



CRISIS INTERVENTION GUIDE

A Resource for School Personnel

CRISIS INTERVENTION MANUAL

Purpose of Guide

The purpose of the Crisis Intervention Guide is to help schools prepare for the possibility of a crisis. It is not always possible to avoid the occurrence of traumatic events, but it is possible to be prepared for them and to anticipate some of the many ramifications that are caused and must be dealt with quickly and professionally. Research demonstrates the value of effective preparation and response to a crisis. Dealing with a crisis effectively protects the emotional and physical well-being of individuals. Preparing for a crisis ensures an effective and well-organized response to a school crisis. While there is no crisis response plan that will work best for all situations, this guide provides action steps for schools to follow for most situations; however, some may need to be adjusted to meet the needs of the school or situation. This is not intended to replace the emergency plan, which is required by law, but is instead intended to be a resource. It is a working guide which will be modified as experiences refine our expertise in dealing with crisis.

Please note that many parts of this guide were adapted or taken from other sources including:

National Education Association, School Crisis Guide

Georgia Department of Education

School District of Volusia County, Crisis Response Guide

Missouri School Counselor Association, Crisis Manual

National Association of School Psychologists, Best Practices in School Crisis Prevention and Intervention & other published papers and materials

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SECTION 1: PREVENT

Positive School Climate: A Foundation for Safe and Supportive Schools

School climate is the foundation on which schools build their instructional program and their school emergency management system (National Education Association [NEA], 2018). At the core of safe and supportive schools are relationships of respect and connection between adults and students. A positive school climate increases the chances of students succeeding academically and decreases the chances of them suffering harm from threats or hazards. The authors of this manual encourage readers to reference the complete NEA School Crisis Guide that served as the basis for much of this guide.¹

The Georgia Department of Education supports the National School Climate Center definition of school climate as “the quality and character of school life” that is based on the “patterns of students’, parents’, and school personnel’s experiences of school life” (National School Climate Council, 2007, paragraph 2). Research has found that schools with positive school climates tend to have better test scores and graduation rates; in contrast, schools with negative school climates as a result of unsafe or hostile environments tend to have lower academic performance.

School Climate and Crises

School climate describes a range of campus conditions, including safety, relationships and engagement, and the environment, that may influence student learning and well-being. Positive school climates that promote student learning and well-being often feature:

- Safe environments free of violence, bullying, harassment, and substance use
- Appropriate facilities and physical surroundings
- Supportive academic settings
- Clear and fair disciplinary policies
- Respectful, trusting, and caring relationships throughout the school community
- Available social, emotional, and behavioral supports

Positive school climates are inclusive of and responsive to students of all backgrounds, regardless of race, color, national origin, language, disability, religion, sex, sexual orientation, or gender identity.

¹ National Education Association, 2018, <https://www.nea.org/resource-library/neas-school-crisis-guide>

Positive school climates also enhance safety in the school and community by increasing communication among students, families, and faculty. At the same time, schools reduce various forms of harm to students that can stem from negative school climates, including violence, bullying, and even suicide (NEA, 2018).

The NEA (2018) notes that a positive school climate affects all phases of crisis management, from prevention through recovery, in the ways listed below.

PREVENT: A positive school climate can help prevent crises because it can reduce incidences of behaviors that can lead to crises (e.g., bullying, substance abuse).

PREPARE: A predictable, orderly environment is better able to practice for emergencies.

RESPOND: Schools with positive school climates teach students the social and emotional competencies that enable them to develop persistence, tolerance of frustration, and ability to manage their emotions during an emergency.

RECOVER: Schools with a positive school climate recognize and value social and emotional health post-crisis.

A Comprehensive Approach to Safe Schools

School safety and a positive school climate cannot be found in a single curriculum or program. They are best achieved by comprehensive and collaborative efforts that require the dedication and commitment of all school staff and appropriate community members. Schools require consistent and effective approaches to prevent violence and promote learning, sufficient time to implement these approaches, and ongoing evaluation.

Rather than viewing school safety as a targeted outcome of a designated stand-alone program or piece of equipment, a comprehensive model seeks to integrate all services for students and families by framing behavioral, mental health, and social services within the context of school culture and learning. Integrated services lead to more sustainable and comprehensive school improvement, reduce duplicative efforts, and require leadership by the principal and a commitment from the entire staff.

A good school crisis plan will foster and protect both physical safety, such as a secure building, and psychological safety of a safe and supportive environment. This comprehensive approach is outlined in the joint paper, *Framework for Safe and Successful Schools* (Cowan, Vaillancourt, Rossen, & Pollitt, 2013). The framework that the authors describe highlights the unique role of the school principal and the complementary roles of school mental health and safety personnel (school social workers, school counselors, school psychologists and school resource officers). The model expounds upon these components in positive school climate: (1) connectedness among community members and caring relationships; (2) predictable environment that invites creative thought; (3) social-emotional skills curriculum; (4) positive and proactive discipline practices applied fairly and consistently to foster appropriate behavior; (5) system to identify, refer, and support students struggling with academics, relationships, or behavior; (6) principles practiced throughout each day; (7) physical space aligns with practices.

Multi-Tier System of Supports

The most effective way to implement integrated services that support school safety and student learning is through a school-wide multitier system of supports (MTSS). In Georgia, Multi-tiered System of Supports (MTSS) is a “tiered system of supports that integrates assessment and intervention within a school-wide, multi-level prevention system to maximize student achievement and reduce behavioral problems. MTSS promotes systems alignment to increase efficiency and effectiveness of resources” (National Center on Response to Intervention, 2010, as cited in Georgia Department of Education [GaDOE], n.d.). It is a data-driven prevention framework that uses Assessment (Screening and Progress Monitoring) to identify and predict students who may be at risk for poor learning outcomes or who experience social/emotional needs, and/or behavioral concerns that impact learning. The framework integrates instruction and intervention (PBIS, RTI, Student Support Team, Student Mental Health, Wraparound Services, etc.), delivered in levels of prevention, through interventions that vary in intensity based on individual student need.

Effective MTSS requires:

- Adequate access to **school-employed** specialized instructional support personnel (e.g., school counselors, school psychologists, school social workers, and school nurses) and coordinated community-based services
- Collaboration and integration of services, including integration of mental health, behavioral, and academic supports, as well integration of school- based and community services
- Adequate staff time for planning and problem solving
- Effective collection, evaluation, interpretation, and use of data
- Patience, commitment, and strong leadership

School climate can be enhanced by a data-driven, multi-tier framework that provides a continuum of behavioral supports and interventions to improve student behavior and achievement. Georgia's three-tier framework includes the following:

1. School-wide or universal interventions and supports focus on developing expected behaviors and social-emotional competence, and on preventing problem behavior.
2. A second tier of interventions targets groups of students who are at-risk or exhibiting problem behavior. These groups of students can be identified more easily, and their needs or behavior can be addressed more effectively when a school-wide foundation is in place (e.g., small-group interventions to teach emotional regulation skills, anger management, problem solving, and social skills).
3. A third tier of interventions targets individual students who are at even more elevated levels of academic and social-emotional behavioral need and risk.

While interventions for students who are at elevated levels of risk address their needs and problem behaviors, they should also **build the skills that support thriving in life and resiliency in crisis**. Using an evidence-based, multi-tiered behavioral framework has been found to improve school climate by reducing problem behaviors like bullying, drug abuse, and poor attendance, while making students feel safer and improving academic performance. Implementation of a school-wide framework provides a structure for schools in which to customize and organize the varied practices and programs they need to provide to their students based on data on student needs and local resources. Further, **such a framework may help schools to better identify students struggling with trauma post-event and then to select appropriate interventions to help them to recover**.

Promoting Social and Emotional Competencies

Social and emotional learning is important to enable individuals to learn to understand and manage their emotions and relationships, and to make good decisions. Social-emotional learning can help individuals stop and think before they react, control their response to stress, develop supportive and caring relationships, persist through challenges, seek help, and pay attention to their and others' needs and feelings. These and other social and emotional competencies can help individuals prepare for and respond to emergencies. Students are more likely to develop such competencies when they have good relationships with adults, and when the adults model these competencies (Jennings & Greenberg, 2009). For more information, visit the website of the Collaborative for Academic, Social, and Emotional Learning (CASEL) at www.casel.org.

Allow for the Consideration of Context

There is no one-size-fits-all approach to creating safe and successful schools. To be most effective, schools should assess the structures and resources already in place and determine what additional resources are needed. Schools should provide universal, secondary, and tertiary interventions that are most appropriate and culturally sensitive to their unique student populations and learning communities. Additionally, decisions regarding appropriate security measures, including the use of School Resource Officers (SROs), should be determined by each school's leadership team and not via universal mandate.

Preventing Discrimination in Discipline and School Climate

Disproportionality in discipline continues to exist among Black or African American students, males, and students with disabilities. In 2019, U.S. Department of Education (US DOE) Office for Civil Rights revised data highlights on school climate and safety using 2015-2016 Civil Rights Data Collection (CRDC). The CRDC is a survey of public schools that measures access, programming, and resources that impact equity in education. The highlights report statistics on offenses, harassment, and school discipline by race, sex, and disability status and illustrate these disparities (US DOE, 2019). For example, Black students represented 15 percent of the total enrollment and made up 31 percent of the students arrested or referred to law enforcement. Furthermore, the U.S. Government Accountability Office (US GAO) also published a report to Congress specifically on widespread discipline disparities for Black students, boys, and students with disabilities regardless of type of discipline, poverty, and type of school (US GAO, 2018). In order to address inequities that are reinforced by such things as microaggressions and implicit bias; schools can talk about and address discriminatory practices so that school environments are inclusive and safe for all students (Carter, Skiba, Arrendondo, & Pollock, 2017). We need to keep in mind that microaggressions and implicit bias on such things as disability, ethnicity, race, and socio-economic status affect all students. The National Center on Safe Supportive Learning Environments has resources to guide and assist schools in implementing strategies to respond to and prevent discrimination based on race, ethnicity, sexual orientation, gender identity, religion, and national origin.²

Guiding Principles: A Resource Guide for Improving School Climate and Discipline³ describes the key principles and related action steps that can help guide state and local efforts to improve school climate and school discipline. School-based health and mental health personnel are explicitly mentioned and acknowledged for the important role they play in improved school climate and the implementation of positive, preventative approaches to discipline. This guidance is extremely important to school leaders in minimizing the unintended consequences of unreasonable and unjust school disciplinary practices. This guidance also endorses and encourages a comprehensive, coordinated approach using evidence-based practices and multidisciplinary teams of support personnel offering tiered interventions and supports.

Every school district and school should develop a consistent code of conduct that reinforces values such as respect, fairness, tolerance, and personal responsibility. The code should clearly outline unacceptable behaviors, including bullying, and consequences for violations. Bullying behavior includes not only physical aggression, but also verbal and cyber threats, name calling, rumors and menacing gestures. All staff, including support personnel, should receive training on how to identify bullying and other destructive behaviors and how to respond.

Defining and, hence, understanding “bully” and “victim” behavior is complicated and challenging (Freiberg, 2010). Scholars sometimes define “bullying” as intentional acts that are carried out by a person or group who has more power than the target of this behavior. The Centers for Disease Control and Prevention defines it as follows: “Bullying is any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm” (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014, p. 7). However, educators “on the ground” often have difficulty discerning intent and/or power relationships. Each state’s anti-bullying laws have a unique definition of bullying. “Bullying,” no matter how it is defined, is about inappropriate behaviors, including both words and deeds. We use the terms bully and perpetrator as well as “victim” and “target” interchangeably. It is most helpful to avoid labels and talk about “mean, cruel and/or bullying behaviors.”

