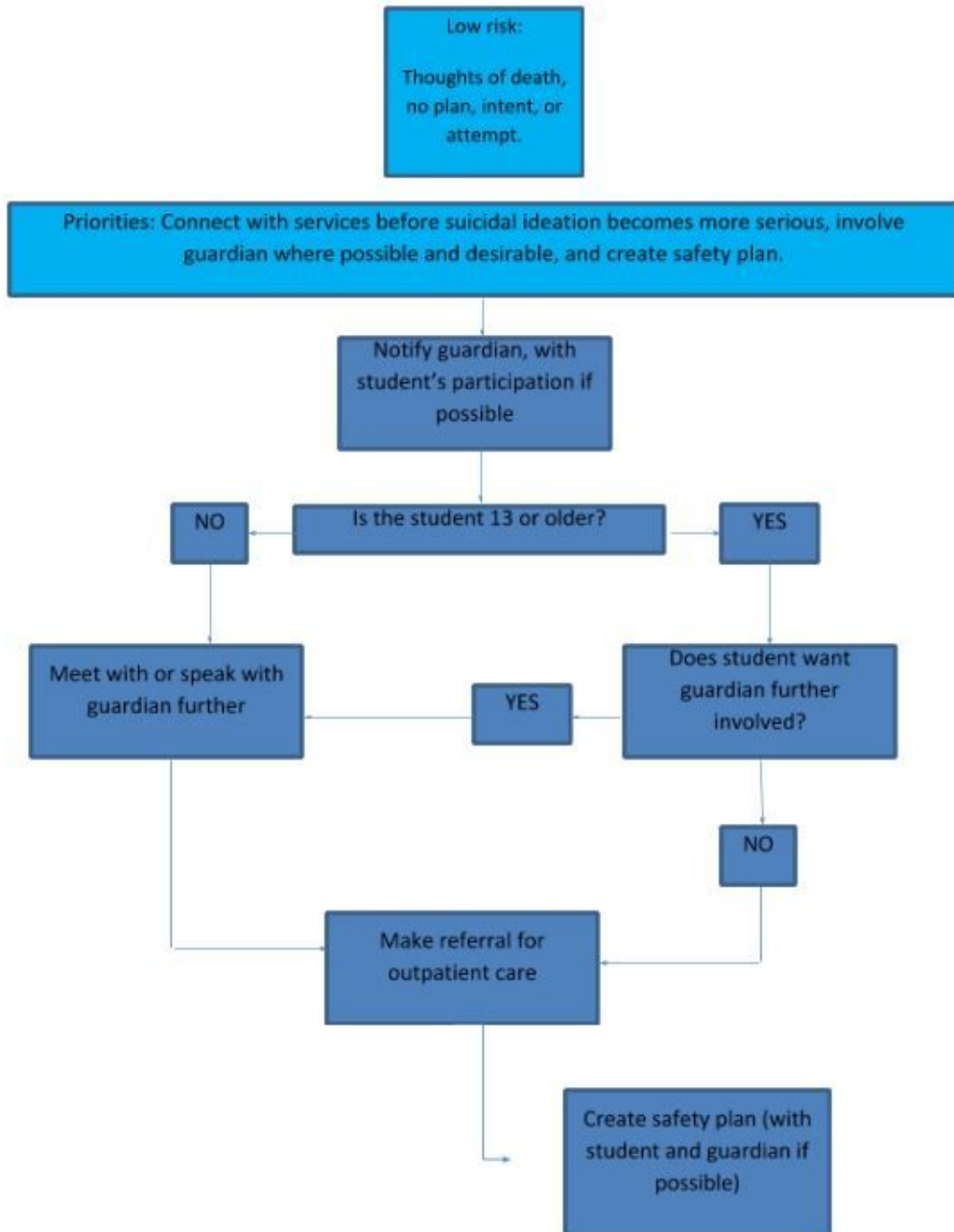
If the student’s guardian(s) are unavailable or unable to come to the school:

