

CRISIS RESPONSE POLICY

Intent

The Chariho Regional School District is committed to maintaining a safe school environment. The intent of this policy is to provide clarity concerning crisis intervention and response procedures.

Crisis Response

A crisis is an “event or circumstance that often occurs without warning and usually poses an overwhelming threat to an individual or group” (Heath & Sheen, 2005). These types of events or circumstances may warrant a response by the crisis team even if they occur beyond Chariho’s geographical area. Although not a comprehensive list, school crises may include suicides, accidents, incidents of violence, school shootings, bomb threats, gang activity, natural disasters, hate crime graffiti, medical emergencies, or community and national disasters.

The Chariho Regional School District has *Emergency Procedures Guide* and *Building Crisis Plans* that address the following:

Emergency Procedures Guide	Building Crisis Plan
<ul style="list-style-type: none"> ➤ Utility Failure ➤ Fire ➤ Hazardous Materials ➤ Radiological Incident ➤ Assaults/Fights ➤ Bomb Threat ➤ Intruder/Hostage ➤ Serious Injury/Death ➤ Student Unrest ➤ Suicide/Attempt ➤ Weapons ➤ Natural Disasters ➤ Lock-Down & Sheltering Procedures ➤ Evacuation/Relocation Centers ➤ Media Procedures 	<ul style="list-style-type: none"> ➤ Shelter-in-Place Procedures ➤ Evacuation Procedures ➤ Lock-Down Procedures ➤ Tornado Warning/Severe Weather ➤ Hazardous Chemicals ➤ Staff Training

Administrators and staff should be familiar with and follow the procedures outlined in the *Emergency Procedures Guide* and *Building Crisis Plan*. Additional crisis procedures include:

- Responding to Death in the School Community: The death of a student, staff member, or a community member can impact a significant portion of the school population. In the event of a death, the District Crisis Team convenes and consults the procedures for *Responding to Death in the School Community*.
- Physically Acting-Out Students: There are times when a student exhibits physically-acting out behavior that impacts the safety of the student or others. School personnel should adhere to the *Policy Regarding Prevention and Crisis Intervention/Physical Restraint for Safety Promotion*.

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- **Natural Disaster/Environmental Disaster:** A natural disaster is an event or force of nature that can have significant consequences. Some examples include flood, tornadoes, fire, and earthquakes. Environmental disasters, as opposed to natural disasters, are those that are caused by human activity. Some examples include gas leaks, oil spills, and nuclear disasters. Refer to the *Building Crisis Plan* and *Emergency Procedures Guide* for the appropriate response procedures related to the type of disaster (i.e., shelter-in-place, lockdown, evacuation).

Crisis Events that Require Risk Assessment Screening Procedures

Threatening & Dangerous Behavior:

Threat to an Individual by a Student: When a student threatens another individual (e.g., student, faculty member, volunteer, community member, etc.), they are referred to a district clinician who conducts a Threatening & Dangerous Behavior Screen. The screening procedures are outlined in the *Threatening & Dangerous Behavior Screening Protocol and Screening Form*. Based on the referral information and interview with the student, the clinician determines whether the student is or is not at imminent risk of harming others. The clinician will share the screening results with the administrator so that he/she will be aware of the severity of imminent warning signs. The building principal will notify the authorities, if warranted. Additionally, the building principal will consult with the Superintendent and will assign the appropriate consequence as outlined in the school's behavior code. For example, please see the "Endangering" Behavior Section (section IV) of the MS and HS Behavior Code. When applicable, the clinician follows "Duty to Warn" procedures.

Threat to Multiple Individuals or the School Building by a Student: In cases where a student threatens to harm multiple individuals or the school building, the report of the threat is immediately brought to the attention of the building administrator who follows building/district protocol for a threat to the school building. The clinician conducts a threatening and dangerous behavior screening assessment; this may be done in collaboration with the building administrator and school resource officer, as needed. The screening procedures are outlined in the *Threatening & Dangerous Behavior Screening Protocol and Screening Form*. If warranted, the building principal will notify the authorities. Additionally, the building principal will consult with the Superintendent and will assign the appropriate consequence as outlined in the school's behavior code. For example, please see the "Endangering" Behavior Section (section IV) of the MS and HS Behavior Code. When applicable, the clinician follows "Duty to Warn" procedures.

Suicide/Self-Harm:

Threat of Suicide/Self-Harm: When a student threatens suicide or manifests the signs of his/her intent for self-harm, immediate action should be taken to intervene on behalf of the student. All school system professionals have a responsibility to share with the building principal, designee, or district clinician observations of student behavior which appear to be related to the possibility of suicide. For the most part, schools are not equipped to do the necessary in-depth counseling, but schools are in the position and have the duty to make appropriate referrals and to secure such assistance. These include, but are not limited to parents of the student, law enforcement officials, and community mental health agencies. School personnel can and should divulge certain information without violating confidentiality rules in accordance with state legal statutes pertaining to "imminent danger".