Suicide Prevention

Suicide is the second leading cause of death among 15- to 19-year-olds, and the third for 10- to 14-year-olds (Centers for Disease Control and Prevention [CDC], "Injury Prevention & Control," n.d.). Research has consistently shown a strong link

² National Center on Safe Supportive Learning Environments, <https://safesupportivelearning.ed.gov/hot-topics/preventing-and-responding-discriminatory-behavior-schools-and-campuses>

³ US DOE Guiding Principles: A Resource Guide for Improving School Climate and Discipline
<https://www2.ed.gov/policy/gen/guid/school-discipline/guiding-principles.pdf>

between suicide and depression, with 90 percent of the people who die by suicide having an existing mental illness or substance abuse problem at the time of their death.

Recognizing the warning signs of depression, mental illness, and other indicators of suicidal thoughts and behaviors is key to prevention. More on what to watch for and what to do is available from [save.org](https://www.save.org).⁴ It is essential that this information be disseminated when advocating for improved suicide awareness and prevention efforts in school districts and communities.

Mood disorders, including depression and bipolar disorder, are risk factors for suicidal behavior. Among people with mood disorders, approximately 30 percent to 50 percent have attempted suicide (Isometsa, 2014). Individual characteristics, including but not limited to mental health, self-regulation, and social skills, in addition to contextual factors place some youth at higher risk for suicide. Contextual factors may include poor caregiver relationships or absent caregivers, changing family structure, family conflict, substance use in the family, abuse, financial strain, and mental illness or suicide in the family. Individual and contextual factors need to be considered together in prevention and intervention efforts (School District of Volusia County, 2018/2019).

The key to prevention is reducing incidents and managing behaviors before they escalate. Awareness, knowledge, and practices that promote sound mental health can greatly reduce and often prevent a crisis. While educating students is the primary mission of every school and every educator, this is only possible when schools provide students a safe and supportive learning environment. A strong emphasis on prevention is a central component of any comprehensive school crisis plan. Prevention needs to be multifaceted and comprehensive. It is an ongoing, long-term effort to promote a positive school climate, facilitate healthy student development, prevent problems, and respond as soon as problems are identified. The National Association of School Psychologists partnered with multiple organizations to publish a model guidebook for suicide prevention policy (National Association of School Psychologists, "Model School District Suicide Prevention Policy," n.d.).

Prevention includes:

- Addressing specific topics that may lead to a school crisis (e.g., gangs, violence, bullying, fights, anger management, suicides, depression, substance abuse, domestic violence)
- Implementing primary prevention programs (e.g., support for personalized learning, positive behavior interventions and supports (PBIS), comprehensive school counseling programs, expanded school mental health)
- Identifying at-risk students
- Linking school-based mental health counseling to community services
- Providing staff training programs (e.g., Mental Health First Aid and Trauma Sensitive Schools) to assist staff with identifying vulnerable students, responding appropriately, and making appropriate referrals

Staff Training on Suicide Prevention

Educators need more guidance on recognizing the signs of suicidal thoughts and speaking to students who may be at risk. A clear process for [assessing for suicide and self-harm](#) is in place for Richmond County School System and located in Section 3 of this guide. School personnel should refer immediately to a school-employed mental health professional whenever they suspect suicidal ideation. Teachers who utilize journaling need to be attuned to references to suicide, including passive suicide ideation. Passive suicide ideation may present as a student expressing that they have no purpose in living, wanting to be dead or escape pain forever, or wishing they could fall asleep and not wake up.

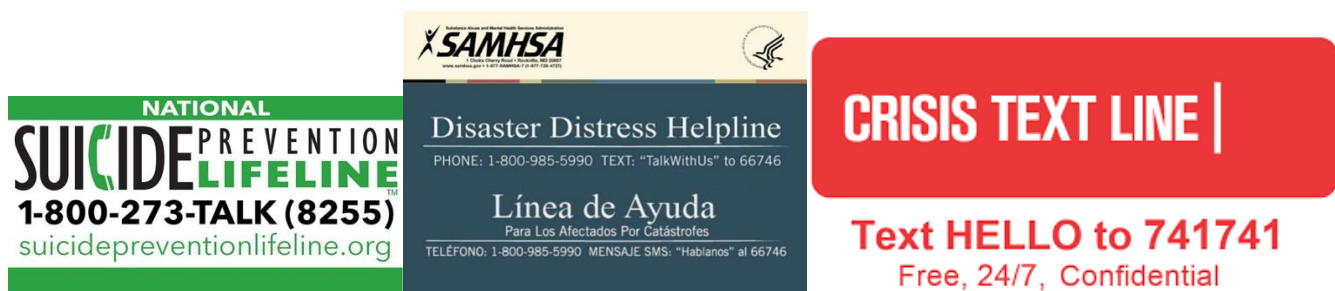
Students also need to be reminded that they should seek trusted adults when they are concerned about the safety of a fellow student or anyone in the school community. Because students are more likely to hear from peers about other peers at risk for suicide or self-harm, ensure that concerned students know how, when, and where to seek help, especially after school hours or during school holiday breaks. Schools should integrate prevention activities in schools,

⁴ Suicide Awareness Voices of Education, "How to Help Someone Who Feels Suicidal," <https://www.save.org/find-help/im-concerned-about-someone-else/>

such as annual depression and substance use screenings, to ensure that students at risk are identified and provided with appropriate intervention. Local, state, and national resources are below.



- Be Safe! Richmond County School System knows that students are the best sources of information to find out about threats and problems before they occur. Be Safe! is the district's anonymous tip line that is monitored 24 hours a day, 7 days a week, 365 days a year by Sprigeo. Students, parents, school personnel, and members of the Richmond County community at large can make anonymous reports by phone, online, or through a free app. District and school personnel are alerted within minutes or several hours, depending on the urgency of the issue, and administrators and safety teams coordinate responses. Make a tip by calling 706-828-1077, click the tip line icon on any school or the district homepage, or download the app for Apple or Android devices. More information is available in Section 2 of this guide. See the online form here:
<https://app.sprigeo.com/district/richmond-county-school-system>



- Several national resources are available as well 24 hours a day, 7 days a week, 365 days a year. The National Suicide Prevention Lifeline (<https://suicidepreventionlifeline.org/>) and the National Disaster Distress Helpline (<https://www.samhsa.gov/find-help/disaster-distress-helpline/contact-us>) administer and enhance the nationwide network of crisis centers that provides counseling for individuals in emotional distress. People who are in crisis or are concerned about someone else in crisis can call the Lifeline at 800-273-TALK (8255) or chat online at <https://suicidepreventionlifeline.org/chat/> and be rapidly connected to the nearest crisis center within the network to receive help. Access the Disaster Distress Helpline by calling 800-985-5990 or by sending a text message "TalkWithUs" or "Hablanos" to 66746. The Crisis Text Line can be reached by sending a text message in English or Spanish to 741741.



- The Georgia Crisis and Access Line (GCAL) (<https://www.georgiacollaborative.com/providers/georgia-crisis-and-access-line-gcal/>) is a Georgia-specific resource with providers equipped in English and Spanish. It also operates

24 hours a day, 7 days a week, 365 days a year. Intervention specialists can provide telephone crisis counseling, dispatch a mobile crisis team, assist individuals with crisis or detox centers, and help set up appointments for urgent needs. Call 1-800-715-4225 or download the free "MyGCAL" app for Apple or Android devices.

For more information, see American Association of Suicidology at www.suicidology.org

After Suicide: A Toolkit for Schools can be found at the [Suicide Prevention Resource Center](#). (link to PDF)

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SECTION 2: PREPARE

Overview

It is important to have plans for responding to the range of possible emergencies and crises, whether they are caused by humans or by nature and are expected or unexpected. Examples include natural disasters, medical situations, violent incidents, large-scale fights on school grounds, suicides, the death of a student or staff member, a missing student, chemical releases or spills, communicable disease outbreaks, bus transportation accidents, traffic problems, utility outages, and civil unrest. These plans may need to be modified depending on the school (e.g., urban, rural, elementary, secondary) and any hazards unique to your community.

Emergency: An urgent situation that calls for immediate action such as a school shooting, tornado, gas leak, or fire.

Crisis: An unfolding situation that has reached a critical phase with the distinct possibility of a highly undesirable outcome.

Emergencies and crises should be addressed through [School Safety & Security](#) and [Student Services](#). These departments often work together to establish the best procedures for responding. Natural disasters are most often handled by the Emergency Preparedness and Training. The Operations and Investigations division can assist with emergencies and crises involving threats and violence. Student Services most often responds when there is a death or threats (self-injury, suicide, etc.). While the crisis response team for your school should incorporate a significant number of individuals from your school. For the purposes of the crisis guide, the focus of the crisis team will be for school-based crisis interventions that are not major emergencies to include natural disasters, violent episodes, etc., but instead responses by the Student Services department as described in Sections 3 and 4.



Richmond County School System now has an anonymous Tip Line that can be used to report any concern to student and/or staff safety. The Tip Line is through Sprigeo and can be accessed online at www.rcboe.org/tipline or by using the Sprigeo app that can be downloaded onto Apple and Android products, or by calling the local hotline number 706-828-1077.

School Crisis Response Team

Members of the school crisis response team may include:

- Principal
- Assistant principal
- School-employed mental health professional (e.g., counselor, social worker, psychologist)

- School nurse
- Security officer
- Front office professional
- Other identified staff as available

Training Crisis Teams and School Staff

Although school staff members have a general understanding of child development and possess instructional skills, many are not familiar with children's reactions to trauma and stress, and how they relate to a child's development. Also, many educators do not know how to apply their instructional abilities to support children and teach them positive coping skills during a crisis. Most school staff members are not aware of the basic principles of an incident command structure, nor do they know how to maintain an organizational focus during a crisis. Therefore, it would be helpful to utilize support staff to provide training to the teachers and School Crisis Response teams.

How Does Your Existing Plan Measure Up?

Do you have a plan already? Update your plan regularly to take into account best practices, changes in facilities and staffing, and an active roster of students. Here's a helpful checklist to get you started.

Does your plan:

- Identify safety policies, multi-hazard threats, and intervention procedures?
- Incorporate the structure and tenets of the National Incident Management System (NIMS)/ ICS?
- Have a process for informing parents about the plan's key elements and procedures prior to an emergency?
- Work when used in practice runs? Re-evaluate after practice. Require that the crises teams meet after drills and other training to discuss strengths, weaknesses and areas needing improvement.
- Determine procedures for canceling school, early dismissal, and using the school as a shelter for lockdowns, evacuations, and relocation? Take into consideration whether the school uses the designated community emergency shelter.
- Provide steps for aiding victims and "normalizing" the school environment in the aftermath of a crisis?
- Include ongoing collaboration and input from public safety and other response partners?
- Provide a memorandum of understanding (MOU) with response partners?
- Include a mechanism for police to notify the school of certain critical incidents, such as the death of a school-aged child, the death of a school employee, or a significant event that, in the opinion of police, may impact children and school staff?
- Include threat assessment procedures and guidelines? This must include suicide prevention procedures as "threat to self or others."
- Determine how school staff will be notified of troubled students who may pose a threat to safety? This should be consistent with the mental health referral process that should also be established and regularly utilized.
- Identify ways students, parents, staff, and community can report threats and suspicious incidents such as providing a specific contact name, phone number, and email address? The ability for anonymous reporting could also be considered.
- Outline notification procedures, including assigning someone responsibility for making calls to families?
- Provide for an annual update of the plan?

