

OVERVIEW: SUICIDE PREVENTION, INTERVENTION AND POSTVENTION

Suicide and other self-destructive behaviors have been increasing in severity and frequency among the youth of Pecos. Since students who experience depression or other psychological difficulties cannot benefit fully from the educational program, the members of the Pecos School Board understand that effective procedures for identifying and helping suicidal students are crucial for the education as well as the well-being of all Pecos youth.

The Pecos Independent School District recognizes the need for comprehensive suicide intervention guidelines to aid school personnel in carrying out appropriate procedures with suicidal students. The intervention procedures are designed to ensure the safety of students and to facilitate positive change in the students' life. The procedures are in no way meant to be punitive but the issue of suicide is extremely serious and should be treated as such.

Self-destructive behavior or suicidal inclination may not be apparent until a critical phase has been reached. School personnel must be prepared to spot at-risk students and to refer them to designated staff. Any such signs or the report of such signs from another student should be taken seriously and communicated immediately to the school social worker, school counselor or school nurse. Every effort will be made to provide positive intervention by using available school personnel and the assistance of the School Based Health Center/Pecos Valley Medical Clinic, Mesa Vista Wellness, Sky Center and other available community resources on behalf of the student.

In-service and continuing education programs must be made available to *all* school staff to assist them in identifying the signs of self-destructive behavior. Staff members shall also be versed in appropriate procedures for immediate intervention for the student.

PROCEDURE: SUICIDE PREVENTION AND INTERVENTION

RE: LIFE-THREATENING EMERGENCY

If the student is bleeding profusely or is unconscious – CALL 911 IMMEDIATELY
Then Immediately Contact the Site Principal and School Nurse

Reporting and Intervening

Any school personnel who perceives a threat to student wellness, encounters a student that threatens suicide or shows signs of intent, will immediately take action by contacting the school counselor, school social worker or school nurse to intervene on behalf of the student. The student must be under adult supervision at all times. Qualified school personnel (school counselor, school social worker, school nurse) will make an initial assessment of risk using _____. (Template attached) Based on assessment scoring results, student will be either followed and supported by qualified school personnel or referred for same day formal suicide assessment from a the behavioral health specialist at the School Based Health Center or professionals at a community agency/hospital with which the District has a Memorandum of Understanding for these services in place.. The threat will be reported to the school Principal and/or school Superintendent as well as any assigned SPED Social Worker or other behavioral health worker involved with the student.

Parent Contact

The school counselor, school nurse or social worker will contact the student's parent immediately after the risk interview, with the student's knowledge. If indicated, the student will be referred to the SBHC, Clinic or local hospital for formal, same-day suicide assessment and attention. Parents will be contacted and informed of the situation. The student will remain in the school counselor's, school social worker's or school nurse's office with adult supervision under all circumstances until there has been a warm hand-off to a parent or guardian or to the professional in charge of the formal suicide assessment.

Same-day Suicide Assessment: Referral for Formal Assessment

Same day formal assessments for suicide risk or threat to others will be referred to: the School Based Health Center (free assessment), Pecos Valley Medical Clinic, Mesa Vista Wellness or the closest hospital.

Parents also have the option of taking their child to a facility of their choice that is equipped to do same-day suicide assessments (at their own expense). The purpose of the assessment is to determine if the student is at risk of immediate harm to himself or herself or others- and to determine what additional help is needed.

State Police Police Department Involvement

If a parent or guardian cannot be reached before or after the formal assessment and school officials believe the student to be at immediate risk, the school counselor, school nurse or school social worker will call 911 or the Pecos police to assist in next steps. This will only be done after consultation with the school Principal. It may be determined that next steps are necessary, and those steps may incur costs for families.

Hospital Emergency Room

In cases of immediate harm, when the student has injured themselves, but is not bleeding profusely or unconscious, the decision to transport the student to the hospital must be the responsibility and joint decision of the school site principal and the school nurse who will call 911 for law enforcement or emergency services transport. The parent will be notified as soon as possible. School personnel can not transport students in this situation and costs may be incurred for families.

New Mexico Children, Youth & Families Department

CYFD does not act on suicide threats unless they are accompanied by suspected child abuse or neglect. Therefore, if there is a history of abuse or abuse is suspected, the school counselor, school nurse or social worker must contact CYFD to make a report and to determine next steps. If there is no suspected abuse or neglect, omit this step. However, should no action be taken by the parents after an initial threat, and threats and/or attempts continue, this can be viewed as medical neglect and CYFD will be notified when appropriate.

