

Suicide Prevention / Postvention Policy

Effective Date: 03/24/2026

I. Purpose

The purpose of this policy is to protect the health and well-being of all Ignite Entrepreneurship Academy students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

The **school**:

- (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
- (b) further recognizes that suicide is a leading cause of death among young people,
- (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- (d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly.

II. Definitions

- A. "At risk"- A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
- B. "Crisis team"- A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery support.
- C. "Mental health"- A state of mental and emotional being that can impact choices and actions that

affect wellness. Mental health problems include mental and substance use disorders.

- D. "Postvention"- Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
- E. "Risk assessment"- An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
- F. "Risk factors for suicide"- Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
- G. "Self-harm"- Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
- H. "Suicide"- Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school officials may state this as the cause of death.
- I. "Suicide attempt"- A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
- J. "Suicidal behavior"- Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- K. "Suicide contagion"- The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

- L. "Suicidal ideation"- Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously

III. Policy

A. Prevention

1. The Director shall designate a suicide prevention coordinator, who will work in close contact with the administration. This may be an existing staff person. The **school suicide prevention coordinator** will be responsible for planning and coordinating implementation of this policy for Ignite Entrepreneurship Academy.
2. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.
3. All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.
4. **Staff training will also include procedures for responding to reports received through the SafeUT crisis reporting system, internal reporting expectations, and appropriate referral procedures.**
5. Developmentally appropriate, student-centered education materials will be integrated into the curriculum of health classes as appropriate to student age and developmental level. The content of these materials will include:
 - a) a. the importance of safe and healthy choices and coping strategies
 - b) b. how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others
 - c) c. help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.
6. This policy will be distributed annually and included in student and teacher handbooks and on the school website.
7. **The school may also inform students and families of available crisis resources, including SafeUT and the 988 Suicide and Crisis Lifeline.**

B. 5.2 Assessment and Referral

1. When a student is identified by a staff person as potentially suicidal (for example verbalizing about suicide, presenting overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers), the student will be seen by a school-employed mental health professional within the same school day to assess risk and facilitate referral.

2. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in.
3. For youth at risk:
 - a) School staff will continuously supervise the student to ensure their safety.
 - b) The Director and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
 - c) The school-employed mental health professional or Director will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local emergency department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
 - d) Authorized staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care providers, when appropriate.

C. 5.3 In-School Suicide Attempt

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following Ignite Entrepreneurship Academy emergency medical procedures.
2. School staff will supervise the students to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the student.
5. The school-employed mental health professional or Director will contact the student's parent or guardian as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the Director or school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will engage, as necessary, the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

D. 5.4 Re-Entry Procedure

1. For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school-employed mental health professional, the Director, or designee will meet with the student's parent or guardian and, if appropriate, the student to discuss re-entry and appropriate next steps.

2. A school-employed mental health professional or other designee will be identified to coordinate with the student, the parent or guardian, and any outside mental health providers.
 3. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
 4. The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.
- E. 5.5 Out-of-School Suicide Attempts
1. If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:
 - a) call police or emergency medical services such as 911,
 - b) inform the student's parent or guardian,
 - c) inform the school suicide prevention coordinator and Director,
 - d) if the student contacts the staff member and expresses suicidal ideation, maintain contact with the student either in person, online, or by phone, and
 - e) enlist the assistance of another person to contact emergency services while maintaining verbal engagement with the student.
- F. 5.6 Parental Notification and Involvement
1. In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the Director, designee, or mental health professional.
 2. If the student has exhibited suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. **This counseling should include discussion of safe storage of firearms, medications, and other potentially lethal means in the home environment.**
 3. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.
 4. Through discussion with the student, the Director or school-employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification.
 5. If the Director, designee, or mental health professional believes that contacting the parent or guardian would endanger the health or well-being of the student, contact may be delayed as appropriate.
 6. **If parent or guardian contact is delayed due to safety concerns, the reason for the delay shall be documented and appropriate**

authorities or child protection services may be consulted as required by law.

G. 5.7 Postvention

1. The crisis team will develop an action plan to guide school response following a death by suicide.
2. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death.
3. The action plan may include steps to verify the death, assess the situation, communicate with staff and families, identify students most likely to be affected, and coordinate mental health support services.
4. The crisis team will work with staff to identify students who may be significantly affected by the death and ensure appropriate counseling and support services are available.
5. The crisis team will also ensure that students and staff are informed of available mental health resources and crisis support services.
6. The school will avoid actions that could sensationalize the death or increase the risk of suicide contagion.
7. Memorial activities should be handled carefully to avoid unintentionally encouraging suicide contagion.

H. 5.8 External Communication

1. The school Director will be the sole media spokesperson.
2. Staff will refer all inquiries from the media directly to the Director.
3. The Director will:
 - a) keep the suicide prevention coordinator and Board informed of school actions relating to the death,
 - b) prepare a statement for the media including the facts of the death, postvention plans, and available resources, and
 - c) ensure that statements do not include confidential information, speculation about motivation, details of suicide method, or personal family information.

IV. References

- Utah Administrative Rule R277-620 Suicide Prevention Programs.
- **Utah Code 53G-9-702 Youth Suicide Prevention Programs**

V. Revisions

March 24