Resources in Preparedness

Education Facilities Clearinghouse: www.ed.gov/category/subject/safety

Developing a Comprehensive Approach to School Safety: [Address the safety of school buildings by incorporating the principles of crime prevention through environmental design.](#)

G. Victor Hellman, Ed.D., ASBO International's *School Business Affairs Magazine* Access online at: www.efc.gwu.edu/safetycenter

Education Facilities Clearinghouse:
[State Departments/Resources](#)

States each have their own Departments of Education and many have specific departments for school facilities maintenance and/or construction. Each state has a link to some general information about how many students and schools it has and links to pertinent websites. [Readiness and Emergency Management for Schools \(REMS\)](#) has state resources for each state. Access online at: [www.efc.gwu.edu/main-library/ state-trial](http://www.efc.gwu.edu/main-library/state-trial)

FEMA Incident Command System (ICS) Resource Center www.fema.gov/incident-command-system

For an example of a school district that exemplifies preparedness, consider including Lincoln County in Oregon: www.lincoln.k12.or.us/dept_programs/safety.php



SECTION 3: RESPOND

Considerations

When responding to a crisis, it is important to remember that there are a number of factors that could impact a student's response. Such factors include the context of the crisis, unique needs of special populations, developmental levels, cultural differences, and background which may include previous trauma. Each of these factors influences a student's ability to cope with different situations.

Cultural Considerations

Cultural differences often impact what an individual *perceives as a crisis*, how the individual *deals with crisis* and appropriate *ways to help that individual during a crisis* (Sandoval & Lewis, 2002). Therefore, it is important to be aware of cultural differences and variations among the students and staff within the building.

Childhood crisis reactions typically include confusion, disorientation, and disturbed problem solving abilities (Terr, 1991). Responding to a crisis can impact one's ability to function cognitively and socially in the classroom. However, it should be noted that some students appear to lack a response, as it is within their culture to maintain dignity and emotional strength, or have multiple familial supports; while others may seem to be "overreacting" to an observer but be within the normal coping behavior for their culture. Thus, it is extremely important for all individuals responding to children in crisis and trauma to have a thorough understanding of cultural differences and response efforts are equitable across groups.

Within crisis situations, it is also important to consider cultural differences that are prevalent in everyday situations such as language, communication (verbal and nonverbal), beliefs, attitudes, and cultural norms. Some individuals may have language barriers or require interpreters. In those instances, it is best to have a crisis responder/interventionist who is proficient in the student's native language. Knowing this may not always be possible, using interpreters may be necessary. Nonverbal communication varies among cultures and is important to be aware of during a crisis. Being knowledgeable about a student's comfort level with eye contact, physical proximity to others, and gestures. Group intervention is often relevant for most cultures as they are consistent with common aspects of many cultures (Esquivel, 1998).

Developmental Aspects

Trauma and crises often have an impact on children, but a child's age and/or developmental level also influences the child's perception and understanding of the event, quality of the response, coping style, and memory of what occurred (Pfohl, Jimerson, Lazarus, 2002). Younger children, preschool age, often have fewer verbal responses and more behavioral reactions. They may exhibit regressive behaviors and are often affected by their parents' reactions. School-age children more often react with aggressive behaviors or are very inhibited. Their behaviors can be inconsistent and reckless (Pfohl, Jimerson, Lazarus, 2002). Many other symptoms and responses such as attention issues, sleep problems, disruptive behaviors, and poor school work often occur as well. Adolescents (12 – 17 years of age) are more likely to

respond similar to an adult (NIMH, 2000). They may exhibit social problem, employ avoidance tactics, have learning and attention difficulties and lessen independent behaviors. In many cases adolescents often feel guilty about the event as if they could have prevented it and in some cases can have thoughts of revenge that can hinder recovery. With all ages, students who have previously experienced trauma are likely to have more difficulty with responding. Other contextual variables also affect an individual including degree of life threat, parental reactions, gender, socio-economic factors, and culture. Because of many of these issues, the following section provides a brief description about trauma informed response, which is a recommended way to deal with issues and respond to children when situations occur.

Trauma Informed Response

Children and adolescents experience trauma commonly, as “...more than two thirds of children report at least one traumatic event by the age of 16” ([SAMHSA, 2020](#)). The National Institute of Mental Health defines childhood trauma as, “The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects.” There are different types of trauma, including acute, chronic, and complex which can be caused by a number of factors such as abuse, natural disaster, domestic violence, health issues, or loss, to name a few. Nearly 35 million children in the United States are living with emotional and psychological stress (NCHS, 2012).

As members of a school district, working with youth is our job. So, it is of utmost importance that everyone can recognize the signs of trauma and know how to react to reduce further distress. While these can differ across age and grade levels, some general signs include:

- Irritability
- Excessive anger
- Easily startled
- Loss of appetite or Extreme overeating
- Aggression
- Frequent tardiness or absence

Check out the [Child Trauma Toolkit for Educators](#) for more in-depth information on the impact of trauma on students.

When a child may have experienced trauma, it is important to think before we react. There is no norm to how a student will act in the classroom and we should “expect the unexpected”. That being said, we cannot take reactions personally and need to develop general practices to work with students who may have been traumatized. According to SAMHSA (2014), trauma sensitive schools take a whole-child approach to foster growth in four key areas:

- Relationships with teachers and peers
- Self-regulation of behaviors, emotions, and attention
- Success in academic and non-academic areas
- Physical and emotional health and wellbeing

Schools that adopt such an approach see positive gains in students’ academic and behavioral outcomes, as school staff are trained on how to recognize and respond to those who have been impacted by trauma. The school has to make a climate and mindset change to embrace teamwork and the shared responsibility for all students.

Responding to Specific Crises

The following rules have been taken directly from the Richmond County School System Code of Conduct.

Bullying

Rule 5(B) [State 29]

An act that is: 1. Any willful attempt or threat to inflict injury on another person, when accompanied by an apparent present ability to do so; 2. Any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm; or 3. Any intentional written, verbal, or physical act which a reasonable person would perceive as being intended to threaten, harass, or intimidate, that: a. Causes another person substantial physical harm within the meaning of O.C.G.A. § 16-5-23.1 or visible bodily harm as such term is defined in O.C.G.A. §16-5-23.1; b. Has the effect of substantially interfering with a student's education; c. Is so severe, persistent, or pervasive that it creates an intimidating or threatening educational environment; or d. Has the effect of substantially disrupting the orderly operation of the school. The term applies to acts which occur in school, on school property, on school vehicles, at school bus stops, at school related functions or activities, en route to and from school or by use of data or software that is accessed through a computer, computer system, computer network, or other electronic technology of this School System.

Any report of bullying will be appropriately **investigated by the administration** in a timely manner based on the nature of the complaint to determine the following: a. whether bullying has occurred; b. whether there are other procedures related to illegal harassment or discrimination that should be implemented; and c. what other steps should be taken.

Cyber-Bullying

Rule 5(B) [State 29]

The term [bullying] also applies to acts of cyberbullying which occur through the use of electronic communication, whether or not electronic act originated on school property or with school equipment, if the electronic communication: (1) is directed specifically at students or school personnel, (2) is maliciously intended for the purpose of threatening the safety of those specified or substantially disrupting the orderly operation of the school, and (3) creates a reasonable fear of harm to the students' or school personnel's person or property or has a high likelihood of succeeding in that purpose. Electronic communication includes, but is not limited to, any transfer of signs, signals, writings, images, sounds, data or intelligence of any nature transmitted in whole or in part by a wire, radio, electromagnetic, photo electronic or photo optical system.

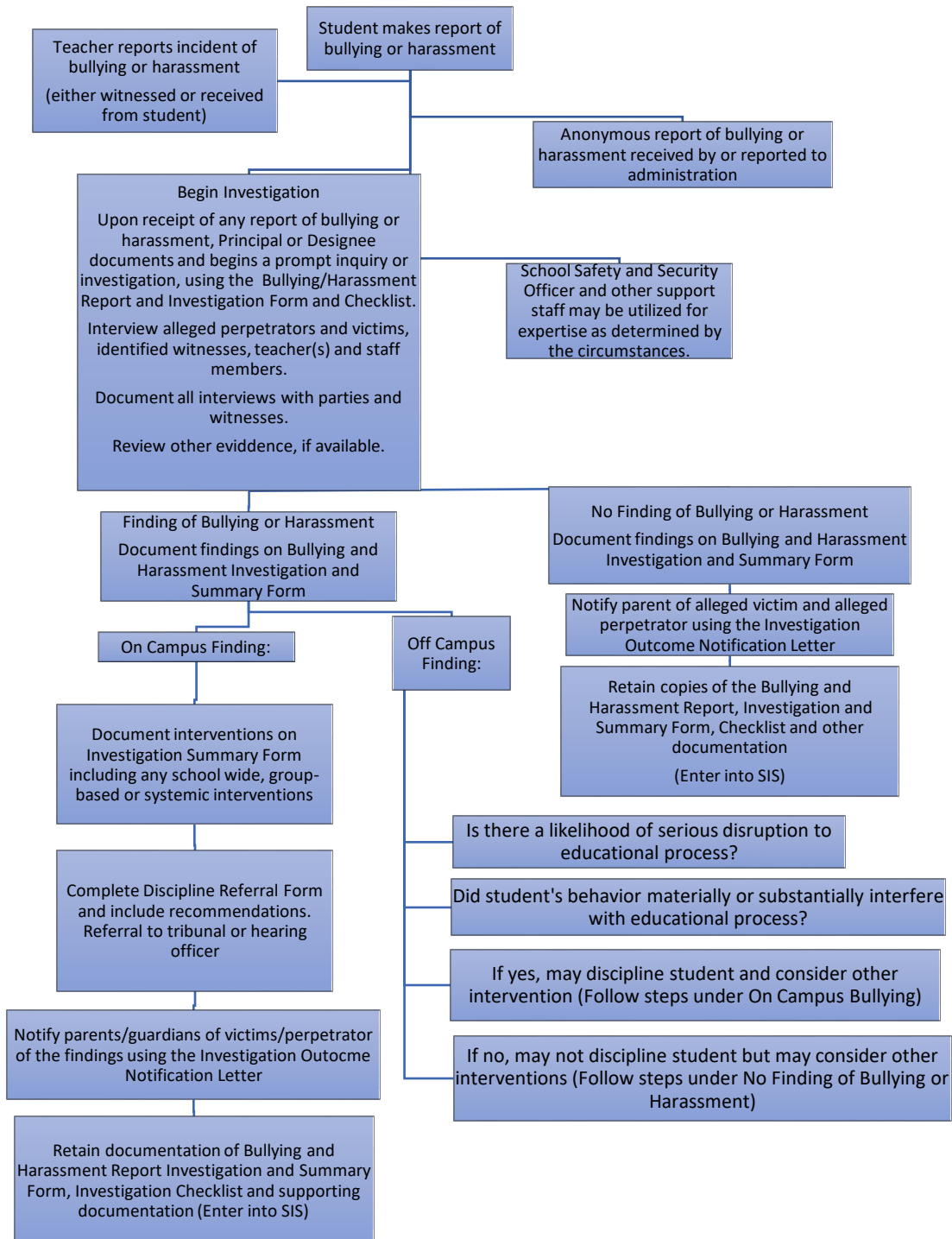
Procedures for bullying should be followed for incidents involving cyber-bullying

The Richmond County School System has a bullying policy, which can be accessed using the following link

<https://www.rcboe.org/site/handlers/filedownload.ashx?moduleinstanceid=33991&dataid=21796&FileName=Memo%20and%20Policy%20on%20Bullying.pdf>

The procedures for a reported bullying incident are noted in the following flow chart with supporting documents and resources located at <https://www.rcboe.org/Domain/7690>.

BULLYING AND HARASSMENT PROCEDURES



Child Abuse/Child Maltreatment

The Code of Ethics for Educators defines the professional behavior of educators in Georgia and serves as a guide to ethical conduct. The Georgia Professional Standards Commission has adopted standards that represent the conduct generally accepted by the education profession. Standard 8: Required Reports states the following: “An educator shall file reports of a breach of one or more of the standards in the Code of Ethics for Educators, child abuse (O.C.G.A. §19-7-5), or any other required report”.

