



NEVADA
Department of
Education

Suicide Prevention, Intervention, and Postvention Model Policy



Introduction

The purpose of this document is to provide a comprehensive example of a suicide postvention policy, designed as a guide that can be used, edited, and adapted by local education agencies (LEAs) and school districts to meet their unique needs. While this document offers district-level guidelines, it can also serve as a resource to inspire or influence individual school suicide policies. The policy outlines a structured response to a student death by suicide, with the goal of providing immediate support to the school community, mitigating the risk of suicide contagion, and restoring safety and stability. It emphasizes clear communication, collaboration with external agencies, and the provision of mental health support in compliance with Nevada Revised Statutes (NRS) 388.253 and NRS 388.256, which govern crisis response protocols and suicide prevention training in schools. This document, aligned with best practices and the Nevada Office of Suicide Prevention's Postvention Toolkit, is an example and not a mandatory requirement for school districts, but rather a flexible tool that can be adapted to suit local needs.

Purpose & Scope

The _____ School District is committed to fostering a safe, supportive, and culturally responsive environment for all students and staff. Recognizing that suicide is a preventable public health issue, the _____ School Board's goal is to protect students from risks associated with suicidality. In line with [NRS 388.256](#), this policy outlines comprehensive procedures for suicide prevention, intervention, and postvention, applying to all school settings and activities. The policy also covers suicide attempts and deaths both on and off school grounds to ensure a coordinated, effective response, utilizing the [Office of Suicide Prevention's Postvention Toolkit](#) to inform best practices.

The district shall ensure that all actions taken under this policy comply with applicable federal and state laws, including, but not limited to, the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and Nevada Revised Statutes (NRS) 388.256.

School staff shall protect the confidentiality of student health information during all stages of the screening, intervention, and postvention processes. Any exchange of information between the school, mental health professionals, and parents/guardians must comply with HIPAA and FERPA requirements, ensuring that no unnecessary information is shared without the proper consent. When parental consent is required, school staff will ensure that parents/guardians are informed about the purpose, scope, and limitations of the information exchange, as well as their rights under applicable laws.

Objectives

Section 1: Prevention - Implement strategies to reduce the risk of suicide among students.

Section 2: Intervention - Provide immediate support and intervention for students at imminent risk of suicide.

Section 2.1 Intervention Response to Suicide Attempts – Immediate response when a suicide attempt occurs on or off campus.

Section 3: Postvention - Offer support and guidance following a suicide to prevent further trauma or incidents.

Section 1: Prevention Strategies

A. Policy Development, Implementation, and Review

- The Superintendent shall designate **District Crisis Management Team** (or similar team such as District Intervention Assistance Team, Suicide Response Team, etc.) to plan, coordinate, and implement suicide related policies. This team shall provide support to all schools in managing crises related to suicide.
- Each principal shall appoint at least one **School Suicide Point of Contact (SSPC)**. *For the purposes of this model policy, the title SSPC will be used to refer to a core staff member who supports the management of situations where suicide is a focal point.* This

individual may be a school-based mental health professional, school nurse, counselor, or other appropriately trained staff member. The SSPC will serve on the school crisis management team to ensure proper application and implementation for this policy.

- The board of trustees and governing bodies will review this policy every ___ year(s) in consultation with students, parents, employees, and mental health professionals in compliance with NRS 388.256.

B. Training, Education, and Outreach

- **Staff training:** Annual training on recognizing and responding to suicidality, including understanding risk factors for high-risk groups (e.g., students with disabilities, mental illness, or who identify as LGBTQ+) will be provided for all staff. School-based mental health professionals and school nurses will receive additional professional development in risk assessments and crisis intervention.
- **Student education:** Developmentally appropriate, student-centered materials will be integrated into the K-12 curriculum. For elementary students, these materials will focus on social-emotional learning, while middle and high school students will receive age-appropriate education on suicide prevention.
 - ***Elementary School Curriculum*** will include:
 - Making safe and healthy choices
 - Coping strategies for managing emotions
 - Recognizing basic warning signs of distress in oneself and others
 - Help-seeking strategies and how to engage school resources for assistance
 - ***Middle and High School Curriculum*** will include:
 - Education on risk factors and warning signs of mental distress and suicide
 - Coping strategies for managing stress and emotions
 - Help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help
 - Interactive, student-centered activities to reinforce learning and application of strategies
- **Community resources and outreach:** Local and national resources are easily accessible for students, staff, parents, and community members. Schools and the district should partner with local mental health organizations, national suicide prevention resources (e.g., 988 and the Crisis Text Line), and local crisis intervention teams to ensure access to services for students, staff and families.
 - Resources will be made available on the district’s website, in local school offices, and through communications sent to parents/guardians. This information shall include:
 - Mental health service providers and hotlines,
 - Crisis response services, including local mobile crisis teams,
 - Counseling and support group options in the community, and
 - Educational workshops and awareness campaigns.