Re-entry

For the safety of all students and staff at the school, parents will be required to sign a release of information in order for appropriate school staff to know if the student presents a risk to self or others when they return to school. Parent will appear at the school with their child with a clearance form signed by a licensed clinician indicating the child is cleared to return to school and whether there are any recommendations for further care.

Staff Support and Self-Care

The Principal will ensure that *all* staff members are taught about suicide warning signs and district procedures on an annual basis. A sign-in sheet for the training/in service, listing staff names and staff signatures will be kept.

Staff involved in interventions or effected by events may well need to debrief the experience. Every effort should be made to help staff process the events and exercise self-care in order to stay mentally strong and able to continue their jobs.

Postvention Response to a Death (Suicide, homicide, sudden death of student or staff member)

Due to the nature of the impact of a suicide, utilizing individuals experienced with handling this type of crisis is imperative. Susan Hayre, Director of The Northern New Mexico Postvention Team, and The Sky Center, agency holding the postvention team, are post crisis resources that can assist the school's CPI Team.

Procedural Directive for All Employees

Intervening with a Potential Suicide

RE: LIFE-THREATENING EMERGENCY

**If the student is bleeding profusely or is unconscious – CALL 911 IMMEDIATELY
Then Immediately Contact the Site Principal and School Nurse**

If a student threatens suicide or manifests the signs of intent:

If a student reports that another student has threatened suicide or has manifested signs of intent:

When any school staff member becomes aware of a suicide threat:
Student should be under adult supervision at all times.
Never leave student be alone (or alone with another student) while securing assistance.
**Contact: School Counselor - School Nurse - Social Worker
Immediately**



School Counselor - School Nurse - School Social Worker

Contacts SPED Case Manager or other behavioral health person involved with the student, if necessary
Conducts initial risk assessment with student
Contacts parent/guardian with student's knowledge
Follows and supports student at school OR
Makes referral for formal Same-Day Suicide Assessment if indicated

School Based Health Center
Mesa Vista Wellness Center(school-based therapists)
Pecos Valley Medical Center
Local Hospital
or licensed clinician per family's choice

Contacts CPS 1-800-797-3260 if necessary
Contacts Pecos Police if necessary
Stays with the student until parent/guardian/police or emergency transport arrives
Completes necessary documentation:
Initial Suicide Assessment with all Notes
Acknowledgement of Referral (parent and school copy)
Safety Plan (student and school copy)
Release of Information (parent and school copy)

Continual written notes on actions and progress
Alerts School Administrators and other relevant staff
Follows up with appropriate communications

COLLABORATION AND COMMUNICATION ARE THE KEYS TO CREATING A SAFETY NET FOR OUR YOUTH

Warning Signs for Suicide:

- A previous suicide attempt
- Recent suicide attempt by a friend or family member
- Current talk about suicide or making a plan
- Preoccupation with death, a wish to die
- Giving away prized possessions
- Changes in behavior such as eating or sleeping habits.
- Displaying signs of serious depression: moodiness, hopelessness, withdrawal
- Recent suicide of a friend or family member
- Recent grief or losses
- Increased use of alcohol or drugs
- Ready access to firearms
- Impulsiveness and taking unnecessary risks
- Refusing help or support
- Lack of connection to friends or family
- Recent break-up with girl or boyfriend
- High or low academic achievement
- Persistent boredom; losing interest in hobbies, school, work
- Becoming suddenly cheerful after a severe period of depression

Other Risk Factors

- Ready access to firearms
- Lack of connection to family and friends (no one to talk to)

What Can We Do?

- Be observant
- Show that you care
- Ask the tough questions
- Get some help

Be Observant

- Know and be familiar with possible warning signs
- Pay attention to your suspicions
- Trust your judgment

Show That You Care

- "I'm concerned about you, about how you're feeling..."
 - "I've noticed you've been really sad lately."
 - "I'd like to hear about how you're feeling, *and*
 - about what you are thinking..."
-

Ask The Tough Questions

- “I wonder, are you thinking about hurting yourself?” or “Has suicide crossed your mind?”
- “Are you thinking about suicide, about hurting yourself?”

Get Help

Do not leave a student at risk alone.

Physically escort student to school counselor, school social worker or school nurse.