Additionally, the Mandated Reporter Law - O.C.G.A. §19-7-5 (2016) requires that all workers within the school system are required by law report abuse or suspected abuse of a child if there is reasonable cause, within 24 hours. The law can be found at the following link: <https://oca.georgia.gov/training/mandated-reporting>.

The following information is taken from the Georgia Department of Education mandated reporter form document. Mandated reporters are encouraged to start using the secure web-based portal at <https://cps.dhs.ga.gov/Main/Default.aspx> to make a CPS referral and track previous referrals.

Georgia Child Protective Services Mandated Reporter

A report can be made by **calling 1-855-422-4453**, 24 hours a day, 7 days a week, 365 days per year. A phone agent will respond to your call quickly and gather necessary information that an intake specialist will need to assess the child’s safety.

Mandated Reporters also have three additional CPS reporting options. Please use only one CPS reporting option per family:

Option One: Complete your report on the CPS mandated reporter website at <https://cps.dhs.ga.gov>. If you are using this option and received an autoreply from the website, please do not use other reporting options. We will process the report based on what you have provided or call you at the number you have on your report if we need additional information. Before you can register on the mandated reporter website, you must take a short, free online mandated reporter training offered by Pro Solutions training at: <https://www.prosolutionstraining.com>

Option Two: E-mail the report to cpsintake@dhs.ga.gov. You will receive an autoreply stating that the CPS report has been received. You will receive a return phone call within 2 hours if additional information is needed. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email. The mandated reporter letter is emailed to the email address you registered on the CPS website with. The return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached.

Option Three: Fax to **229-317-9663**. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email. The mandated reporter letter is emailed to the email address you have on your fax. You will receive a return phone call within 2 hours if additional information is needed. The return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached and your email address. To request a PDF version of the CPS form or mandated reporter letter, please contact customer_services_dfcs@dhs.ga.gov.

Please note that you may be called for additional information regarding this report.

All reporters have the ability to make an anonymous report. Your information will be kept confidential and will not be shared. If court action is initiated, the case record may be subpoenaed as a result of court proceedings and the reporter cannot be assured confidentiality will be fully protected. It may be necessary for you to appear in court to protect the child. All reporters are immune from liability when the report is made in good faith.

Damage, Destruction, or Theft of School Property

Rule 2 [State 11, 12, 20]

A student shall not cause or attempt to cause willful or malicious damage to real or personal property of the school, steal or attempt to steal school property, or use any school property without authorization. In addition, a student shall not mark, deface or destroy school property.

The following disciplinary procedures will be followed for a violation of this rule:

(a) First Offense: The first offense will require a minimum discipline up to ten (10) days suspension. (If the act is severe enough, in the judgment of the appropriate school official, more severe discipline may be given on the first offense.) The student shall be required to have the parent or guardian come with the student to school for a conference. At this meeting with the parent or guardian, the Principal will give a written notice to the parent or guardian stating that the next offense will result in expulsion from school for the remainder of the school year.

(b) Second Offense: The second offense will result in expulsion for the remainder of the school year, upon a finding of violation by the Tribunal, after impartially hearing the evidence. A student, to the extent allowed by law, must make restitution for damages to property before the end of the school year. Extreme cases will be referred to proper authorities.

Unexpected Death at School

In the event of the death of a student or school faculty or staff member, the following chain of events should be employed. The cause of death is an important factor to consider and will play a role in individuals' responses to the occurrence and their level of grief. Categories typically include accidental, natural, suicidal and homicidal (Worden, 1991). Any death will likely require some level of support for the youth and teachers and school staff. Therefore, the district has created a district level crisis team who can assist with deploying staff trained in dealing with grief and traumatic situations. The response protocol for an unexpected death at school should be followed (See flowchart below).

Each cluster of schools (by high school) have been assigned a "crisis team". The crisis team will be deployed when the District Crisis Team finds that "District" level response is needed. That decision is made in collaboration with the Area Superintendent for the school and the school administration. If additional support staff is needed, the cluster-based Crisis Team will be sent to assist at the affected school. If the response only requires "Site-Based" response, the School Psychologist and School Social Worker for that school will be required to respond and assist at the location. If the response is considered not traumatic, no action will occur and the administration may contact Student Services if assistance becomes necessary.

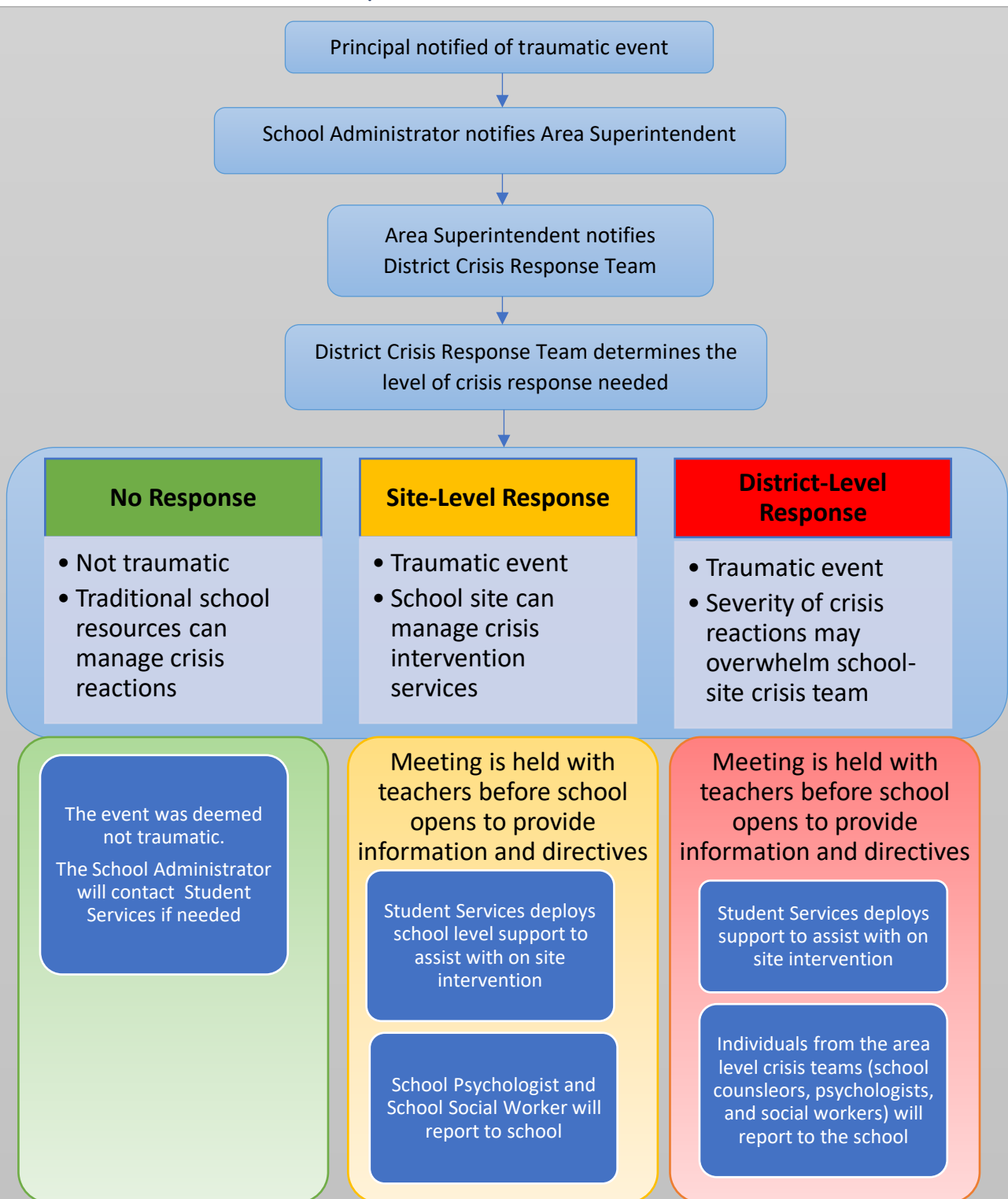
District Crisis Team Members:

Asst. Superintendent of Student Services
Director of Student Services
Assistant Director of Student Services
Coordinator of Support Services

Main contacts to deploy support to schools:

Assistant Director of Student Services: 706-826-1129
Coordinator of Support Services: 706-826-1131

Response to Traumatic Event



**Adapted from Brock, Lazarus, and Jimerson (2002)*

Intervention for Unexpected Death at School

The [National Alliance for Grieving Children](#) makes the following statements surrounding grief and loss:

- Grief is a normal reaction for children to the death of someone significant.
- Children need to know the truth.
- Each child's grief is as unique to him or her as was their relationship with the deceased.
- Grieving children often feel alone and misunderstood.
- Children will experience grief over the death of significant people at different times throughout their lives.
- Grieving children often experience personal growth as a result of their loss.
- Grieving children feel less alone when they are with other children who have experienced the death of a significant person and when they have loving, consistent adults in their lives.

Need more information about how to talk to a child about death and dying? Check out some of these [resources](#) for children and teens.

Suicide Intervention

The National Association of School Psychologists (NASP), National Association of Secondary School Principals (NASSP), and American School Counselor Association (ASCA) have endorsed the Suicide Prevention Resource Center (SPRC) and American Foundation for Suicide Prevention's [After a Suicide: A Toolkit for Schools: Second Edition \(2018\)](#).

Helping students cope with death, whether suicide or some other reason can be difficult to deal with as emotions are running high. As educators we need to be aware of the stress and trauma that can be associated with dealing with death and grief. Any student struggling with grief and loss should work with a mental health professional, beginning with the school counselor, school social worker or school psychologist to address their emotional needs. Some students may require group-based intervention to share their reactions and feelings with others experiencing similar difficulties. While others may need individual intervention and counseling.

Teaching and practicing coping skills can be very helpful and important for students. The following are different ways in which students can be encouraged to practice coping skills per *After a Suicide: A Toolkit for Schools (2018)*:

- Use simple relaxation and distraction skills, such as taking three deep, slow breaths; counting to 10; or picturing themselves in a favorite calm and relaxing place
- Engage in favorite activities or hobbies, such as music, talking with a friend, reading, or going to a movie
- Exercise
- Think about how they have coped with difficulties in the past and remind themselves that they can use those same coping skills now
- Write a list of people they can turn to for support
- Write a list of things they are looking forward to
- Focus on personal goals, such as returning to a shared class or spending time with mutual friends

It is important to reassure students that they should not feel guilty about their feelings. And they should also be encouraged to think about how they can best remember and commemorate a friend/family member. This can include writing a personal note to the family, attending the memorial service, creating a memory book, or doing something kind for another person in honor of their friend.

Addressing Grief in Children and Youth

The National Association of School Psychologists produced the following publication to address grief in children and youth. A printable PDF version is available [here](#).

School Safety and Crisis

Addressing Grief: Tips for Teachers and Administrators

School-based support and increased understanding are essential when a student experiences the death of a friend or loved one. While each student will be affected differently depending on his or her developmental level, cultural beliefs, personal characteristics, family situation, and previous experiences. There are some strategies that can be helpful in supporting bereaved students.

