



## 6.6 Suicide Prevention Policy

Draft 1

Date of Last Change:
Authorized By: Utah State Board of Education

### ~~1. PHILOSOPHY~~

~~The Utah Schools for the Deaf and the Blind (USDB) strives to ensure a safe and effective learning environment for all students by encouraging student conduct that produces respect for self, others, and property.~~

### ~~2. SCOPE~~

~~This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles, at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.~~

### 3. Purpose

The purpose of this policy is to [comply with Section 53G-9-702, Section 53G-9-604, and \(R227-620\)](#). This document is developed to protect the health and well-being of all USDB (the district) students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

USDB:

- 3.1. recognizes that physical, behavioral, and emotional health ~~is~~ [are](#) ~~an~~ integral components of a student's educational outcomes,
- 3.2. further recognizes that suicide is a leading cause of death among young people,
- 3.3. has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and

- 3.4. acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and one that helps to foster positive youth development.

#### 4. **Definitions**

- 4.1. At risk means a student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
- 4.2. Mental health refers to a state of mental and emotional well-being that can impact choices and actions related to wellness. Mental health problems include mental and substance use disorders.
- 4.3. Postvention means suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
- 4.4. Risk assessment means an evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
- 4.5. Risk factors for suicide are characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the

- same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
- 4.6. Self-harm means behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
  - 4.7. Suicide Death is caused by self-directed injurious behavior with the intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.
  - 4.8. Suicide attempt means a self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
  - 4.9. Suicidal behavior means a suicide attempt, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
  - 4.10. Suicide contagion means the process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
  - 4.11. Suicidal ideation means thinking about, considering, or planning for self-injurious behavior, which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.
  - 4.12. USDB Suicide Prevention/[Crisis Response](#) Team means a multidisciplinary team of primarily administrative and psychology staff whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals have been

specifically trained in crisis preparedness through recovery and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services to support effective crisis interventions and recovery.

## **PREVENTION:**

### **5. District Policy Implementation**

- 5.1. Participation in the USDB Suicide Prevention Team shall be designated by the USDB Superintendent or designee. This team will be responsible for planning and coordinating the implementation of this policy for USDB as well as responding to any issues relating to suicide prevention and policy implementation.
- 5.2. Each USDB school or region shall designate a primary contact (e.g., the school director/principal) for SafeUT to serve as the point of contact for any tips received about USDB students. All USDB staff members shall report students they believe to be at elevated risk for suicide to a USDB Psychology team member and the student's director.

### **6. Staff Professional Development:**

- 6.1. [Under Section 53G-9-704, all school districts and charter schools, including USDB, must require each licensed employee to complete professional development training on youth suicide prevention every three years. At USDB, all](#) staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, [intervention strategies](#), referrals, postvention, and resources regarding youth suicide prevention [while building caring school climates](#). [This annual](#) professional development will also be designed to meet the requirements of educator and related services licensure.
- 6.2. The professional development will include additional information regarding groups of students at elevated risk for suicide, including 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, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

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

## 7. **Youth Suicide Prevention Programming:**

~~Developmentally appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.~~

- 7.1. USDB shall implement developmentally appropriate, evidence-based youth suicide prevention programming that is designed to:
  - 7.1.1. Increase student awareness of mental health, coping strategies, and help-seeking behaviors
  - 7.1.2. Strengthen protective factors such as connectedness, resilience, and problem-solving skills
  - 7.1.3. Reduce stigma related to mental health and suicide
  - 7.1.4. Provide students with information on how and where to seek help for themselves or others
  - 7.1.5. Programming shall be age-appropriate, culturally responsive, and delivered in a manner that does not normalize or sensationalize suicide. In addition, schools may provide supplemental small-group suicide prevention programming for students.

## 8. **Publication and Distribution:**

- 8.1. This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

- 8.2. The purpose of this policy is to protect the health and well-being of all USDB students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.
- 8.3. USDB will set forth its specific processes for implementing this policy through the accompanying administrative procedures.