Helping Resources:

Crisis Response- Telephone # 820-6333

Crisis Text Line- 741741

National Suicide Prevention Lifeline- 1800-273-TALK

NM Crisis and Access Line- 1(855) 227-5485

SUICIDE PREVENTION AND INTERVENTION RESPONSIBILITIES:
For School Counselor, School Nurse or School Social Worker Only

REFERRAL: A student can be self-referred or referred by a friend, teacher, parent/guardian, neighbor, etc. The referral information should be investigated as much as possible prior to interviewing the student. This might include behavior changes and any other relevant information. It might also include speaking with staff who know the student well. However, the initial suicide assessment interview must be done as soon as possible, and on the same day the referral is made.

INTERVIEW: The school counselor, school nurse or social worker takes the student out of class and conducts an initial interview. If you have any resistance from school personnel, consult with your principal immediately. If the student has been assigned a SPED case manager, he/she must be notified and informed of the situation. The school counselor, school nurse, and school social worker will be trained and competent to administer the initial _____ assessment tool. This assessment tool and notes must be filled out completely and stored in a locked campus file cabinet. Since it is important to communicate with the agency or hospital if the student is taken for further help, a Release of Information should be obtained or be on file with the school.

INFORMING THE PARENT/GUARDIAN: Take all threats seriously. You must contact a parent/guardian if a student threatens suicide - to inform them of the threat and necessary next steps to be taken. This includes any reports of previous suicide attempts. It is advisable to inform the student first that you will be contacting their parent/guardian. When you contact parent/guardian concerning their child's suicidal threat, evaluate the parent/guardian's response. If the parent/guardian's response appears to be damaging to the child or likely to cause a suicide attempt, contact New Mexico Children, Youth & Families Department - CYFD.

- CYFD: 1-855-333-SAFE

SAME-DAY FORMAL SUICIDE ASSESSMENT: The parent/guardian should be advised **to pick up their child after the same-day formal suicide assessment and to sign necessary paperwork.** While waiting for the formal assessment, for parents, emergency transport, or police, the student will be in constant direct supervision by an adult and the student is not allowed to leave this supervision or the school.

While on the phone with the parent, inform them that you will be setting up an immediate appointment with a professional who will administer a formal suicide assessment. Or ask if they would like to go to a licensed clinician of their choice who is equipped to do a same-day suicide assessment. Either option may incur costs to the family.(still true?) The parent/guardian will need to provide transportation to the assessment if it will be done outside of the school. It may be advisable that a member of the CPI Team follow the family to the agency/hospital to ensure that there is a warm handoff to further assistance.

WHEN PARENT ARRIVES: 1) confer with parent and student together; 2) complete documentation below; 3) give parent: ROI and information and resources information

COMPLETE NECESSARY DOCUMENTATION: Store in locked campus file for 7 years:

- Initial Suicide Assessment with all Notes
- Acknowledgement of Referral (parent and school copy)
- Safety Plan (student and school copy)
- Release of Information (parent and school copy)
- Continual written notes on actions and progress

INITIAL SUICIDE ASSESSMENT: INTERVIEW AND NOTES

School Counselor – School Nurse – School Social Worker

CONFIDENTIAL INFORMATION: This form should be completed by whomever conducts the student interview

Documentation: All steps in the following process must be documented. The interview with the student, consultation steps taken, informing the parent/guardian(s) of the threat, the plan of action, and the steps taken to carry out the plan must be documented on this form and stored in a locked file with your notes.

Identifying Information: Referral date ____/____/____

Student's Name _____ ID Number _____

D.O.B. ____/____/____ Male Female

School _____ Grade _____ Teacher _____

Parent/Guardian(s) Name _____

Address _____

Phone (home) _____ Phone (cell) _____

Reason for Referral: (cite sources of information where possible) _____

When did the incident occur? ____/____/____ Who referred? _____

Content of referral incident (Attach copy of note, if applicable.)

Interview with Student:

Self-destructive method/specifics of plan: _____

Does the student have the means to carry out plan? Yes No

Does the student have access to firearms? Yes No

Who does the student think would be most affected by his or her death?

Category of Present Self-Destructive Behavior: (check any that apply and list response)

Suicide attempt: (doing something that he/she believes will cause death; having the conscious intent to die)

Suicide threat: (saying or doing something that indicates a self-destructive desire)

Suicidal ideation: (having thoughts about killing oneself)

Homicidal intent (indication of interest to harm others) Call State Police Police immediately – 911

History of Suicidal Behavior:

Prior Attempt(s) or Threat(s) No Yes (If yes, when? Describe briefly)

Threat is considered credible – continue with procedures for same-day formal suicide assessment

OR

Continue with counseling without referral for same-day suicide assessment.