General Tips to Support Students of All Ages

- Be understanding and tolerant of common grief reactions which include: decreased appetite, difficulty sleeping, a decreased ability to concentrate, increased sadness, and social withdrawal. Students sometimes also feel anger toward the deceased for leaving them.
- Be simple and straightforward. Discuss death in developmentally appropriate terms for students.
- Use words such as “death,” “die,” or “dying” in your conversations and avoid euphemisms such as “they went away,” “they are sleeping,” “departed,” and “passed away.” Such euphemisms are abstract and may be confusing, especially for younger children.
- Let students know that death is not contagious. Although all human beings will die at some point, death is not something that can be “caught” and it is unusual for children to die.
- Be brief and patient. Remember that you may have to answer the same question multiple times and repeat key information to ensure understanding.
- Listen, acknowledge feelings, and be nonjudgmental.
- Express your own feelings in an open, calm, and appropriate way that encourages students to share their feelings and grief.
- Avoid making assumptions and imposing your own beliefs on students.
- A variety of feelings are normal. Be sensitive to each student’s experience, as there is no one right way to respond to a loss. Feelings and behaviors will vary across students and will change throughout the bereavement process.
- Normalize expressed feelings by telling students such are common after a death. However, if their expressions include risk to self (e.g. suicidal thoughts) or others, refer immediately to the appropriate professionals.
- Be sensitive to cultural differences of students and their families in expressing grief and honoring the dead.
- Consider a student’s intellectual abilities, behavior, and conceptual understanding of death. For children with developmental disabilities. Their limited communication skills do not mean they are unaffected by the death. Behaviors such as increased frustration and compulsivity, somatic complaints, relationship difficulties, and increased self-stimulatory behaviors may be expressions of grief.
- Maintain a normal routine in your classroom and engage students in activities they previously enjoyed.
- Provide the opportunity to talk and ask questions and use these questions to guide further discussion. Encourage students to share feelings, but in ways that are not disruptive to the class or hurtful to other students.

- Keep in mind that some children may have a difficult time expressing their feelings or may not feel comfortable talking at school. Do not pressure these students to talk. Some may prefer writing, drawing, listening to music, or playing a game instead of talking about their feelings. Provide students with a variety of options for expressing grief.
- Talk to the bereaved student's classmates about grief and emphasize the importance of being understanding and sensitive.
- Help bereaved students find a peer support group. There will likely be other who have also experienced the death of a loved one.

Tips When the Whole School is Affected by a Teacher or Student Death

- A [letter and/or direct communication](#) via email should be sent home to all parents on school letterhead informing them of the death. Information to include in the communication:
 - Facts about the death to dispel rumors
 - Discussion of the range of feelings and reactions that may occur throughout the grief process
 - Guidance about talking to their children about the death
 - Indicators of the need for mental health counseling
 - Direction on how to contact the school if they have questions or believe their child may benefit from counseling
 - Direction on how to obtain community resources
- Share factual information with staff (through meetings and bulletins), students (through class announcements and meetings), and parents (through letters/email). Regularly provide them with relevant updates.
- Provide teachers with guidelines on how to share information about the death with their students and establish referral procedures for students requiring additional support.
- Pay close attention to students who have experienced recent deaths or key life changes, witnessed the death, or have emotional problems.

Tips for Specific Age Groups

Preschool

- Avoid euphemisms as preschoolers have trouble understanding death and may believe the death is reversible.
- Provide opportunities to express thoughts and feelings about death through play activities and drawing.
- Answer questions using concrete descriptions and be prepared to repeatedly answer questions.
- Possible reactions include:
 - Crying or screaming
 - Clinging to caregivers or other trusted adults
 - Fear of separation
 - Regressive behaviors such as wetting pants and thumb sucking
 - Decreased verbalization

Elementary School

- These students may ask questions and seek to try to understand what happened. Be patient and refer them to adults that can answer their questions.
- Students below the age of eight may engage in magical thinking and believe they could have prevented the death. Recognize these feelings and fears but do not validate them.
- Students ages nine through twelve may feel less comfortable showing feelings and seeing expressions of grief in others. Make sure to provide these students with a variety of ways to express grief.
- Possible reactions include:
 - Behavioral difficulties
 - Decreased concentration
 - Poor school performance
 - Depression
 - Irritability
 - Withdrawal
 - Somatic complaints (headaches & stomachaches)

Middle and High School

- Do not force students to share their feelings with others, including their peers if they do not feel comfortable. Provide them with opportunities to share their feelings privately.
- Students often seek support via social media. Be aware of what is being posted and shared. Encourage students to seek support for a friend in need.
- Students in their mid-to-late teens tend to feel more comfortable expressing their feelings and grief similar to adults.
- High school students may use physical contact to show their support and empathy (e.g., hugging or touching the arm)
- Possible reactions include:
 - Poor school performance
 - Anxiety
 - Depression
 - High risk behaviors or substance use
 - Emotional numbing
 - Suicidal thoughts

References:

- Black, S. (2005). Research: How teachers and counselors can reach out to bereaved students. When children grieve. *American School Board Journal*, 192, 28–30. Retrieved from <http://www.asbj.com/>
- Brown, J. A., Jimerson, S. R., & Comerchero, V. A. (2014). Cognitive development considerations to support bereaved students: Practical applications for school psychologists. *Contemporary School Psychology*. Advance online publication. doi:10.1007/s40688-014-0018-6
- Dogan-Ates, A. (2010). Developmental differences in children's and adolescents' post-disaster reactions. *Issues in Mental Health Nursing*, 31, 470-476. doi:10.3109/01612840903582528

Note. Schools and community agencies may adapt this handout to local needs for educational and student support purposes as long as proper credit is given to NASP.

Developmental Guidelines

The following is a description of children's understanding of death from the following website <https://www.hrrv.org/grief-support/childrens-understanding-death-developmental-guidelines/>. While this is the description from a specific website, it should be noted, these are the general concepts about children's views and perceptions of death from a developmental perspective.

3 to 6 Years of Age

- Cannot truly understand the meaning of death.
- Recognize it as something "special," but unable to understand its inevitability, universality, irreversibility and nothingness.
- Magical thinking is characteristic, with the child believing in the power of his wishes.
- Common to consider death as retribution for bad thoughts or deeds.
- Play serves to relieve the reality of the loss; may seem not to be reacting to the loss.

6 to 10 Years of Age

- Gradually accommodating themselves to the ideal that death is final, inevitable, universal and personal. Full understanding of these characteristics of death does not, however, come until a later period.
- May accept the fact and finality of another person's death, but do not accept that it must happen to everyone, least of all themselves.
- Strong tendency to personify death.
- Magical thinking may continue.
- Mutilation anxiety is characteristic and facts related to death are sought as a means of dealing with this. Asks concrete questions.
- Beginning to develop a sense of morality and may continue to associate death with retribution for wrong doing.
- Expresses feelings through behavior and physical reactions.

10 to 12 Years of Age

- Making the transition to a more adult understanding of death.
- Intellectually understand it to be final and irreversible.
- Further developing an acute sense of morality and may continue to view death as punishment.
- Learning to understand both the biological and emotional aspect of death. Focus is on biological facts as they now have a frame of reference for them.
- Various theories and ideas about reasons for death.
- Beyond wondering what death is. Caught up in relational and practical concerns.
- Death becomes more abstract and is recognized as personal, universal and real.

Teens

- Adult-like understanding of performance of death and realization that everyone will die.
- May deny feelings and express anger.
- May assume rules of deceased person.
- May inappropriately assume responsibility for adult concerns, such as financial matters.

Safe Rooms

Safe Rooms are locations students can go to express their feelings of fear, grief, and sadness and also share their positive memories. Students can use safe rooms in small groups (8-10 students) or individually to process their feelings with a trained mental health professional, such as a school counselor, school social worker or school psychologist. Safe rooms are used as a Tier 2 intervention to provide support for students. They are available to keep students in school where they can be supervised while dealing with loss. It is best for larger groups to have 2 adults in the room. These adults should “facilitate” group discussion. These groups work best when they are child-centered and student led (Erbacher, Singer, & Poland, 2015).

When safe rooms are used, there should be a sign-in sheet so it is known who was seen, when, who they spoke with and if follow-up is needed. If parents need to be contacted that should also be noted as well. This is the best way to track students who are affected and their progress through the grieving process.

Activities Following Grief and Loss

As noted in previous resource guides, the following are some activities that can be done to assist students with grief and loss.

Letters of regret and appreciation. This is an opportunity for youth to process their "unfinished business" by getting clear about anything which is fostering feelings of guilt as well as helping them begin to get in touch with the wonderful things about that person that they will miss.

Cards and letters to the family. This is a wonderful means for youth to share their sympathy with the family. Encourage them to share a happy memory about the deceased either in words or by drawing a picture, or suggest they share the attributes they most appreciated in their friend. These must be screened by an adult to be certain that what goes out to the family is appropriate. Often art activities are times when students are therapeutically working on making the event real or coming to terms with some of the frightening or gory details. If a student does a card for the family that is graphic in this regard and might be hurtful to receive, explain the positive function of being able to draw about the scary parts and give the students lots of positive reinforcement for their willingness to confront this part for themselves. Then gently encourage them to think of a second "theme" to use and make another card especially for the family. The student might want to take their first picture home to share with parents, and if this is so, it might be helpful for someone to give a call to the parents to help them understand the context of how this came to be drawn. Getting these things out of context can be very upsetting to parents.

Reading stories about other kinds of death/loss. It is most helpful if someone has already organized a bibliography of those books or films that anyone has on hand in the building.

Clay or play dough. Some children just need time to let their minds wander while the shock is wearing off. Having something for their hands to do keeps them in one place and still gives the mind freedom to let things sink in.

Art supplies and butcher paper or poster paper. Often children want to make a giant poster that expresses their loss. This is something a whole group can do.

Planning of the memorial activity. This can be something which happens either in or out for the Safe Room environment. That should be determined independently with each crisis. There could be one person from the building assigned to coordinate the memorial activity efforts, and students need to be aware of how they can be involved in this. Guidance and special considerations on memorials can be found in the document linked [here](#). ***It is important to note that memorials following a suicide are important to monitor, should not glorify or highlight the event in any way, and should not be permanent or renewable.***

Having specific outside people available to talk. Sometimes because of the uniqueness of an event, it may be helpful to have a specific person come in to process this event with some children. That might be having a nurse come in who can describe material facts about a particular death or illness, or having a paramedic come in who was at the scene to help dispel rumors.

Drawing favorite memories of the person. This internalizes that the love doesn't die.

Think of analogies which make sense to the developmental age of the children. Encourage them to draw pictures which represent grief, loss or sadness. Examples of this might be "Every time someone dies it is as though we have a bucket of tears inside us. Draw yourself and the bucket inside you. How high up is the level of the tears?" or "If sadness were an animal, what would it look like?" or "If we could do all of our grieving on a special island, what would that island have on it? Draw your boat on the journey to the island."

Do lifelines. Hang a huge long piece of butcher paper on the wall, and invite children to draw a long line representing their lives, and let each one note significant life events, both "good and bad" (or happy and difficult) along the line. Help them see what balance you can find in their lives, and similar experiences between children.

Create a "question wall". Students write their life questions on paper and place them on a special wall designated as the "Question Wall." Then ask the question of the group. As questions are answered or discussed through group dialogue or activity, move the question and replace it with a new one. Questions which might arise include: What is the meaning of life? The meaning of death? Who is God? What is nature? Who or what is part of nature? Why do we die? Why is there pain and suffering? Why do some die young? Is there meaning to the cycle of life and dying?

Grief Haiku. Read a couple of haiku, and talk just briefly about the style of haiku that it isn't prose or sentences, or even poetry. Just a collection of words. Then students can either compose their own or collectively put together phrases to make haiku-like expressions of their feelings, reactions and grief.

Feelings List. Students generate a list of feelings which are written on the board. Make a second list of what we can "do" or how to express those feelings. For example, "I could go out and beat the ground or rip newspapers. (If a student responds with, "I can pretend I don't have feelings," ask, "What happens then? What happens to those feelings and what is the result of pretending? What will happen the next time someone you love dies?") Don't expect immediate resolution of grief issues. In this type of discussion, you can also point out that it is an opportunity to make choices about how we solve our problems and how we will share serious feelings. This may be a new experience for many students.

Create a mural. Put up huge pieces of newsprint roll or butcher paper on the walls and let children create a mural of their thoughts and feelings.

Create a memory bulletin board. A special bulletin board in a central location which is accessible to all students (like in the main hallway or the front office) can be designated as a place for students to display

special pictures or poems they write about this tragedy. Screen contributions for appropriateness before posting.

