

CENTER FOR CREATIVITY, INNOVATION, AND DISCOVERY

Suicide Prevention Policy

Purpose

The Board of Directors of the Center for Creativity, Innovation, and Discovery has established this policy to provide board-approved guidelines to administrators, teachers, and staff for implementing suicide prevention measures at the school. The Board recognizes that specific, actionable steps are required to support school personnel, school-based mental and physical health professionals, and parents/guardians in preventing and responding to suicides. This policy has been informed by the research-based guidelines of the American School Counselor Association, the National Association of School Psychologists, and the Trevor Project.

Scope of Policy

This policy governs the school's responses to suicidal or high-risk behaviors that take place outside of the school environment and become known to school staff, occur in the school building, on school property, at school-sponsored functions and activities, on school vehicles or buses, and at school-sponsored, and out-of-school events where school staff are present. The policy applies to the entire school community, including teachers, staff, students, parents/guardians, and volunteers.

Professional Development

The Board of Directors, in conjunction with the State of Utah and Board of Education, requires administrators, teachers, and staff at the school to receive annual training on the prevention of suicide and to act in accordance with this suicide prevention policy and best practices for suicide prevention. All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

Grade and division-level discussions will address information regarding groups of students at elevated risk for suicide, including, but not limited to, the following:

- Those expressing suicidal ideation;
- Those who have attempted suicide;
- Those living with mental and/ or substance use disorders;
- Those who engage in self-harm or have attempted suicide;
- Those in out-of-home settings;
- Those experiencing homelessness;
- American Indian/Alaska Native students;
- LGBTQIA (lesbian, gay, bisexual, transgender, questioning or queer, intersexual, asexual) students;

- Students bereaved by suicide; and,
- Those with medical conditions or certain types of disabilities.

Additional professional development in risk assessment and crisis intervention will be provided to school-employed mental health professionals and school nurses as needed.

Youth Suicide Prevention Programming

Developmentally-appropriate, student-centered education materials will be integrated into student life at the school, including, but not limited to, the HOPE Squad, HOPE week, and other appropriate material and events. The content of these age-appropriate materials may include, but are not limited to:

- The importance of safe and healthy choices and coping strategies;
- How to recognize risk factors and warning signs of mental disorders and suicide in oneself and others;
- Help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help;
- Small group suicide prevention programming for students, as determined necessary by the School Counselor;
- Other materials or curriculum deemed necessary as determined by the Executive Director and/or School Counselor.

Youth Suicide Prevention

The school's administration, staff, and counselors will respond to students who give warning signs and express suicidal ideation as per the school's annual suicide prevention training. These warning signs include but are not limited to the following:

- Talking or writing about suicide or death;
- Giving direct verbal cues, such as, "I wish I were dead," or "I'm going to end it all;"
- Giving less direct verbal cues, such as "You will be better off without me," or "who cares if I'm dead anyway;"
- Isolating themselves from friends and family;
- Expressing the belief that life is meaningless;
- Giving away prized possessions;
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn;
- Neglecting his/her appearance and hygiene;
- Dropping out of school or social, athletic, and/or community activities;
- Obtaining means such as a firearm, knife, prescription medications, etc.
- Sudden deteriorating academic performance;
- Self-mutilation;

- Fixation with death or violence as expressed through poetry, essays, doodling, or other artwork, or as expressed through preoccupation with violent movies, video games, music, or a fascination with weapons;
- Unhealthy peer relationships;
- Volatile mood swings or a sudden change in personality;
- Indications that a student is in an unhealthy, destructive, or abusive relationship;
- Risk-taking behaviors;
- Signs of an eating disorder;
- Difficulty in adjusting to gender identity or sexual orientation;
- Engaging in bullying or being bullied.

Immediate Response to Warning Signs or Expressions of Suicidal Ideation

The school's administration, faculty, staff, and support personnel will follow the actions listed below, as appropriate to specific situations, if they are the recipient of expressions of students' suicidal ideation:

- Ask tough questions, without judging or threatening, such as whether a student has considered suicide or other self-destructive acts;
- Be persistent and firm in questioning;
- Be prepared to act according to the school's procedures and response plan for this situation, as per this policy;
- Explain to the student the steps you will be taking;
- Do not leave a student alone and at imminent risk of suicide; in other words, either remain with the student or see that the student is in a secure environment, supervised by caring adults until professional help can be obtained or until parents have been notified and reunited with their child;
- Get help when needed including calling 911 when you believe that the student is in imminent danger; in such cases, tell the dispatcher that you are concerned that the person with you "is a danger to themselves" or "cannot take care of themselves;"
- Use the school's support system including administrators, the school counselor, the school nurse, behavior specialists, colleagues, etc., when working with students who are experiencing emotional or behavioral distress;
- Notify parents or guardians as per the school's Parental Notification Policy unless it is suspected that contacting parents or guardians may further endanger the child;
- Do not promise confidentiality to anyone about information regarding their safety;
- Complete the school's Incident Report Form as per school protocols.