In all cases of suicide threat, the district clinician will conduct a suicide risk screening assessment. To ensure the most effective and consistent approach to this issue, all district clinicians will use the *Suicide Risk Screening Form* when conducting a suicide risk screening assessment. The following procedures capture the suicide risk assessment process:

- *Referral:* A student can self-refer or be referred by a friend, parent, neighbor, teacher, etc. The risk screening interview should be done on the same day the referral is made. This investigation might include interviewing the referring person about his/her concerns about the student: what behavior changes s/he has noticed and any other relevant information s/he may have. It might also include interviewing the staff person who knows the student best.
- *Suicide Risk Assessment:* A district mental health clinician will take the student out of class and do an initial interview in order to determine the student's level of risk. Due to safety reasons, it is important that the referred student is not left unattended. When deciding who should conduct the interview, the following factors should be taken into account by the clinician: 1) already existing relationship, 2) time and coverage restraints, 3) seriousness of presenting problem, and 4) experience of interviewer.
 - ✓ *Imminent Risk Response:* If the student is determined to be at risk, the building principal and his/her designee must be notified immediately. The district clinician will contact the parent to discuss the need and procedure for further assessment, including process for transport. The clinician will then contact appropriate resources (local mental health agencies and/or hospital) to arrange for further assessment. If it is felt that a child needs immediate mental health assessment and the parent refuses, the principal calls for ambulance transport and the district clinician notifies the RI Department of Children, Youth and Families (1-800-RI-CHILD).
 - ✓ *Non-Imminent Risk Response:* If, after the initial interview, the district clinician determines that the student is not at imminent risk, he/she will inform the parent of the interview. The district clinician will seek additional information that is pertinent to the suicide risk assessment. The clinician will provide mental health referrals and community resources as necessary.
- *Documentation:* All steps in the above described process should be documented by the district clinician using the *Suicide Risk Screening Form* and provided to the building principal.

Suicide Attempt in School: Refer to the "Suicide/Attempt" section of the *Emergency Procedures Guide*.

Students/Staff Who Have Committed Suicide (Postvention School Procedures): In the event a suicide occurs, the District-level Crisis Response Team will convene and will follow the procedures outlined under "Suicide/Attempt" in the *Emergency Procedures Guide*. The team will also follow the *Responding to Death in the School Community Procedures* to guide the district's response. The aftermath of a suicide is long lasting. While the most intense phase of the crisis will, in the absence of any new incidents, last only a few weeks, some effects may continue for a year or more. Individuals will differ considerably in the time it takes them to work through their feelings. Special counseling initiatives and outreach should continue as long as there is a demand or perceived need. The school counselor, school psychologist or social worker, or community mental health professional may provide longer term care. Certain situations such as sporting events, extracurricular activities, graduation, and the anniversary of the suicide itself, may reawaken the distress. The school should respond by being prepared to provide postvention measures. Often after a school suicide, there is a call for staff training in prevention.

Crisis Teams

Crisis Teams play a critical role in preparing for and responding to crisis events. The members, roles, and responsibilities of the various Chariho Crisis Teams are outlined below:

District-level Teams:

- **District-level Crisis Response Team:** The district-level crisis response team is comprised of central office administrators, school principals and selected representatives from the school-based crisis teams. At times, the district-level team will also include community consultants, such as personnel from the local mental health clinic, police station, fire department and emergency medical services. The district-level crisis response team establishes district-wide procedures that are relevant to crisis preparedness and response and oversees their implementation at the district and school level. The district-level crisis response team provides guidance to school-level crisis teams during times of crisis. The team coordinates connections with local agencies and consultants; provides school-level teams with support and backup at the time of a crisis; coordinates the sharing of resources among school-level teams, such as assigning counseling staff to various buildings, and oversees the implementation of the school crisis response plan across schools within the district. This information has been adapted from: <http://www.ojp.usdoj.gov/ovc/publications/bulletins/schoolcrisis/pg3.html>.
- **District-level Emergency Team:** The district-level emergency team is comprised of central office administrators. The purpose of this team is to respond to actively occurring emergency events prior to response by emergency personnel. Some examples may include medical emergencies, environmental crises, severe weather events, and campus threats. **This team differs from the District-level Crisis Response Team in that members respond to in-the-moment district- and building-level emergency events.**
- **District-level Safety Plan Team:** Members of the district-level safety plan team include the superintendent, assistant superintendent, school committee member, local police and fire chiefs, emergency medical services staff and local emergency management personnel. The purpose of this team is to review district- and school-level safety plans.

School-level Teams:

- **School-level Crisis Response Team:** The school-level crisis response team is comprised of building-level administrators, the school psychologist, school social worker, nurse, deans, and guidance counselors. During most crisis events, this team is responsible for providing staff and students with direct service and support. However, the roles and functions of the teams will vary according to the needs of each building and each crisis event.
- **School-level Emergency Team:** Each school has an emergency response team. This team is responsible for responding to medical emergencies in the building as well as some crisis events. Team members may also respond to physically acting-out students. The individuals on this team have been trained in CPR, first aid, and CPI de-escalation and physical restraint techniques. **This team differs from the School-level Crisis Response Team in that members respond to in-the-moment building-level emergency events.**
- **School-level Safety Plan Team:** The school safety plan in each building is updated on an annual basis. Members from the school, emergency response personnel, and the community contribute to the Crisis Plan. The team members vary slightly from building-to-building though typically include principals, deans, guidance counselors, school psychologists, school social workers, the nurse, the custodian, and a teacher. The community members typically include the patrol commander of the RI State Police, local police and fire chiefs, emergency medical services staff, local emergency management personnel, a school committee member, and a parent. The team meets at least once per year to update the school safety plan.

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