You can get there from here. A series of three pictures can be very helpful. Have children draw a picture of themselves that depicts the depth of their sadness and grief. The picture should be of themselves, not of the situation. The second picture is one of how it *will be* once they have reconciled their grief and feel happy again. Then place those two pictures in front of them with a space in the middle for the third picture. The third picture is one of what they would need to do to get from where they are in picture one to where they'll be in the other one. Let them draw anyone thing they could do that would make some difference - help them realize it is a process made up of lots of little steps, and that even realizing one step gets us closer to feeling better. This is an activity of empowerment.

Drugs

Rule 7(B) [State 7] (1)

Use, Possession, Sale and Transmission: The illegal or improper use of drugs and controlled substances is prohibited and harmful. A student shall not possess, sell or attempt to sell, use, transmit any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or intoxicant of any kind. A student shall not possess, sell or transmit any substance under the pretenses that it is, in fact, a prohibited substance as described in this Rule. A student shall not possess or use any equipment or paraphernalia which could be used in connection with any of the drugs, substances or intoxicants prohibited by this rule.

Any incidents involving drugs should be referred directly to the Department of School Safety and Security. Their procedures will be followed to address the concern.

Gang Activity

The Code of Conduct defines gang membership and activity in the following rule.

Rule 22 [State 35]

Gang Membership and Activity Gangs are herein described as clubs, groups, or organizations of limited membership, which are known to the Richmond County School System through its personal intelligence or through information furnished through local law enforcement officials, to advocate, practice, engage or participate in unlawful acts such as intimidation, violence, or destruction to property. Gangs shall not be permitted on school premises or in school facilities, or to conduct any activities, meetings, or gatherings on or about school facilities, premises, or property at any time. The presence of such gangs is a threat to the safety and well-being of the students and school employees of the Richmond County School System, and disruptive to the education process.

All incidents involving gangs and potential threats to safety should be referred to the Department of School Safety.

School Violence and Threats to Safety

The following rules are cited from the RCSS Code of Conduct as the definitions for fighting, battery, and assault. These definitions also apply to situations in which an individual is threatened. Therefore, any threat to safety may potentially fall within these rules.

Rule 4 [State 3]

A student shall not cause, threaten, or attempt to cause physical injury or behave in such a way as could reasonably cause physical injury to a school employee; nor shall a student verbally or in writing assault or verbally or in writing threaten violence toward a school employee; nor shall a student exhibit rude, boorish or disrespectful conduct to a school employee;

A student shall not commit acts of physical violence against a teacher, school bus driver or other school official or employee.

Rule 5A [State 3,8]

A student shall not enter into a fight or intentionally touch or strike another person with the intent to cause bodily harm. A fight is defined as “mutual participation involving physical violence with intent to harm where there is no one main offender.” Battery is defined as “intentional touching or striking of another person with the intent to cause bodily harm.” (Note: The difference between battery and fighting is that fighting involves mutual participation.)

This may also include assault, which for purposes of this Rule, is defined as: “to attempt, or threaten to do bodily injury to any person; or attempt to cause physical injury or behave in such a way as could reasonably cause physical injury to any person.

If responding to a tip concerning fighting, battery, assault or threats to safety, contact your School Resource Officer or the Department of School Safety and Security.

Suicide Threat and/or Self-Harm

Suicide is one of the leading causes of death in youth between the ages of 15 and 24. Approximately 6,000 youth kill themselves every year in the United States, and the figures continue to rise. Fortunately, suicide can be prevented, in many cases, by becoming aware of the warning signs and knowing what steps should be taken. The clues to suicide inclinations include verbal and written statements about harming themselves, sudden drastic changes in behavior, giving away prized possessions, withdrawal from friends and usual activities (i.e., sports, etc.), and depression, etc. It is important to keep in mind that these students see no other way out of their situation other than death. Suicide is a permanent solution to a temporary problem. The most important steps to take are: to become aware of the problem; to act swiftly and demonstrate concern; and to obtain expert assistance from trained professionals. The most important thing not to do is nothing.

The following section contains further information regarding suicide and threats to self-harm and the procedures to be followed when there is a risk detected and students are at school. If there are any questions regarding any of these materials, please contact the Support Services at 706-826-1131 between the hours of 8:00 AM and 5:00 PM Monday through Friday.

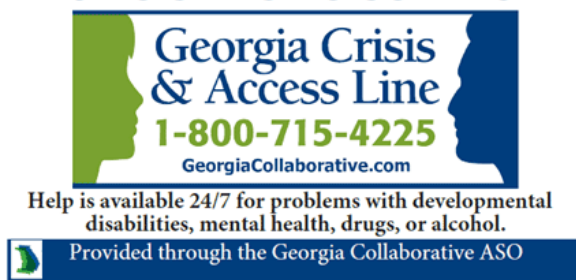
Please note other emergency services are also available including:



The Anonymous Tip Line that can be used to report any concern to student and/or staff safety. The Tip Line is through Sprigeo and can be accessed online at www.rcboe.org/tipline or by using the Sprigeo app that can be downloaded onto Apple and Android products, or by calling the local hotline number 706-828-1077.



A CRISIS HAS NO SCHEDULE



During the school day, if you are made aware of a student threatening suicide or to harm him/herself, you should contact a mental health professional in your building. This would include your school counselor, school psychologist, or school social worker. The student you are aware of should not be left alone at any time until an assessment is conducted. A [flow chart](#) has been created below to illustrate the procedures to follow in the event of a suicide threat or threat to self-harm, or knowledge of self-harm. The Appendix also contains all of the documents noted within the chart for use by the mental health team members.

Suicide Risks and Reporting

When a student is at risk for suicide or self-injury AND abuse is suspected:

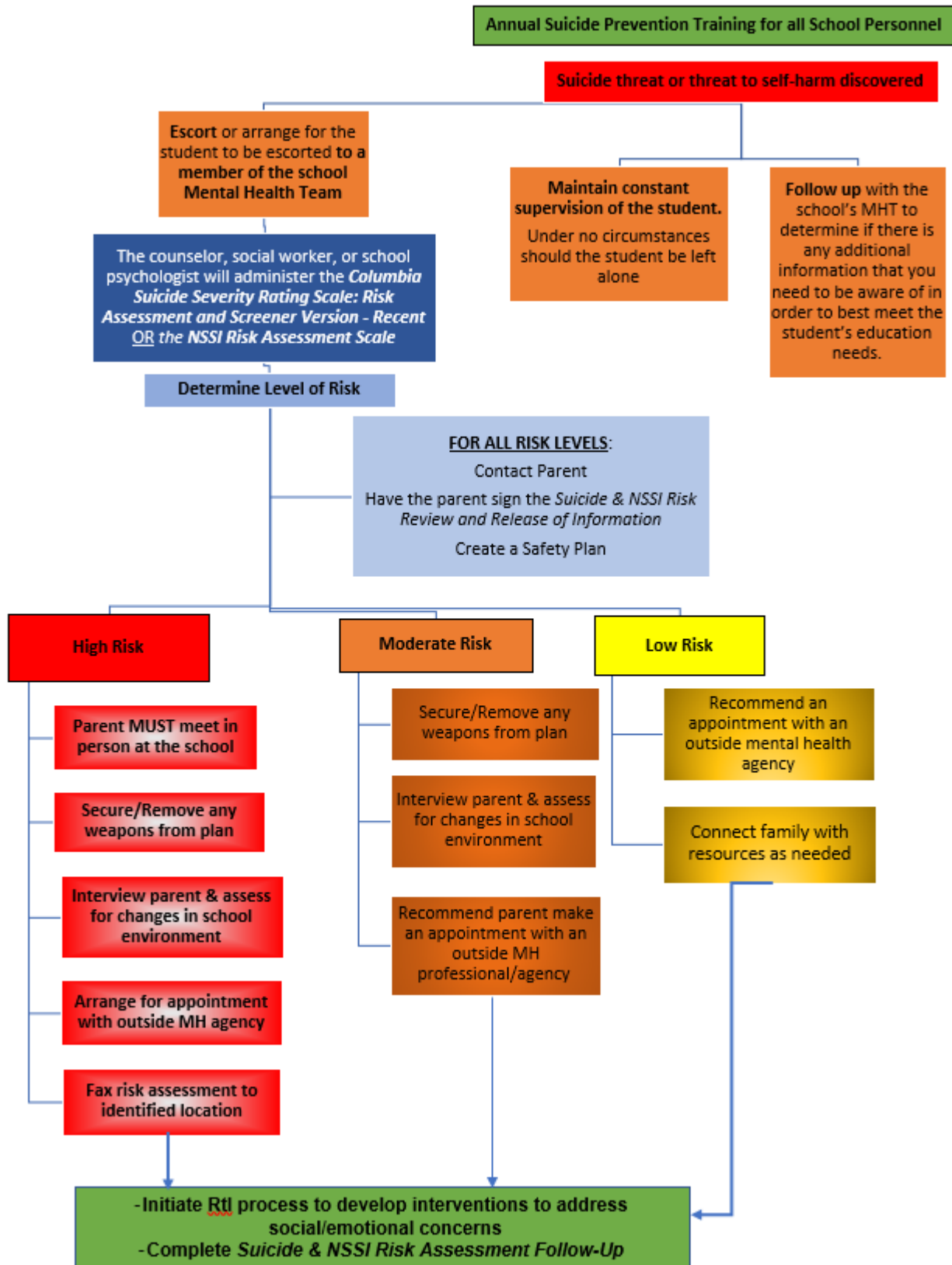
1. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
 - If so, call the Department of Family and Children's Services (DFACS) Child Protective Services (CPS), give them the facts, ask them to intervene, and follow their instructions.

- If not, call the Georgia Crisis & Access Line (1-800-715-4225), give them the facts, ask them to intervene, and follow their instructions.

2. If neither Child Protective Services nor Georgia Crisis & Access Line services will intervene before the school day is over, take the child to the nearest hospital emergency room. You may need to contact School Safety & Security for assistance.

3. Call parent(s) or caretaker(s) and inform them of the action taken.

Suicide & NSSI Protocol



Weapons

Rule 6 [State 22, 23, 25, 26, 28]

A student shall not possess, handle, or transmit the following: a razor, razor blade, ice pick, explosive, loaded cane, sword cane, machete, knife, pistol, rifle, shotgun, pellet gun, bullets, laser devices, chemical agents or other liquids or other objects that can be reasonably considered a weapon or instrument that can reasonably pose a danger to the health and safety of students, teachers, or any other person: (a) On the school grounds at any time; (b) Off the school grounds at a school activity, function, or event; (c) En route to and from school

Every Principal shall report to the Superintendent and Department of School Safety, all persons, including students, who possesses a firearm, incendiary device or other dangerous weapon; or if the student is involved in an assault using a “hazardous object,” as defined in O.C.G.A. §20-2-751 of the education code or is involved in a second offense with a weapon on campus. The Superintendent shall investigate thoroughly all such reports and consult with the Board Attorney, where necessary, to determine whether, under the facts, a warrant should be sworn out against said persons or students for violation of any criminal laws or criminal statutes. Furthermore, In the case of juveniles, said juvenile shall be reported to the proper juvenile and law enforcement authorities, as required by law. *(See the Code of Conduct for additional information)*

