CRISIS INTERVENTION MANUAL

School Year
2020
# TABLE OF CONTENTS

## INTRODUCTION
- Board Policy #5350 – Pupil Suicide Prevention
- Board Regulation #5350 – Pupil Suicide Prevention
- SOP - Urgent Crisis Team
- Crisis Intervention Manual – Introduction

## SECTION 1: SUICIDE

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Level I – At-Risk Behaviors</td>
<td>1,2</td>
</tr>
<tr>
<td>2)</td>
<td>Level I – Communications Chart At-Risk Behaviors</td>
<td>3</td>
</tr>
<tr>
<td>3)</td>
<td>Level II – Written or Verbal Intent</td>
<td>4,5</td>
</tr>
<tr>
<td>4)</td>
<td>Level II – Communications Chart - Written or Verbal Intent</td>
<td>6</td>
</tr>
<tr>
<td>5)</td>
<td>Crisis Procedures for Suicide <em>(Reference Sheet)</em></td>
<td>7</td>
</tr>
<tr>
<td>6)</td>
<td>Level III – Attempted Suicide (School in Session)</td>
<td>8</td>
</tr>
<tr>
<td>7)</td>
<td>Level III – Communications Chart - (School in Session) Attempted Suicide</td>
<td>9</td>
</tr>
<tr>
<td>8)</td>
<td>Level III – Attempted Suicide (School not in Session)</td>
<td>10</td>
</tr>
<tr>
<td>9)</td>
<td>Level III – Communications Chart - (School not in Session) Attempted Suicide</td>
<td>11</td>
</tr>
<tr>
<td>10)</td>
<td>Suicide Prevention/Intervention Communications Chart</td>
<td>12</td>
</tr>
</tbody>
</table>

## SECTION 2: SUDDEN DEATH

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>School in Session</td>
<td>13</td>
</tr>
<tr>
<td>2)</td>
<td>Communications Chart (School in Session)</td>
<td>14</td>
</tr>
<tr>
<td>3)</td>
<td>School Not in Session</td>
<td>15</td>
</tr>
<tr>
<td>4)</td>
<td>Communications Chart (School Not in Session)</td>
<td>16</td>
</tr>
</tbody>
</table>

## SECTION 3: COMMUNITY DISTURBANCE

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>School in Session</td>
<td>17</td>
</tr>
<tr>
<td>2)</td>
<td>Communications Chart (School in Session)</td>
<td>18</td>
</tr>
<tr>
<td>3)</td>
<td>School Not in Session</td>
<td>19</td>
</tr>
<tr>
<td>4)</td>
<td>Communications Chart (School Not in Session)</td>
<td>20</td>
</tr>
</tbody>
</table>

## SECTION 4: VIOLENCE

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Violence</td>
<td>21</td>
</tr>
<tr>
<td>2)</td>
<td>Communications Chart - Violence</td>
<td>22</td>
</tr>
</tbody>
</table>

## SECTION 5: CRISIS CENTER

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Crisis Center</td>
<td>23</td>
</tr>
<tr>
<td>2)</td>
<td>Communication Chart Crisis Center</td>
<td>24</td>
</tr>
</tbody>
</table>
SECTION 6: CHAIN of COMMAND

1) Communication Chart - Chain of Command.................................................................25

SECTION 8: APPENDICES

A. Crisis Information Form...................................................................................................27
B. Suicide Questionnaire....................................................................................................28-30
C. Medical Information Form............................................................................................31
D. Notice of Potential Harm to Self and Others (Eng.) ..................................................32
E. Notice of Potential Harm to Self and Others (sp).......................................................33
F. Permission for Release of Medical Information (Eng.)................................................34
G. Permission for Release of Medical Information (sp).....................................................35
H. Verification of Medical Intervention – Personal Physician.........................................36
I. Sample Templates – Notification of Death......................................................................37-39

SECTION 9: RESOURCES

A. Resources.......................................................................................................................40-47

District Crisis Team

- Mrs. Tamisha McKoy, Director of Guidance & Counseling & Student Support Services
- Mrs. Kimler Williamson, Acting Supervisor of Nursing & Medical Services
- Mrs. Laurel Olson, Supervisor of Student Assistance Programs
- Mrs. Alicia Pavone, Director of Special Education Services

A **Building Crisis Team** shall consist of the following:

- Administrator
- School Counselor
- Nurse
- Psychologist
- Social Worker
- Student Assistance Coordinator (SAC)
POLICY

PATERN
BOARD OF EDUCATION

PUPILS
5350/Page 1 of 3
Student Suicide Prevention

5350 STUDENT SUICIDE PREVENTION

The Board of Education recognizes that depression and self-destruction are problems of increasing severity among students. Students under severe stress cannot benefit fully from the educational program and may pose a threat to themselves or others.

The Board directs all school district staff members to be alert to a student who exhibits warning signs of self-destruction or who threatens or attempts suicide. Any such warning signs or the report of such warning signs from another student or staff member shall be taken with the utmost seriousness and reported immediately to the Principal or designee.

The Principal or designee shall immediately contact the parent(s) of the student exhibiting warning signs of suicide to inform the parent(s) the student will be referred to the Building Crises Team according to the District Crises Manual, for a preliminary assessment. Based on the recommendation of the Building Crises Team, the parent(s) may be required to obtain medical or psychiatric services for the student. In the event the parent objects to the recommendation or indicates an unwillingness to cooperate in the best interests of the student, the Principal or designee will contact the New Jersey Department of Children and Families, Division of Child Protection and Permanency to request intervention on the student’s behalf.

In the event the student is required to obtain medical or psychiatric services, the parent(s) will be required to submit to the Principal or Designee a written medical clearance from a licensed medical professional, selected by the parent(s) and approved by the Building Crises Team, indicating the student has received medical intervention, does not present a risk to themselves or others, and is cleared to return to school. The written medical clearance may be reviewed by a Board of
Education healthcare professional before the student is permitted to return to school. The parent(s) shall be required to authorize their healthcare professional(s) to release relevant medical information to the school district’s healthcare professional, if requested.

Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe that a student has attempted or completed suicide, shall immediately report the information to the Principal or designee or their immediate supervisor who will immediately report it to the Superintendent or designee. The Superintendent or designee shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families in accordance with N.J.S.A. 30:9A-24. In accordance with N.J.S.A. 30:9A-24i, any person who reports an attempted or completed suicide shall have immunity from any civil or criminal liability on account of the report, unless the person has acted in bad faith or with malicious purpose.

In accordance with the provisions of N.J.S.A. 18A:6-111 and 18A:6-112, as part of the required professional development for teachers as outlined in N.J.A.C. 6A:9C-3 et seq., every teaching staff member must complete at least two hours of instruction in suicide prevention, to be provided by a licensed health care professional with training and experience in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

The Superintendent or Designee shall prepare and disseminate guidelines to assist school district staff members in recognizing the warning signs of a student who may be contemplating suicide, to respond to a threat or attempted
suicide, and to prevent contagion when a student commits suicide.

N.J.A.C. 6A:9C-3 et seq.

Adopted: 31 October 2002
Revised: 17 August 2011
Revised: 18 November 2015
Revised: 30 November 2016
Revised: 29 August 2018
R5350 STUDENT SUICIDE PREVENTION

The following are guidelines to assist school district staff members in recognizing the warning signs of a student who may be contemplating suicide, to respond to a threat or attempted suicide, and to prevent contagion when a student commits suicide.

A. Recognition of Warning Signs of Suicide

All school district staff members and support staff members shall be alert to any warning signs a student may be contemplating suicide. Such warning signs may include, but are not limited to, a student’s:

1. Overt suggestion, regardless of its context, that he/she is considering or has considered suicide or has worked out the details of a suicide attempt;

2. Self-mutilation;

3. Obsession with death or afterlife;

4. Possession of a weapon or possession of other means of suicide or obsession with such means;

5. Sense of hopelessness or unrelieved sadness;

6. Lethargy or despondency, or, conversely, a tendency to become more impulsive or aggressive than usual;

7. Drop in academic achievement, slacking off of energy and effort, or inability to focus on studies;

8. Isolation from others by loss of friends, withdrawal from friends, lack of companionship, or family disintegration;
9. Preoccupation with nonexistent physical illness;

10. Loss of weight, appetite, and/or sleep;

11. Substance abuse;

12. Volatile mood swings or sudden changes in personality;

13. Prior suicide attempt(s);

14. Anxiety or eating disorder;

15. Involvement in an unhealthy, destructive, or abusive relationship; and

16. Depression due to being a victim/target of harassment, intimidation, bullying, or mistreatment by others.

B. Response to the Warning Signs of Suicide

1. Any indication of suicide, whether personally witnessed or received by a report from another, shall be taken seriously and immediately reported to the Principal or designee. Upon receiving such report, the Principal will ensure the student is supervised by school staff members until the Building Crisis Team is assembled and the risk level is determined.

2. The Principal or designee shall immediately contact the parent(s) of the student exhibiting warning signs of suicide to inform the parent(s) that the student will be referred to the Building Crisis Team for an intervention, in accordance with C. below.

3. If the threat of suicide is immediate and serious, the Principal will contact local law enforcement and the Superintendent of Schools or designee.
C. Intervention(s) and Recommendation(s)

1. The Building Crisis Team will immediately meet with the student to complete an intervention.

2. The Crisis Intervention Team will make a recommendation(s), based on the intervention, to the Principal or designee regarding the student’s risk level of suicide.