Assessment and Referral

When a student is identified by a teacher or staff member as potentially suicidal, or expresses suicidal ideation, presents overt risk factors such as agitation or intoxication, engages in an act of self-harm, or self-refers, the student will be seen by a school-employed mental health professional within the same school day, or as soon as possible, to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in.

Protocols for Students at Risk

For a student who has been determined to be at risk for suicide, the administration will take measures to ensure that the following oversight occurs:

- School staff will continuously supervise the student to ensure safety.
- The Executive Director and School Counselor, or other support personnel such as Behavior Specialists, will be made aware of the situation as soon as reasonably possible.
- The Executive Director, School Counselor, or designated administrator will contact the student's parent or guardian, as described in the Parent Notification Policy, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases, will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
- The Executive Director, School Counselor, or designated administrator will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations, teachers and staff will follow the protocols listed below:

- First aid will be rendered until professional medical treatment and/or transportation can be received, following the school's emergency medical procedures;
- School staff will supervise the student to ensure the student's safety.
- School staff will move all other students out of the immediate area as soon as possible.
- If appropriate, school staff will immediately request a mental health assessment for the youth.
- The Executive Director, School Counselor, or designated administrator will contact the student's parent or guardian, as described in the Parent Notification Policy.

- The Executive Director, School Counselor, or designated administrator will engage as necessary a crisis team consisting of administrators, teachers, and support personnel to assess whether additional steps should be taken to ensure student safety and well-being.

Re-Entry Procedure

For students returning to school after a mental health crisis, such as a suicide attempt or psychiatric hospitalization, the Executive Director, School Counselor, School Nurse, and other administrators and support personnel as deemed necessary will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school. This team will follow the steps listed below:

- The Executive Director, School Counselor, or designated administrator will be identified to coordinate with the student, the parent or guardian, and any outside mental health care providers.
- The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
- The school may determine that a risk assessment is necessary which will be completed by a psychologist provided by the school.
- A designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress at an out-of-school location, the staff member will take the following actions:

- Call the police and/or emergency medical services, such as 911.
- Inform the student's parent or guardian.
- Inform the Executive Director, School Counselor, or designated administrator.
- If the student contacts a staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in-person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Parental Notification and Involvement

- In situations where a student is assessed as "at-risk" for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as possible by the Executive Director, School Counselor, or designated administrator.

- Through discussion with the student, the Executive Director, School Counselor, or designated administrator will assess whether there is further risk of harm due to parent or guardian notification.
- If the Executive Director, School Counselor, or designated administrator believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, the administrator may delay such contact as appropriate.
- If contact is delayed, the reasons for the delay will be documented.
- If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on “means restriction,” limiting the child’s access to mechanisms for carrying out a suicide attempt.
- Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Postvention: Development and Implementation of an Action Plan

Under the direction of the Executive Director and School Counselor, the school safety team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The team should take the following actions:

Verify the Death

- Staff will confirm the death and determine the cause of death through communication with a coroner’s office, local hospital, the student’s parent or guardian, or police department.
- Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made.
- If the cause of death has been confirmed as suicide, but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

Assess the Situation

- The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected.
- The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide.
- If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

Share Information

- Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown.
- Inform the faculty that a sudden death has occurred.
- Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral, memorial, or celebration arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief.
- Public address system announcements and school-wide assemblies should be avoided.
- The crisis team may prepare a letter with the input and permission from the student's parent or guardian to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

Avoid Suicide Contagion

- It should be explained to staff that one purpose of trying to identify and give services to other high-risk students is to prevent another death.
- The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death.
- The crisis team will review suicide warning signs and procedures for reporting students who generate concern.

Initiate Support Services

- Students identified as being more likely to be affected by the death will be assessed by the School Counselor or other mental health professional to determine the level of support needed.
- The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed.
- In concert with parents or guardians, crisis team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

Develop Memorial Plans

- The school should not create on-campus physical memorials, such as photos, flowers, funeral services, or fly the flag at half-mast, because it may sensationalize the death and encourage suicide contagion.

- School should not be canceled for the funeral. Any school-based memorials, such as a small gathering, will include a focus on how to prevent future suicides and a description of the prevention resources available.

External Communication

- The Executive Director or a designated administrator will be the sole media spokesperson.
- Staff will refer all inquiries from the media directly to the spokesperson.
- The spokesperson will:
 - a) Keep the Board of Directors and school crisis team informed of school actions relating to the death;
 - b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
 - c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide.
- Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available to families, students, and community members.

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