Parent Contact Checklist

Parent/Guardian (name _____) was notified as to threat – Describe reaction of parent/guardian(s)

Same-day Suicide Assessment:

Was recommended

OR

Was not recommended

- Parent/Guardian verbally agreed to take student for suicide assessment.

(If not, please indicate parent's response.)

Referral / Recommendation

- School Based Health Center (free formal assessment)
- Referral made: _____ _____ _____
- Other referral - parent choice (please specify): _____
 Contact name _____ Appointment Date / Time ____/____/____
 Assessment Recommendation _____
 Date client seen ____/____/____ Date recommendation received ____/____/____
- Parent/Guardian was informed that they are financially responsible for assessment at source other than the School Based Health Center.

Please check boxes below & indicate name of person contacted, when they were contacted & by whom. _____

NOTIFICATION MADE TO:	NAME:	DATE:	CONTACTED BY AND ACTION:
<input type="checkbox"/> School Administrator			
<input type="checkbox"/> Parent/Guardian(s)			

IF NEEDED:

<input type="checkbox"/> School Counselor _____ School Social Worker _____ School Nurse _____		
<input type="checkbox"/> OTHER		
<input type="checkbox"/> Police		
<input type="checkbox"/> CYFD		

Please Print - Interviewer Name

____/____/____
Interview Date

Interviewer Signature



Home & School Level Safety Plan



Guardian Home-Based Plan

1. Guardian will provide the following supervision and/or intervention(s):

Click here to enter text.

2. Guardian agrees to:

Click here to enter text.

- Guardian signed permission to release/share information
- Guardian signed guardian emergency notice

Staff School-Based Plan

1. The school staff will provide the following supervision and/or check-in staff:

Click here to enter text.

2. The school staff will provide the following intervention(s):

Click here to enter text.

3. Follow-up meeting is planned for (*date*): Click here to enter text.

** Always provide guardian copy**

Safety Plan



Name _____

Date _____

Today I have said some things about death and/or hurting myself that have made others concerned for my safety. Others have told me how valuable my life is, but they want to make sure that I know how valuable my life is. I will complete this contract with a caring adult in order for us both to feel

comfortable that I value my life and that I know what to do if I start feeling like I could harm myself again.

What I look like when I'm starting to have a hard time and what tends to set me up to feel unsafe:

Things I can do or tell myself to make myself feel better:

People who care about me that I can call when I feel overwhelmed:

NAME **RELATIONSHIP** **NUMBER**

Hotline numbers I can call:

AGENCY	NUMBER	HOURS OF OPERATION
Pecos Valley Medical Clinic	505-757-6482	Mon-Thurs.: 8:00 a.m.-6:00 p.m., F: 8:00am-5:00pm
National Suicide Prevention	1-800-273-TALK	24 hours/7 days per week
New Mexico Crisis and Access Line	1(855) 227-5485	24 hours/7 days per week
Crisis Text Line	741741	24 hours/7 days per week
National Suicide Prevention Lifeline	(1-800-273-8255)/ 1-800-SUICIDE	24 hours/7 days per week www.suicidepreventionlifeline.org
Local Emergency	911	24 hours/7 days per week

Online resources:

AGENCY
National Suicide Hotlines
National Suicide Prevention
Yellow Ribbon
Department of Health & Human Services
Center for Disease Control & Prevention
US Department of Health & Human Services
Substance Abuse & Mental Health Services

WEBSITE ADDRESS
http://suicidehotlines.com/
http://www.sprc.org/
http://www.yellowribbon.org/
http://www.cdc.gov/ncipc/dvp/Suicide/
http://family.samhsa.gov/get/suicidewarn.aspx

COLABORACIÓN Y COMUNICACIÓN: Claves para crear una Red de Seguridad para nuestros Jóvenes

FAVOR DE ESCRIBIR EN LETRA DE MOLDE

Nombre del alumno _____

Indicaciones de Peligro en los Jovenes

- Ha intentado el suicidio alguna vez en el pasado
- Esta hablando del suicidio o esta haciendo un plan de suicidarse
- Esta obsesionado con la muerte
- Esta reglando sus cosas favoritas
- Da senas de depresion seria; tales como subibajas, falta de esperanzas, aislamiento
- Ha ocurrido un suicidio reciente de un amigo o un familiar
- Esta usando mas drogas o alcohol que antes
- Tiene acceso facil a una arma
- Toma riesgos fuera de lo normal o esta muy impulsivo
- No tiene conecciones con amigos ni con la familia
- Ha termindao recientemente una relacion con su novio/a
- Tiene calificaciones muy altas o muy bajas

Que podemos hacer?