Schools shall host periodic events where students, parents, and community members can engage with local mental health experts, learn about available resources, and ask questions in a supportive environment.

C. Universal Screening (If applicable)

- **Implementation:** The district shall utilize a universal screening tool for suicide risk, administered annually to all middle and high school students. This screening tool shall be district-approved, evidence-based, and validated, assessing risk factors such as depression, anxiety, and suicide ideation. It will be delivered in a developmentally appropriate format and maintain student confidentiality.
- **Procedure for Screening:** The screening shall be administered by appropriate staff, including school-based mental health professionals and counselors.
 - Parents/guardians will be notified prior to the screener and given the opportunity to opt their child out. Information on the purpose, confidentiality, and use of screening results will be provided.
 - Students identified as high-risk based on the screener results will be flagged for immediate follow-up by the SSPC or a school-based mental health professional.
- **Documentation and Follow-up:** Screening results stored confidentially in compliance with HIPAA and FERPA guidelines. For students identified as at-risk, the intervention strategies outlined below will be followed.

Section 2: Intervention

D. Identification

- When school staff suspect a student may be experiencing suicide ideation or a mental health crisis, intervention procedures outlined in this policy must be followed. While no single risk factor confirms suicide intent, multiple risk factors or signs of distress (e.g., withdrawal, mood changes, hopelessness, or difficulty coping with stressful events) may indicate a need for intervention.

E. Initial Response

- **Immediate Action:** Once a student is identified as potentially experiencing suicide ideation, staff must ensure that the identified student is safe throughout the intervention process. This includes monitoring their well-being and making appropriate referrals for continued mental health support. Staff then must immediately notify a designated SSPC or trained personnel. The student should never be left alone until further support is provided.
- **Screening and Assessments:** An SSPC or appropriately designated staff member shall administer a district approved, evidence-based suicide screening tool to determine the most appropriate next steps. If further assessment is required, only licensed mental health professionals may conduct the assessment.
 - Note that while any appropriately trained staff can administer a screening tool, only licensed mental health professionals can administer an assessment tool.

F. Communication

- Once a student is confirmed at risk for suicide ideation, the SSPC, principal, or mental health professional must notify the student's parent/guardian promptly, explaining the situation and recommending steps for ensuring the student's safety.
 - **Lethal means safety education:** Parents/guardians should be educated on reducing access to harmful items (e.g., firearms, medications). Information on safe storage practices should be provided, preferably in person or, if necessary, via phone or email. Giving time and physical space between suicide thoughts and accessing lethal means can save lives.
 - **Suspected Abuse/Neglect:** If there is reasonable concern that notifying the parent/guardian could cause harm to the student, use appropriate documentation and follow policies regarding suspected child abuse/neglect.
- The principal or designee must be informed as soon as reasonably possible to coordinate resources and support. The principal or designee collaborate with the crisis response team to oversee the intervention process and determine the necessary level of involvement.
- The crisis response team will manage the intervention process. The principal will decide whether the entire team is required or if specific, relevant roles are sufficient for the intervention.