3. The Case Manager will immediately meet with the parent(s) to review the findings of the intervention. Based on the recommendation(s) of the Building Crisis Team, the student may be:
   a. Permitted to remain in school:
      (1) If the student remains in school after the intervention, the Case Manager will designate a school staff member to follow-up with the student on any recommendations of the Building Crisis Team.
   b. Referred to the Child Study Team for further evaluation (if student is classified);
   c. Removed from the school and released to the parent(s) and will be required to obtain medical or psychiatric services before the student may return to school:
      (1) The parent(s) will be required to submit to the Principal or designee a written medical clearance from a licensed medical professional selected by the parent(s) and approved by the Building Crisis Team, indicating the student has received medical services, does not present a risk to
herself, and is cleared to return to school. The Principal or designee will not act unreasonably in withholding approval of the medical professional selected by the parent(s). The written medical clearance may be reviewed by a Board of Education healthcare professional before the student is permitted to return to school.

(2) The parent(s) shall be required to authorize their healthcare professional(s) to release the student’s relevant medical information to the school district’s healthcare professional, if requested.

d. Required to comply with the recommendation(s) outlined in C.3.a., b., and/or c. above, and/or any other recommendation(s) of the Principal or designee to ensure the student’s safety and the safety of others.

4. In the event the parent(s) objects to the recommendation(s) or indicates an unwillingness to cooperate with the school district regarding their child, the Principal or designee will contact the New Jersey Department of Children and Families, Division of Child Protection and Permanency to request intervention on the student’s behalf.

D. Response to Attempted Suicide by a Student

1. Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe a student has attempted suicide, shall immediately report the information to the Principal or designee or their immediate supervisor.
2. A Principal or designee or supervisor who receives a report of a student who has attempted suicide will immediately report it to the Superintendent or designee, who shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families.

3. The school district staff member who witnesses a suicide attempt on school grounds, at a school sponsored event, or on a school bus shall immediately contact local law enforcement and emergency medical services, as appropriate.

E. Response to Suicide Committed by a Student

1. Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe a student has committed suicide, shall immediately report the information to the Principal or designee or their immediate supervisor.

2. A Principal or designee or supervisor who receives a report that a student has committed suicide will immediately report it to the Superintendent or designee, who shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families.

3. The Principal of the school the student attended will assemble school staff members as soon as possible, prior to the opening of school, to provide school staff members information, plans for the school day, and guidelines for handling the concerns of students.

4. The Principal of the school the student attended will use the Building Crisis Team (including Child Study
Team members) to assist school staff members in dealing with any issues that arise due to the situation and to assist students in the loss with as little interruption of the educational program as possible.

5. The Building Crisis Team (including Child Study Team members) will assist teachers in responding to the needs of students. Students who were close to the victim shall be offered special counseling services and parents will be notified of available community mental health services.

6. School staff members shall be especially alert to warning signs of contemplated suicide among the victim’s peers.

7. All Principals in the school district will be promptly informed when a student enrolled in the district commits suicide. The district, with the approval of the Superintendent, may provide support and services to school staff members and students as needed with as little interruption of the educational program as possible.

8. The Principal of the school the student attended may, with the approval of the Superintendent, provide any additional support and services that will assist school staff members and students in the loss.

F. Prevention of Suicide Contagion

1. School staff members, under the direction of the Principal or designee, shall attempt to prevent suicide contagion by:

   a. Avoiding the glorification or romanticization of suicide;
INTRODUCTION

CRISIS INTERVENTION MANUAL

The Paterson Public School District is committed to addressing the needs of both the students and school staff when a crisis occurs. It is essential that unpredictable and life-threatening situations be assessed for intervention. The Paterson Public School District understands the need for crisis team intervention when an incident occurs. Teams will be prepared and accessible to intervene when necessary.

Suicide Level I and Level II refer to students. Attempted suicide, sudden death, community disturbances, violence and sexual abuse refer to students and staff.

Procedures for the following are included:

1. Suicide – Level I – At-risk behaviors
2. Suicide – Level II – Written or verbal intent
3. Suicide - Level III – Attempted Suicidal Act – School in Session/School Not in Session
4. Attempted suicide, School in Session/School Not in Session
5. Sudden death, School in Session/School Not in Session
6. Community disturbances, School in Session/School Not in Session
7. Violence
8. Child Sexual Abuse (Developed by the Passaic County Prosecutor's Office)

The Crisis Intervention Manual will allow counseling for both students and school staff when necessary. Crisis Intervention Teams may be accessed for crises throughout the district. Communication charts included in the procedures outline the steps necessary to follow in the time of a crisis. If an identified person in the communication chart is unavailable, continue to the next step, regardless of the absence.

If a principal is not available, the principal's designee, (person in charge of the building at that time) shall take on the role and responsibilities of the principal. Whoever is assigned this role they must have knowledge of the contents of this manual. The designee shall contact the principal immediately.

All external requests for information regarding crisis in the district shall be directed to the Executive Director of Communication at (973) 321-2430.

1. All school staff shall receive a copy of the manual and should an incident arise, the chain of command must be followed.

This manual shall be reviewed with staff annually at a faculty meeting by school counselor(s) in collaboration with the Building Crisis Team.

*This manual pertains to K-12 students only; all incidences involving Pre-K 3 & 4 students should be directed to Nancy Aguado-Holtje at ext. 12253 or nholtje@paterson.k12.nj.us.

THE SCHOOL NURSE SHALL NOT BE ASKED TO FULFILL THE ROLE OF THE PRINCIPAL’S DESIGNEE, CRISIS CASE MANAGER OR TO ACCOMPANY THE STUDENT TO A MEDICAL FACILITY.
SUICIDE

LEVEL I – At-Risk Behaviors

**Level I:** It is important that school personnel and the population in general be aware of warning signs so that the appropriate steps can be administered when they are identified.

<table>
<thead>
<tr>
<th>Warning signs may include:</th>
<th>8. Indications that the person is making final arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indications of depression</td>
<td>9. Withdrawn appearance</td>
</tr>
<tr>
<td>2. Changes in “personality”</td>
<td>10. A sense of not belonging in school</td>
</tr>
<tr>
<td>3. Inability to concentrate</td>
<td>11. A sense of having a restricted future because of doing poorly in school</td>
</tr>
<tr>
<td>5. Preoccupation</td>
<td>13. Low level of family support</td>
</tr>
<tr>
<td>6. Risk-taking behavior or appearing to be “accident-prone”</td>
<td>14. Substance abuse</td>
</tr>
<tr>
<td>7. Quietness</td>
<td>15. Isolation</td>
</tr>
</tbody>
</table>

Remember that a number of warning signs are characteristic of the turmoil of adolescence, making it difficult for adults to know by observation whether a young person is suicidal or not. However, it is critical to be on guard when several warning signs occur together or when a key sign persists over time.

School personnel, because of their extensive contact with young people, are an especially important resource in identifying potentially suicidal youngsters.

Once warning signs have been identified and there is suspicion that a given individual may be suicidal, there are skills that school personnel need to know in order to be able to further assess suicide risk.

**THE STUDENT IS TO BE KEPT UNDER CONTINUOUS ADULT SUPERVISION**

1. Staff member(s) shall notify the Building Administrator/Designee.

2. Building Administrator/designee assembles at least two (2) members (no more than three (3) – never one (1) person alone) of the **Building Crisis Team** (when present in building). The Building Administrator/designee shall make the determination: 1) who will be the Crisis Case Manager; 2) to select the Crisis Team Members

A **Building Crisis Team** shall consist of the following:

- Administrator
- School Counselor
- Nurse
- Psychologist
- Social Worker
- Student Assistance Coordinator (SAC)
3. The student is to be kept under continuous adult supervision (in an area that provides for confidentiality and free of students) as assigned by Building Administrator/Designee until the following steps are completed.

   a). Team Members will assess the level of risk by interviewing the student in a confidential location (using the *Suicide Questionnaire*) and referral source and determine whether it proceeds to Level II or whether the child needs an additional referral, including outside referrals, individual counseling and or/Child Study Team intervention (CST Case Manager).

   b). A member of the Crisis Team shall document the above incident using the *Crisis Information Form*. These files shall be kept in a locked file with the Guidance Counselor.

   c). When a crisis is identified, all statements will be held as confidential as possible. To protect the student’s privacy **DO NOT** transmit confidential information via email.

   d). If the student has an IEP, team members should include a member of the Child Study Team (CST).

   **IF NEEDED, BUILDING CRISIS TEAM WILL MAKE OUTSIDE REFERRAL**

   *(Steps 1-3 shall be done in the same day)*
Communications Chart

Level 1 – At-Risk Behaviors

Staff Notifies
Building Administrator/Designee

Building Administrator/Designee assembles at least two members of Building Crisis Team

Building Administrator/Designee informs Assistant Superintendent

Assessment of the problem will be done by Building Crisis Team (using the Suicide Questionnaire)

Crisis Team Member will contact outside referral if appropriate

Principal/designee or Crisis Case Manager will document the incident

Notify parent/guardian

If the student has an IEP, team members should include a member of the CST.
SUICIDE

Level II – Written or Verbal Intent

Level II: Student has voiced or written intent to engage in a suicidal act.