- According to Washington State law (RCW 71.34.530), a student age 13 or older may independently consent for a range of mental health services without parental consent or notification. These include evaluation from mobile crisis outreach teams.
- If the student is 13 or older, the school can ask for seek a mobile crisis evaluation by contacting:

Organization	Phone number	Contact person, if known
Children's Crisis Outreach Response System CCORS	(206) 461-3222	

- If the student is 12 or under, the student may remain under observation while continued efforts are made to contact her or his guardian or emergency contact.
- If a guardian for a student under 13 cannot be located within a reasonable amount of time, and the student remains at moderate or higher risk, a 911 call may be made for additional assistance in assessing the risk.
- Provisions for developing and executing a safety plan should be implemented.

CHART 4: LOW RISK



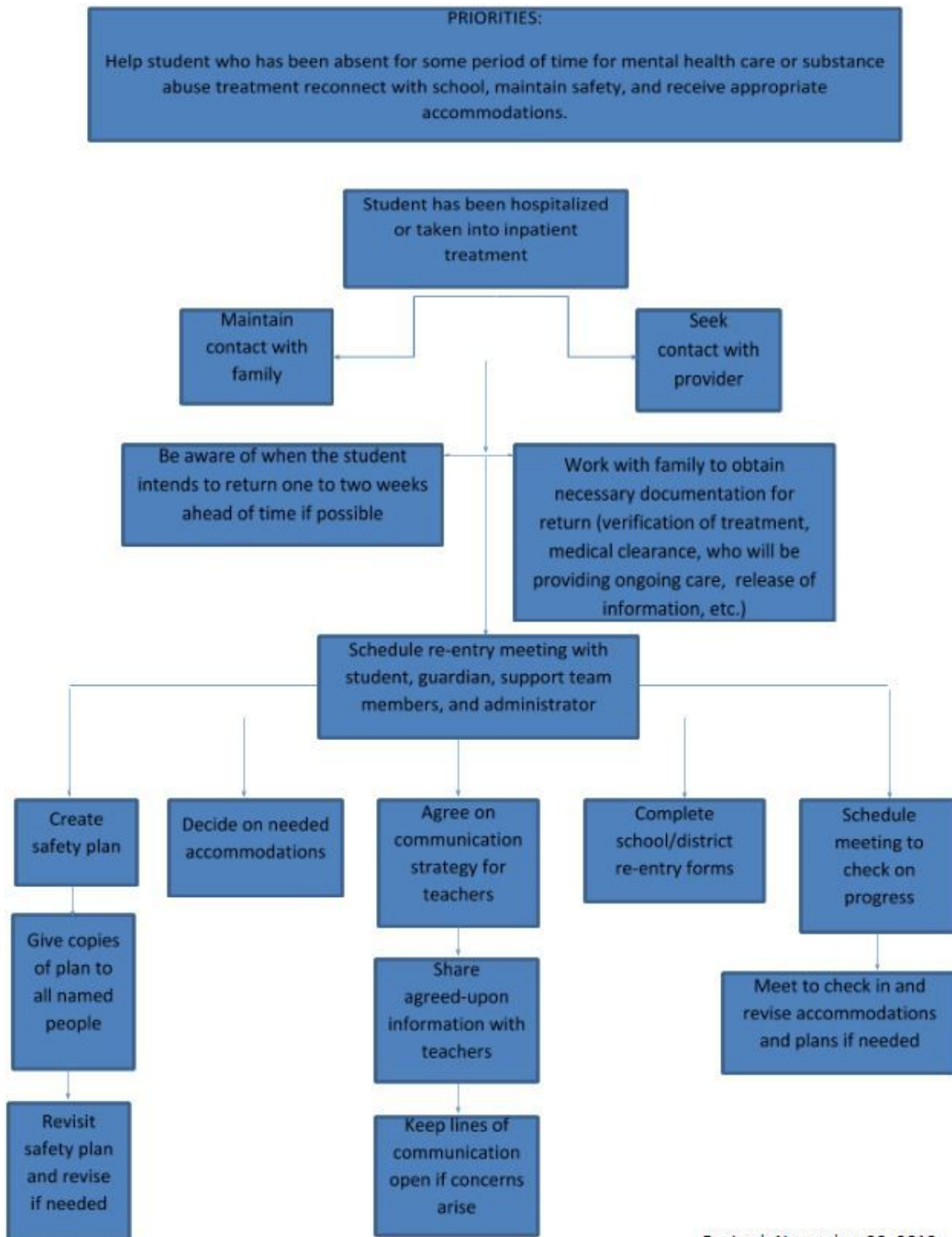
LOW RISK

- The student identifies thoughts of death but has no plan, intent to die, or suicidal behavior.
- The student is experiencing some stressors but also has strong supports.

The support team member will:

- Obtain information from the student as to whether [substance abuse](#) is a concern and whether possibility of [harm to others](#) is a concern.
- Help the student create a safety plan using safety plan template. For younger students, the language will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language.
- Copies of the safety plan should be given to those named in it as resources.
- Work with the student to describe the situation to her or his guardian(s) by phone or, if appropriate, in person. Discuss with the guardian the situation and the terms of the safety plan.
- Discuss with the student's guardian the importance of preventive mental health care and provide a list of appropriate referrals, taking into account:
 - The family's language, religious beliefs, and culture.
 - The student's stressors and needs.
 - Barriers to receiving care such as transportation, health insurance, cost, and how they can be mitigated.
 - The district's policies on referrals that protect the district from undue liability or risk.
- At the time of referral, a release of information form allowing communication between the school and the provider should be signed by the guardian and student.
- If a student is remaining in school but has missed class time or the crisis is affecting their school performance, the support team member will discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.