**9. Assessment and Referral:**

- 9.1. When a student is identified by a staff person as potentially suicidal (i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers), the student will be seen by a USDB Psychology team member or a school employed mental health professional ~~the same school day~~ within 2 hours to assess risk and facilitate referral. If no mental health professional is available, a school nurse or administrator will fill this role until a mental health professional can be brought in.
- 9.2. All referrals should be completed in the Suicide Risk Referral Droplet form located on the Staff Portal.
- 9.3. Information required for those forms includes:
  - 9.3.1. Student name
  - 9.3.2. School
  - 9.3.3. USDB Campus Location
  - 9.3.4. Parent/Guardian Name
  - 9.3.5. Parent/Guardian Contact Information
  - 9.3.6. Teacher Name
  - 9.3.7. Date and Time of Incident
  - 9.3.8. Location of Incident
  - 9.3.9. Incident Details
  - 9.3.10. Submitter Name/Email

**10. For youth at risk:**

- 10.1. USDB staff will continuously supervise the student to ensure their safety.

- 10.2. The student's director and a member of the USDB Psychology team will be made aware of the situation ~~as soon as reasonably possible~~within the hour .
- 10.3. To comply with Section 53G-9-604, the Director or the Psychology Team member will notify a parent if the parent's student threatens suicide, as well as notifying each student involved in an incident, and the action plan to address the incident.
- 10.4. The Psychology Team member will document the incident, which includes parental notification information (time and how) and the maintenance of a record of the incident in accordance with the requirements of:
  - 10.5. Section 53E.9.2, Student Privacy;
  - 10.6. Section 53E.9.3, Student Data Protection;
  - 10.7. The Family Educational Rights and Privacy Act, 20 U.S.C. Sec. 1232g; and 34 C.F.R. Part 99.
- 10.8. The Psychology Team member will share with the parent suicide prevention materials and information, including information on ways to limit students' access to lethal means, including a firearm and medication.
- 10.9. Upon a parent's request, the school (Directors or a psychology team member) can provide information and make recommendations regarding an incident.
- 10.10. A plan for supervision will be discussed with the parent or guardian prior to releasing any student who is being checked out of school in a crisis situation, and the plan documented.
- 10.11. The USDB Psychology team member or the student's director will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral if needed. When appropriate, this may include calling emergency services or transporting the student to the local Emergency Department.
- 10.12. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate. This permission can be recorded on a USDB Release of Information form.

## 11. In-School Suicide Attempts:

- 11.1. In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:
- 11.2. [The USDB Standard Response Protocol \(SRP\) will be implemented in accordance with this policy.](#)
- 11.3. First aid will be rendered until professional medical treatment and/or transportation can be received, in accordance with district emergency medical procedures.
- 11.4. School staff will ~~supervise~~ [maintain a direct line of sight with](#) the student to ensure their safety.
- 11.5. Staff will move all other students out of the immediate area as soon as possible. [Reasonable efforts shall be made to secure the area and maintain student dignity and privacy.](#)
- 11.6. If appropriate, staff will immediately request a mental health assessment for the youth.
- 11.7. A USDB Psychology team member or the student's director will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
- 11.8. Staff will immediately notify the USDB Psychology team and the student's director regarding in-school suicide attempts.
- 11.9. [The suicide attempt documentation shall include: Observed behaviors or statements, Time and location of the incident, Actions taken by staff, and all notifications that have been made.](#)
- 11.10. The school will engage as necessary ~~for~~ [with](#) the state crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

## 12. Out-of-School Suicide Attempts:

- 12.1. If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:
- 12.2. Call the police and/or emergency medical services, such as 9-1-1.
- 12.3. Inform the student's parent or guardian.
- 12.4. Inform the USDB Psychology team and the student's director.
- 12.5. Staff can submit a crisis tip via the SafeUT app.
- 12.6. If the student contacts the 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 [or call 988](#), while maintaining engagement with the student.