G. Referral Process

- If the student is confirmed to have suicide ideation or behaviors, as indicated by screening, assessment, or verbal confirmation, the SSPC or appropriate staff must initiate the referral process for additional support.
- Immediate action may include contacting emergency services such as the Mobile Crisis Response Team or local behavioral health services.
- Staff must obtain parent/guardian consent for mental health evaluations and coordinate care. The release of information (ROI) will be used to share relevant information with healthcare providers to support the coordination of care.
 - With the ROI signed by the parent/guardian, it is recommended that appropriate staff (e.g., school-based mental health professional, nurse, or principal) assist the family in accessing mental health resources. This may involve support in scheduling appointments, arranging transportation of the student to local the emergency department, or coordinating with community mental health organizations. Staff shall ensure that only necessary information is communicated to facilitate ongoing care and support.
- If the parent/guardian refuses the ROI, school staff shall
 - Provide a list of local mental health resources, including contact information for community-based services that can assist with further evaluation and support.
 - Document the refusal in the student's records, including a description of steps taken to offer resources.
 - Continue to offer school-based support and monitor the student's mental health status while respecting the family's decisions.

- If the school staff believes the refusal of the ROI poses an imminent risk to the student’s health or safety, the District’s legal counsel or child welfare services should be consulted in accordance with state law (NRS 432B.220).
- All steps, referrals, and communication must be documented by all staff involved in a relevant HIPAA-compliant database.

Section 2.1: Intervention Response to Suicide Attempts

H. In School Suicide Attempts

In the event of a suicide attempt on school property, at school-sponsored functions, on school buses or vehicles, at bus stops, or at out-of-school events with staff present, the health and safety of students are paramount. The following steps must be followed:

- ***Immediate response:*** The first staff member to discover the injured individual must take action by any combination of the following options:
 - Administer first aid according to District emergency medical procedures.
 - Notify a nearby staff member who can provide additional first aid if needed.
 - Call emergency services (911).
- ***Student safety:***
 - A school staff member must supervise the student and any witnesses closely, ensuring no one is left alone throughout the response process, to ensure safety.
- ***Area control:***
 - Promptly move other students away from the immediate area.
 - The crisis response team, SSPC, principal, or their designee shall consider the situation and decide if a lockdown or evacuation is necessary. If so, the respective procedures shall be followed.
- ***Parent/guardian communication:***
 - A mental health professional, principal, SSPC, or crisis response team member will contact the student’s parent/guardian immediately.
 - Discuss a safety plan with the parent/guardian, including
 - Written authorization for communication with outside mental health professional for continuity of care and support;
 - Harm reduction and lethal means safety education;
 - Available supports for the family
- ***Crisis team engagement:***
 - Any involved staff members will ensure that the principal, an SSPC, or other member of the crisis response team is promptly notified of the suicide attempt.
 - The crisis response team will assess the situation and determine next steps to ensure the safety and well-being of students and staff.
- ***Mental health support:*** If appropriate, an SSPC, principal, or member of the crisis response team shall request support from a licensed mental health professional, school or community based. The provider will determine if additional assessments are needed.
- ***Re-entry:*** Follow guidelines for re-entry protocols following mental health crises.

I. Outside School Suicide Attempts

When a staff member learns of a suicide attempt by a student occurring outside of school, the staff member should take the following steps:

- **Contact emergency services:**
 - Call emergency services (911) immediately and provide relevant information (e.g., location, name, address, age, etc.).
- **Parent/guardian notification:**
 - After contacting emergency services, the staff member should make every attempt to notify the parent/guardian.
- **Administration notification:**
 - Inform the principal or an SSPC as soon as possible. The notified individual will inform the District if additional support is needed.
- **Maintaining contact:**
 - If the student has contacted a staff member directly and expressed suicide ideation or intent, the staff member should maintain contact while enlisting another individual or staff member to contact emergency services and/or the parent/guardian. Use de-escalation skills or suicide-safe messaging if trained to ensure student safety.
- **Post-Attempt Notification:**
 - If a staff member learns of a suicide attempt that has already occurred and the student has not died, that staff member must notify the principal and school-based mental health professional. The principal or mental health professional shall reach out to the family at an appropriate time and offer support and service referrals to the family.
- **Re-entry:** Follow guidelines for re-entry protocols following mental health crises.

When a staff member has learned of a *non-fatal* suicide attempt by a student that has **already occurred** outside of the school, that staff member shall immediately notify the principal and school based mental health professional. The principal or mental health professional shall reach out to the family at an appropriate time and offer support and supportive service referrals to the family, which may include a re-entry plan and on-going support.