CHART 5: RE-ENTRY AFTER INPATIENT CARE FOR MENTAL HEALTH OR SUBSTANCE ABUSE



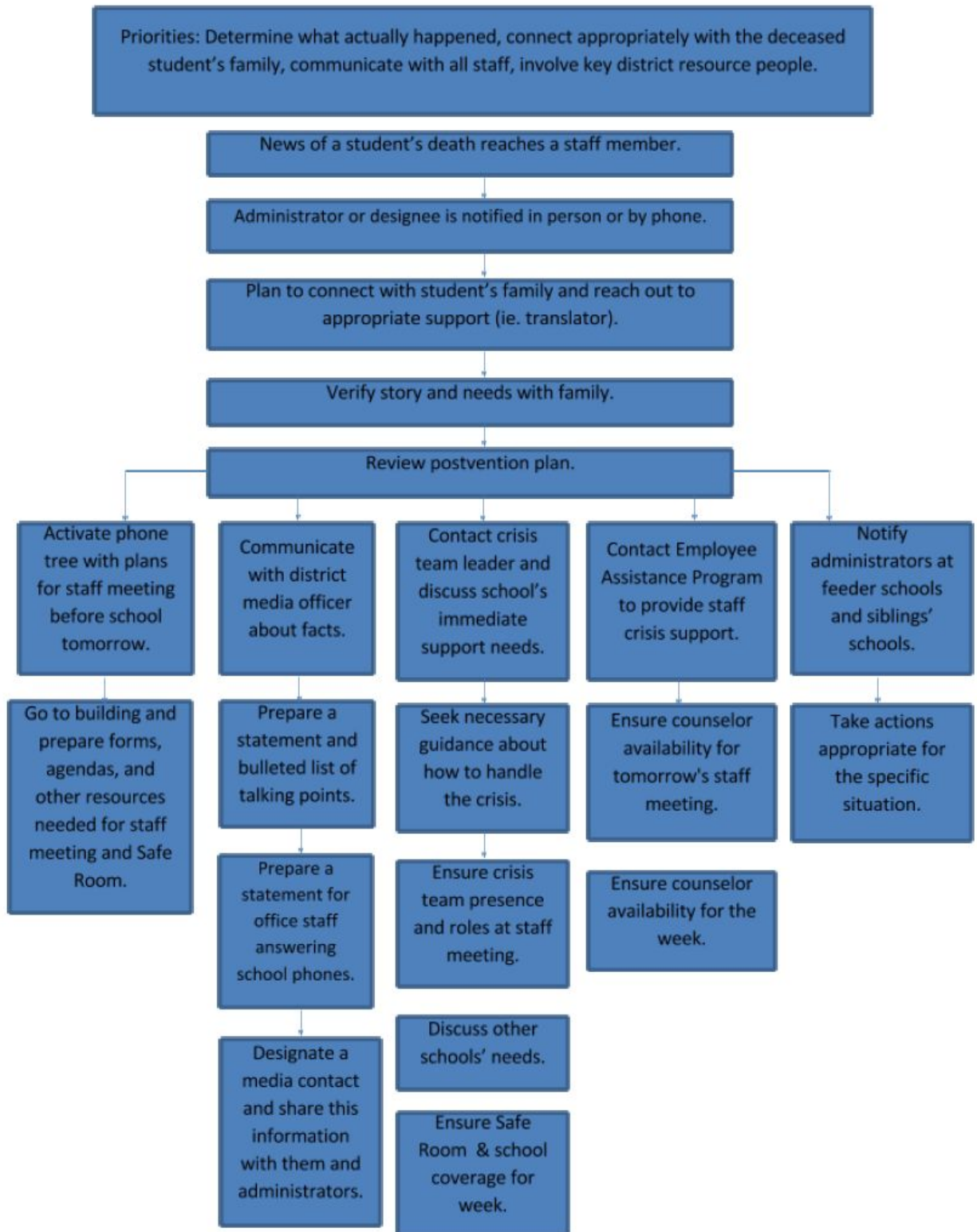
Revised: November 20, 2019

Re-entry after a crisis

If a student has missed one or more days of school because of a crisis (for example, because of inpatient hospitalization or substance abuse treatment):

- Remain in touch with the family and the provider during the student's absence.
- If possible, get notification of the student's return to school one to two weeks ahead of time. Especially after a long absence or an absence after a dramatic crisis, students may be very fearful and hesitant about returning to school, and more planning and processing time can ease the stress of this difficult transition.
- If the student needs medical or psychiatric clearance to return to school or to participate in normal school activities (for example, physical education classes) upon return, obtain these documents as soon as possible after being notified of the student's plans to return.
- If the student's care is being transferred to an outpatient care provider, work with the guardian and provider to obtain a release of information so that the school can communicate with this provider.
- Schedule a re-entry planning meeting a few school days before the student's return date.
 - The re-entry meeting will be attended by the student's guardian(s), appropriate support team members, the building administrator, and, for at least part of the meeting, the student.
 - During the meeting, the team will discuss how to support the student in phasing back into normal school life. Depending on the student's situation, this could include accommodations such as beginning with a lighter course load or workload.
 - Along with re-entry paperwork, a [safety plan](#) will be filled out at the re-entry meeting. This will be revisited on a schedule the team determines and adjusted as needed. Copies of the safety plan should be given to those named in it as resources.
 - Decisions will be made in this meeting, with the input of the student and, if applicable, the student's guardian, what should be shared with teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- Depending on the student, other re-entry accommodations may be appropriate. These could include exemption from classes with potentially triggering content (for example, a student who has been hospitalized for an eating disorder may need to be excused from the eating disorder unit in health class), adjustments in examination schedules, or other accommodations.
- Again, depending on the situation, it could be appropriate to engage the student's friends in helping with the transition. Appropriate roles for friends include working to quash rumors or bullying in the school and on social media, helping the student understand when to seek help, and finding ways to be supportive within appropriate peer boundaries.
- Necessary accommodations may not be clear until the student has returned to school. During the student's first several days at school, a support team member should check in with the student daily and remain in contact, if appropriate, with the student's guardian and care providers.
- A check-in meeting with the student and guardian should be scheduled about a week after return or as concerns arise to review accommodations and safety plan content and make necessary adjustments.