### **13. SafeUT**

- 13.1. [SafeUT is the official statewide crisis prevention and school safety support service used by Utah school districts, providing 24/7 confidential access to licensed mental health counselors for students, families, and school staff via app, text, or phone. SafeUT allows individuals to anonymously report concerns related to mental health crises, self-harm or suicide risk, bullying, abuse, substance use, threats of violence, or other school safety issues. Their clinicians coordinate with the local school district \(USDB\) crisis teams and emergency services in accordance with district and state protocols to support student safety and well-being.](#)

[Website: https://safeut.org/](https://safeut.org/)

[Text or Phone: 1-833-372-3388](tel:1-833-372-3388)

[Apple App Store: SafeUT](#)

[Android/Google Play: SafeUT](#)

### **14. 988 Suicide & Crisis Lifeline**

- 14.1. [988 Suicide & Crisis Lifeline is a free, confidential mental health crisis support service available 24/7 to individuals in Utah, including Deaf, Hard of Hearing, and DeafBlind community members. Deaf individuals can access direct ASL support through videophone by calling 988 via VP or visiting 988lifeline.org to connect with trained counselors who work with Deaf individuals. The 988 Lifeline provides support for emotional distress, suicidal thoughts, and mental health crises, and can coordinate local Utah resources when additional help is needed.](#)

- ~~14.2. SafeUT is a crisis and tip line. SafeUT is an app (<https://safeut.med.utah.edu/>) that can be downloaded on your mobile phones. Staff, parents, and students can submit a tip to SafeUT where they will speak to a licensed social worker or crisis~~

~~worker. Social and crisis workers are prepared to talk to individuals on such items as depression, cutting, suicide, drugs, bullying, etc.~~

## **15. Return to School Procedures:**

15.1. For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a member of the USDB Psychology team and the student's director or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss return and appropriate next steps to ensure the student's readiness for return to school.

15.1.1. The "Return to Learn" option within the SafeUT application determines when it is appropriate for the student to return to school.

15.1.2. The safety plan can be uploaded into the SafeUT application.

15.2. A USDB Psychology team member or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

15.3. The parent or guardian will provide written documentation from a licensed mental health provider confirming that the student has ~~undergone examination and that they are~~ been clinically evaluated and is determined to no longer pose a danger to themselves or others. This written documentation shall be reviewed by the USDB's designated crisis response team member in accordance with Utah school suicide prevention and re-entry procedures.

15.4. If appropriate, coordinate a school re-entry meeting and develop or update a student safety plan.

15.5. The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

## **16. Parental Involvement:**

16.1. Parents and guardians play a key role in youth suicide prevention, and it is important for USDB to involve them in suicide prevention efforts.

- 16.2. Parents/guardians need to be informed and actively involved in decisions regarding their child's welfare. Parents and guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary. Parents/guardians should be advised to take every statement regarding suicide and a wish to die seriously and avoid assuming that a child is simply seeking attention.
- 16.3. USDB ~~is required to~~ will offer a seminar to parents of students in the school district that is:
  - 16.3.1. Free
  - 16.3.2. Held after 6 p.m.
  - 16.3.3. Is at one of the USDB campus schools for a live format and through electronic distribution ~~on the USDB website.~~
  - 16.3.4. Is offered at least once per school year in a live format and is offered at any time during the school year through electronic distribution; and
  - 16.3.5. Covers the following risk factor topics:
    - 16.3.5.1. substance abuse, including illegal drugs and prescription drugs, and prevention, bullying, mental health, depression, suicide awareness, and suicide prevention, including education on limiting access to fatal means, internet safety, including pornography addiction, and the School Safety and Crisis Line.