References

- Brock, S. E., Lazarus, P. J., & Jimerson, S. R. (2002) *Best practices in school crisis prevention and intervention*. Bethesda, MD: National Association of School Psychologists Press.
- Erbacher, T.A., Singer, J.B., & Poland, S. (2015). *Suicide in schools: A practitioner’s guide to multi-level prevention, assessment, intervention, and postvention*. New York: Routledge.
- Esquivel, G.B. (1998). Group interventions with culturally and linguistically diverse students. In K.C. Stoiber & T.R. Kratchowill (Eds.), *Handbook of group intervention for children and families* (pp. 252-267). Boston: Allyn & Bacon.
- Pfohl, W., Jimerson, S. R. & Lazarus, P. J. (2002). Developmental aspects of psychological trauma and grief. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson, (Eds.), *Best practices in school crisis prevention and intervention* (pp.309-331). Bethesda, MD: National Association of School Psychologists Press.
- Sandoval, J. & Lewis, S. (2002). Cultural considerations in crisis intervention. In Brock, S. E., Lazarus, P. J., and Jimerson, S. R., (Eds.), *Best Practices in school crisis prevention and intervention* (pp. 293-308). Bethesda, MD: National Association of School Psychologists.
- Substance Abuse and Mental Health Services Administration (2020). Understanding Child Trauma. <https://www.samhsa.gov/child-trauma/understanding-child-trauma>
- Terr, L. C. (1991). Childhood traumas: An outline and overview. *The American Journal of Psychiatry*, 148(1), 10–20. <https://doi.org/10.1176/ajp.148.1.10>



Section 4: Recover

General Information

Another major component of the emergency preparedness and crisis response plan is to identify ways to help students and staff heal after a crisis and return to learning. The National Association of School Psychologists has [numerous resources](http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis) to address and respond to students in different circumstances and crises. See www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis

Your recovery plan should do the following:

- Identify how to provide support and counseling for students and staff to facilitate individual and collective grieving.
- Specify the conditions under which activities and regular instruction may be suspended to discuss the crisis. Simply canceling class may not be the most productive or supportive response.
- Line up extra substitute educators to be on call.
- Provide additional resources to all staff who will be dealing with troubled students in need of extra attention.
- Provide care-for-the-caregiver support.
- Create a timely means for informing parents and the community of new information.
- Plan for the first day back at school.
- Address funerals or memorial services.
- Consider how anniversaries of a disaster may provide an opportunity for planning a special remembrance

It is also important to debrief for team closure.

- Allow all members of the crisis team to express their feelings
- Discuss all the aspects of the response, including the challenges and what went well
- Identify what we learned and what may need to be changed in the event a similar crisis occurs
- Note how we are taking care of ourselves

Suicide Postvention

For students who have previously been screened, hospitalized, and are requiring follow-up there are a set of procedures that should be followed as well. These include:

1. Conduct a re-entry meeting upon the student's return to review the safety plan, any documents and transition plans from the releasing doctor or facility, and outline interventions for student success in the general school setting
2. Set-up standard check-in procedures to monitor the student during the first week of return
3. Establish 30, 60, and 90 day follow-up meetings
4. Ensure a referral to the RTI/SST team to document and monitor all interventions, behavioral and academic. Members of the mental health team and re-entry team should collaborate and participate in these meetings.
5. Conduct regular monitoring checks to ensure there is not continued to heightened suicidal ideation.

If a student returns following a screening for suicidal ideation or self-injury, without a note or documentation from a medical or mental health professional, the student should be allowed to return to school. School personnel should follow the actions recommended on the Suicide Risk & NSSI Follow-Up document.



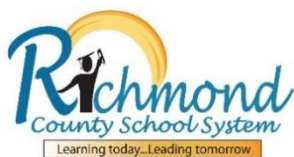
Appendix

Suicide Threat/Non-Suicidal Self-Injury: Staff Protocol

1	<p>A student expresses a verbal or written suicide threat, expresses a threat to self-harm, or self-harm is suspected.</p> <p>Examples include: "I want to kill myself", "The world would be a better place without me", "Nobody will miss me anyway"</p>
2	<p>Take all threats seriously!</p>
3	<p>Maintain constant supervision of the student.</p> <p>Under no circumstances should the student be left alone.</p>
4	<p>Escort or arrange for the student to be escorted to a member of the school Mental Health Team (MHT; Counselor, Social Worker, or Psychologist) immediately, and ensure that the clinician is aware of the nature of the threat. It is critical that this step occur immediately after the threat is presented.</p> <p>Do not wait until the end of the school day!</p>
5	<p>The counselor, social worker, or school psychologist will conduct a NSSI or Suicide Risk Assessment to determine risk level and next steps.</p>
6	<p>Follow up with the school's MHT to determine if there is any additional information that you need to be aware of in order to best meet the student's education needs.</p>

Suicide Threat/Non-Suicidal Self-Injury: Crisis Response Team Member Protocol

1	<p style="text-align: center;">A student who expressed a suicide threat is brought to you.</p> <p style="text-align: center;">Take all threats seriously.</p> <p style="text-align: center;">Maintain constant supervision of the student.</p> <p style="text-align: center;">Under no circumstances should the student be left alone.</p>
2	<p>Administer the <i>Columbia Suicide Severity Rating Scale: Risk Assessment and Screener Version - Recent</i></p>
3	<p>Determine Level of Risk (<i>Two CRT members are required</i>)</p> <p>Follow the procedures for the corresponding Risk Level:</p>
4	Contact the parent
5	Create a <i>Safety Plan</i>
6	<p>Document assessment in Microsoft Forms</p> <p>Document debriefing, student return, and follow-up on the <i>Suicide Risk & NSSI Follow-Up Form</i></p>
7	<p>For Moderate or High Risk:</p> <p>Have the parent sign <i>Suicide & NSSI Risk Review and Release</i> Schedule a <i>Re-Entry Plan</i> meeting</p>
8	<p>Initiate the Rtl process and</p> <p>Ensure that the student is referred to the school's MHT and has scheduled <u>suicide monitoring</u> for safety</p>



Suicide Screening and Risk Assessment

Student Name: _____ DOB: _____ Date of Assessment: _____
 School Name: _____ Grade: _____ Time: ____:____ am/pm
 Referral Source: _____ Reason for Assessment: _____

RCSS MHT Members Completing Assessment: _____
 Name/Title Name/Title

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
Ask questions that are bolded and <u>underlined</u> .		YES	NO
Ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you actually had any thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."			
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>			
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>		YES	NO

Low Risk Moderate Risk High Risk

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)
RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
	Actual suicide attempt		Hopelessness
	Interrupted attempt		Major depressive episode
	Aborted or Self-Interrupted attempt		Mixed affective episode (e.g. Bipolar)
	Other preparatory acts to kill self		Command hallucinations to hurt self
	Self-injurious behavior <i>without</i> suicidal intent		Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			Substance abuse or dependence
	Wish to be dead		Agitation or severe anxiety
	Suicidal thoughts		Perceived burden on family or others
	Suicidal thoughts with method (but without specific plan or intent to act)		Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
	Suicidal intent (without specific plan)		Homicidal ideation
	Suicidal intent with specific plan		Aggressive behavior towards others
Activating Events (Recent)			Method for suicide available (gun, pills, etc.)
	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		Refuses or feels unable to agree to safety plan
Describe:			Sexual abuse (lifetime)
			Family history of suicide (lifetime)
	Pending incarceration or homelessness	Protective Factors (Recent)	
	Current or pending isolation or feeling alone		Identifies reasons for living
Treatment History			Responsibility to family or others; living with family
	Previous psychiatric diagnoses and treatments		Supportive social network or family
	Hopeless or dissatisfied with treatment		Fear of death or dying due to pain and suffering
	Non-compliant with treatment		Belief that suicide is immoral; high spirituality
	Not receiving treatment		Engaged in work or school
Other Risk Factors			Other Protective Factors
Describe any suicidal, self-injurious or aggressive behavior (include dates)			

Non-Suicidal Self-Injury Risk Assessment Scale

Student Directions: This scale is intended to learn more about your self-harming thoughts and behaviors. Perhaps you have been asked to complete this scale because you expressed that they have intentionally hurt yourself, or another person may be concerned about you. You may experience some distress, and you can stop at any time. Answers do not have to be exact; an estimate is sufficient. Your school counselor and/or another mental health provider will see your responses first and may invite you to talk more about your answers. If you are under 18, your parent/guardian can see your answers as well.

Student Name: _____ DOB: _____ Date of Assessment: _____

School Name: _____ Grade: _____ Time: ____:____ am/pm

FORMS

- Have you ever hurt your body (e.g., cut, carve, burn, scratch really hard, punch) **on purpose but without wanting to end your life?**

FUNCTIONS

- How true are the following statements about why you hurt yourself? Please select the most accurate response.

I hurt myself...	Strongly Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Strongly Agree (4)
a) ...to feel something				
b) ...because my friends hurt themselves				
c) ...as a self-punishment				
f) ...to deal with frustration				
g) ...to cope with uncomfortable feelings (e.g., stress, sadness, worries, anxiety)				
h) ...in hopes that someone would notice that something is wrong or that so others will pay attention to me				
i) ...so I do not hurt myself in other ways				
j) ...because it feels good				
k) ...to deal with anger				
m) ...to get control over myself or my life				
n) ...to surprise or hurt someone				
p) ...to avoid killing myself				
q) ...because I get the urge and cannot stop it				
r) ...to relieve stress or pressure				
s) ...to change my emotional pain into something physical				
t) ...because of my self-hatred or low self-esteem				
u) ...because I like the way it looks				
v) ...as a way to practice ending my life				
w) ...as a way to attempt suicide				
x) Other, please describe				

3. In the above question, if you indicated that you intentionally hurt yourself with the intention of practicing to end your life or attempting suicide. Was practicing or attempting suicide the primary reason you intentionally hurt yourself?
- ☐ Yes ☐ No ☐ I'm not sure

FREQUENCY

The following questions ask about your experience with intentionally hurting yourself. We know that this can be a difficult issue to think and talk about. Please note that there are web links on the bottom of every page and at the end of the survey with contact information you can use if you feel like you want to talk with someone.

4. Approximately when was the last time you intentionally hurt yourself in one of the ways listed in the previous question?
- ☐ Less than 1 week ago ☐ Within the past year
☐ Between 1 week and 1 month ago ☐ More than a year ago
☐ Between 1 and 6 months ago
5. How likely are you to intentionally hurt yourself again?
- ☐ Very likely ☐ Somewhat likely ☐ Not sure ☐ Very or somewhat unlikely
6. Approximately on how many total occasions have you intentionally hurt yourself?
- ☐ Only once ☐ Less than 5 times ☐ Between 5 and 10 times ☐ More than 10 times

7. How old were you the first time you intentionally hurt yourself? _____

WOUND LOCATIONS

8. On what areas of your body have you intentionally hurt yourself?

- | | | |
|--|--|--|
| <input type="checkbox"/> Wrists | <input type="checkbox"/> Thighs | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Hands | <input type="checkbox"/> Back | <input type="checkbox"/> Face |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Buttocks | <input type="checkbox"/> Breasts |
| <input type="checkbox"/> Fingers | <input type="checkbox"/> Head | <input type="checkbox"/> Private part |
| <input type="checkbox"/> Calves/ankles | <input type="checkbox"/> Stomach/Chest | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Lips/tongue | <input type="checkbox"/> Shoulders or neck | _____ |

HABITUATION AND PERCEIVED LIFE INTERFERENCE

9. The fact that I intentionally hurt myself interferes with (check all that apply):
- ☐ Relationships which are important to me
☐ My ability to complete school or work requirements
☐ My ability to take care of myself (eat right, exercise, etc.)
☐ My ability to engage in hobbies or things that I like to do
☐ My self-worth / self-esteem
☐ The clothing I wear
☐ It does not interfere with my life in any way
☐ Other (please specify): _____

Referral Source: _____ Reason for Assessment: _____

Adapted from Whitlock, J. L., Exner-Cortens, D., & Purington, A. (2014). Validity and reliability of the non-suicidal self-injury assessment test (NSSI-AT). *Psychological Assessment*, 26(3), 935-946. Available at <http://www.selfinjury.bctr.cornell.edu>



Suicide and NSSI Risk Assessment Results

Student Name: _____

Date of Assessment: _____

Please mark the level of risk and follow the action steps noted.