- Sigue observando
- Demuestra su preocupacion
- Haz las preguntas dificiles
- Pide ayuda

Sigue Observando

- Conoce las indicaciones de peligro
- Haz caso a tus sospechas
- Confia en tu juicio

Demuestra su Preocupacio

- "Tu me importas, y me interesa saber lo que estas pensando..."
- "Me he dado cuenta que pareces muy triste ultimamente."
- "Me gustaria saber lo que sientes y piensas..."

Haz las Preguntas Dificiles

- “Estas pensando en hacerte dano, o se te ha ocurrido el suicidio?”
- “Estas pensando en suicidarte?”

Pida Ayuda – Crisis Response: número telefónico 820-6333

- “Es difcil saber que hacer, pero yo se done podemos pedir ayuda.”
- “Tu me importas, y me siento tan preocupado por ti que voy a conseguir ayuda ahora mismo.”
- Estoy aqui y cuentas conmigo. Vamos a hacer una llamada juntos.”

_____ /_____/_____
Firma del Estudiante Fecha

_____ /_____/_____
Testigo de la firma Fecha

CONSENT TO RELEASE / EXCHANGE INFORMATION

PLEASE PRINT - EXCEPT FOR SIGNATURES

I hereby request and authorize _____
Name and Address of Organization

to exchange with _____
Name of School Counselor, School Social Worker

at _____
School Site

the following specific information from my records:

Student Name

____/____/____
DOB

Check all that apply:

- Social/Psychological/Psychiatric Evaluation
- Medical/Health Information
- Treatment Summary
- Other (Specify)

I understand that I may revoke this consent at any time. This release is effective for one year from the date of my signature.

Any person or agency receiving this information is directed to treat it as confidential in accordance with the Family Education Rights and Privacy Act (34CFR99).

Print Name of Parent/Guardian

Signature of Parent/Guardian

____/____/____
Date

Signature of Student if over 14 years old

____/____/____
Date

PERMISO PARA COMPARTIR INFORMACIÓN

FAVOR DE ESCRIBIR EN LETRA DE MOLDE

Con esta forma, yo doy mi permiso a: _____
Nombre y dirección de la organización

Para compartir información con: _____
Nombre del consejero o trabajador social

en _____
Nombre de la escuela

La información específica es en referencia con:

Nombre del estudiante

_____/_____/_____
Fecha de nacimiento

Dirección

Indique todos los aspectos cubiertos por este permiso:

- Evaluación social/psicológica/psiquiátrica
- Información médico y de la salud
- Plan de tratamiento
- Otro (explique)

Entiendo que puedo revocar este permiso en cualquier momento.

Este permiso es vigente por un año a partir de la fecha de mi firma.

Cualquier persona o agencia que reciba esta información esta obligada a tratarla como confidencial de acuerdo con la ley (34CFR99) Acta de Derechos de Privacia en Educación Familiar.

Firma de padre/tutor

_____/_____/_____
Nombre y apellido del padre/tutor Fecha

_____/_____/_____
Firma de estudiante si tiene 14 años o mas Fecha

PARENT/GUARDIAN ACKNOWLEDGEMENT OF SAME-DAY SUICIDE ASSESSMENT REFERRAL

PLEASE PRINT - EXCEPT FOR SIGNATURES

School: _____ Grade: _____

Student's Name: _____ ID Number: _____ D.O.B. ____/____/____

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Phone Numbers: _____

Check All That Apply:

<input type="checkbox"/> I am the parent or legal guardian of the child listed above.
<input type="checkbox"/> I have the legal authority (legal custody) to make decisions for my child.
<input type="checkbox"/> I understand that a recommendation has been for my child to receive a formal same-day suicide assessment at no charge.
<input type="checkbox"/> I have refused the free assessment and I agree to take my child today to a qualified clinician of my choice for a formal suicide assessment: _____
Phone # _____ Address: _____
<input type="checkbox"/> I understand that if I choose to take my child to a provider of my own choice for a same-day suicide assessment it will be at my own expense.
<input type="checkbox"/> I do not agree that my child needs a same-day suicide assessment and will not authorize an assessment. I understand that PISD will notify NM Youth & Families Department (CYFD) of this choice.
<input type="checkbox"/> I understand that if the parent selected provider listed above does not confirm arrival for assessment, PISD will notify CYFD reporting medical neglect.
<input type="checkbox"/> I have signed a release of information form.
<input type="checkbox"/> I have received the phone number, address and map to assessment clinic.
<input type="checkbox"/> I have received parent information sheet.