As with Level I, the following steps must be taken:

1. Staff member shall notify the building administrator or designee.
2. Administrator assembles at least two (2) no more than three (3) members of the Building Crisis Team.
3. The student is to be kept under continuous adult supervision as assigned by Building Administrator/Designee until the following steps are completed:
   a) The members of the Building Crisis Team (assigned by Building Administrator/Designee) will assess the level of risk by interviewing the student (using the Suicide Questionnaire p.13) and interviewing the referral source.
   b) One of the staff members, as designated above, shall contact the student’s parent/guardian (document) and request that the parent/guardian come to the school immediately for a conference. In the event that the parent/guardian cannot be reached, the Building Administrator/Designee shall contact the Communications Division of the Paterson Police Department at (973) 321-1111 and request to speak to a Shift Supervisor and explain the situation and the need for parent/guardian notification. The parent/guardian will be asked to sign a Release of Records Form to provide feedback to the school.
   c) Building Administrator contacts the Assistant Superintendent.
   d) Passaic Cty. Mobile Crisis Unit (973) 754-2230 or Perform Care (877) 652-7624 shall be contacted to meet with the student to determine the extent of the problem. In the event that Passaic County Mobile Crisis Unit cannot respond, the Building Administrator/Designee covering shall call for an ambulance (along with the police) for further assistance. After school hours the Building Administrator/Designee shall call for an ambulance (along with the police for further assistance) the Building Administrator shall cooperate with police actions.
4. If the student is in need of hospitalization and the parent/guardian cannot be contacted, a staff member (assigned by Building Administrator/Designee) shall accompany the child to the hospital until a parent/guardian arrives. In the event that a parent/guardian cannot be reached the Building Administrator/Designee shall contact the Communications Division of the Paterson Police Department at (973) 321-1111 and request to speak to a Shift Supervisor and explain the situation and the need for parent/guardian notification.
5. If the parent/guardian is contacted and refuses to follow the recommendation for medical assistance, the designated staff member shall contact the Division of Child Protection & Permanency (DCPP - 800-531-1260 – Passaic Central) (formerly DYFS) immediately.
6. The parent/guardian will be asked to sign a Release of Records Form to provide feedback to the school.
7. The Building Administrator/Designee shall assign a Crisis Case Manager for the student in question as soon as he/she is notified of the suicide ideation. The Crisis Case Manager shall monitor, document, and follow through with the hospital admission or referral, student’s re-admittance into school and future referrals. Documentation will be forwarded to the Building Administrator/Designee with a copy to the school counselor and nurse who will place a copy in an envelope marked confidential and place in the student’s file.

(Steps 1-7 shall be done in the same day)
8. Assessment and referrals made by the medical facilities will be provided in writing to the parent/guardian. Documentation of medical intervention (*Hospital Discharge Summary*) or (*Physicians Note*) must be presented for re-entry into the school. This documentation should include discharge information from the medical facility or a Physician’s note indicating the child was seen.

9. All communications and action(s) taken will be documented by the assigned Crisis Case Manager and a copy will be forwarded to the nurse and students’ counselor. These files shall be kept separate from the student’s permanent record.

*When interviewing a student with any issues of suicide or suicide ideation, all rules of confidentiality must be adhered to, with the exception of child sexual abuse. See situations concerning child sexual abuse in manual.*

**PASSAIC COUNTY MOBILE CRISIS UNIT WILL NOT RESPOND TO THE INCIDENT UNLESS THE PARENT/GUARDIAN IS PRESENT!**
COMMUNICATIONS CHART

Level II – Written or Verbal Intent

Staff immediately notifies the Building Administrator/Designee.

The Building Administrator/Designee notifies Building Crisis Team and assigns a Crisis Case Manager

Building Crisis Team

Assess the incident for a Level II (using Suicide Questionnaire) if not a Level II, return to Level I

Crisis Case Manager will:

Contact parent/guardian

Contact Passaic County Mobile Crisis, Hospital or Perform Care when parent arrives

Follow up with Passaic County Mobile Crisis assessment/recommendation, hospital admission, or in/out of school referral

If parent chooses own physician, Mobile Crisis, Hospital or Perform Care will not contacted

PARENT MUST PRESENT TO THE CRISIS CASE MANAGER AND NURSE DOCUMENTATION OF MEDICAL INTERVENTION FOR STUDENT TO RETURN TO SCHOOL.
CRISIS PROCEDURES FOR SUICIDE
Reference Sheet

- Passaic County Mobile Crisis Unit
- St. Joseph’s Hospital

I. When accessing hospitals for a crisis, complete the following:

- The family must be called and must come to school
- Upon the family’s arrival at school, call Crisis Intervention Services at:
  - Passaic County Mobile Crisis Unit – 973-754-2230
  - St. Joseph’s Hospital – 973-754-2230 (if ambulance is called)
- Speak to the person on duty. If no one answers, keep trying.

II. Provide the hospital with the following information:

- Your name, position, school and phone number
- The child’s name, date of birth, age, grade, address, phone number
- Medical information on the child – known medical concerns or medication(s) the child is taking
- The family name (person having custody of the child)
- The person reporting the incident must speak directly with the hospital staff
- The person reporting the incident must write exactly what happened
- Inform the hospital if the child is coming by ambulance
- Fax the Crisis Information Form & Suicide Questionnaire Form to St. Joseph’s Hospital 973-754-3721

III. Working with the family:

- Complete all crisis forms, including a written statement of the incident
- Have family sign the Permission for Release of Medical Information Form
- Fax copies of all completed forms to the hospital:
  - St. Joseph’s Hospital – FAX # 973-754-3721 Attn: Psychiatric Emergency Services
  - Passaic County Mobile Crisis Unit – FAX # 973-754-3624
- Direct the family to the Emergency Department Entrance (St. Joseph’s Hospital)
- Tell the family that the wait may be long.

THE BOARD OF EDUCATION WILL NOT REIMBURSE FOR TRANSPORTATION

Remind the family that for the child to return to school, the Paterson Public School District requires that documentation of a medical intervention has been completed by Hospital staff (Discharge Summary – remind parent to request a Discharge Summary) and/or Physician’s Note and must be presented when he/she returns to school with parent/guardian.
SUICIDE

Level III – Attempted Suicidal Act

School in Session

Level III: Suicidal act – any self-inflicted act with the intent to terminate one’s life that occurs during school.

1. Staff member shall immediately notify the Building Administrator/Designee. The Building Administrator shall notify the police and call an ambulance. The school nurse shall be called to monitor and provide first-aid until the police and ambulance arrive.
2. The parent/guardian shall be notified by the Building Administrator/Designee of the incident and actions to be taken. The parent/guardian shall be notified to report to school or the hospital. If the student is in need of hospitalization and the parent/guardian cannot be contacted, a staff member shall accompany the child until a parent/guardian arrives. In the event that a parent/guardian cannot be reached (document) the Building Administrator shall contact the Communications Division of the Paterson Police Department at (973) 321-1111 and request to speak to a Shift Supervisor and explain the situation and the need for parent/guardian notification. The Building Administrator/designee will also contact DCPP (1-877-652-2873) and explain the situation.
3. The Building Administrator/Designee contacts their Assistant Superintendent.
4. The Building Administrator/Designee in consultation with the Assistant Superintendent will decide if the District Crisis Team needs to be present at the school site. The Assistant Superintendent will notify the Director of Counseling Services, the Supervisor of Nursing Services or Supervisor of Student Assistance Programs, who will contact the District Crisis Team who will then go to the school site.
5. The District Crisis Team will meet with the Building Administrator/Designee, students and staff who witnessed the attempt and who are at risk.
6. The Building Administrator/Designee appoints a Crisis Case Manager for the student in question as soon as the Building Administrator/Designee is notified of the suicide attempt. The Crisis Case Manager will: obtain information from parent/guardian regarding hospital admission. Parent shall provide documentation to the Building Administrator/Designee for re-admittance into school. Building Administrator/Designee forwards documentation to Crisis Case Manager.
7. All communication and actions taken will be documented by the Building Administrator/Designee including documentation maintained by the Crisis Case Manager. Copies of all documentation will be forwarded to the Guidance Counselor. These files shall be kept with the student’s permanent record.
8. The parent/guardian will sign a Release of Records Form for the hospital/treatment facility to provide feedback to the school.

(Steps 1-6 shall be done in the same day)

*When intervening with any issues of suicide or suicide ideation, all rules of confidentiality must be adhered to, with the exception of child sexual abuse.
COMMUNICATIONS CHART

Level III – Attempted Suicidal Act

School in Session

Staff notifies the Building Administrator/Designee immediately

Building Administrator/Designee contacts EMT & Police immediately

Building Administrator/Designee

Assistant Superintendent contacts

Superintendent

Notifies Parent/Guardian or DCPP if unavailable

Director of Counseling Services
Supervisor of Nursing Services
Supervisor of Student Assistance
Coordinators or Director of Special Education Services

District Crisis Team will meet with Building Administrator, students and staff

Assigns Crisis Case Manager

Reviews discharge documentation

Student reports to the Nurse with documentation of Discharge Summary/Physicians Note

Crisis Case Manager monitors aftercare
SUICIDE

Level III – Attempted Suicidal Act

School Not in Session

Level III: Suicidal act – any self-inflicted act with the intent to terminate one’s life that occurs outside of school.