LOW RISK

None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e. intent), has no specific plan, exhibits few risk factors and has identifiable protective factors.

- Contact the parent regarding the assessment**
- Recommend they make an appointment with an outside MH professional/agency
- Have the parent sign a *Suicide & NSSI Risk Review and Release of Information* for communication with MH professional/agency
- Assist with connecting student/family with community resources
- Create a *Safety Plan*
- Document the risk assessment was conducted in [Microsoft Forms](#)

MODERATE RISK

Reports frequent suicide ideation with limited intensity and duration; has some specific plans to die by suicide, but no reported intent. Demonstrates some risk factors, but is able to identify reasons for living and other protective factors.

- Contact the parent regarding the assessment**
- Secure/Remove any weapons or items from student's plan
- Interview Parent/Assess for changes in the school environment
- Recommend parent make an appointment with an outside MH professional/agency
- Have the parent sign a *Suicide & NSSI Risk Review and Release of Information* for communication with MH professional/agency
- Create a *Safety Plan & Schedule Re-entry Meeting*
- Initiate Rtl process to develop interventions to address social/emotional concerns
- Complete *Suicide & NSSI Risk Assessment Follow-Up* and document in [Microsoft Forms](#)

HIGH RISK

Reports frequent, intense, and enduring suicidal ideation. Has written suicide note or reports specific plans, including choice of lethal methods and availability/accessibility of the method. Student presents with multiple risk factors and identifies few, if any, protective factors.

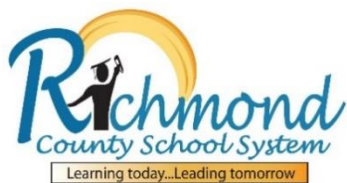
- Contact the parent regarding the assessment**
- Parent (or other trusted adult with parent permission) must come to the school to meet in person
- Secure/Remove any weapons or items from student's plan
- Interview Parent/Assess for changes in the school environment
- Have the parent sign a *Suicide & NSSI Risk Review and Release of Information* for communication with MH professional/agency
- Arrange for parent to take student to an outside MH professional/agency immediately (**student should not be left unsupervised until he/she has been evaluated by a professional and deemed safe**)
- Fax risk assessment to identified MH professional/agency
- Create a *Safety Plan & Schedule a Re-entry Meeting*
- Initiate Rtl process to develop interventions to address social/emotional concerns
- Complete *Suicide & NSSI Risk Assessment Follow-Up* and document in [Microsoft Forms](#)

** If all options to contact the parent have been exhausted, contact the school's SRO

RCSS MHT Members who completed the assessment (Name/Title/Signature):

1. _____

2. _____



Suicide & NSSI Risk Review and Release

Student: _____ DOB: _____

RCSS Staff Member (Name/Title): _____

Dear Parent/Guardian,

Your child was referred for a suicide risk assessment and determined to be at risk for harming his/herself.

The mental health team at _____ School recommends that further evaluation be conducted in order to assess your child's emotional state and ensure that appropriate protective factors are in place in order to support your child's physical safety. We recommend that you take your child to a facility that can appropriately assess for mental health concerns such as Lighthouse Care Center of Augusta, Aurora Pavilion Behavioral Health, your child's primary care physician, or the local emergency room. The Georgia Crisis and Access Line is also available at 1-800-715-4225 to be connected to crisis services for mental health available 24/7.

☐ **Low Risk:** Please monitor your child for additional signs of suicidal ideation and/or self-harm and speak to a mental health professional regarding your child.

☐ **Moderate Risk:** It is highly recommended that your child be assessed by a physician or mental health professional. Please provide documentation of a visit or scheduled appointment.

☐ **High Risk:** Your child may return to school with documentation from a physician or mental health professional indicating that the child has been assessed.

For students who are moderate or high, a re-entry meeting will be held with you and your child upon his/her return to school, at which time this documentation will be reviewed. Failure to comply with our professional recommendations which presents as a failure to care for your child's well-being may result in a report to the Department of Family and Child Services.

By signing this letter, I acknowledge Policy JGJA printed on the back of this Release, and I have been informed of my child's current emotional state. I will ensure that my child will be evaluated by a physician or mental health care provider for his/her safety. Failure to do so may result in a DFCS referral. I further authorize Richmond County School System to communicate with the agency/provider that I select in order to provide them with the risk assessment and receive any follow-up information (e.g., discharge plans, transition paperwork, additional assessment records, etc.).

Printed Name of Parent/Guardian

Date

Time

Parent Signature

Provider Selected

RCSS Staff Member Signature (Name/Title)

Date

Richmond County Schools

Policy JGJA: Suicide Prevention

All certified personnel shall receive annual training in suicide awareness and prevention in accordance with state law and rules established by the Georgia Department of Education.

The Superintendent or designee shall develop procedures to address at a minimum, suicide prevention efforts, intervention, and postvention. Such procedures shall be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts.

In accordance with state law, no person shall have a cause of action for any loss or damage caused by any act or omission resulting from the implementation of this policy or its implementing procedures or resulting from any training, or lack thereof, required by state law or this policy. The training, or lack thereof, required by the provisions of state law shall not be construed to impose any specific duty of care. Neither the training nor the procedures are designed to impose ministerial duties but to provide a framework in which educators can exercise their professional judgment in the best interest of students.

Policy Reference Disclaimer: These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State Reference

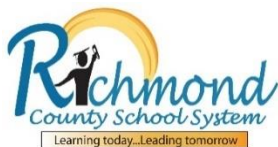
O.C.G.A 20-02-0779.1

Rule 160-4-8-.19

Description

Suicide awareness training and prevention policy

Suicide Prevention Training Requirement for Certificated School System Personnel



Suicide & NSSI Risk Follow-Up

Student Name: _____ Completed by: _____

This form is to be completed for any student determined to be at Moderate or High Risk as soon as possible after the incident and maintained in student's confidential file with other risk assessment and screening paperwork.

Immediate Action

- Mental Health Agency contacted Agency: _____ Date/Time: _____
- Principal/Administrator briefed Date/Time: _____
- Attendance personnel notified Date/Time: _____

Return Procedures

- Date of return: _____

Student returned to school with written note from mental health agency or records from mental health agency visit regarding next steps/transition plan/etc.

- Conduct an interview with student to determine need for assistance
- Review safety plan
- Schedule follow-up screening/monitoring
- Ensure student is referred to MHT and/or Rtl

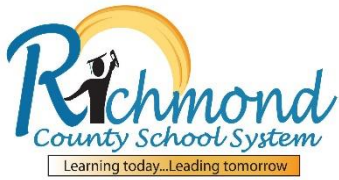
Student returned without information from mental health agency

*DO NOT send home

- Contact parent to obtain further information/Contact mental health agency if seen
Parent contacted: _____ Date/Time: _____
- Hold re-entry meeting
- Conduct interview with student to determine need for assistance
- Review safety plan
- Schedule follow-up screening/monitoring
- Ensure student is referred to MHT and/or Rtl

Student Did Not Return

- Student did not return to school the following day
- Contact parent to obtain further information/Contact mental health agency if seen
Parent contacted: _____ Date/Time: _____
- If parent does not respond OR parent response does not ensure student safety, make DFCS referral Date/Time: _____
- Schedule re-entry meeting to review safety plan, interview student, and schedule monitoring
- Ensure student is referred to MHT and/or Rtl



Safety Plan

Student: _____

Date: _____

School: _____

Grade: _____

Think of the most recent suicidal crisis. Write one to two sentences or descriptions of what triggered the crisis.

Triggers

Suicidal thoughts and behaviors: What are the thoughts, emotions, or behaviors that let you (and those around you) know that you were in a crisis?

Suicidal Thoughts & Behaviors

Internal coping: What can you do on your own to distract yourself from suicidal thoughts? What do you like to do? What have you done in the past?

Internal Coping

External coping: Who can help distract you from suicidal thoughts?

External Coping

Plan: List your coping strategies from above starting with the most enjoyable.

Plan

I, the parent of _____, agree to remove lethal means from the house. (_____)
Initial

Emergency numbers I will call in the event that my suicidal thoughts continue or get worse after using the coping strategies listed above:

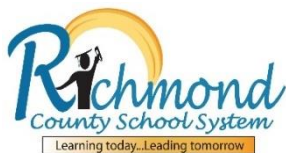
People to Call

- Safe and trusted adult: _____
- School personnel: _____
- National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)
- 911

If no one is available and I have tried all of the coping strategies listed above, and still I believe I might do something to end my life, I will go to the emergency room or call 911.

By signing below, I agree that I have been part of the creation of this safety plan and that I intend to use it when I am having thoughts of suicide. I realize that my signature does not make this a legal contract but rather a plan for my continued well-being and happiness.

_____ Student	_____ Signature	_____ Date
_____ School Personnel/Title	_____ Signature	_____ Date
_____ Administrator	_____ Signature	_____ Date
_____ Parent	_____ Signature	_____ Date



Re-Entry Support Meeting

Confidential Information

Do not place this form in the student's cumulative records.

This document should only be accessible by the School Mental Health Team and administrators.

Student Name:	DOB:
School:	Grade:
Parent/Guardian Name:	
Parent Contact Number:	
Duration of Absence:	Return Date:

Background Information: _____

Review Safety Plan*

*A safety plan should have been developed as part of a risk screening.

Student Concerns about return to school:

Hospital/Agency, Diagnosis, and Medication Information:

Hospital:	Hospital Contact Name/Number:
Date of Hospitalization:	
Date of Discharge:	
Release of Information Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a history of hospitalizations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

Recommendations for Discharge: _____

Diagnoses: _____

Name of Medication	Taken at School	Dosage	Times per day	Start Date	End Date	Possible Side Effects

Additional Outside Services:

Agency Name	Clinician Name	Clinician Contact Number	Release Signed

**If student is not currently receiving outside counseling services, parents should be provided community resources to obtain services.*

Support Plan: Record of Assigned Responsibilities

Name	Role	Responsibilities
	Plan Coordinator/ Manager (MHT Member)	Schedule meetings: <ul style="list-style-type: none"> • When student returns • 30 days following hospitalization • As needed for additional support Write Plan/Keep record of Plan Ensure tasks related to plan are completed Communicate with teachers regarding need to know information Refer for additional intervention as needed through School-Based MTH or Rtl Facilitator
	Check In/Out Mentor (Teacher, Admin, or Support Staff)	Check In/Out with student: <ul style="list-style-type: none"> • Daily the first week upon return • Weekly until the 30 day meeting • Weekly between 31 days and 90 days following return to school
	Crisis Point of Contact (MHT Member)	If student becomes agitated or is in crisis, the student will be immediately sent to the crisis POC for intervention/assessment
	Social/Emotional Support Services (MHT Member)	Provide ongoing (weekly, or biweekly) social or emotional counseling
	Academic Monitor (Teacher)	Monitor academic performance/Refer to Rtl Facilitator if student is in need of additional intervention

Pre-Scheduled Review Meetings

1 Week:	
30 Days:	
60 Days:	
90 Days:	

Team Members	Title	Signature

Sample Letter to Parents Following Grief or Loss

NOTE: You may adapt this letter to fit the needs of your school using your school letterhead.



DATE:

Dear Parents:

The students and staff of _____ School experienced a tragedy today with the death of one of our _____ grade students/teachers, _____ . All of us are grieving this tragic loss.

To assist the students and staff to handle this loss; a special crisis intervention team is serving the school. An increased level of individual and group counseling services has been made available. We will continue to provide these services to students as long as they are needed. You may contact the school directly to request these services for your son or daughter if you feel they are needed.

Please be aware that your child may experience strong feelings in response to this tragedy, including sorrow and depression as well as anger and fear. Your child may have a special need at this time for your comfort and support; please try to be available to listen to them.

This is a very difficult time for all of us. We want to be sensitive to the needs of your son/daughter. Please call us if we can be of any assistance.

Sincerely,

Principal