**17. Parental Notification and Involvement:**

- 17.1. [Under Section 53G-9-604, USDB is legally required to notify a parent or guardian if a student threatens to commit suicide, whether in person, in writing, or by other form of communication.](#)
- 17.2. [The notification must include the following:](#)
- 17.3. [Nature of Risk/Threat](#)
  - 17.3.1. [Actions taken by the school](#)

- 17.3.2. [Next Steps and Resources](#)
- 17.3.3. [Once the notification is made, USDB must produce and maintain a record showing that the parent/guardian was notified, and maintain the record in accordance with:](#)
  - 17.3.3.1. [Section 53E.9.2, Student Privacy;](#)
  - 17.3.3.2. [Section 53E.9.3, Student Data Protection;](#)
  - 17.3.3.3. [The Family Educational Rights and Privacy Act \(FERPA\), 20 U.S.C. Sec. 1232g; and 34 C.F.R. Part 99.](#)
- 17.4. In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the student's director, designee, or mental health professional. 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.
- 17.5. After discussion with the student, the principal or a school-employed mental health professional will assess whether there is a further risk of harm associated with parent or guardian notification. If the principal, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the student's health or well-being, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.

## 18. **Postvention:**

Development and Implementation of an Action Plan: The crisis team will develop an action plan to guide the school's 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. The action plan may include the following steps:

- 18.1. **Death Verification:** ~~Verify the death.~~ ~~Staff~~ Crisis Response Team member will verify ~~confirm~~ the death ~~and determine the cause of death~~ through communication with law enforcement, the USBE suicide prevention Specialist ~~coroner's office, local hospital, or 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.~~
- 18.2. **Contact Family:** A crisis response team member should contact the deceased's family. If possible, set up a time to meet in person to offer condolences, determine what information to share with students and staff, and discuss how the school can support the family. Administrators and a psychology team representative meet with the family and determine who will be the liaison to the family thereafter. The crisis response team member will also remove the student's name from all notification systems to ensure families do not receive notices.
- 18.3. **Assess the situation.**
- 18.3.1. The Crisis Team will meet to assess the situation and initiate the following action items.
    - 18.3.1.1. Designate a Crisis Team Response team member to monitor social media pages for inflammatory statements or copycat behaviors.
    - 18.3.1.2. Preparing the Front Desk/Administrative Assistant with a script to include facts while maintaining the wishes of the deceased's family and resources for response to questions surrounding a student death when parents may call.
    - 18.3.1.3. Ensure Interpreters and translators are available and ready to assist the crisis response team.

- 18.3.1.4. In collaboration with parents, determine what, when, and where the communication and information dissemination needs to happen (during school hours versus after hours)
- 18.3.1.5. Provide resources to parents and let them know how students were supported during the USDB Crisis Response Team's postvention response.
- 18.3.1.6. Determine the level of impact it will have on staff and students, taking into consideration any recent traumatic events.
- 18.3.1.7. Communication~~Share Information~~. A designated person will take the lead on communication, with the primary focus on communicating with Teachers, Staff, Students, and their parents. The following action items should be initiated.
- 18.3.1.8. Before the death is officially classified as a suicide by the coroner's office or confirmed by the family, the death can and ~~should~~ will not be communicated to staff and students, until parents have determined how the death will be messaged. ~~and parents/guardians with an acknowledgement that its cause is unknown.~~
  - 18.3.1.8.1. Safe messaging guidelines for reporting on suicide should be maintained.
- 18.3.1.9. The designated person will create a statement and a script for the staff members to share with students. The statement should include basic facts about the death and any known arrangements, while recognizing the sorrow of the news and sharing resources available to help students cope with grief. Means of death should not be discussed. The statement should be shared in the classroom or in a small group. Assemblies or Public Address System announcements should be avoided.

18.3.1.10. The crisis team or the designated person may prepare a letter with the input and permission from the deceased student's parent/guardian to send home with students that includes information about what the school is doing to support students, warning signs of suicidal behaviors, and a list of resources.

18.3.1.11. Avoid suicide contagion. All school communications following a death should avoid detailed descriptions, speculations, or sensationalized language in order to reduce the risk of suicide contagion.