1. Informed person notifies the Building Administrator/Designee

2. The Building Administrator/Designee verifies the information by parent/guardian.

3. The Building Administrator/Designee, in consultation with the Assistant Superintendent, will decide if the District Crisis Team needs to be present at the school site. The Assistant Superintendent will notify the Director of Counseling Services, Supervisor of Nursing Services, Supervisor of Student Assistance Coordinators or Director of Special Education Services who will access the team to the school site.

4. The Building Administrator/Designee appoints a Crisis Case Manager for the student in question as soon as the Building Administrator/Designee is notified of the suicide attempt. The Crisis Case Manager will monitor the emergency room intake, diagnosis and follow through with the hospital admission or referral, student’s re-admittance into school and aftercare. Documentation will be forwarded to the Building Administrator/Designee. Proof of documentation of medical intervention shall be presented to the Nurse for re-admittance. This form is to include discharge information from the medical facility.

5. The Building Administrator/Designee and District Crisis Team in consultation with each other will contact outside mental health agencies for assistance. Agency recommendations for follow up activities will be considered for action.

6. All communication and actions taken will be documented by the Building Administrator/Designee including documentation maintained by the Crisis Case Manager. Copies of all documentation will be forwarded to the Nurse. These files shall be kept separate from the student’s permanent record. When a crisis is identified, all statements will be held as confidential as possible. To protect the students’ privacy DO NOT transmit confidential information via email.

7. The parent/guardian will sign a Release of Information Form at the school for the medical facility to provide feedback to the school.

8. In the event that the parent/guardian has not addressed the suicide attempt they will be given the opportunity to access the services of the District Crisis Team immediately. If they decline, DCPP shall be contacted.
COMMUNICATIONS CHART

Level III – Attempted Suicidal Act

School Not in Session

Informed person notifies the Building Administrator/Designee who verifies the information

Assistant Superintendent → Superintendent
Will notify director or supervisors

Parent/Guardian

Crisis Case Manager
Monitors Emergency Department Intake
Follows through with hospital admission and/or referral

Director of Counseling Services
Supervisor of Nursing Services
Supervisor of Student Assistance Programs
Director of Special Education

District Crisis Team will meet with Building Administrator/Designee students and staff

Building Crisis Team and Building Administrator/Designee will contact agencies for assistance

Student reports to the Nurse for re-admittance with proof of medical intervention to include information from hospital/treatment facility

Crisis Case Manager monitors aftercare

Communications and actions will be documented by the Building Administrator/Designee and forwarded to the nurse.
SUICIDE PREVENTION / INTERVENTION
COMMUNICATIONS CHART – 2020

Staff Member Notifies Building Administrator/Designee

School Administrator/Designee Notifies Building Crisis Team

Contacts parent/guardian

Building Crisis Team

Assigns Crisis Case Manager

Team members will:
Interview student (using the Suicide Questionnaire), and interview referral source

CST monitors action

SUICIDAL

Crisis Team Member:
Call St. Joseph’s
Passaic County Mobile Crisis Unit
Phone - 973-754-2230
FAX - 973-754-3624

If student is recommended for further evaluation, parent presence is required for Mobile Team or Perform Care to come to school.

Student is then transported to St. Joseph’s Emergency Department via ambulance, police or parent. If parent is not available, staff member must accompany student, and Building Administrator/designee must contact DCPP (1-877-652-2873).

NOT SUICIDAL
(Level I)

Refer to school/community resources

Communications and actions are confidential. Documentation (Crisis Information Form) will be kept by the Guidance Counselor and will not become part of the student’s permanent record.

THE BOARD OF EDUCATION WILL NOT REIMBURSE FOR TRANSPORTATION
Sudden Death

School in Session

1. The informed person notifies the Building Administrator/Designee or person in charge.

2. The Building Administrator/Designee notifies in person the parent/guardian of the deceased, Nurse, Assistant Superintendent, Police and Building Administrator of the schools where siblings attend.

3. The Assistant Superintendent shall notify the Director of Counseling, the Supervisor of Nursing Services or the Supervisor of Student Assistance Programs to access the District Crisis Team.

4. The Building Administrator/Designee will prepare a written confidential memo to send to staff with accurate information of the incident. (Not to be read over the PA system).

5. The memo will be read to the students by the teacher (in classroom).

6. The Building Administrator/Designee will send a letter home on the same day to the parents/guardians summarizing the incident and the action taken.

7. The Building Administrator/Designee and District Crisis Team will determine the length of time that the Team remains in the building.

*All written correspondence shall be done in consultation with the Assistant Superintendent, Public information Officer, and Legal Department as appropriate.

(Steps 1-7 shall be done in the same day.)
Informed Person notifies the Building Administrator/Designee
will contact 911 and the nurse

**Assistant Superintendent**

**Superintendent**

**Executive Director of Information Services**

**Media**

**Director of Counseling Supervisor of Nursing**
** Supervisor of Student Assistance**
**Director of Special Education**

**Written confidential memo sent to staff with accurate information of incident pending notification of parent/guardian**

**Parent/Guardian of deceased in person**

**If contact cannot be made**

**Go to hospital**

**District Crisis Team** will be available for staff, students and parents as needed at the school in question and at schools where siblings attend

**Written letter sent home the same day to the parent/guardian regarding the incident. Letter should include a summary of the incident and action that was taken by the school**

**District Crisis Team** and/or Building Administrator/Designee contacts mental health agencies in the city for assistance (if needed)

**District Crisis Team** and Building Administrator/Designee will determine the length of time that the Team remains

**Police**

**Hospital**

**Building Administrator/Designee of other schools where siblings attend**

*All written correspondence shall be done in consultation with the Assistant Superintendent, Public Information Officer and Legal Department as appropriate.*
Sudden Death

School Not In Session

1. The informed person notifies the Building Administrator/Designee
2. The Building Administrator/Designee verifies the death (before further steps are taken be sure, death is verified).
3. The Building Administrator/Designee notifies the Assistant Superintendent, and Nurse. The Building Administrator/Designee conducts an early morning faculty meeting on the first school day, if possible, and prepares a confidential memo to the staff providing accurate information of the incident. (Not to be read over the PA System).
4. The teacher will read the memo to the students.
5. The Assistant Superintendent will notify the Director of Counseling, Supervisor of Nursing Services, Supervisor of Student Assistance Programs or Director of Special Education Services.
6. The Building Administrator/Designee will send a letter home, on the same day to the parents/guardians summarizing the incident and the action taken by the school.
7. The Building Administrator/Designee, staff and District Crisis Team will determine the length of time that Team remains in the building.

*All written correspondence shall be done in consultation with the Assistant Superintendent, Public Information Officer, and Legal Department as appropriate.

(Steps 1-7 shall be done within 24 hours.)
Communications Chart

Sudden Death – School Not In Session

Knowledge of the death comes to the Building Administrator/Designee

*Building Administrator/Designee (death must be verified)

State District Superintendent

Executive Director of Information Services

Public/Media

Assistant Superintendent

Director of Counseling Services, Supervisor of Nursing Services or Supervisor of Student Assistance Programs

Nurse

School Staff

Morning faculty meeting and written confidential memo to staff with accurate information of the incident

The memo will be read to the students by the teacher

Building Crisis Team available for staff, students and parents as needed

Building Crisis Team, Building Administrator/Designee and counseling staff will contact agencies for assistance

Building Crisis Team and Building Administrator/Designee in cooperation with the District Crisis Team will determine the length of time that the team remains in the building

*A written letter shall be sent home to the parents on the day in question regarding the incident. The letter should include a summary of the incident and action taken by the school.

*All written correspondence shall be done in consultation with the Assistant Superintendent, Public Information Officer and Legal Department as appropriate.
Community Disturbance

School in Session

1. The Superintendent determines if a crisis exists and contacts the Police, Assistant Superintendent and Communications Director. The Superintendent will activate School Safety Plan.

2. The Communications Director will make an announcement to the media.

3. All students will remain in the classroom (homeroom). There will be no traveling until such time as determined by the Building Administrator/Designee.

4. The Building Administrator/Desigenee will prepare a confidential memo to the staff with accurate information on the incident.

5. Teachers will assure all children of their safety and read the written memo prepared by the Building Administrator/Desigenee.

6. The Building Administrator/Desigenee and the Assistant Superintendent will decide if and when the District Crisis Team will assist.

*All written correspondence shall be done in consultation with the Assistant Superintendent, Public Information Officer, Legal Department and Director of Security as appropriate.
Communications Chart
Community Disturbance: School in Session

1. Superintendent determines if a crisis exists

   - Public Information Officer contacts public/media
   - Police

2. Deputy

3. Assistant Superintendent

4. Building Administrator/Designee
   - Alerts custodian, building staff and district security to secure the building

5. Building Administrator/Designee & Assistant Superintendent will decide if and when the District Crisis Team is necessary

6. *The Building Administrator/Designee prepares a confidential memo to the staff with accurate information of the incident. (Not to be read over the PA system)*

7. The memo will be read by the teachers to the students

*All written correspondence shall be done in consultation with the Deputy, Assistant Superintendents, Public Information Officer, Legal Department and Director of Security as appropriate.
Community Disturbance

School Not In Session

1. The Superintendent determines whether and when to open schools.

2. The Communications Director or designee communicates to the public/media regarding the opening of schools.

3. The Assistant Superintendent and Building Administrator/designee determines the safety of each individual school and whether there is a need for police protection.

4. The Building Administrator/Designee and Assistant Superintendent will make a determination as to the need of the District.