CHART 6: UPON HEARING OF A STUDENT’S DEATH: BEFORE THE NEXT SCHOOL DAY



POSTVENTION

VISD recognizes that the death of a student, whether by suicide or other means, is a crisis that affects the entire school and community. In the event of a student's death, it is critical that the school's response be swift, consistent, and intended to protect the student body and community. In the case of a death by suicide, other concerns such as the prevention of suicide contagion will be taken into account.

Confirmation and convening the Flight Team

Upon receiving news of a student's death, including an unconfirmed rumor, a staff member must immediately contact the building administrator or designee. Contact must be made whether this is during our outside school hours.

The building administrator will confirm the veracity of the information. This could include communication with the deceased student's family.

- Consider the family's language, religion, culture, and relationship with the school. Will you need the assistance of a translator or community leader? How will you ensure cultural competency and a compassionate, supportive stance?
- Discuss with the family how they want the death described to the school community. (For example, are they uncomfortable with it being referred to as a suicide? Is an ongoing investigation hampering communication?)

Upon confirming that the information is correct, the building administrator or designee will activate the school's crisis management response plan and notify all staff that there has been a student death and there will be a staff meeting the next morning.

The administrator or designee will activate the Rapid Response Team and/or Flight Team as appropriate.

The administrator and crisis team contact will discuss:

- The flight teams feedback on how to handle the crisis.
- Who from the flight team will attend the staff meeting and what their roles will be.
- The flight team's presence in the school and role in Safe Room coverage.
- The needs of other district schools, such as feeder schools and family members' schools.

The administrator will also contact the district's media contact. All media inquiries will be directed to this person and students and staff will be directed not to speak with any representatives of the media.

Slade McSheehy	Superintendent	(206) 463-8535	smcsheehy@vashonsd.org
Jodi Burwell	Executive Assistant to Superintendent	(206) 463-8534	jburwell@vashonsd.org

The media contact will:

- Prepare a statement for media and a bulleted list of [talking points](#).
- Prepare a short statement for office staff answering phones at the school and district.
- Designate who is the media contact and share the above with that person and building administrators.

During this conversation, they should agree on:

- Availability of at least one counselor for the entire school day tomorrow, including the morning staff meeting.
- Counselor availability for at least the next week.

Additionally, the administrator will notify administrators at feeder schools and family members' schools. Depending on the situation, these administrators may need to:

- Convene a staff meeting following the agenda listed in the next section, or alert staff about the planned staff meeting at the deceased student's school.
- -Discuss with the flight team leader placing extra counseling staff at their school for the week.
- Discuss with the EAP/VISF the possibility of placing counselors for staff during the next week.
- Reach out to family members of the deceased student (the student's family of origin and/or relatives who attend the school) and offering support.
- Provide office staff with the same statement being read at the deceased student's school.

Before school begins on the first day

- A Safe Room will be designated and set up with appropriate seating, necessary forms for students to sign in and out, tissues, information about grief, and other necessary items. The ideal Safe Room is a large room with several seating areas whose location is known to all students (for example, the school library). This should be set up and ready before the staff meeting.
- The deceased student's name will be immediately removed from the school's attendance roster, automated call system, and any other place that a call home could be initiated.
- A staff meeting will be held and end before students arrive for the school day. ALL staff should attend, including instructional staff, health staff, available transportation staff, school security staff, food service workers, maintenance staff, and any contractors or outside workers present in the building (for example, construction workers working on the building).

The staff meeting agenda will include the following:

- Verifiable facts about the death and information about the family's needs and preferences.
- Time for staff to ask questions and express feelings.
- Information about grief counseling and support available through the Employee Assistance Program and procedures for accessing it.
- Review of the school and district's postvention plans.
- Identification of crisis team members and introductions if they are not known to staff.