Signature of Parent/Guardian Date ____/____/____

Signature of Parent/Guardian Date ____/____/____

Witness Name (school employee)

Witness Signature (school employee) Date ____/____/____

PARENT INFORMATION SHEET

COLLABORATION AND COMMUNICATION ARE THE KEYS TO CREATING A SAFETY NET FOR OUR YOUTH

Warning Signs for Suicide:

- A previous suicide attempt
- Recent suicide attempt by a friend or family member
- Current talk about suicide or making a plan
- Preoccupation with death, a wish to die
- Giving away prized possessions
- Changes in behavior such as eating or sleeping habits.
- Displaying signs of serious depression: moodiness, hopelessness, withdrawal
- Recent suicide of a friend or family member
- Recent grief or losses
- Increased use of alcohol or drugs
- Ready access to firearms
- Impulsiveness and taking unnecessary risks
- Refusing help or support
- Lack of connection to friends or family
- Recent break-up with girl or boyfriend
- High or low academic achievement
- Persistent boredom; losing interest in hobbies, school, work
- Becoming suddenly cheerful after a severe period of depression

Other Risk Factors

- Ready access to firearms or other means
- Lack of connection to family and friends (no one to talk to)

What Can We Do?

- Be observant
- Show that you care
- Ask the tough questions
- Get some help

Be Observant

- Know and be familiar with possible warning signs
- Pay attention to your suspicions
- Trust your judgment

Show That You Care

- "I'm concerned about you, about how you're feeling..."
- "I've noticed you've been really sad lately."
- "I'd like to hear about how you're feeling, *and*
- about what you are thinking..."

Ask The Tough Questions

- "I wonder, are you thinking about hurting yourself?" or "Has suicide crossed your mind?"

- “Are you thinking about suicide, about hurting yourself?”

Get Help

Do not leave a child at risk alone.

Stay connected to your safety net, including school staff who care about your child.

Reach out for the help you need!

Helping Resources:

Crisis Response: Telephone # 820-6333

Crisis Text Line: 741741

National Suicide Prevention Lifeline: 1800-273-TALK

NM Crisis and Access Line: 1(855) 662-7474

DAY 1 OUTLINE OF CPI TEAM/PISD POSTVENTION PROTOCOL

Postvention is the intentional professionally coordinated response after a crisis, such as the suicide of a student, that mitigates the impact of that tragedy. The goal of the PISD Procedures for Suicide Prevention and Intervention is to never need postvention.

STAFFING NEEDS ASSESSMENT

- The CPI Team collaborates with the school principal, counselors, and other relevant staff to assess initial resource needs.
- If necessary, the CPI Team will secure additional resources.

COMMUNICATION

- Principal identifies staff person to direct any media inquiries.
- Principal clarifies the details of death (and, if necessary, whether the family is calling it suicide.)
- Principal contacts family of deceased/suicide victim. Family is asked what and how information should be shared.
- Team decides how information will be shared as it becomes available.
- Principal, with support of CPI Team, creates a general, factual statement that will be communicated to staff and students.

MAKE A PLAN FOR THE DAY

- Principal convenes meeting with counselors, CPI team, and other staff to make a plan for the day and for subsequent days. Identify potentially vulnerable staff and students.
- Inform school staff. Whenever possible, principal and CPI team will convene an all staff meeting.
- Staff will be given a script detailing **what** to share with the students. Principal and CPI team will provide guidance to staff as to **how** the news is shared with students. Vulnerable students will be identified and escorted to Grief Room if unable to stay with their class group

GRIEF ROOM/COUNSELING SUPPORT

- The principal will designate a grief/safe room(s) for individual and/or group counseling. Students will sign in. CPI team will provide and guide age appropriate grief support/activities. This room will stay in place until the principal and CPI team decide it is no longer necessary.
- School counselor and postvention providers may also be called on to assess specific at-risk students and/or staff and, if necessary, will make appropriate referrals to school counselor or administration.

AT THE END OF THE DAY

- Persons responsible for any specific task/activity reports to principal and CPI team before leaving campus. Details on what has been accomplished and what needs follow-up will be provided.
- Principal with CPI team will offer a staff meeting at the end of the day and subsequent days as needed. This is a time when the staff can come together and provide input into planning for needs of the next days ahead and into the future.