5. If intervention by the District Crisis Team is deemed necessary, the Assistant Superintendent notifies the Director of Counseling, Supervisor of Nursing Services, Supervisor of Student Assistance Programs or Director of Special Education.

6. The Director of Counseling Services, Supervisor of Nursing Services, and Supervisor of Student Assistance Programs notifies the District Crisis Team.

7. Teachers will reassure students of their safety and encourage them to discuss the events that transpired and will refer students to meet with the Building Crisis Team.

8. Additional community support services will be determined by the Building Administrator/Designee and members of the District Crisis Team. This is to be done on a school by school basis, as needed.

9. Upon arrival all students will report to homeroom, and there will be no traveling until such time as determined by the Building Administrator/Designee.

10. The District Crisis Team and Building Administrator/Designee will determine the length of time that the Team remains in the building.
Communications Chart
Community Disturbance: School Not In Session

Superintendent determines when school is to open → Deputy Superintendent → Assistant Superintendent

Executive Director of Information Services contacts the public/media

Assistant Superintendent, Building Administrator/Designee determines the need for Building Crisis Team

Police

Assistant Superintendent, Building Administrator/Designee determines the safety of each school

Director of Counseling Services, Supervisor of Nursing Services and Supervisor of the Student Assistance Programs, Director of Special Education Services

Building Crisis Team will meet with staff, students and parents/guardians as needed

Building Crisis Team and Building Administrator/Designee contacts agencies for assistance

District Crisis Team and the Building Administrator/Designee will determine the length of time that team remains
Violence

When students commit an act of violence such as gang confrontation, stabbing, weapon possession, robbery, vandalism, assault, or arson.

All the above-mentioned acts of violence with the exception of vandalism are crimes and require investigation by the police.

1. The witnessing staff shall immediately inform the Building Administrator/Designee, first verbally and then in writing.

2. The Building Administrator/Designee will notify the police, Assistant Superintendent, and parents/guardians of the perpetrator, witnesses and victims.

3. The Building Administrator/Designee interviews all students involved, if possible. The students shall be kept separate, but under constant supervision*. The interviewer(s) become witnesses and will be required to be interviewed themselves. Concerned parties shall not compare interview notes. (*Students should not be interacting with each other)

4. The Building/Designee, Assistant Superintendent and police will determine if support services of the District Crisis Team or Community Resources are needed.

5. If intervention by the District Crisis Team is deemed necessary, the Assistant Superintendent will notify the Director of Counseling, the Supervisor of Nursing Services, Supervisor of Student Assistance Programs and the Director of Special Education.

6. The Director of Counseling, Supervisor of Nursing Services, Supervisor of Student Assistance Programs and the Director of Special Education notifies the District Crisis Team.

7. The District Crisis Team will be available for staff, students and parents/guardians as needed.

8. The District Crisis Team, staff and Building Administrator/Designee will determine the length of time that the Team remains in the building.

9. The Building Administrator/Designee, school staff and District Crisis Team in consultation with each other will contact outside agencies for assistance. Agency recommendations for follow up activities will be considered for action.
Communications Chart

**Violence**

Staff documents act of violence to the Building Administrator/Designee both orally and in writing

Building Administrator/Designee

Assistant Superintendent

Police

Perpetrator

Apprehended identity known

Implement discipline procedure

Legal procedures

Parent/Guardian of perpetrator, victim, witnesses*

Deputy Superintendent

Superintendent

Executive Director of Information Services

Interviews victims, witnesses and others

Legal Assistant when necessary

Assistant Superintendent, Building Administrator/Designee and police decide if the District Crisis Team is necessary

Director of Counseling Services, Supervisor of Nursing Services, Supervisor of Student Assistance Programs

**District Crisis Team**

**District Crisis Team** will be available for staff, students and parents as needed

District Administrator/Designee and **District Crisis Team** contacts agencies for assistance

**District Crisis Team**, Building Administrator/Designee will determine the length of time that the team remains

*Keep students separate from interacting with each other.*
Crisis Centers

1. The Superintendent determines if a crisis exists and if there is a need for a crisis center or centers to be open in the district and its location.

2. The Superintendent notifies the Deputy Superintendent who notifies assistant superintendents.

3. The Superintendent in collaboration with his staff prepares a statement for the Communications Director to announce to the public/media. The Communications Director will also prepare a hotline for communication about the crisis.


5. The Assistant Superintendent will contact the Director of Counseling, Supervisor of Nursing Services and Supervisor of Student Assistance Programs.

6. A meeting will be planned with the Superintendent, Assistant Superintendent, Building Administrator/Desigee of the involved schools, Director of Security, Director of Counseling, Supervisor of Nursing Services, Director of Special Education and Supervisor of Student Assistance Programs, Clergyman for the community, Community-based counseling service agencies and key community leaders.

7. The Superintendent will assign responsibilities to the above-mentioned district administrators. Responsibilities will include accessing security for the building or buildings to be utilized, order refreshments from food services, contact custodial staff to be in the building and staff the crisis center with counselors.

8. Once the center or centers are identified, fliers will be printed and distributed to students, staff and the community at large listing the site, address, and time of operation.
Superintendent determines if a crisis exists and there is a need for a crisis center in the district and its location.

A meeting is planned with the Superintendent, Deputy Superintendent, and the Building Administrator/Designee of involved schools. Director of Counseling Services, Supervisor of Nursing Services, Supervisor of Student Assistance Programs and the Director of Special Education.

- Urgent Crisis Teams
- Food Service Director
- Chief Custodian
Chain of Command

If a crisis arises that does not correspond to the previously mentioned crisis situations refer to this flowchart to access the District Crisis Team

*The Building Administrator/Designee shall not designate the School Nurse to be in charge of the building
CRISIS INFORMATION FORM

Please complete this form after each Level I, Level II and/or Level III suicide ideation or attempt. This form must be given to the School Counselor and School Nurse to place a copy in an envelope marked confidential and placed in the student’s file. A copy MUST also be faxed to the District Counseling Office 973-321-0704.

<table>
<thead>
<tr>
<th>School: ______________________</th>
<th>Date: ______________________</th>
</tr>
</thead>
</table>

1. ____________________________________________
   Person(s) Completing Form (name & title) School

2. ____________________________________________
   Student’s Name Grade Age Student ID #
   Address

   ____________________________
   Parent/Guardian’s Name Telephone Number(s)

3. Intervention Level I _____ Level II _____ Level III ______

4. Describe what happened __________________________________
   __________________________________
   __________________________________

5. Describe what steps were taken __________________________________
   __________________________________
   __________________________________

6. Other comments __________________________________
   __________________________________
   __________________________________

   Building Administrator’s/Designee’s Signature

1) ____________________________________________
2) ____________________________________________
3) ____________________________________________

CRISIS TEAM MEMBER’S TITLE AND SIGNATURE

rev. 2019
SUICIDE QUESTIONNAIRE
In conjunction with St. Joseph’s Hospital
Phone: 973-754-2230
Fax: 973-754-3624

Today’s date: __________________

Student Name: ___________________________________________ DOB: ___________________________
(Print clearly)

Parent’s (Guardian) Name: ___________________________ Phone: ___________________________

Address: ______________________________________________

Please complete this questionnaire to the best of your ability. You should have this information available if you have to contact St. Joseph’s Hospital or Mobile Crisis. Use the following questions to aid in determining if this student is at IMMINENT RISK for harming himself/herself. If the answer is yes, contact the parent/guardian. Have them come to the school or proceed directly to St. Joseph’s Hospital.

**DO NOT LET THIS STUDENT OUT OF YOUR SIGHT.** He/she must always remain under adult supervision. If the student refuses to answer questions, please indicate so on the questionnaire.

1. How did the student come to your attention? (please circle)
   a. Teacher referral
   b. Written communication
   c. Student referral
   d. Self-referral
   e. Other

2. Why was this student referred? (please write a brief summary)
   a. __________________________________________________________
   b. __________________________________________________________
   c. __________________________________________________________

3. Why does this student feel he/she was referred? (please write a brief summary)
   a. __________________________________________________________
   b. __________________________________________________________

4. Is the student experiencing any of the following symptoms? (please circle)
   a. Sleeplessness or excessive sleep
   b. Break-up with boyfriend/girlfriend
   c. Disturbances in appetite
   d. Depressed mood most of the time
   e. Death or illness of close family member or friend
   f. Auditory/visual hallucinations
   g. Difficulty concentrating or paying attention
   h. Recurring or obsessive thoughts
   i. Charge in grooming habits
   j. Increase in absences
   k. Sudden mood swings or charges
   l. Other changes in behavior noted by school personnel
   m. Change in status of household

**SUICIDE QUESTIONNAIRE (cont. 2)**
5. What is the student's affect? (please circle)
   a. Flat
   b. Appropriate
   c. Depressed
   d. Giddy
   e. Tearful
   f. Angry

6. Does this student have specific intent? (please check)
   a. YES ____________    b. NO ____________

7. What is that intent? (please write)
   a. ________________________________________________________________
     ________________________________________________________________
     ________________________________________________________________

8. Has this student ever attempted suicide in the past? (please check)
   a. YES ____________    b. NO ____________

9. If so, how long ago was the attempt and what did he/she do? (please write)
   a. ________________________________________________________________
     ________________________________________________________________
     ________________________________________________________________