- Dissemination of statement to be read by teachers during the first period of the day.
- Location of the Safe Room and what will take place there.
- Discussion of students who immediately come to mind as at risk during this crisis.
- Discussion of roles:
 - Safe room staffing and counseling support until the end of the school day.
 - At least two adults should be in the Safe Room at all times. At least one should be a person with advanced training in suicide prevention.
 - Which support team member will follow the deceased student's schedule for the day.
 - This person's role will be to help facilitate discussions in the classroom and provide 1:1 support for any student in crisis.
 - Extra patrols of the halls and grounds.
 - Telephone coverage at the school and who will instruct student volunteers not to answer school phones today.
 - District media contact; what staff and students should do if approached by media.
- Discussion of procedures:
 - How to refer a student affected by the crisis to the Safe Room.
 - Whom to notify and how if a student is behaving suspiciously, or attempting to leave.

Documentation of each staff member's role during the day will be completed at the end of this meeting.

AFTER A STUDENT’S DEATH: STAFF ROLES WORKSHEET

Date:

Deceased student’s name and grade:

Cause of death, if known and disclosed:

District media contact: Slade McSheehy

Name	Location today	Phone	Alternate phone

Main office telephone coverage (will not be done by student volunteers):

Emergency contact for observed suspicious student behavior:

Name	Location today	Phone	Alternate phone

Extra staff in the building to provide support:

Name	Organization	Professional role	Cell phone number

Person who will follow the deceased student’s schedule for the day:

Name	Title	Cell phone number

--	--	--

Extra hall and grounds patrols:

Name	Title	Cell phone number

Safe Room Location:

Safe Room staffing schedule:

Period	Staff name	Advanced training in suicide prevention or grief?

Teachers who have requested classroom coverage while accessing grief counseling:

Period	Teacher	Classroom	Substitute name

Students of immediate concern:

Grade	Name	Staff to check in with them:	Reason for concern	Check-in?

Time and location of end-of-day staff meeting:

During the school day on the first day

- Each homeroom teacher will read the same statement to their classroom. This statement should *not* be made in an assembly or over the school's public address system. The statement will summarize the facts of the situation, the school's response plan, and the importance of seeking immediate help from an adult if a student or their peer is in crisis.

For more information about tailoring a statement to the situation and what topics to avoid in this conversation, see the Suicide Prevention Resource Center's publication, [*After a Suicide: A Toolkit for Schools*](#).

- Communication will go to students' families and be posted on the parent section of the school's and district's websites. Communication with parents should include the following:
 - Brief factual information about the crisis, avoiding focus on details of the death or means.
 - The school's condolences to the deceased student's friends and family.
 - Messages about grieving, such as that other students may feel regret, guilt, anxiety, or fear.
 - Mention of existing support and suicide prevention resources in the school.
 - Discussion of the school's crisis response, including the Safe Room and the time and place of the scheduled parent meeting.
 - Discussion of suicide contagion, including signs of a crisis and intervention strategies.
 - Encouragement to contact the school if there is any indication their child needs extra support.
 - An invitation to be in touch with resources within the school with questions or concerns and contact information for a point person.
- A family meeting within the week will be scheduled by the administrator. If a family meeting is scheduled close to the suicide, presenters' content will be the same as above. The administrator should be mindful of the fact that people beyond the student's immediate families will be affected by the crisis and that community members should be included in the meeting.
- A continuing effort will be made during this school day to keep listing students who may be in need of extra support or at risk of [suicide contagion](#). The following should be considered:
 - Students who are having an unusually strong reaction to the death.
 - The deceased student's friends.
 - The deceased student's dating partners.
 - Students related to the deceased student.
 - Teammates, members of the same clubs, and other associates.
 - Other students with a history of suicidal thoughts or behaviors.
 - Other students who have dealt with a recent crisis or loss.
 - Students experiencing mental health problems or other vulnerabilities.
 - Where possible, parents may be encouraged to add their children to the list if they have concerns.
- Crisis team members will reach out to each student on this list for a one-on-one meeting and needs assessment within one to two school days after the crisis. Intervention procedures (see above) will be followed in these meetings.