~~18.3.1.11.1. 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.~~

~~18.3.1.11.2. Avoid suicide contagion. It should be explained in the staff meeting described above 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. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.~~

18.4. Initiate support services.

- 18.4.1. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death.
- 18.4.2. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
- 18.4.3. Students identified as being more likely to be affected by the death will be assessed by a school-employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff who need individual and small-group counseling.
- 18.4.4. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meet underlying or ongoing mental health needs.
- 18.4.5. Develop memorial plans. The school will not create on-campus physical memorials (e.g., photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion.
  - 18.4.5.1. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides, and prevention resources are available.

19. **External Communication:**

- 19.1. Consistent with USDB media guidelines, staff will refer all media inquiries directly to the Utah State Board of Education Director of Strategic Initiatives.
- 19.2. The spokesperson will:
  - 19.2.1. Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.
  - 19.2.2. Prepare a media statement that includes 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.

- 19.2.3. Answer all media inquiries. If a suicide is to be reported by the 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. The media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

## **REFERENCES**

~~[Utah Code Ann. §53G-9-604, Parental Notification of Certain Incidents and Threats Required](#)~~

~~[Utah Code Ann. §53E-9-203, Activities Prohibited Without Prior Written Consent](#)~~

~~[Utah Code Ann. §53G-9-702 et seq., Youth Suicide Prevention Programs Required in Secondary Schools](#)~~

~~[Utah Code Ann. §62A-15-1101, Suicide Prevention Programs](#)~~

~~[Utah Admin. Code R277-620, Suicide Prevention Programs](#)~~  
~~[Never Worry Alone Resource Guide for Parents](#)~~

~~SUICIDE RISK REFERRAL~~

~~In the event that a student makes a self-harm threat, statement, or injury,  
follow USDB's Suicide Policy and Procedures.  
If student is in immediate danger and/or crisis call 9-1-1.~~

~~Student Name: \_\_\_\_\_~~

~~School: \_\_\_\_\_~~

~~USDB location: \_\_\_\_\_~~

~~Parent/Guardian Name: \_\_\_\_\_~~

~~Parent/Guardian Contact Information: \_\_\_\_\_~~

~~Teacher: \_\_\_\_\_~~

~~Date of incident: \_\_\_\_\_~~

~~Time of incident: \_\_\_\_\_~~

~~Location of incident: \_\_\_\_\_~~

~~Incident Details:~~

~~\_\_\_\_\_~~

~~USDB's Suicide Prevention Procedures Quick Reference Guide  
If the student is in immediate danger and/or crisis, call 9-1-1.~~

~~INFORM and SAFETY:~~

~~Immediately contact a member of the USDB Psychology Team, including information on who, where, which USDB location, where the incident took place at the school, date/time of incident, reporting teacher, parent information, and other essential incident details. Complete a Suicide Risk Referral.~~

~~Immediately contact the student's Director about the incident.~~

~~Stay with the student within the line of sight until a USDB Psychology Team member arrives to complete an assessment and assist the student.~~

~~**ASSESS:** A Suicide Risk Assessment will be conducted by a USDB Psychology Team member for any student who displays any suicidal tendencies or comments.~~

~~**INTERVENE:**~~

~~A USDB Psychology Team member will notify parents or legal guardians.~~

~~A USDB Psychology Team member may notify DGFS/APS, SafeUT, and/or police~~

~~Students with severe behaviors will remain with a member of the USDB Psychology Team or will be taken to the hospital for further evaluation and stabilization.~~

~~**RELEASE:**~~

~~Release the student back to the parent or teacher/class when a safety plan is established.~~

~~The student may be released to return to school with modifications to regular supervision levels.~~

~~**DOCUMENT:**~~

~~A USDB Psychology Team member will communicate the safety plan and needs with the student's educational team and document on the Suicide Risk Assessment Form.~~

~~**SUPPORT:** The Educational team will follow the USDB Psychology Team member's recommendations for additional support.~~