10. Does this student have a support system? (please check)
    a. at home
       i. YES ____________    NO ____________
    b. at school
       i. YES ____________    NO ____________
    c. in the community
       i. YES ____________    NO ____________

11. Is this student currently seen for counseling either in school or in the community? (please check)
    a. YES ____________    b. NO ____________
    b. If yes, by whom and how often:
       ________________________________________________________________
       ________________________________________________________________
       ________________________________________________________________

SUICIDE QUESTIONNAIRE (cont. 3)
12. Is this student taking medication? (please check)
   a. YES__________  b. NO __________

   If the student is taking medication, what is the medication and did he/she take the medication today? (Please write in detail)
   ____________________________________________________________
   ____________________________________________________________

13. Has the parent/guardian been contacted? (please check)
   a. YES _____  b. NO _____ If NO, explain: _________________________

14. Will the parent/guardian be able to come to school? (please check)
   a. YES _____  b. NO _______ If NO, explain: _________________________

   Or meet at hospital? (please check)
   a. YES _____  b. NO _______ If NO, explain: _________________________

15. Is this student involved with the Child Study Team? (please check)
   a. YES _____  b. NO _______

   b. If yes, Case Manager’s name and contact information:
       _____________________________________________________________
       _____________________________________________________________
       _____________________________________________________________

16. Do you have any other pertinent information to add?
    _____________________________________________________________
    _____________________________________________________________
    _____________________________________________________________

17. If you contacted St. Joseph’s Hospital Crisis, with whom did you speak?
    _____________________________________________________________
    _____________________________________________________________

If you make the call to St. Joseph’s Hospital, you must fax (973-754-3721) this questionnaire. In the event a fax machine is unavailable, the questionnaire will be transported by whoever is accompanying the student to the hospital.
MEDICAL INFORMATION FORM

Student: ___________________________ Date of Birth: ______________________

Address: __________________________ Phone: ____________________________

Parent/Guardian: ________________________________

School: __________________________ Grade: __________

Health Concerns:
None _____

Concerns: ____________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Medication(s):
None _____

Medications: __________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

___________________________  ______________________
School Nurse              Date
NOTICE OF POTENTIAL HARM TO SELF AND/OR OTHERS

Date: ____________________________  School: ____________  Grade:

Student: ____________________________  DOB: _______________

Parent: ____________________________  Phone: ________________

Address: ____________________________________________________

I have been informed by ________________________________________, that my child, ____________________________________________, has been making statements with potentially life-threatening implications. I have been advised that I need to do the following:

_______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

☐ I have agreed to follow these recommendations. I fully understand these recommendations and the reason they were made.

☐ I have not agreed to follow these recommendations. I fully understand these recommendations and the reason they were made.

Failure to comply with the above recommendations could result in notification to the Division of Child Protection & Permanency (DCPP).

Parent/Guardian Signature: ________________________________

Witness: ________________________________________________
AVISO DE DAÑO POTENCIAL A
A MI MISMO / O OTROS

Fecha: _________ Escuela: ________________________________ Grado______
Estudiante: __________________ Fecha de nacimiento: _________________
Padre: ______________________________________ Teléfono: _________________
Dirección: ______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
me informó que mi hijo_________________________________________________ ha estado haciendo declaraciones con implicaciones potencialmente mortales. Me han informado que

necesito hacer lo siguiente:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ He aceptado seguir estas recomendaciones. Entiendo completamente estas recomendaciones y la razón por la que fueron hechas.

☐ No he aceptado seguir estas recomendaciones. Entiendo completamente estas recomendaciones y la razón por la que se hicieron.

El incumplimiento de las recomendaciones anteriores podría dar lugar a una notificación a la División de Protección y Permanencia Infantil (DCPP).

Firma del Padre / Tutor: ________________________________________________

Testigo: ________________________________________________________________
PERMISSION FOR RELEASE OF MEDICAL INFORMATION (PARENT CONSENT FORM)

Date: __________________________

________________________________________
School Nurse (Print)

________________________________________
School

________________________________________
Phone

________________________________________
Fax

I hereby give permission to the School Nurse, ____________________________________, to release or request records and information regarding my child, _________________________________________________.

(Print-Student’s Name)

Please send medical records and information to:

________________________________________
School

________________________________________
Paterson, New Jersey (Zip Code)______________
Address

________________________________________
Parent/Guardian Signature

________________________________________
Date

________________________________________
Parent/Guardian Signature

________________________________________
Date
PERMISO DEL PADRE/MADRE PARA OBTENER U OTORGAR INFORMACION MÉDICA

Fecha ________________________

Enfermera de la Escuela (Imprenta) Escuela

Teléfono Facsímile

Yo doy permiso a la enfermera de la escuela, ________________________________, para dar u otorgar registro

Doy permiso a la enfermera de la escuela, ________________________________, para obtener u otorgar registro (Imprenta)

Médico o información de mi hijo/hija______________________________________________ (Nombre del estudiante)

Por favor envié los registros médicos o la información a la:

________________________________________________________

Escuela Paterson, New Jersey __________

Dirección Código postal

Firma del Padre/Madre/Guardián Fecha

Firma del Padre/Madre/Guardián Fecha
VERIFICATION OF MEDICAL INTERVENTION

PERSONAL PHYSICIAN

TO: _______________________________________                   ____________________

(Building Principal/Designee)                   School

RE: EVALUATION OF: ___________________________   __________________________

(Student’s Name)   D.O.B

In accordance with the Paterson Public School District’s Crisis Intervention Procedures, the
above named student was evaluated on ________________________ and is found to be safe to
return to school. (Date)

____________________________________  ______________________________
(Print) Name & Title                                           Telephone Number

____________________________________
Signature
Date: [DATE]
To: All Staff
From: [NAME OF SCHOOL] Crisis Team
Re:

The recent death of [INSERT NAME] (has OR is expected to make) a significant impact on our entire school community. Our crisis team has been mobilized to respond to this tragic event.

On [DATE], [NAME OF DECEASED]¹ We expect a variety of reactions to this loss from our students, parents, and members of our staff. Some of these reactions may be mild, others may be more intense.

To effectively assist all members of our school community, an emergency staff meeting will be held at [TIME] on [DATE] in the [INSERT PLACE (SUCH AS THE CAFETERIA OR OTHER LARGE AREA)]. At that time, our crisis team will provide further details and answer questions. We will also discuss how to present the information to our students. In the meantime, please refer all inquiries from outside sources to [NAME OF THE MEDIA OR COMMUNICATION COORDINATOR].

With students, you can acknowledge that this death has occurred. However, please avoid discussion of any details; simply tell students that the school staff will provide information to everyone shortly. Please refer any student who appears to be in crisis or having significant difficulty to [NAME OF COUNSELING SERVICES COORDINATOR]. As this tragedy has also affected our staff, we encourage you to also seek assistance from [Name of Appropriate Administrator], if desired.

Emergency Staff Meeting
Time:
Date:
Location:

If you have any questions or concerns before the meeting, please contact [Principal’s Name].

¹ If the name of the deceased has not yet been released, please use an appropriate placeholder or leave the name blank.
[DATE]

Dear Parent,

It is with deep regret that we inform you about a recent loss to our school community. This loss is sure to raise many emotions, concerns, and questions for our entire school, especially our students.

Our school [AND, IF APPLICABLE, NAME OF SCHOOL DISTRICT] has a Crisis Intervention Team made up of professionals trained to help with the needs of students, parents, and school personnel at difficult times such as this. At our school [OR INSERT NAME OF ALTERNATIVE SCHOOL], we have counselors available for any student who may need or want help or any type of assistance surrounding this loss. We encourage you, as parents, to also feel free to use our resources.

We have enclosed some information that may be useful to you in helping your child at home. If you would like additional information or need assistance, please do not hesitate to contact [NAME OF COMMUNICATIONS COORDINATOR OR COUNSELING SERVICES COORDINATOR] at [PHONE NUMBER AND/OR EMAIL].

We are saddened by the loss to our school community and will make every effort to help you and your child as you need.

Sincerely,

[NAME OF THE SIGNER AND TITLE. THIS LETTER IS USUALLY SIGNED BY THE PRINCIPAL, SUPERINTENDENT, OR CRISIS TEAM COORDINATOR.]
SAMPLE TEMPLATE – STUDENT NOTIFICATION OF DEATH

THIS INFORMATION SHOULD BE GIVEN TO TEACHERS AND OTHER STAFF TO READ TO STUDENTS AT A DESIGNATED TIME TO SHARE WITH THE ENTIRE STUDENT BODY (E.G., HOMEROOM OR FIRST/SECOND PERIOD).

It is with sadness that I tell you about a loss to our school family. On [DATE], [NAME OF DECEASED].

I understand that many of you may have upsetting feelings and questions about [NAME OF DECEASED]’s death. I will try to answer any questions that I can. If you would like, we will take the remainder of this class period to talk about what has happened. At times like this, it is okay to have many different feelings, including sadness, anger, and disbelief. It is okay to cry. Together, we can talk about whatever you may be feeling or want to talk about. If I cannot answer your questions, or you would like to talk to someone privately, there are support rooms now available [LOCATION OF SUPPORT ROOM(S)]. Anyone who would like to go to talk to someone in the support rooms may do so now. I will give you a pass.

[DETERMINE WHICH STUDENTS WOULD LIKE TO LEAVE FOR A SUPPORT ROOM. ASK THE REMAINING STUDENTS IF THEY HAVE ANY QUESTIONS OR COMMENTS THEY WOULD LIKE TO SHARE. TAKE TIME TO ANSWER AND TO TALK AS THE STUDENTS’ DESIRE.]
SUICIDE PREVENTION TRAINING


The State Board of Education, in consultation with the New Jersey Youth Suicide Prevention Advisory Council established in the Department of Children and Families pursuant to P.L.2003, c.214 (C.30:9A-22 et seq.), shall, as part of the professional development requirement established by the State board for public school teaching staff members, require each public-school teaching staff member to complete at least two hours of instruction in suicide prevention, to be provided by a licensed health care professional with training and experience in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

Adopted. L. 2005, c. 310, §2, effective January 11, 2006. Amended. L. 2006, c. 47, §80, effective July 11, 2006, and shall be retroactive to July 1, 2006; L.2010, c. 122, §4, approved January 5, 2011, in the first school year following enactment, but the Commissioner of Education may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

ONLINE TRAINING AVAILABLE

The Society for the Prevention of Teen Suicide is proud to announce the update to its Best Practices, free 2-hour online training for staff, "Act on FACTS: Making Educators Partners in Youth Suicide Prevention". Developed by national suicide prevention expert and SPTS Clinical Director, Maureen Underwood, LCSW, the training is available to educators worldwide at no cost at www.sptsuniversity.org. The training, helps teachers and educators to understand their roles for suicide prevention and how important it is to recognize their roles as "Trusted Adults".

When accessing the link please be sure to click on the: 2019-20 New Jersey Version Making Educators Partners in Youth Suicide Prevention: Act on FACTS.
Passaic County Prosecutor's Office
Child Abuse Disclosure
Do's & Don'ts

PASSAIC COUNTY PROSECUTOR'S OFFICE'S PROTOCOL
TO BE FOLLOWED WHERE ANY PERSON IN A SCHOOL
REASONABLE CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED

WHAT TO DO:

1. **DO** CONTACT THE DIVISION OF CHILD PROTECTION AND PERMANENCY (DCPP) IMMEDIATELY ALWAYS AND WITHOUT EXCEPTION
   DCPP State Central Registry
   1-877-NJABUSE
   1-877-652-2873

2. **DO** Contact the Passaic County Prosecutor’s Office (PCPO) Special Victims Unit (SVU) in addition to the legal requirement to contact DCPP. To contact the PCPO SVU call (973) 837-7680. You must speak to an actual person to make a report. **VOICEMAIL MESSAGES ARE NOT ACCEPTABLE AS A REPORT**. You may also directly contact Bilingual Child Interview Specialist Giselle Henriquez (973) 837-7650, Joanne Hatt, R.N. (973) 837-7652, SVU Sergeant James Stolz (973) 837-7736 or Chief Assistant Prosecutor Christopher R. Freid (973) 837-7639.

3. **DO** Comfort and reassure the child, if appropriate, that the child was correct to disclose the abuse.

4. **DO** Arrange for immediate mental health intervention, if needed, in cases of extreme distress upon the disclosure of abuse.
   **DO** Make notes or otherwise memorialize the exact words the child used to disclose abuse or gave rise to a reasonable suspicion of abuse, including the child’s demeanor.

5. **DO** Be prepared to provide all readily available information concerning the child’s pedigree, nature of abuse, and context of disclosure or reasonable suspicion.
   **DO NOT DELAY REPORTING IF SUCH INFORMATION IS NOT READILY AVAILABLE.**

6. **DO** Secure emergency medical attention, if appropriate.

7. **DO** Keep the child separated from the alleged offender, in relevant cases.

WHAT NOT TO DO:

1. **DO NOT** Attempt to interview the child or investigate the allegation to determine its validity. Allow the child to explain. However, do not conduct an inquiry into the circumstances of the abuse. If it is a disclosure which gives rise to a reasonable suspicion the task of interviewing the child is for the appropriate investigating agency. It is only appropriate to ask additional questions if DCPP or Law Enforcement is requesting you to do so.

2. **DO NOT** Contact the parent or caretaker until discussing the issue with DCPP or the PCPO.

3. **DO NOT** Usher the child to other adults within the school to repeat the disclosure.
   *For example, **DO NOT** bring the child to the Principal, School Nurse, School Psychologist, or other person to repeat the disclosure. You may, however, report the disclosure to superiors out of the presence of the child, but such reporting shall follow your immediate duty to contact DCPP.

4. **DO NOT** Inform the alleged offender of the accusation or the identity of the complaining or implicated child. Contact DCPP or the PCPO SVU for advice on dealing with the offender if he/she is within the school.

   **DO NOT INFORM, ASK AND/OR CONFRONT THE ALLEGED OFFENDER ABOUT THE ALLEGATIONS.**

5. **DO NOT** Overreact, be judgmental, become emotional or angry in the presence of the child.

Revised: 11/16
CRISIS RESOURCES (revised August 2019)

- ACCESS Outpatient Services @ St. Joseph’s Hospital (for Deaf and Hard of Hearing), Voice 973-754-5595, or Videophone 973-968-6554
  [https://www.stjosephshealth.org/clinical-focuses/behavioral-health-services/item/1328-access](https://www.stjosephshealth.org/clinical-focuses/behavioral-health-services/item/1328-access)
- Association for Pet Loss and Bereavement, Email: aplb@aplb.org, Phone: 718-382-0690, [http://www.aplb.org](http://www.aplb.org)
- Center on Addiction (Columbia University), [https://www.centeronaddiction.org](https://www.centeronaddiction.org)/
- Child Trauma Academy, Phone: 1-866-943-9779, Email: cta@childtrauma.org, [http://www.childtrauma.org](http://www.childtrauma.org)
- Comfort Zone Camp, Main 1-866-488-5679, [www.comfortzonecamp.org](http://www.comfortzonecamp.org)
- Division of Child Protection & Permanency (DCP&P) – Report Abuse: 1-877-NJ ABUSE, Local Offices in Paterson, NJ are 1) Passaic Central Office at 22 Mill Street, 973-977-4525 and 2) Passaic North at 100 Hamilton Plaza, 973-523-6090
- Dougry Center for Grieving Children, 1-866-775-5683, [http://www.dougry.org](http://www.dougry.org)/
- Family Intervention Services of Passaic County, 655 Broadway, Paterson NJ, 973-523-0089, [www.fisnj.org](http://www.fisnj.org)
- Good Grief, Inc., Phone: 908-522-1999, Email: info@good-grief.org, [http://www.good-grief.org](http://www.good-grief.org)
- Grief Speaks (speaker) Phone: 973-985-4503, Email: lisa@griefspeaks.com, [http://www.griefspeaks.com](http://www.griefspeaks.com)
- Half of Us /The JED Foundation, [http://www.halfofus.com](http://www.halfofus.com)
- Imagine – A Center for Coping with Loss, Phone: 908-264-3100, [http://www.imaginenj.org](http://www.imaginenj.org)
- Lighthouse Pregnancy Resource Center – 75 Ellison Street Phone: 862-257-3820, Text: 201-677-2394, Email: help@lighthouseprc.org, [http://lighthouseprc.org](http://lighthouseprc.org/)
- Mental Health Association in New Jersey – 973-571-4100, [http://www.mhanj.org](http://www.mhanj.org)
- Mental Health Association in Passaic County. Phone: 973-478-4444 [www.mhapassaic.org](http://www.mhapassaic.org)
- Mom 2 Mom helpline (for moms of children and adults with developmental disabilities, part of Rutgers UBHC), 1-877-914-6662
- M & S Psychotherapy and Counseling LLC, 1157 Main Street, Clifton, NJ, Phone: 973-341-9869, [https://mnspsych.com/](https://mnspsych.com/)
- National Alliance on Mental Illness – NJ (NAMI-NJ), Phone: 732-940-0991, Email: info@naminj.org, [http://www.naminj.org](http://www.naminj.org)/
- National Center For School Crisis & Bereavement St. Christopher’s Hospital for Children, 160 East Erie Avenue, Philadelphia, PA 19134, Phone: 877-536-2722, Email: info@schoolcrisiscenter.org, [http://www.schoolcrisiscenter.org](http://www.schoolcrisiscenter.org)/
- National Child Traumatic Stress Network (NCTSN), Email: info@nctsn.org, [http://www.nctsn.org](http://www.nctsn.org)
- National Domestic Violence Hotline, 1-800-799-7233 or 1-800-787-3224 (TTY), [www.thenhotline.org](http://www.thenhotline.org)
- National Human Trafficking Resource Center, Phone: 1-888-373-7888, [www.traffickingresourcecenter.org](http://www.traffickingresourcecenter.org/)
- National Runaway Safeline, 1-800-RUNAWAY (1-800-786-2929), [http://www.1800runaway.org](http://www.1800runaway.org)
- National Suicide Prevention Lifeline 1-800-273-TALK (8255), [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- National Teen Dating Abuse Helpline, Phone: 1-866-331-9474 or text “loveis” to 22522, [http://www.loveisrespect.org/](http://www.loveisrespect.org/)
- NJ Children’s System of Care ([PerformCare](http://www.performcarenj.org)), 1-877-652-7624, [http://www.performcarenj.org](http://www.performcarenj.org)
- NJ Community Resources [http://www.njcommunityresources.info/commres.html](http://www.njcommunityresources.info/commres.html)
- Passaic County Children’s Mobile Crisis Unit – 973-754-2230
- Passaic County Women’s Center, 973-881-1450 (24/7), [http://passaiccountywomenscenter.org/](http://passaiccountywomenscenter.org/)
- Prevention Links, Phone: 1-732-381-4100, Email: info@preventionlinks.org, [www.preventionlinks.org](http://www.preventionlinks.org)
- Rainbows: Support for Grieving Children (death, divorce, deployment, etc), Main: 1-847-952-1770, [http://www.rainbows.org](http://www.rainbows.org)
- Raymond J. Lesniak RECOVERY HIGH SCHOOL (through PreventionLinks), 847-952-1770, [https://www.preventionlinks.org/recoveryhs/](https://www.preventionlinks.org/recoveryhs/)
- 2nd FLOOR, NJ Youth Helpline, 1-888-222-2228 (24/7, text or call), [http://www.2ndfloor.org/](http://www.2ndfloor.org/)
- Sesame Workshop – Children’s Grief, 212-595-3456 Email via weblink: [https://www.sesameworkshop.org/contact-us](https://www.sesameworkshop.org/contact-us), [https://www.sesameworkshop.org/what-we-do/social-impact-initiatives](https://www.sesameworkshop.org/what-we-do/social-impact-initiatives)
- Self-Injury and Recovery Program at Cornell University, Phone: 1-607-255-6179, Email: self-injury@cornell.edu, [http://www.selfinjury.bctr.cornell.edu](http://www.selfinjury.bctr.cornell.edu)
- St. Joseph’s Psychiatric Emergency Services – 703 Main St., Paterson, NJ – 973-754-2230
- St. Joseph’s Regional Medical Center – Outpatient Mental Health Clinic @ 56 Hamilton St., Paterson, NJ 07505, 973-754-4765, [https://www.stjosephshealth.org/clinical-focuses/behavioral-health-services/item/1332-outpatient-mental-health-clinic](https://www.stjosephshealth.org/clinical-focuses/behavioral-health-services/item/1332-outpatient-mental-health-clinic)
- St. Mary’s Hospital Adolescent Partial Care Program, 973-470-3176, [https://www.smh-nj.com](https://www.smh-nj.com)
- Suicide Prevention Resource Center (SPRC), [http://www.sprc.org](http://www.sprc.org)
- The Jason Foundation (Youth Suicide Prevention), Phone: 1-888-881-2323, Email: contact@jasonfoundation.com, [http://jasonfoundation.com](http://jasonfoundation.com)
- Trevor Project (Suicide and Crisis Intervention LGBTQ). 1-866-488-7386, [http://www.thetrevorproject.org](http://www.thetrevorproject.org)
- Training Institute for Suicide Assessment and Clinical Interviewing [http://www.suicideassessment.com](http://www.suicideassessment.com)
- Traumatic Loss Coalitions for Youth, 732-235-2810, [http://ubhc.rutgers.edu/tlc](http://ubhc.rutgers.edu/tlc)
- UCLA Center for Mental Health in Schools, [http://smhp.psych.ucla.edu](http://smhp.psych.ucla.edu)
- Wayne Counseling and Family Services Center, 973-694-1234, [http://wayneounselingcenter.org](http://wayneounselingcenter.org)
Grief Programs in New Jersey

The Alcove Center for Grieving Children & Families
950 Tilton Road, Suite 108
Northfield, NJ 08225
(609) 484-1133
http://www.thealcove.org

Comfort Zone Camp
110B Meadowlands Parkway, Suite 301
Secaucus, NJ 07094
(201) 867-2077
http://www.comfortzonecamp.org

Common Ground Grief Center
67 Taylor Avenue
Manasquan, NJ 08736
Phone: 732-606-7477
http://www.commongroundgriefcenter.org

Good Grief, Inc.
38 Elm Street
Morristown, NJ 07960
(908) 522-1999
http://www.good-grief.org

Imagine, A Center for Coping with Loss
244 Sheffield St
Mountainside, NJ 07092
(908) 264-3100
http://www.imaginenj.org

Lisa Athan, M.A.
Executive Director of Grief Speaks
15 Cayuga Court
Springfield, NJ 07081
(973) 912-0177
http://www.grieff Speaks.com

American & NJ Self-Help Group Clearinghouses
Saint Clare's Behavioral Health Services
375 E. McFarlan St.
Dover, NJ 07801
(973) 989-1122
http://www.self helpgroups.org

Children's Art Therapy Program at Riverview
1 Riverview Plaza
Red Bank, NJ 07701
(732) 530-2382
http://meridianhealth.com

GoodGrief Coaching
21 Lakeside Lane
Sewell, NJ 08080
(856) 270-2308
http://www.goodgriefcoaching.com

Griefwork Center, Inc.
PO Box 5177
Kendall Park, NJ 08824
(732) 422-0400
http://griefworkcenter.com

Hearts & Crafts Grief Counseling
60 E. Main Street
Ramsey, NJ 07446
(201) 818-9399
http://www.heartsandcraftsgriefcounseling.org

Interregnum
PO Box 410
Montville, NJ 07045
(973) 224-6900
http://www.interregnum.org

JFK Medical Center:
Haven Children’s Program: Growing through Grief
Haven Hospice
65 James Street
Edison, NJ 08818-3059
(732) 321-7769
http://www.jfkmc.org/programs-services/19/

Joseph T. Quinlan Bereavement Center
61 Spring Street
Newton, NJ 07860
973-940-0413
http://www.karenannquinlanhospic ejon/bereavement/

Kids Connect/Parents Connect Bereavement Groups
The Wellness Community of Central New Jersey
3 Crossroads Drive
Bedminster, NJ 07921
(908) 658-5400
http://www.cancersupportcnj.org

Samaritan Center for Grief Support
5 Eves Drive
Marlton, New Jersey 08053
(800) 596-8550
http://www.samaritanhealthcarenj.org

Sudden Unexplained Death in Childhood Program
549 Pompton Ave., Ste. 197
Cedar Grove, NJ 07009
(800) 620-7832
www.sudc.org

Wings of Hope Programs for Continuing Support Services
PO Box 443
Medford, NJ 08055
(609) 714-0868

My Sister's Kids
Peer support for Children, Teens & Families
1800 E. Broad St.
Malaga, NJ 08328
(609) 364-8320
www.mysisterskids.org
Mental Health Phone Applications

As the prevalence of mental illnesses like depression and anxiety continues to grow, clinicians have turned to mobile applications as tools for aiding their patients' treatment. These apps can be especially helpful for teenagers and young adults suffering from mental illness due to their frequent use of technology as a means of communication.

The apps can be helpful as a way to engage people who may be unwilling or unable to attend face-to-face therapy, and they can also provide support in between sessions. Experts believe that these apps will work best when used in conjunction with medication and/or in-person therapy. Read through the slideshow to learn more about some of the best apps that can be used by patients to improve their mental health.

*Three apps below are available on Apple iOS systems and Android.* Please be sure to check your app store and search terms like “mental health” or “suicide prevention” to browse.

**notOK**

When you can't think of the right words, the notOK App™ takes the guesswork out of getting the help and support you need through immediate support from your friends, family, or peer network.

Simply open the app, tap the notOK™ button and a text message along with your current GPS location will be sent to your pre-selected contacts.

**TalkLife**

Sometimes life is rough but you're not alone. TalkLife™ is a peer-support community that values research, evidence and impact to make sure you get the best help possible. It is a safe social network where you can talk about your worries and how you are really feeling at any time of the day or night, for issues like: self-harm, depression, anxiety, stress, eating disorders, bullying or suicidal feelings. There are no judgements or bullying; there’s just people who understand what you’re going through.

**Calm**

The app is designed to reduce anxiety, improve sleep, and help you to feel happier. Calm focuses on the four key areas of meditation, breathing, sleep, and relaxation, with the aim of bringing joy, clarity, and peace to your daily life. The app delivers meditations that can help you to destress, as well as breathing programs, music, and sounds from nature to relax your mind and body and promote better sleep. Calm is the perfect app if you are new to meditation, but it also offers programs for more advanced users. Meditation sessions are available in lengths of 3–25 minutes, to fit in with your schedule.
PLEASE USE THE TWO RESOURCES BELOW WHEN ACCESSING INFORMATION ON SUICIDE

1). After a Suicide: A Toolkit for Schools addresses Objective 4.2 of the National Strategy for Suicide Prevention: Increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.

After a Suicide: A Toolkit for Schools
Second Edition

This toolkit is designed to assist schools in the aftermath of a suicide (or other death) in the school community. It is meant to serve as a practical resource for schools facing real-time crises to help them determine what to do, when, and how. The toolkit reflects consensus recommendations developed in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. It incorporates relevant existing material and research findings as well as references, templates, and links to additional information and assistance.

http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf

2). Preventing Suicide: A Toolkit for High Schools aims at reducing the risk of suicide among high school students by providing school administrators, principals, mental health professionals, health educators, guidance counselors, nurses, student services coordinators, teachers and others guidelines for identifying teenagers at risk and resources for taking appropriate actions to provide help.

Preventing Suicide: A Toolkit for High Schools

This toolkit represents the best available evidence and expert opinion on preventing suicide among high school students. It provides schools with recommended steps and accompanying tools to guide them in creating and implementing strategies and programs that prevent suicide and promote behavioral health among their stud...