Section 3: Postvention

J. First 24 Hours – Planning and Notifications

The first 24 hours are crucial in managing the response to a suicide. The school crisis team, with the support of district and community resources, must act swiftly and compassionately to reduce the risk of suicide contagion. During this time, the following steps shall be implemented:

- A designated staff shall inform the District of the event. Nevada Department of Education (NDE), Nevada Office of Suicide Prevention (NOSP), or other community-based agencies may also be contacted for additional guidance and support.
- Utilize community and school-based mental health professionals to support students and staff.

- Mental health professionals shall identify students and staff who may be at immediate risk and coordinate care to provide necessary support and monitoring.
- Mental health professionals shall utilize a private area of the school where students can receive ongoing or drop-in support.
- A designated liaison from the crisis response team shall establish contact with the family of the individuals involved in the initial incident.
- The crisis response team and leadership shall make consistent attempts to confirm information and consent to release information prior to informing outside individuals of the incident.
- After confirming information and obtaining consent, the principal or designated individual shall inform
 - Staff members with a consistent script.
 - Students in small groups using a consistent script.
 - The wider community via letter, if appropriate.
- A media liaison advisor shall be utilized to refer all media inquiries.

K. First Week – Restoring Routine and Continued Support

The first week following a death by suicide focuses on gradually returning to normal routines while ensuring continued support. Over this time, the following steps shall be taken:

- Mental health professionals will continuously monitor the emotional health of students and staff, providing ongoing support and working to reduce suicide contagion.
- The principal shall provide ongoing support for staff through regular meetings and debriefing for information sharing, as appropriate.
- The crisis response team will coordinate with the bereaved family to plan the appropriate involvement in funeral arrangements.

L. First Month – Transition to Well-being

As the school community begins to adjust, the focus should shift to longer-term support and evaluation of the response.

- **Continued Support and Monitoring**
 - Monitor students and staff for ongoing emotional needs, with regular check-ins and referrals to external services when appropriate.
 - Ensure any significant school events (e.g., yearbook photos, graduation) are managed with sensitivity, considering the impact on those affected by the loss.
- **Documentation and Review**
 - Conduct a critical incident review, gathering information from staff and confirming the cause of death through official sources (e.g., Coroner’s Office).
 - Plan for any parent or community information sessions or support groups in collaboration with the Nevada Office of Suicide Prevention.
 - Continue documenting all actions taken to ensure accountability and facilitate future improvements.

M. Ongoing Procedures and Considerations

- **Respectful Communication**

Maintain clear, compassionate, and sensitive communication when sharing any information regarding the incident. Ensure that all information shared is accurate.

- **Continuous Monitoring**

Staff and students shall receive regular check-ins to provide ongoing support and monitor for any increasing risk of suicide ideation.

- **Documentation**

- Maintain appropriate and comprehensive documentation of all actions taken during the response and support process.
- Conduct a critical incident review to evaluate the effectiveness of the response and identify areas for improvement.

References & Resources

- Ask Suicide Questions (ASQ) [questionnaire](#).
- Nevada Office of Suicide Prevention's (OSP) [Postvention Toolkit](#). (Contains sample scripts, forms, and additional information).
- [OSP's Trainings](#) including safeTALK, ASIST, Mental Health First Aid, Youth Mental Health First Aid, Suicide Prevention 101, and Safe Messaging on Suicide
- [SafeVoice](#): Anonymous reporting system used to report threats to the safety and well-being of students.
 - SafeVoice Handle with Care: Receives tips from Law Enforcement and sends the information to the school for them to follow-up.
- [American Foundation for Suicide Prevention's](#) (AFSP) "More than Sad": Suicide Prevention Education for Teachers and Other School Personnel."
- [988](#) Suicide & Crisis Lifeline
- AFSP's [Model Policy](#)
- Education Development Center (EDC): [Preventing Suicide in Schools – A Systemwide Approach](#)
- Rural Health Information (RHI) Hub: [School Policies and Procedures for Suicide Prevention](#)
- Centre for Suicide Prevention: [Suicide Contagion & Suicide Clusters](#)
- National Institute of Mental Health (NIMH): [Warning Signs of Suicide](#)
- [NRS 388.1342](#); [NRS 388.243](#); [NRS 388.253](#); and [NRS 388.256](#)