- At the conclusion of this first school day, there will be another all-staff meeting to debrief the day. Content of this meeting will include:
 - How did implementation of the plan work during the day? What worked well? What was difficult?
 - What student needs or concerns arose during the day? How were they handled and what outstanding next steps remain?
 - Has any new information about the incident surfaced during the day?
 - What is the plan for the following day? The staff responsibilities form will be filled out again if necessary.

After the first day

- For at least the day after the first day, there should be before-school and after-school staff meetings focusing on the following:
 - Review of and adjustments to crisis plan implementation.
 - Any emerging needs among the student body or community.
 - Discussion of students identified as at risk and what they need.
 - Appreciations to helpful colleagues and self-care strategies.
 - Next steps.
- Staff meetings may be limited to the crisis team after the need for all-staff meetings ends. This decision will be made by the administrator and crisis team.
- The Safe Room will be open for multiple days after the incident if student need continues. The decision to close it will be made during the morning staff meeting the school day before it closes.
- The school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk. Accommodations should be discussed on a case-by-case basis and provided in accordance with the district's intervention procedures.
- Students may wish to attend the deceased student's funeral. It is appropriate to make information about the date, time, and location of the funeral available to students. Students interested in attending must submit written permission from their guardian(s), and guardians will be encouraged to accompany students to the funeral. Having extra counseling staff available in the school the day of and the day after the funeral is recommended.
- Removal of the deceased student's desk or chair from classrooms must be done sensitively and with clear communication to students. Considerations:
 - It is best to remove the chair or rearrange the classroom during a weekend, school break, or other time that the student body will be away from the school for multiple days.
 - A member of the student support team may wish to be present during the first class period after the chair has been removed or the seating chart rearranged.
 - Messages to students will emphasize that the action is not meant to erase or disrespect the student but to help the class adjust to the "new normal." A class discussion facilitated by the support team member may be necessary at this time.
- Removing and returning the deceased student's personal items:

- It will be important to empty the student’s locker, gym locker, cubbies, or other places personal items are stored in a timely fashion.
- A member of the crisis team, ideally the building administrator, will consult with the student’s family about who should do this and what should be done with the items.
- VISD recognizes that it is not a safe practice to hold a candlelight vigil, hold a memorial service, or erect a permanent memorial (such as a plaque, bench, or tree) at the school in the case of a suicide, as these practices could contribute to sensationalization of suicide or students considering suicide a means to gain admiration or attention. Acceptable “living memorials” that decrease the risk of suicide contagion include:
 - A student-led suicide prevention initiative supervised by one or more faculty members.
 - A donation or fundraiser for a local crisis service or mental health care provider.
 - Participation as a school in a local suicide awareness event.
 - Hosting a suicide prevention or postvention training for students, staff, and/or families.
 - Placing printed prevention resources in the school.
- Well after the loss of a student to suicide, the school will be mindful of anniversaries, such as the anniversary of the death, the student’s birthday, the date the student would have graduated, etc. Students identified as at risk will receive extra support and observation during these times as well.

Student’s birthday	Student’s graduation date	Date of student’s death	Other significant date

Post-crisis actions

- Crisis debriefing:
 - Debriefing after a crisis helps staff, students, and crisis team members reflect on the successes and challenges of the school and district’s responses.
 - Debriefing is critical to handling the next crisis better.
 - Debriefing should be approached with humility and an emphasis on quality improvement rather than the assessment of blame.
 - Written crisis evaluations:
 - Should be given by the administrator to crisis team members, staff members, and, if appropriate, students
 - Should be distributed after post-crisis chaos has settled and collected within the week
 - Sample forms are available in the appendix.
- Cycling back to prevention:
 - One outcome of quality postvention will be enhanced and improved prevention.
 - When postvention, in the aftermath of the crisis, has been completed and crisis evaluations have been collected and summarized, a task force including members of the building’s support team and the district crisis team will convene to determine whether adjustments need to be made in the school’s prevention plan moving forward. Task force members: