DCPS
School Crisis Response Handbook
SY 15-16

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1. Introduction

The primary purpose of this *DCPS Crisis Response Handbook* is to assist school staff and administration in managing school crises in a universal, consistent, and appropriate manner. This manual is intended to create and foster a proactive approach to potential crises in schools. It prepares the entire school community to cope with the possible impact of a destabilizing occurrence. What makes this manual especially valuable is that it can be applied and adapted to the particular culture and organizational structure of each school. The *DCPS Crisis Response Handbook* is not intended to supersede *The School Emergency Response Plan and Management Guide* but acts as an adjunct protocol in protecting and insuring optimal mental health in response to crisis as defined.

This handbook includes suggested procedures and resources to guide the School Crisis Team. All responses to crisis situations promote the school system's goal of a safe and orderly learning environment by reducing the impact of trauma, grief and loss that interferes with normal school functioning and the learning process.

Materials compiled in this handbook were adapted from resources used in Howard County Public Schools, Montgomery County Public Schools, Fairfax County Public Schools, and the D. C. Department of Behavioral Health - School Mental Health Program as well as past D. C. Public Schools Crisis Response Handbooks.

Glossary of Terms Used in the DCPS Crisis Response Protocol

Crisis is an event that produces a temporary state of psychological disequilibrium and a subsequent state of emotional turmoil that disrupts the educational program.

Crisis Recovery

Recovery is the ongoing process of restoring the social and emotional equilibrium of the school community by promoting positive coping skills and resilience in students and adults. The rate of recovery will vary from person to person, depending upon factors such as age, gender, degree of direct exposure to violence, death or injury of a friend or family member, previous traumatic life experiences, and pre-existing history of anxiety and depression.

The good news is that most students and staff do recover with the support and assistance of caring educators and mental health professionals. The process of recovery is aided when students and staff can anticipate the stages of recovery and prepare for the normal changes in behavior, thinking, emotion, and spirit that occur over time.

Central Crisis Response Coordinator
This position is held by a Program Manager. The Coordinator is the liaison to School Operations; manages the weekly rotation and crisis database; is responsible for the deployment of clinicians; and ensures all necessary supports have been provided to schools.

School Crisis Team (SCT) - Mental Health Crisis Response, Recovery Phase
The SCT may consist of administrative team members, on-site Social Worker, School Counselor, School Psychologist, Nurse, DBH SMHP, health/physical education teacher, peer mediation coordinator, and on-site community mental health providers.

SCT Chairperson
This position may be designated by the school principal or by the SCT, with the principal's approval. The responsibility is carried throughout the year or as required by the principal.

Central Crisis Team consists of trained DCPS Social Workers, Psychologists and School Counselors as well as school mental health providers from the Department of Behavioral Health.

Crisis Lead
This position is specific to a Level 2 or Level 3 crisis response. The Crisis Lead is identified at the time of the crisis response. The primary responsibility of this position is to insure communication with all relevant entities, and to document data and follow up activity post response.

Department of Behavioral Health (DBH) School Mental Health Provider (SMHP)
DBH SMHPs are clinical staff co-located in school sites as direct providers of mental health services.

Children and Adolescent Mobile Psychiatric Services (ChAMPS) of Catholic Charities
This service is designed to help children manage extreme emotional behavior. Please review the protocol for accessing this community based service.

Crisis Response Level of Need:

Level 1: **School Based Response to a Crisis Event - [School Crisis Team (SCT) responds]**

Level 1 crises impact part or all of the general school community but do not warrant external support to address the resulting emotional impact. Example: The death of a staff person following a long illness.

Level 1 crises also encompass **Individual Student Crisis**: Individual Student Crisis relates to critical behavior of an individual student which may be a manifestation of disability; substance use impairment or overdose; or other aberrant behaviors with indeterminate causality.

Level 2: **Central Crisis Team Response to a Crisis Event – [SCT and Central Crisis Team (CCT) both respond. DBH may be called for additional support]**

Level 2 crises have been assessed to require external support in addressing the mental health response to an event or trauma. Example: The unexpected death of a current student or staff member on or off campus.

Level 3: **DCPS/DBH Team Response to a Major Emergency or Community Crisis Event – [SCT, CCT and DBH respond]**

Level 3 crises require total support of school based, central office and DBH mental health clinicians ("all hands") to address a catastrophic event. Examples: School shooting; community disaster such as a major fire; natural disaster or terrorism.

ANNUAL MENTAL HEALTH CRISIS RESPONSE TRAINING

All DCPS School Social Workers, Psychologists and Counselors and DBH School Mental Health Providers are required to complete an on-line training and post-test. Upon successful completion of the post-test a certificate of completion will be issued. Completion will be monitored by Program Managers. Providers are expected to notify school Principals of completion.

Professionals providing direct and ancillary support to the mental health teams will have access to training and may be required to provide certificates of completion to their respective managers. These professionals may include, Nurses, Security Officers, Special Police Officers, School Resource Officers and others identified by school administration and/or Instructional Superintendents.

II. PROCEDURES

DCPS *Crisis* Response Protocol-Recovery Phase

A coordinated effort within each school, across all schools and with Department of Behavioral Health is necessary to effectively support the school community in crisis. We accomplish this by implementing three key strategies:

1. All Social Workers, Psychologists and School Counselors serve on the Central crisis team (CCT).
2. Each school has a crisis response plan and designated Lead for the school crisis team (SCT).
3. Central office conducts training and provides tools to support schools effectively.

I. DCPS will utilize all Social Workers, Psychologists, and School Counselors (hereinafter known as "clinicians") as part of the CCT. This will allow for ample support if there are multiple crises or a large intervention is required. Each clinician will be on-call for Central crisis response for two (2) separate weeks throughout the entire school year. Ten (10) clinicians; four (4) Social Workers, three (3) Psychologists and three (3) Counselors, will be on-call each week. The option to access Department of Behavioral Health clinicians remains. The Crisis Lead is designated depending on the nature of the response. Principals and clinicians will receive the on-call schedule by the start of the school year. Clinicians will also be alerted via email, as a reminder, the week prior to their on-call week.

II. Extended School Year (ESY) and Summer Camps will have mental health crisis response coverage. Clinicians working during the summer months will be entered into a weekly rotation. Consideration will be made for program coverage.

III. Each school has a crisis response plan and designated Chairperson. Many crises can be handled effectively with existing school staff. Principals' preparations include:

Completing the preplanning form
Identifying all School Crisis Team (SCT) members
Appointing a SCT Chairperson

What is a crisis?

Crisis is defined as an event that produces a temporary state of psychological disequilibrium and a subsequent state of emotional turmoil that disrupts the educational program. Examples of a crisis include, but are not limited to: A death or other traumatic event involving a student or staff member that interrupts the normal day-to-day functioning of the school.

Who is responsible for responding to a crisis?

Each school has a School Crisis Team comprised of the Principal, assistant Principal(s), Social Worker, School Counselor(s), health assistant and/or Nurse, School Psychologist and the Department of Behavioral Health School Mental Health Provider (DBH SMHP.) One of these team members should be identified as the **School Crisis Team Chairperson**, exclusive of the DBH SMHP. School-based teams provide prevention information, intervention, and support to school staff, students, and parents during and in the aftermath of a crisis or traumatic event. This team is also responsible for deciding if additional support is needed from the Central Crisis Team.

When is the Central Crisis Team contacted?

The decision to contact the Central Crisis Team is made by the Principal, in consultation with the Chairperson of the School Crisis Team and the Central Crisis Response Coordinator. If it is determined that additional support is necessary, the Central Crisis Response Coordinator contacts the appropriate central crisis team members. The role of the Central Crisis Team is to provide consultation and support to the SCT. The Central Crisis Team is comprised of Social Workers, Psychologists and School Counselors from DCPS and DBH SMHP who have training and expertise in the area of crisis management. The Central Crisis Response Coordinator remains available for consultation.

1. The school Principal will identify all school-based team members who will be responsible for coordinating the school's crisis response, and post their names and contact information around the school. The Principal will either serve as chair of this ***School Crisis Team*** or designate a team member to serve as the chairperson.
2. The Principal/Designee will assess the impact of the crisis on the school community and its potential effect on students, staff, parents and local community members.
3. The Principal/Designee will contact the following to inform of the crisis event and give assessment information:
   Instructional Superintendent
   Division of School Security **/ School Operations (202) 698-5070**
   Program Manager for Social Workers/Central Crisis Response Coordinator **(202 520 2264 or 202 276 3911)** crisis.cct@dc.gov or **Central Office Headquarters (202 442-4800)**
4. The Central Crisis Response Coordinator will assess the ***Crisis Response Level of Need****** and deploy Central Crisis Team members to school.
5. The Central Crisis Response Coordinator **(202 520 2264, 202 276 3911 or 202 442-4800)** will assign and deploy one Central Crisis Team member as Crisis Lead.
6. Central Crisis Team members will reassess the situation with the School Crisis Team and Principal. The Crisis Response Coordinator and/or Crisis Lead work collaboratively with School Operations and School Safety and Security.
7. Central Crisis Team members will coordinate the on-site interventions with School Crisis Team members with input from the Principal/Designee.
8. If deemed necessary, Central Crisis Team members will bring other trained and certified mental health personnel to create and implement a plan of action.
9. Principal, School Crisis Team and Central Crisis Team members will provide up-to-date information to staff regarding the crisis, the plan of action, and any other relevant information.
10. Interventions with students include debriefing, counseling, and/or support according to the plan of action.

11. Interventions with staff include debriefing, counseling, and/or support according to the plan of action.

12. Appropriate correspondence will be sent to parents and community.

13. Follow-up services for students will be planned and scheduled.

14. The Crisis team will be debriefed by the crisis response Lead and/or crisis response Coordinator.

15. Documentation of the incident will be completed by the designated crisis response Lead or Coordinator in the Provider Management Application (PMA).

Pre-Crisis Planning

1. The school Principal will identify all school-based team members who will be responsible for coordinating the school's crisis response and post their names around the school. The Principal will either serve as chair of this School Crisis Team or designate a chairperson. The Principal will meet with the team to discuss their roles and responsibilities and to review the pre-crisis planning process.

2. Identify staff with skills in medical care.

3. Prepare a Telephone Tree.

   - ❑ Administrator
   - ❑ School Social Worker
   - ❑ School Counselor
   - ❑ School Psychologist
   - ❑ Health Assistant/Nurse
   - ❑ DBH SMHP
   - ❑ Other Staff

4. Assemble and distribute crisis intervention packets and related materials.

   - ❑ Determine the materials needed including maps of the school building, lists of teachers/room assignments, copies of the bell schedule including lunch and recess times, name tags, tissues, crayons, markers, construction paper, and copies of yearbooks or memory books.
   - ❑ Determine where these materials will be stored, such as in the front office and/or guidance office.
   - ❑ List of School Crisis Team Members.

5. Designate a location for crisis intervention support.*

   - ❑ Determine where crisis team members will meet with students/staff individually or in groups.

- ❑ Determine the sign-in procedures for visitors.
- ❑ Determine where parents will meet if they arrive at the school.
- ❑ Determine where crisis team members will meet to plan and have access to a telephone.

* *The space should be clearly designated and understood as inviolate by school staff during crisis support.*

District of Columbia Public Schools
School Crisis Response Plan
Recovery Phase

1. **Identify School Crisis Team Members**

Name & Title	Assignment	Operations Site(s)
	Chairperson	
	Co-Chair	
	Communications/Notifications	
	Evacuation /Sheltering	
	Student Accounting & Release	
	Security	
	Information (Telephone)	
	Medical Response	
	Support Counseling	

2. **Identify Staff with Skills in Medical Care**

Name	Room #	Training Certification

3. **Prepare a Telephone Tree:** Begin with your Administrator, who will contact the Instructional Superintendent and Security Personnel immediately. The Administrator also will contact the Crisis Response Chairperson, who then reaches out to all other involved parties.

4. **Identify Bilingual Staff members**

Name	Room #	Languages

5. **Student and Staff who need Special Assistance in Evacuation**

Name	Grade/Homeroom #	Assistance Needed/ Person Assigned to Assist

6. **Location of Crisis Support (Crisis Support Location: _____)**

Adapted from the Jefferson County Public School Crisis Management Plan

Roles and Responsibilities during a Crisis

A number of roles should be performed by designated personnel. This list represents, at a minimum, what responsibilities key personnel have in responding to a crisis.

Administrator only:

- Verify facts of crisis incident.
- Authorize intervention efforts.
- Consult with school security to assure the safety of the students, staff, and community.
- Notify appropriate central office personnel of crisis incident and other affected schools.
- Notify school-based administrators and school-based student services personnel of crisis incident.
- Initiate phone tree for school-based personnel.
- Be highly visible; show presence, support and control of crisis.
- Facilitate before school faculty informational meeting.
- Keep all teachers and other school-based personnel updated on facts, events, circumstances, funeral arrangements, etc.
- Inform parents of facts, events, circumstances, funeral arrangements, etc.
- Provide direction about rescheduling activities.
- Reschedule activities, appointments, and meetings not of an emergency nature.
- Consult with public information officer regarding release of information to media and public.

School Crisis Team Chairperson and/or Administrator:

- Help coordinate intervention efforts with Principal approval.
- Verify facts of crisis incident.
- Meet to assess the degree of impact and extent of support needed.
- Assemble School Crisis Team, and, if necessary, the Central Crisis Team.
- Establish pre-planning meeting time for crisis team members as appropriate.
- Develop statement to share with teachers and other school –based personnel.
- Develop statement to share with students.
- Identify at-risk staff.
- Provide follow-up, as needed, for staff and students and continue to monitor behavior.

C. Central Crisis Team Lead:

- Assist in planning, coordinating and provisioning for school-based crisis response.
- Complete all crisis documentation in a timely fashion.
- Complete comprehensive post-crisis report in the PMA

Central Crisis Team:

- Be available during school hours to assist school-based and central office-based administrators as well as student services personnel for consultation in the event of a school crisis.
- Share responsibility outside of school hours for consulting with school-based and central office-based administrators, and student services personnel in the event of a school crisis.
- Assist in the coordination, planning, and provision of school crisis responses by the Central Crisis Team.

School-Based Social Worker, Psychologist and/or School Counselor:

- Support intervention efforts.
- Reschedule activities, appointments, and meetings not of an emergency nature.
- Provide individual and group counseling.
- Maintain a list of students seen by support staff. Make follow-up calls to families of students in distress and recommendations for the family to provide support and/or follow-up.
- Monitor and provide follow-up services to affected students.
- Be available to staff and provide support, as needed.

Faculty:

- Provide accurate, factual information to students.
- Identify students who need support and refer them to school-based support personnel.
- Facilitate classroom discussions that focus on helping students to cope with the crisis; if appropriate, provide activities such as artwork or writing to help students cope.
- Dispel rumors.
- Answer questions without providing unnecessary details.
- Model an appropriate grief response and give permission for a range of emotions.
- Structure classroom activities, postpone and reschedule tests, quizzes, and assignments, as appropriate.

Nurse /Physical Education Leader (in absence of Nurse):

- Administer first aid.
- Request that paramedics and an ambulance be called, as necessary.
- Appoint someone to meet paramedics at the designated spot and give directions to the location of the injured.
- Arrange for someone to travel with students to the hospital, as appropriate.
- Call for additional school nursing assistance, as needed.
- Ask for coverage by a Principal's designee if the Nurse is needed elsewhere.
- Refer distressed students and faculty to school-based support personnel.

Office Staff:

- Provide accurate, factual information, via written statement, to inquiring parents and community members.
- Supervise visitor sign-in procedures.

- Direct central office and Central Crisis Team members to appropriate locations.
- Refer distressed students and faculty to school-based support personnel.

Provide secretarial support to School Crisis Team and Central Crisis Team members, such as copying, as needed.

Individual Student Crisis Protocol

The preceding logistical guidelines are applicable in the instance of an individual student crisis with the exception of the deployment of the Central Crisis Team. This protocol is designed to give specific guidance for those instances of aggressive or passive behavior that is problematic for the student and the school community.

What constitutes an individual student crisis?

- Student runs out of the building
- Out of control behavior that does not de-escalate spontaneously
- Expression (verbal, physical) of self-injury or harm to others
- Severe aggression toward peers (stabbing, weapons)
- Drawings of self-injury or homicidal intent
- Victims of abuse (physical and sexual)
- Symptoms of psychosis
- Symptoms of alcohol or chemical intoxication/overdose
- Passive, withdrawn, isolative behavior (depression, suicidality)
- Weapons (possession)

An individual student in crisis may cause severe disruption and a possible threat to safety of self and others. Each school must have a plan to address these potential instances. The most basic plan would detail how members of the mental health team are accessed for timely response. Another facet of the plan may address a particular issue, for example: An elementary school has a number of exits and a history of absconding. A school wide plan for immediate notification is developed.

Plans should also include expectations for support from and interactions with other school based professionals. Communications among the various disciplines- teachers, administrators, mental health teams, health and security must remain open and constant. Some students for which the need for crisis support is known will ease this planning process, however there may remain other instances equally as critical.

The Point of Contact (POC) or backup POC - The clinician who completes the initial assessment. The POC's primary responsibilities are to:

1. Assess
2. De-escalate
3. Create a crisis plan

School Crisis Team or other supportive individuals identified in the school plan:

1. Communicate with school administrator
2. Contact parents
3. Assist in securing safe environment
4. Contact ChAMPS, if directed

Crisis Team Chairperson:

1. Responsible for managing de-briefing, reporting data and crisis follow-up data.
2. Responsible for contacting the crisis coordinator 202 520 2264 or 202 276 3911 if the crisis requires intervention that cannot be provided in the school setting (per e.g. child to hospital with parent or ChAMPS called)

There are some important caveats to consider in these critical situations.

- Parents must be notified and all efforts to contact parents exhausted
- All "out of control" behavior is not psychiatric or criminal in nature
- The role of ChAMPS is not to hospitalize children but to assist in maintaining the student in the school environment, School Crisis Teams are first responders
- Resolution of these crises is best achieved through teamwork
- De-briefing and crisis planning are integral to the process

Individual Student Crisis Response Plan

If school personnel learn that an individual student is exhibiting behavior that could result in harm to themselves or others, the following steps should be taken. Examples of an individual student crisis situation could be a student coming to school intoxicated, experiencing homicidal ideation, experiencing suicidal ideation, experiencing an emotional and/or behavioral outburst in the classroom that the teacher cannot manage, etc.

a) The staff member should IMMEDIATELY notify the Principal or Principal's designee, and a school mental health professional. List the school-based mental health professionals you have in your building and how they can be contacted:

Name	Title	How to Contact

*** If none of the above school mental health professionals are on site, ***DO NOT CALL MPD***.
Contact ChAMPS***

b) The school mental health professional will privately question the student and assess the estimated level of risk. This conversation should be documented.

c) The Principal or Principal's designee, and/or a school mental health professional should call the custodial parent or guardian and ask him or her to come to the school immediately. If the student is age 18 or older or is emancipated, the student will be asked permission to contact a parent or someone else who resides in their household.

d) School personnel should continue to supervise the student until parents can be contacted. The student should NEVER be left alone.

e) If the school mental health professional is able to de-escalate the student and assesses that the student can safely remain in school for the remainder of the day, they may do so ***with a concrete plan***. This plan should be a collaborative effort between the school mental health professional, the student, and any other staff members that have a positive relationship with the student. The plan should include details about how the student will be supervised, identification of specific triggers, coping skills the student has if they feel themselves escalating, and choices the student has if they feel themselves escalating.

Presenting Problem:
Possible Triggers:
Coping Skills:
If feeling him/herself escalating, the student should: 1) 2) 3) 4) 5)

f) If the school mental health professional deems that the student is not safe to remain in school, the Principal, designee or school mental health professional will help the parent/guardian arrange for further assessment.

g) The custodial parent or guardian should leave campus with the student only after she/he has been strongly encouraged to take the student from campus to the facility/treatment provider of his or her choice for a mental health assessment. Explain to the parent(s)/guardian that it is very helpful if they will sign the release of information to allow the facility/treatment provider to release relevant information to the school.

h) Following the crisis, a meeting should be held with all pertinent stakeholders, including the parent and student, to discuss the situation in detail. A plan should be developed with the goal of preventing future crises. This plan should identify specific triggers, ways triggers will try to be minimized, and resources the student has within the school that can be accessed when needed. This plan should be specific, and include details about how the student might access those resources when needed.

INDIVIDUAL STUDENT SAFETY PLAN

An individual safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and /or others.	Date:

Student Name:	DOB:	Student ID: #	Grade:
Special Education Eligible?	❑No ❑ Yes	If yes, Case Manager:	
504 Eligible?	❑No ❑ Yes	If yes, Case Manager:	

Contact Information		
Parent/Guardian:		
Cell Phone:	Home Phone:	Other:
Emergency Contact:		Phone:

Places Student May Be if Missing During School Hours	
On School Grounds:	
Off School Grounds:	

Medical Information
Physician:
Diagnoses:
Medications:
Allergies/Special Considerations:

Description of Specific Unsafe Behaviors (why students requires a safety plan)

CRISIS RESPONSE PLAN	
What to do if students exhibits above described behavior	Who will do what/backup staff

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work

BEHAVIOR SUPPORTS	
What will staff, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	Who/Back-up person?
How will plan be monitored?	
How will decision be made to terminate the plan?	

Current Agencies or Outside Professionals Involved		
Name	Agency	Phone
1.		
2.		
3.		
4.		

Student Safety Team Members		
Name/Signature	Title	Date
1.		
2.		
3.		
4.		
5.		

Next Review Date: (approximately two weeks from initiation of plan or last review date)

PLAN OF CARE CONFERENCE

(To be completed, by a staff member from the clinical team, following a student hospitalization, extended absence, and/or whenever a planned response to student reentry is needed)

Date: _____ **Time:** _____
Student Name: _____ **Birth Date:** _____
Reason for Plan of Care Conference:

Meeting Participants

Parent(s)/Guardians	
Social Worker	
Psychologist	
Counselor	
Administrator	
Nurse	
Other	

I. Hospitalization *If student was not admitted to hospital, skip to II**
Reason for hospitalization: _____
_____
Facility/Hospital: _____
Dates of hospitalization: _____
Parent/Guardian Release of Information: Yes_____ No_____
Contact Person (social worker etc.): _____ Phone: _____
Fax#/Email: _____
Discharge Information (copy) is attached: Yes_____ No_____

II. Medical Plan of Care
Medications (name/dosage/schedule): _____
_____
Physician: _____ Phone: _____
Therapist: _____ Phone: _____

A. Next Appointment _____ Special Recommendations _____

III. School Plan
(Describe supports student will need to successfully re-enter school. Attach additional pages as needed.) Social worker will notify teachers, support staff, and administration that student is returning and request updates as indicated.

Is change in class or schedule indicated?_____ Other Needs/Comments:_____

_____

_____

IV. Outside Community Agencies/Supports to contact? If so, list and include in Plan.

District of Columbia Public Schools Release of Information signed: Yes____No_____

Copy of documentation provided to parent/guardian: Yes_____ No_____

Signatures

Parent(s)/Guardian:_____

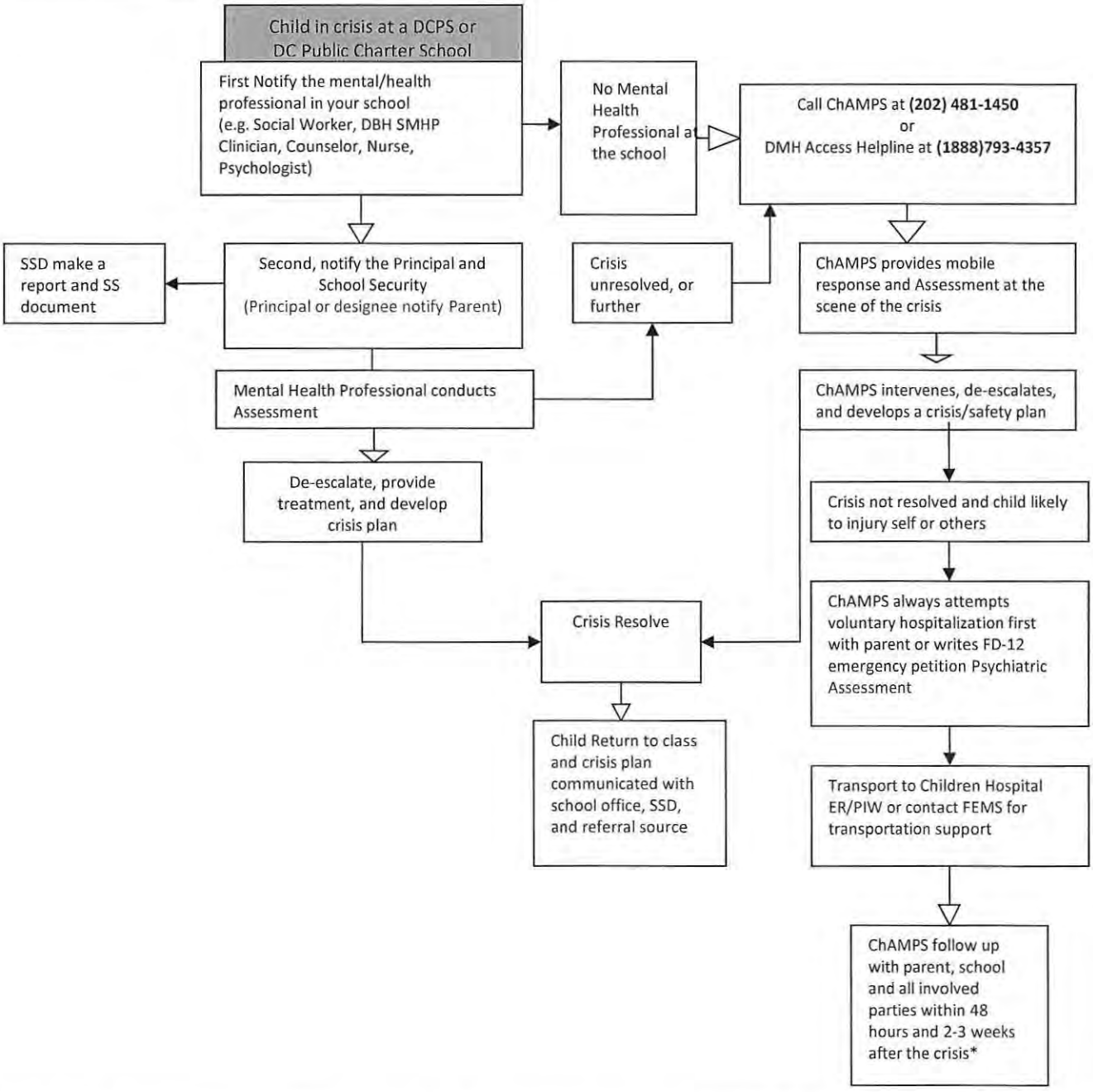
School Representative:_____

If Plan of Care developed without parent(s)/guardian present, provide explanation below:

Note: This form and related information will be maintained for two years in a confidential file, separate from the student's cumulative folder.

Children and Adolescent Mobile Crisis Services (ChAMPS) Crisis Protocol

DCPS and DC Public Charter Protocol Flowchart



** Crisis/Safety Plan and follow up information shared with school personnel may be limited due to Health Information Portability Accountability Act (HIPAA). Information regarding crisis plan, hospitalization, or mental health services can only be shared with school personnel with a signed consent from the school.*

Metropolitan Police Department Statement

Please be advised!

The Metropolitan Police Department (MPD) is obligated to respond to calls. However, DCPS must exercise prudence in accessing MPD and an understanding of what constitutes criminal behavior.

The following considerations should be given prior to any call to emergency response about an individual student crisis. MPD calls for elementary school students generally do not meet the criteria for criminal behavior. All calls to MPD must be vetted through the school Principal or Principal's designee.

MPD should never be called for behavior or disciplinary issues.

Captain
School Safety Branch/ISB
Metropolitan Police Department

III. FORMS

Critical Incident Response Request: Phone-Based Needs Assessment

THIS FORM IS TO BE COMPLETED BY THE PERSON FIRST INFORMED OF THE SCHOOL CRISIS. IN MOST CASES, IT WILL BE THE MENTAL HEALTH CRISIS RESPONSE COORDINATOR.

District of Columbia Public Schools/Department of Behavioral Health

Person Taking Call: _____ Date: _____ Time of Call: _____
Name of Person-calling: _____ Phone Number: _____
Name of On-Site Contact: _____ Phone Number: _____
Address of Response Site: _____

1. **What** happened/what was the crisis event?

2. **When** did it occur?
   Date: Time of day:

3. **Where** did the crisis/event occur?

4. **Who** was **directly** involved or affected (person witnessed event, was a close family member/friend, a victim, etc.)? Please specify **how** the individuals were involved or affected and how many people/classrooms are affected.

   Age groups:

   Primary language:

5. **Who** was **indirectly** involved or affected (community, neighborhood, school, classmates, etc.): Please specify **how** the individuals were involved or affected and how many people/classrooms are affected.

   Age groups:

   Primary language:

6. Do you have an internal crisis management team and/or School Counselors?
YES _____ NO _____

What actions/interventions have been completed (has information been provided to students/staff, have any groups been held, etc.):

Results:

(If applicable, please provide copies of information available if/when team arrives):

7. What other agencies/offices are involved or have been contacted (police, fire department, DOH, DCPS, DBH etc.):

Please provide the contact person/number for the agency:

List the services/interventions/support they are providing:

Results:

8. Has any information about the crisis been disseminated to the various population affected by the crisis (letter sent home to parents, town meeting, media, etc.)? *Please have copies available if/when team arrives.*

9. What type(s) of support or services are you requesting?

_____ Provide information/materials
_____ Presentations
_____ Debriefings
_____ Crisis counseling/stabilization
_____ Bilingual Counselor/translator
_____ Do not know/unsure
_____ Other_____

10. Is there any other information that you would like to add that might be helpful to our response team?

_____

For Internal Purposes Only:

Does this call require an immediate deployment of staff? _____ Yes ____ No

What other agencies/offices need to be contacted? _____

NOTE: Fax this form to CENTRAL CRISIS TEAM Leader. If incomplete, Leader needs to complete form once at the school.) Fax number:_____

Needs Assessment Planning and Intervention Recommendations

Students	*School Staff*
Classroom Presentation: **Topic/Focus:** _____ ____# Classrooms ____# Clinicians needed List grade levels: _____ **Small Support Group** _____# Groups (support) _____# Clinicians needed List grade levels: _____ **Individual Session** _____# Students _____# Clinicians needed	**Fan Out/Faculty Information Meeting** _____# Clinicians needed **Operational Debriefing** _____# Clinicians needed **Small Support Group** _____# Groups (support) _____# Clinicians needed **Individual Session** _____# Staff _____# Clinicians needed
Community	***Parents/Families***
Town Hall Meeting **Topic/Focus:** _____ _____# People attending _____# Clinicians needed	_____**Letters Sent Home** **Small Support Group** _____#Parents/adult family members _____#Clinicians needed **Individual Session** _____# Adults _____# Clinicians needed

DIRECTLY IMPACTED (victim, witnessed event, close friend, family member of victim)

Students	*School Staff*
Small Support Group/Defusing (grades Pre-K-5) _____# Groups (defusing) _____# Groups (support) _____# Clinicians needed List grade levels: _____ **Small Support Group/Debriefing (grades 6-12)** _____# Groups (debriefing) _____# Groups (support) _____# Clinicians needed List grade levels: _____ **Individual Session** _____# Students _____# Clinicians needed	**Debriefing** _____# Teachers _____# Administrators _____# Support Staff _____# Clinicians needed **Individual Session** _____# Staff _____# Clinicians needed
Parents/Families	***Community***

Debriefing _____#Parents/adults _____#Clinicians needed **Individual Session** _____# Adults _____# Clinicians needed	**Debriefing** _____# People involved _____# Clinicians needed

Daily Intervention Sheet

Intervention Site (include address/phone)

_____

Circle one: Day one Day two Day three Day four Additional Days_____

STUDENTS

# Implemented	# Not implemented*	
_____	_____	Classroom Presentation(s)
_____	_____	Small Support Group
_____	_____	Debriefing/Defusing
_____	_____	Individual Sessions
	_____	***Total # students seen***

STAFF

# Implemented	# Not implemented*	
_____	_____	Operational Debriefing
_____	_____	Small Support Group
_____	_____	Small Group Debriefing
_____	_____	Individual Sessions
	_____	***Total # staff seen***

PARENTS/FAMILY

# Implemented	# Not implemented*	
_____	_____	Letter sent home
_____	_____	Debriefing
_____	_____	Individual Sessions
	_____	***Total # parents/family members seen***

COMMUNITY

# Implemented	# Not implemented*	
_____	_____	Town hall meeting
_____	_____	Debriefing
	_____	***Total # community members seen***

Which interventions were recommended but NOT implemented, and why:

_____

_____

_____

_____

Please describe what was effective:

_____

_____

_____

_____

Please describe what was challenging and issues that were raised:

_____

_____

_____

Central Crisis Team Sign-In Sheet

NAME		POSITION	PHONE NUMBER	SIGN IN/SIGN OUT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				

Crisis Response Student Sign–In Sheet

School_____ **Date**_____

Name of Student Seen	Teachers Name/Grade	Services Received Individual	Group	Debriefing	Follow up Needed?
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
Staff Member Name	**Grade Level**	**Position**			**Follow Up Needed?**
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No

Crisis Response Follow-Up Student Identification Sheet

School_____ Date_____

Student/Teacher Referring	Reason for Referral	Who Saw Them	Type of Follow up

Critical Incident After-Report

THIS FORM SHOULD BE COMPLETED AT THE END OF THE IMPLEMENTATION OF SERVICES BY THE CRISIS TEAM LEADER AND CRISIS COORDINATOR WHO GATHERED INFORMATION AND COORDINATED THE INTERVENTIONS. Email completed form to Crisis Coordinator: bonita.bantom@dc.gov or carla.galone@dc.gov

Name of Person(s) Completing Form: _____ **Date of Report:** _____

Intervention Site (include address):_____

Date(s) of Intervention(s):_____**Central Crisis Team Leaders(s) if appropriate:**_____

School Contact Person: _____

Brief Description of Critical Incident: _____

_____

_____

_____

_____

Names of Clinicians Involved:	**Total # Hrs**	**Role of Clinicians:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List action(s)/interventions the site/school implemented prior to CRISIS TEAM response:

_____

_____

_____

List other agencies involved/present:

_____

_____

_____

Describe services other agencies provided:

_____

_____

_____

Summary of Interventions

STUDENTS

# Implemented	# Not implemented*	
_____	_____	Classroom Presentation(s)
_____	_____	Small Support Group
_____	_____	Debriefing/Defusing
_____	_____	Individual Sessions
	_____	***Total # students seen***

STAFF

# Implemented	# Not implemented*	
_____	_____	Operational Debriefing
_____	_____	Small Support Group
_____	_____	Small Group Debriefing
_____	_____	Individual Sessions
	_____	***Total # staff seen***

PARENTS/FAMILY

# Implemented	# Not implemented*	
_____	_____	Letter sent home
_____	_____	Debriefing
_____	_____	Individual Sessions
	_____	***Total # parents/family members seen***

COMMUNITY

# Implemented	# Not implemented*	
_____	_____	Town hall meeting
_____	_____	Debriefing
	_____	***Total # community members seen***

Interventions that were recommended but NOT implemented, and why:

_____

_____

_____

Please describe what was effective:

_____

_____

Please describe what was challenging and issues that were raised:

_____

_____

Follow-up Recommendations for the Response Site

_____ Monitor high-risk students/exposed persons (NOTE: Determine who will follow-up with the high-risk and/or absent students and staff)
_____ Distribute provided information as necessary (e.g. normal reactions to grief)
_____ Link with community resources/refer for additional mental health services (See list of Core Service Agencies) http://dbh.dc.gov/page/list-community-based-service-providers
_____ Contact the Wendt Center for Loss and Healing http://www.wendtcenter.org/
_____ Contact DBH/ACCESS HELPLINE for additional services at 1(888)7WE-HELP or 1-888-793-4357
_____ Other_____

Crisis Team Debriefing

Note: Debriefing should occur at the end of each day in which Central Crisis Team staff is working at a critical incident site
Please include members of SCHOOL CRISIS TEAM if they are assisting with the crisis response

Person Leading the debriefing: _____

Date of debriefing: _____

Staff present at each debriefing:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Please address these points at the debriefing:

- Check-in
- Emotional reactions
- Reassess needs of school/clinicians
- If necessary, plan for next day/days
- If necessary, communicate with coordinator/clinicians for next day

Comments:_____
_____
_____
_____

IV. Resources to Assist in Responding To a Crisis

Community Resources

D.C. Mental Health Access Help Line	1-888-793-4357
Children's National Medical Center:	111 Michigan Avenue, NW Washington, D.C. 20010 Referral and Information Service (888) 884-BEAR (2327)
Hospice Care of D.C.	4401 Connecticut Avenue, NW Suite 700 Washington, D.C. 20008 (202) 244-8300 Office
Wendt Center for Loss and Healing:	730 11th Street, NW Third Floor Washington, D.C. 20001-4510 (202) 624-0010

General Reactions to Death

For all ages: avoid jargon, clichés, technical terms, or euphemisms when working with students (e.g.: "Tears won't help," or "He or she would have wanted you to...," or "It's nature's way.")
Be direct and use statements such as "died" rather than "passed on," etc.

Age	They Think	They Feel	They Do	Interventions
3-5 years	• Death is temporary and reversible • Finality of death is not evident • Death means deceased taking a trip, sleeping • Or wonder what deceased is doing	• Sad • Anxious • Withdrawn • Confused about changes • Angry • Scared • Cranky (feelings are acted out in play)	• Cry • Fight • Show interest in dead things • Act as if death never happened	• Provide them with words for some of their feelings: grief, sadness, numbness • Answer correctly and lovingly. Be honest. Don't tell half-truths • Short-term regressive behaviors are normal • Say to children, "Let's see what we can do to make this less scary for you"
6-9 years	• About the finality of death • About the biological processes of death • Death is related to mutilation • A spirit gets you when you die • About who will care for them if a parent dies • Their actions and words caused the death	• Sad • Anxious • Withdrawn • Confused about the changes • Angry • Scared • Cranky (feelings acted out in play)	• Behave aggressively • Appear withdrawn • Experience nightmares • Act as if death never happened • Lack concentration • Have a decline in grades	• Children need permission to concentrate on mourning before they can be expected to move forward • Offer constructive ways to express their feelings • Offer support groups can be very helpful
9-12 years	• About and understand the finality of death • Death is hard to talk about • That death may happen again • About what will happen if their parent(s) die • Their actions and words caused death	• Vulnerable • Anxious • Scared • Lonely • Confused • Angry • Sad • Abandoned • Guilty • Fearful • Worried • Isolated	• Behave aggressively • Appear withdrawn • Talk about physical aspects of death • Act like it never happened, not show feelings • Experience nightmares • Lack concentration • Have a decline in grades • Joke about death	• Permit them to talk or role play • Acknowledge normalcy of feelings and reactions • Encourage expressions of emotions • Help them to share worries. • Reassure them with realistic information • Acknowledge the physical sensations as part of their reactions to stress (e.g., stomach aches, headaches, weakness, dizziness, rapid

				heart beat) • Discuss student's concerns with their parents • Encourage constructive activities on behalf of the injured or deceased (e.g., cards, memory books, and posters) • Help them to retain positive memories
12- Up	• About and understand the finality of death • If they show their feelings, they will be weak • They need to be in control of their feelings • Only about life before or after death • Their actions and words caused death	• Vulnerable • Anxious • Scared • Lonely • Confused • Angry • Sad • Abandoned • Guilty • Fearful • Worried • Isolated	• Behave impulsively • Argue, scream, fight • Allow themselves to be in dangerous situations • Grieve for what might have been • Experience nightmares • Act as if it never happened • Lack concentration • Have a decline in grades • Exhibit acting out behaviors • Exhibit self-centered thoughts and behaviors, which may become exaggerated	• Acknowledge normalcy of feelings and reactions • Encourage expressions of emotions • Help them to share worries. • Reassure them with realistic information • Acknowledge the physical sensations as part of their reactions to stress (e.g., stomach aches, headaches, weakness, dizziness, rapid heart beat) • Discuss student's concerns with their parents • Encourage constructive activities on behalf of the injured or deceased (e.g., cards, memory books, and posters) • Help them to retain positive memories

Student Reactions to Suicide

WHAT THEY THINK:

- Students often question why the person committed suicide.
- Students often question what might have been done to prevent the suicide.
- Students most affected may struggle with how they will be viewed by others.
- Students may have death-related or suicidal thoughts.

WHAT THEY FEEL:

- Students may experience a stronger sense of guilt, shame, and anger.
- Students may feel a diminished sense of reality.
- Students may experience a strong sense of shock and confusion.

WHAT THEY DO:

- Students may experience sudden changes in personality.
- Students may experience sudden changes in weight or appearance.
- Students may experience sudden changes in grades or participation in school activities.
- Students may experience social withdrawal and isolation.
- Students may experience heightened risk-taking behaviors.
- Students may experience prolonged and/or complicated grief reactions.

INTERVENTIONS:

- Identify students at-risk for suicide.
- Provide support to students' grief reactions and assist them in coping with the loss. Do not challenge these feelings.
- Educate students on ways to get help with depression and suicidal thoughts.
- Send a strong anti-suicide message.
- Provide appropriate resources to assist students with suicidal feelings.
- Permit students to talk, write, draw, or use other constructive means to express their emotions.
- Have the School Social Worker, Psychologist or Counselor follow-up with students who exhibit prolonged grief reactions.

Guidelines for Making a Referral

Although there is no timeline for grieving, there are times when a student or staff member's response may warrant additional support services. The following list of behaviors warrants monitoring:

- Complete and continued absence of any grief reaction
- Clinginess
- Panicky behavior
- Symptoms of separation anxiety – increased fear of being separated from primary caregivers
- Threats or attempts to harm themselves
- Distancing self from family and friends
- Drug or alcohol abuse
- Abusive behavior towards others or animals
- Extreme changes in behavior, such as lying, failing in school, fighting, regression, delinquent behavior, sexual acting out, eating and sleeping disturbance

A grief reaction may be complicated when the person:

- Has been lied to regarding the death or circumstances surrounding the death and later learns the truth
- Had a difficult relationship with the deceased
- Has existing emotional problems
- Has a history of family problems
- Has had other recent losses

If a student exhibits several of these behaviors for an extended period of time following the loss, it is recommended that the School Social Worker, School Counselor or School Psychologist follow-up with the student's family.

In the case of a staff member; the School Social Worker, School Psychologist or School Counselor should discuss with the staff member how to seek additional support services. Should a staff member need additional support; the Employee Assistance Program is available. Please follow this link for additional information: http://dchr.dc.gov/page/employee-assistance-program

Adapted from the Howard County Public Schools Crisis Response Manual

Sample Letter to Parents

Dear Parents and Friends:

All of us at _____ were deeply saddened by the tragic loss of two of our students, _____ , a ___ grader, and _____, a ____ grader who died in a fire that destroyed their home on Thanksgiving morning. We the faculty, students, and staff of_____, wish to extend our deepest sympathy and heart-felt condolences to the families, relatives, many friends and classmates. _____ was a sensitive boy who had many friends at school. His teachers appreciated the effort he placed upon his schoolwork and his cooperative nature in working with other students and teachers.

Although _____had just begun his career at_____ , he had already made lots of new friends who will deeply miss him. We join with the _____ family in their loss.

In order to assist our students and staff cope with the great sadness and shock of this tragedy, I requested and obtained needed support and resources of the District of Columbia Public Schools. Today, Social Workers, Counselors and Psychologists from various offices and school locations have assisted us in dealing with our children and staff. We will continue to have resources available to help us through this most difficult time. If you or any family members are upset and need assistance, please call me or our Counselor, _____ . If you notice a sudden change in your child's behavior and/or healthy, that is unexplainable to you, please contact us- we will continue to respond to any child who is upset or had problems dealing with this tragedy. There is assistance available and we care.

When an event of this magnitude touches one of us, it affects us all. Our school is an important part of this community and we jointly share in the responsibility of the development of our greatest resource--our children. This tragedy, which occurred during a time of Thanksgiving, causes each of us to review our priorities and to think more carefully about what is important in our lives. Perhaps, from this comes a greater sense of family, community, and friendship.

Sincerely,

Principal

Adapted From: Prince George's County Public Schools Crisis Response Handbook

Sample Script for Faculty Information Meeting

The (name of school) Family has suffered a tremendous loss with the death of (name of person). (Name of student) in (grade level) grade was killed by gunfire this morning as he was walking to school.

Whereas we are saddened by this unfortunate incident with one of our students, other students in the school will be greatly affected by this tragedy as well. In order to help you through this day, we offer you the following suggestions:

1. Social Workers, School Counselors and/or Psychologists are in the building to support you. Please send word to the office if you need assistance and/or coverage:
    a. for yourself
    b. to take student(s) out who need counseling
2. A script for communicating this information to students will be provided to you.
3. If you need a Counselor to talk with your class, please send word to the office
4. If student(s) need(s) a time out place, please send student(s) to the _____ .
5. A loss may often trigger memories of other losses children have experienced. Continue to be extra sensitive to any changes in behavior among your students. Some behaviors may include:

acting out	crying	clinging	denial
withdrawal	excessive talking		nervous laughter

Some suggestions for dealing with grief:

1) Allow children the space and the time to grieve.
2) It is okay for them to see you cry.
3) Be flexible in the day's agenda.
4) Allow children time to talk about the tragedy. (Remember, they will deal at their developmental level)
5) Assist them in finding ways of expressing their grief (e.g., art, cards to the family, letter, scrapbook, pictures, etc.)
6) Some students may wish to plan some type of memorial. Help guide them. (except if it's a suicide)
7) Grief may be on-going and expressed in different ways.

A short staff meeting will be held immediately following dismissal to discuss further actions.

Strategies for School Staff when Dealing with a Crisis

Due to our continued reactions to local violence, all of us may be more vulnerable to stress. There are a number of common reactions to the kind of stress you may be currently experiencing. They include, but are not limited to:

- Difficulty focusing or concentrating
- Recurring thoughts, dreams or flashbacks to other traumatic events
- Sleeplessness or fatigue
- Change in appetite, upset stomach
- Crying, sadness
- Irritability
- Grief, anger, shock, disbelief
- Feelings of guilt, self-reproach, quick temper
- Headache, tightness in chest, shallow or heavy breathing
- Alcohol or other drug use

Coping Strategies

If you are experiencing any of these reactions, take care of yourself! You can:

- Take several slow, deep breaths to alleviate the feelings of anxiety
- Talk about what is happening
- Talk about your feelings with friends and loved ones
- Create a daily routine so you feel in control
- Eat balanced meals, even if you're not hungry, so your body has the energy to deal with stress
- Take time to let your body relax and recover
- Cry when you need to
- Let anger out by participating in a safe, exhausting physical activity or exercise
- Avoid the use of alcohol and other drugs and limit caffeine intake
- Turn off the TV if watching the incident is upsetting to you
- Draw, paint, or journal
- Avoid making any major decisions

Instructions for Teachers

To: All Teachers

From: The Principal

Subject: Announcing the Death of a Student to the Class

Please read this message to yourself **then** we would like this message to be read aloud to your class:

Sample: *It is with great sadness that I inform you that yesterday, _____, an 11th grade student at _____High School, died as a result of a fall and the internal injuries that resulted. She was transported to Shock Trauma, but efforts to save her failed. A police investigation of the circumstances is currently underway, and, until its conclusion, we will have no further information to share with you.*

NOTE: If you do not feel comfortable reading this to the class or if you would like to have a support person in the room while you read this, please let a member of the Crisis Intervention Team, a Counselor or an administrator know.

After you read this message, go on to say, *"As you respond to_____ death, be aware that it is not unusual for people to feel confused, upset, perhaps even angry or guilty when they think about incidents like this. Today, our guidance School Counselors and members of the Central Crisis Intervention Team will be available in the Guidance Resource Center throughout this morning for anyone who wants to talk about his or her feelings. Students who feel that they need to leave class at any time throughout the day to see a Counselor should let their teachers know, and they will receive a pass to go to the Guidance Resource Center.*

As further information on funeral and/or memorial services becomes available, this information will be shared. In the meantime, we will set up baskets in the Front Office and Guidance Office for any cards that you would like to have delivered to _____ family."

If a student appears to need individual attention, please send him/her to the Guidance Resource Center. If you feel that you need some time to yourself, ask a Crisis Intervention Team member to relieve you so that you can seek assistance.

Guidelines for a Classroom Presentation

When conducting a classroom discussion about a serious or crisis event, it is important to utilize a structure that permits students to:

- Become aware of the facts and share their reactions/feelings about the incident. **(Introduction)**
- Generate strategies for coping effectively with their reactions/feelings **(Education/Normalize)**
- Transition back to their normal school routine **(Conclusion)**

Points to Remember:

1. During the conversation, it is important to respect different perspectives and to be sensitive to the experiences of those previously affected by violence and/or loss.
2. Let students know that they may be differently affected by this based on their own experiences with violence and/or loss.
3. Student comments will, of course, vary in many ways.
4. Endeavor to respect each student's feelings and comments.
5. Be sensitive to students who may become upset by the discussion.

Introduction Phase - (Provides factual information, minimizes rumors and misperceptions using developmentally appropriate language and amount of detail. This information helps acknowledge and normalize students' feelings as they are shared. Read the sample statement and then discuss the ground rules.)

• Sample Statement: *It is with great sadness that I inform you that yesterday, Timmy Turner, a third-grade student at our school, died as a result of a gunshot wound he suffered while walking home from school.*

You may be having many thoughts and feelings about this, or you may not have been thinking much about it at all. All of these reactions are not unusual. Your thoughts or feelings may scare you because they might be new to you or seem strong. We are going to take a few minutes to talk about your feelings.

It's important to talk about how you feel with someone you trust. This could be your parents/guardians, a teacher, a friend, or a Counselor. We can also talk some now in class and answer your questions.

Education/Normalize Phase - (Generates a list of coping strategies that students may use, conveys confidence that coping is possible, informs students how to access help if necessary, and provides opportunities to identify those needing additional support.)

- It may not be unusual for many of you to be quiet, or want to talk, to be sleepy or very wide awake, be very tired, or need to be very active, or just feel very sad or angry.

- You may not be feeling anything and/or are not ready to talk about your feelings yet.

- What other feelings or thoughts do you have? (Consider charting)

- If it seems hard for you to concentrate because of any of these thoughts or feelings, please ask to see the Counselor. (Emphasize that it is not unusual to have uncommon thoughts and feelings when something so terrible happens.)

- Sometimes when frightening things happen we look for reasons why. This is a time when it is not unusual for us to look for reasons why this happened. A lot of rumors can get started that are not at all helpful to the situation. Instead, let's try to help each other and support each other during this difficult time.

- What are things you can do to cope with your reactions?
  - ❑ Exercise
  - ❑ Play with a friend
  - ❑ Read a book
  - ❑ Talk with a family member or adult friend
  - ❑ Play music
  - ❑ Turn off the TV or walk away from it if watching news about the incident is upsetting to you. Play a favorite video or listen to music instead.

- What are things you can do to help others? (Have the students list and add ideas.)

Conclusion Phase - (Notify students of upcoming related activities and transition them back to school routine.)

- Remember that there are adults in the building and in your community that you know and trust. These adults are here to keep you safe. What other people or things can you think of that will help you feel safe? While in school if you want to talk about what you are feeling or thinking, just let me know and I will help you find someone to talk to.

- (Students may want to make cards, write letters of sympathy to the family.)

- If there are no other questions, let's get ready for (tell them the academic activity).

Memorial Guidelines

In the aftermath of a crisis, students, staff, and community members will need a way to express their feelings. Middle and high school students may have a stronger need to do something positive to express their grief. Memorials promote the healing process and help to begin closure to a period of grieving. The following guidelines should be considered before proceeding with a memorial.

- The Principal should assist the school in developing a memorial committee with student and staff representatives. Define the roles of the students, staff, and administrators, as well as decide who will make the final decisions. Families and others in the community may desire to develop an independent committee in order to develop their own memorial. If necessary, the memorial committee may consider contacting additional resources available through the English for Speakers of Other Languages or the Equity Assurance Office.

- Any activity or memorial sets a precedent for future activities. This is particularly important when considering the circumstances surrounding the crisis. Many times the life lesson the school has learned from a tragedy is more important than any memorial.

- Careful consideration should be given to any permanent memorial, such as planting a tree, erecting a memorial garden, hanging plaques or portraits or other permanent remembrances. Instead of permanent memorials, schools are encouraged to consider "consumable" memorials, such as scholarship funds or donations to an organization suggested by the family. The best type of memorial is one that can benefit the entire community.

- In the event of a death by suicide, it is imperative that the school not memorializes the victim, but instead do something to prevent other suicides from happening. Developing a suicide prevention program or making a donation to an existing suicide program would be appropriate.

- Throughout the planning process, the school should work with the family but not allow the family or community members to dictate if and how a school memorial will be created.

- In the event of a crisis, students and others within the school and community may raise funds. The Principal should assist the committee in overseeing and planning for the use of the monies raised. The school needs to determine a plan for distributing donated funds. It is suggested that the school first use the funds to meet the victim's needs such as possible medical or funeral expenses. Any other funds may be considered for a memorial.

- If necessary, the school may consult with the local worship communities to gain more information about the family's cultural and religious beliefs. All memorial activities should take into consideration the family's beliefs.

Adapted from the Howard County Public Schools Crisis Response Handbook

Guidelines for School Personnel Regarding Suicide Prevention

What is Suicide?

Suicide is defined as the act or the instance of taking one's own life voluntarily and intentionally.

Young people who commit suicide usually are not focused on killing themselves; they usually are focused on ending their pain. Young people often believe that the sense of unhappiness they feel is a permanent condition. They often feel that they have limited choices. Those choices are to continue to live in pain or to end the pain by killing themselves. For youth, suicide is a permanent solution to a temporary problem.

Importance in DCPS

Talking about suicide will not put the idea in a student's head. The 2003 Youth Risk Behavior Survey data for the D.C. Public Schools, surveys students in grades 7 through 12. Of the students surveyed, the following results were noted:

14.2 % seriously considered suicide
13.5 % made a suicide plan
12.1 % attempted suicide
3.5 % required medical attention after a suicide attempt

In addition to secondary students surveyed, school data shows that children under the age of 13 have suicidal impulses that they may act on. Schools are important resources for prevention and intervention. Children are more likely to come into contact with a potential rescuer in a school than they are in the community.

Who is at high risk?

- Students with low self esteem
- Students who are depressed or have other psychiatric disorders
- Students who have previously attempted suicide
- Students who have experienced recent conflicts at school
- Students who are gay or lesbian
- Students who have experienced a traumatic event or recent loss
- Students who abuse alcohol or other drugs
- Students who are socially isolated

Warning Signs

Although suicidal behavior and suicide may occur without warning, often students send clear signals that they are thinking about suicide. These signals include:

- Increased joking or talking about suicide

- Engaging in risk-taking behavior
- Making final arrangements and giving away cherished possessions
- Increased use of drugs and alcohol
- Neglect of personal appearance
- Unexplained accidents Leading to self-injury
- Major change in mood
- Withdrawing from family and friends
- Preoccupation with death and dying
- Sharp decline in academic performance
- Dramatic changes in appearance
- Irrational, bizarre behavior
- Changes in eating and sleeping patterns

What can adults do when they hear a suicide threat?

- Take all threats seriously
- Assess the risk for suicide immediately by asking the student directly: "Are you thinking of killing yourself?"
- If the answer is yes, ask. ...
  - What method they have thought to use
  - Find out if they have the means to kill themselves
  - Find out when they plan to do it

The more lethal and available the means, and the more definite the time frame, the greater the risk.

- Remain calm
- Get pertinent information like the students name, home phone number and parent's work number from the enrollment data form or from school database
- Listen to the student non-judgmentally
- Do not leave the student alone
- Do not promise confidentiality
- Call 911 and the school's crisis team
- Get the student to agree verbally to a no-suicide contract
- Monitor the student's behavior until emergency personnel arrives
- Have the administrator or designee contact the student's parent, guardian or emergency contact person
- Notify the Office of the Superintendent and appropriate Assistant Superintendent
- Contact the Program Managers to determine the need and numbers of mental health providers needed to support students and staff at the local school. The contact number is 202 907-8056

Suicide Attempt in Progress

- Do not leave the student alone and assure him that help is on the way
- Do not attempt to move the student. Stay calm and provide comfort
- Call 911 and have someone contact the administrator in charge
- Secure all weapons, pills and notes
- Notify school administration
- Get the student's emergency contact information from the enrollment data form or SIS
- Have the office call the student's parent/guardian and advise them that the student is hurt and that you will contact them with the hospital transport information immediately. Advise the parent to keep the phone line clear
- Clear hallways and the classroom if other students are present
- Note the time of the event and what the student said or did
- Notify the Office of the Superintendent and appropriate Assistant Superintendent
- Contact the Coordinator to determine the need and numbers of mental health providers needed to support students and staff at the local school. The contact number is 202 520 2264 or 202 276 3911

What to Do when the Suicide Crisis is Over

- Small group discussions for both students and staff members should be held after the suicide attempt crisis is over and the steps listed above have been followed
- Students and staff should be encouraged to speak with a mental health professional if the grief reaction is severe
- Students and staff should be made aware that grief is normal and that grief reactions may occur months after the initial incident and on anniversary dates of the event
- A general statement should be prepared by administrators or staff with accurate information and the outcome
- Parents should be notified and given numbers for mental health resources in their community
- Students and staff should be encouraged to seek help for family and friends who are at-risk for suicide. They should also be provided them with a crisis hotline number and inform a trusted adult

How School Clinicians Can Support a Teacher who has a High Risk Student who Returns to Class

- ✓ Let the teacher know that the incident has been handled.
- ✓ Provide pertinent information.
- ✓ Ask the teacher to return to her normal routine.
- ✓ Ask the teacher to pay special attention to the student throughout the day.
- ✓ If the child is on medication for depression, put a medical alert in DCSTARS and provide the information to the teacher.
- ✓ Check in with the teacher periodically to see how the student is progressing.
- ✓ At the end of the day, confer with the teacher to address any ongoing concerns.
- ✓ Convene a SST to document a plan of ongoing support for the student, if needed.
- ✓ Provide staff awareness on the suicide protocol and risk factors.

Suicide Risk Assessment Checklist

Student's Name: _____ Date: _____ Interviewer: _____

(Suggested points to cover with student)

1. PAST ATTEMPTS, CURRENT PLANS AND VIEW OF DEATH

- Have you thought about hurting yourself? Y N
- Do you have a plan in mind for hurting yourself? Y N
  If so, what is your plan?
- Have you ever tried to hurt or kill yourself? Y N
  If so, when, where and what happened? Have you made special arrangements such as giving away prized possessions? Y N
- Do you fantasize about suicide as a way to make others feel guilty or as a way to a happier afterlife? Y N

2. REACTIONS TO PRECIPITATING EVENTS

- Are you experiencing severe emotional distress due to any big changes or losses in your life? Y N
- Have there been major changes in your behavior along with negative feelings and thoughts? Y N

(Such changes are often related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts are often expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt and sometimes inwardly directed anger.)

3. PSYCHOSOCIAL SUPPORT

- Are there people or things that would stop you from hurting yourself? Y N
- Do you have family and/or friends who support you? Y N
- Do you feel isolated from others? Y N

4. HISTORY OF RISK-TAKING BEHAVIOR

- Do you take unnecessary risks or are impulsive? Y N

Use this checklist as an exploratory guide with students about whom you are concerned. Each 'yes' raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts, of course is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, specific time, and a location where it is unlikely the act would be disrupted. Further, high risk indicators include the student having made final arrangements and information about a critical recent loss. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.

CALL DC MENTAL HEALTH ACCESS HELP LINE:
1-888-793-4357
(1-888-7WE-HELP)

Follow Through Steps after Assessing Suicide Risk

__ (1) As part of the process of assessment, efforts should be made to discuss the problem openly and non-judgmentally with the student. Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, instead convey empathy, warmth and respect. If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the greater the likelihood of engaging the student in problem solving.

__ (2) Explain to the student the importance of and your responsibility to break confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the Lead or at least be present during the process of informing parents and other concerned parties.

__ (3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you begin informing others and arranging for help.

__ (4) Try to contact parents by phone to:

a). inform about concerns
b). gather additional information to assess risk
c). provide information about problem
d). offer help in connecting with appropriate resources
Note: if parents are uncooperative, it may be necessary to report child endangerment after taking the following steps (see #8)

__ (5) If a student is considered to be in danger, only release him/her to the parent or someone who is equipped to provide help. In high risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:

- student's name/address/birth date/social security number
- data indicating student is a danger to self (see Suicide Assessment--Checklist)
- stage of parent notification
- language spoken by parent/student
- health coverage plan if there is one
- where student is to be found

__ (6) Follow-up with student/parents to decide what steps have been taken to minimize risk.
__ (7) Document all steps taken and outcomes. Plan for aftermath intervention and support.
__ (8) Report child endangerment, if necessary.
__ (9) If there is a completed suicide, refer to DCPS School Crisis Response Handbook

V. APPENDIX

A. Provider note and ChAMPS Protocol
B. Transporting Pediatric Patients Needing Psychiatric Evaluation and Observation- Special Order

****

The following is the Children and Adolescent Mobile Crisis Services (ChAMPS) Crisis Protocol.

Please note that DCPS procedural recommendations deviate from those written below. We are asking that the mental health clinician remain in contact with the student in distress and that other team members contact administrators.

****

Children and Adolescent Mobile Crisis Services (ChAMPS)
Crisis Protocol

PREAMBLE

Crisis (krī'sis) n., *a crucial situation or turning point. A crisis may be labeled in several ways—psychiatric crisis, emotional crisis, or behavioral crisis etc.*

A crisis may also be defined within multiple contextual frameworks:

Legal Context (FD-12): a crisis may be defined as any situation or event which a child or adolescent engages in behavior that puts him/herself or other at risk for harm due to the symptoms of mental illness.

Social Context: a crisis may be defined as any situation or event that overwhelms one or more person's ability to cope with stress. This may apply to a child, parent, relevant their party (teacher) or an entire agency.

Behavioral Context: a crisis may be defined as any situation or event that compromises someone's safety as a result of problematic or maladaptive behaviors (i.e. truancy, conduct problems, provocative behaviors, violence/aggression, suicidal/homicidal ideation, etc.)

Protocol (prō'tē̆-kō̩l') n., *a detailed plan of procedure.*

The purpose of this children crisis protocol is to establish the procedures for collaboration between Children and Adolescent Mobile Psychiatric Services (ChAMPS), District of Columbia Public Schools (DCPS), DC Public Charter Schools and to clarify the roles and responsibilities of all entities.

This protocol is intended to create and foster a proactive approach to potential crises. It prepares school in a coordinated way to manage all possible impact of destabilizing occurrences. What makes this protocol especially valuable is that it can be applied and adapted to the particular culture and organizational structure of on any school in the District of Columbia.
This protocol includes procedures and resources which serve as a guide to schools as they address multiple crisis situations.

What is a Mental Health Crisis?

A Mental Health Crisis is *"any incident that occurs in a public setting and results in another member of the community being alarmed, distressed, and/or disturbed and which involves a known or perceived mental health issue."* (Joffe, Paul, 2007).

For any child in a school setting, home or community, an event may be considered a psychiatric, emotional and or behavioral emergency when people feel overwhelmed and unable to function effectively in dealing with a problem using their own resources. At times, a situation may involve a child who indicates either verbally and/or behaviorally that he/she is unable to ensure the personal safety of self or of others; this may include incidents of suicidal or homicidal threat or gesture, psychotic behavior, emotional trauma, or other acting out behavior.

Children and Adolescent Mobile Crisis Services (ChAMPS) Crisis Protocol

DCPS/DC Public Charter School Protocol

The following procedure represents steps to take when a child/youth is in crisis at a DCPS or DC Public Charter School.

The referral source or person first made aware of the crisis shall:

- Notify the Mental Health Professional in the school (i.e. school Social worker, DBH SMHP clinician, School counselor, School Psychologist, etc.)
- The referral source shall notify the School Principal and School Security
- Principal or designee shall notify the child's parent

The Mental Health Professional in the school shall:

- Conduct an assessment
- De-escalate the crisis and provide crisis intervention/treatment and develop crisis plan
- If the crisis is resolved, the child shall return to class
- The crisis plan is communicated with the teacher, school office and other involved parties.
- If the crisis is not resolved and a qualified clinician has determined that the youth needs further evaluation at a hospital setting, the qualified clinician should first attempt to work with the parent to complete a voluntary evaluation at Children's National Medical Center-CNMC/PIW.
- If the qualified clinician is unable to complete a voluntary evaluation AND the school has a FD12 Officer Agent or equivalent, then FD12 agent can complete the FD12 form and contact EMS for a transport to the designated medical setting (CNMC/PIW)

If the crisis requires further support not within the school's mental professional's scope or remains unresolved:

The Mental Health Professional shall:

- Call ChAMPS at (202) 481-1450 or DBH Access Helpline at (888)793-4357

If there are no Mental Health Professionals in the School the referral source or person first made aware of the crisis shall:

- Notify the Principal and School Security
- The Principal shall notify the child's parent
- Call ChAMPS at (202) 481-1450 or DMH Access Helpline at (888)793-4357

DCPS/DC Public Charter School Protocol Continued

When ChAMPS responds to a crisis, ChAMPS shall:

- Complete an intake with the referral source over the phone
- Ask the referral source to contact the parent and also contact the parent
- Notify the caller on the team availability for deployment
- If CHAMPS is unable to deploy, the team lead will consult with the school's mental health professional on other alternatives to support the crisis such as (use of parent, use of existing mental health services such as CBI or CSW, and, the use of FEMS as deemed appropriate)
- Respond to the scene of the crisis within 1 hour
- Provide on scene assessment
- Provide crisis intervention, de-escalate, and develop crisis/safety plan
- Resolve crisis and crisis/safety plan communicated with all involved parties*
- Work with family to link or relink, youth to services if deemed appropriate or work with CSA to update them on recent crisis and have youth seen as appropriate
- Conduct follow up to family, youth, and referral source by phone and/or face to face at the 48 hour mark and again in 2-3 weeks*

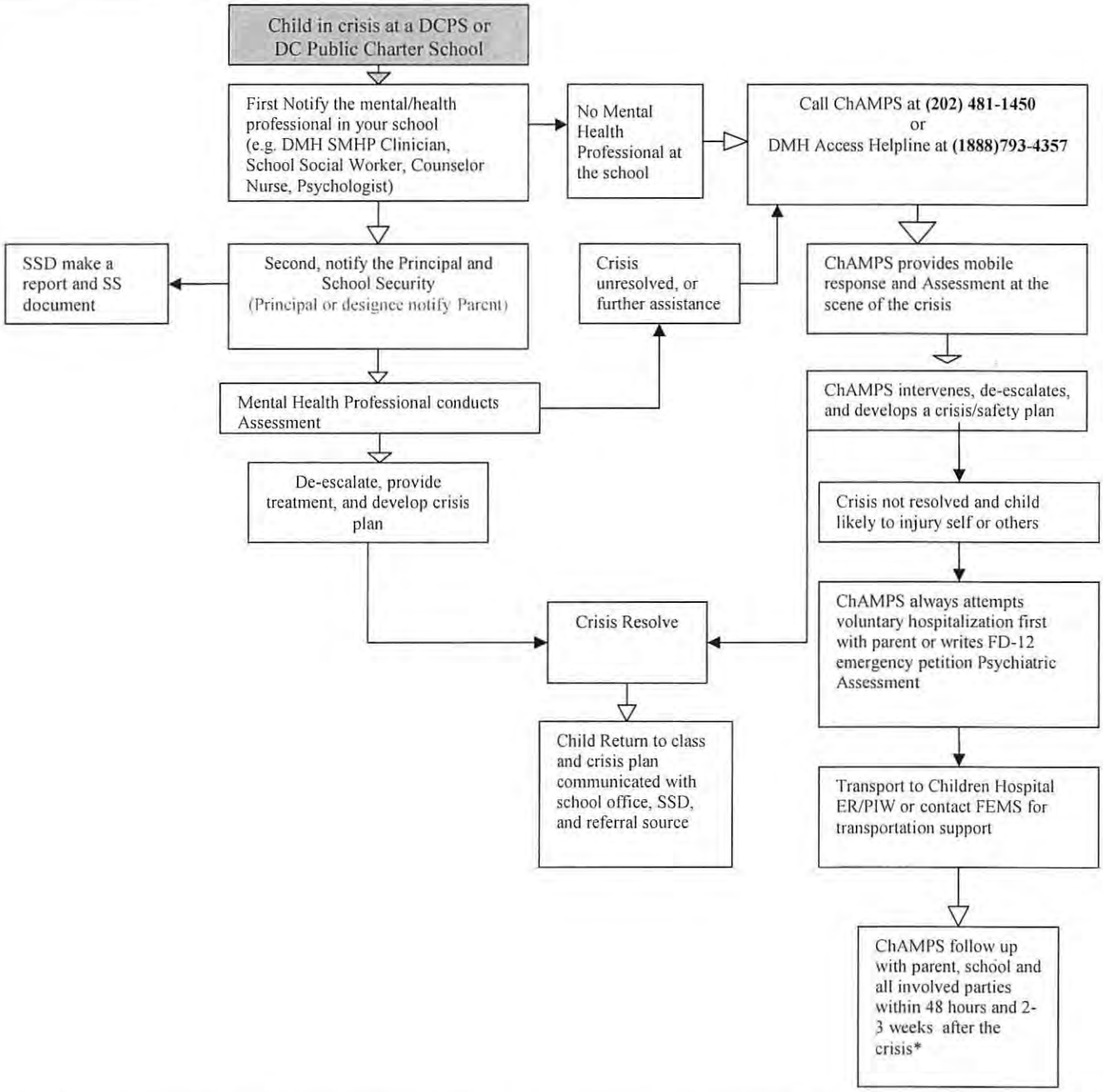
If a child is deemed at-risk to harm self or others ChAMPS shall:

- Always first attempt to utilize parent for voluntary hospitalization and assist/accompany in that process
- Write a FD-12 for emergency psychiatric evaluation (as deemed necessary)
- Contact FEMS for transportation support
- Meet child/parent to Children National Medical Center (CNMC)/ Psychiatric Institute of Washington (PIW) for evaluation
- 48 hour follow up with parent, school and all involved parties*
- Notify the existing DMH Core Service Agency or other mental provider
- Conduct follow up to family, youth, and referral source by phone again in 2-3 weeks*

** Crisis/Safety Plan and follow up information shared with school personnel may be limited due to Health Information Portability Accountability Act (HIPAA). Information regarding crisis plan, hospitalization, or mental health services can only be shared with school personnel with a signed consent from the school.*

Children and Adolescent Mobile Crisis Services (ChAMPS) Crisis Protocol

DCPS and DC Public Charter Protocol Flowchart



** Crisis/Safety Plan and follow up information shared with school personnel may be limited due to Health Information Portability Accountability Act (HIPAA). Information regarding crisis plan, hospitalization, or mental health services can only be shared with school personnel with a signed consent from the school.*

Children and Adolescent Mobile Crisis Services (ChAMPS)
Crisis Protocol

Community Protocol

The following procedure represents steps to take when a child/youth is in crisis at home or in the community.

The referral source or person first made aware of the crisis shall:

- Call ChAMPS at (202) 481-1450 or DBH Access Helpline at (888)793-4357

AHL or ChAMPS deploy a crisis team which shall:

- Complete an intake with the referral source over the phone
- When appropriate ask the referral source to contact the parent if possible and ChAMPS will also contact the parent
- Notify the caller on the team availability for deployment
- If CHAMPS is unable to deploy, the team lead will consult with the school's mental health professional on other alternatives to support the crisis such as (use of parent, use of existing mental health services such as CBI or CSW, and, the use of FEMS as deemed appropriate)
- Respond to the scene of the crisis within 1 hour
- Provide on scene assessment
- Provide crisis intervention, de-escalate, and develop crisis/safety plan
- Resolve crisis and crisis/safety plan communicated with all involved parties*
- Work with family to link or relink, youth to services if deemed appropriate or work with CSA to update them on recent crisis and have youth seen as appropriate
- Conduct follow up to family, youth, and referral source by phone and/or face to face at the 48 hour mark and again in 2-3 weeks*

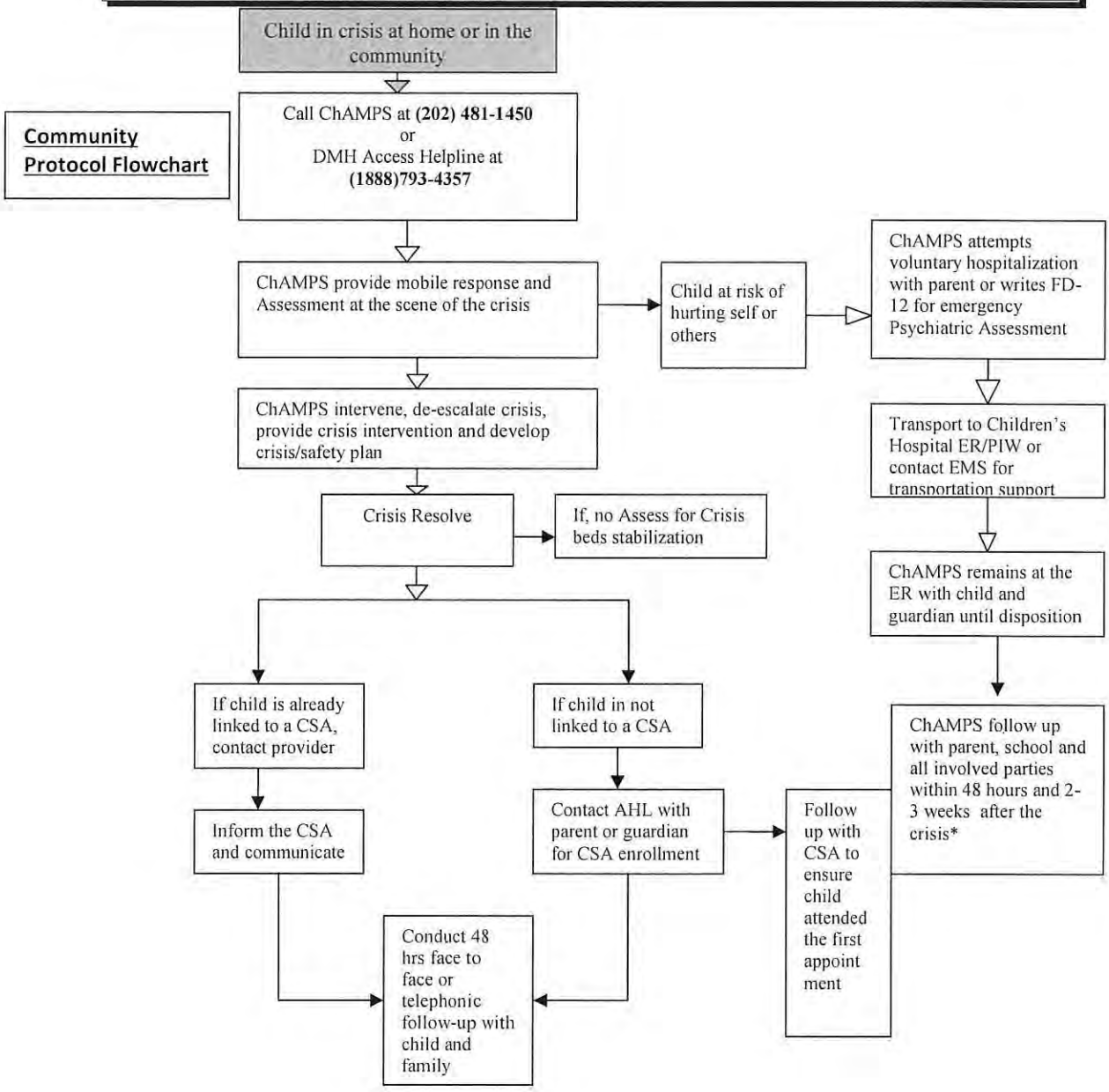
If a child is deemed at-risk to harm self or others ChAMPS shall:

- Always first attempt to utilize parent for voluntary hospitalization and assist/accompany in that process
- Write a FD-12 for emergency psychiatric evaluation (as deemed necessary)
- Contact FEMS for transportation support
- Meet child/parent to Children National Medical Center (CNMC)/ Psychiatric Institute of Washington (PIW) for evaluation
- 48 hour follow up with parent, school and all involved parties*
- Notify the existing DMH Core Service Agency or other mental provider
- Conduct follow up to family, youth, and referral source by phone again in 2-3 weeks*

** Crisis/Safety Plan and follow up information shared with school personnel may be limited due to Health Information Portability Accountability Act (HIPAA). Information regarding crisis plan, hospitalization, or mental health services can only be shared with school personnel with a signed consent from the school*

Children and Adolescent Mobile Crisis Services (ChAMPS) Crisis Protocol

Community Protocol Flowchart



** Crisis/Safety Plan and follow up information shared with school personnel may be limited due to Health Information Portability Accountability Act (HIPAA). Information regarding crisis plan, hospitalization, or mental health services can only be shared with school personnel with a signed consent from the school*

References

1. (Paul Joffe, Ph.D., Clinical Psychologist, Counseling Center, University of Illinois, Urbana-Champaign as reported in NASPA and ASJA sponsored webinar, Responding to Troubled and At-Risk Students, October 9, 2007).

Vincent C. Gray
Mayor

SPECIAL ORDER

Kenneth B. Ellerbe
Fire & EMS Chief

Series	Number	Originating Unit	Originating Date	Expiration Date
2013	05	OFC	January 09, 2013	N/A

Subject:

Transporting of Pediatric Patients Needing Psychiatric Evaluation and Observation

D.C. Fire and Emergency Medical Services Department Ambulances and Medic Units may be used to transport Pediatric Psychiatric patients to local Emergency Departments (ED) and the Psychiatric Institute of Washington (PIW) under the following circumstances.

PIW provides comprehensive behavioral and healthcare for children, adolescents, adults and senior adults suffering from mental health and addictive illnesses. PIW is a 124-bed, Specialty Acute Care Psychiatric Hospital offering inpatient, partial, and intensive outpatient hospitalization, as well as specialized treatment programs for chemical dependency. The entrance is directly in front on the street side at 4228 Wisconsin Avenue, NW. The main phone number is 202-885-5600. For documentation purposes, PIW shall be designated Hospital #06.

Pediatric patients 17 years and younger who are in a psychiatric crisis can be transported to Children's National Medical Center (CNMC H02) or may be directly transported to PIW H06.

1. The patient must be 17 years or younger and must have been placed under a FD12 or who voluntarily agrees to transport for psychiatric evaluation.
2. The DMH approved Officer Agent that authored the FD-12 shall accompany the child/adolescent who has been placed on the FD-12.
3. If patient is violent, restrained or handcuffed, or potentially unstable, a MPD officer shall ride in the back of the Transport Unit with the D.C. Fire and EMS crew member.
4. Where possible the Parent or Guardian must accompany the patient to the facility that the child/adolescent is being transported.
5. The Emergency Liaison Officer will direct transport to closest most appropriate destination. The following should be considered when transporting patients: Geography, traffic, hospital load, a patient's prior relationship with a facility and parent/guardian request will be considered as factors for destination decision making.

Patients eligible for transport directly to Psychiatric Institute of Washington (PIW H06) 4228 Wisconsin Avenue, NW

All patients must receive a full medical assessment to include vital signs and a blood sugar check. The Patient must be screened for Medical Conditions that may require ED medical evaluation. The following determinations must be made after a full patient assessment in order for a patient to be transported to PIW H06:

a. Cannot have an acute or exacerbated chronic medical issue.
b. Cannot have a recent history of possible overdose of medications, alcohol, or other substances.
c. Cannot have significant altered mental status. (must be able to obey simple commands, and be ambulatory)
d. Cannot be under influence of substances or alcohol to a level needing medical clearance.
e. Cannot have hypoglycemia if diabetic, or no blood sugar greater than 250 mg/dl.
f. Vital signs must be stable, with no sustained no tachycardia over 120 beats per minute
g. ELO verbal approval will be obtained after review of the checklist above on Channel 14 or phone to verify compliance
h. ELO will pre-notify PIW with Transport Unit Number and ETA of the pending arrival of a patient with this protocol by calling 202-885-5600.
i. After crews complete the ePCR, the report should be auto-faxed to a designated fax at PIW. (202 885-5614)

Pediatric patients 17 years or younger who require a medical screening exam or medical treatment e.g. overdoses, lacerations, intoxication or altered mental status will be transported to the closest appropriate Emergency Room that has Pediatric capability.

Facilities may include:

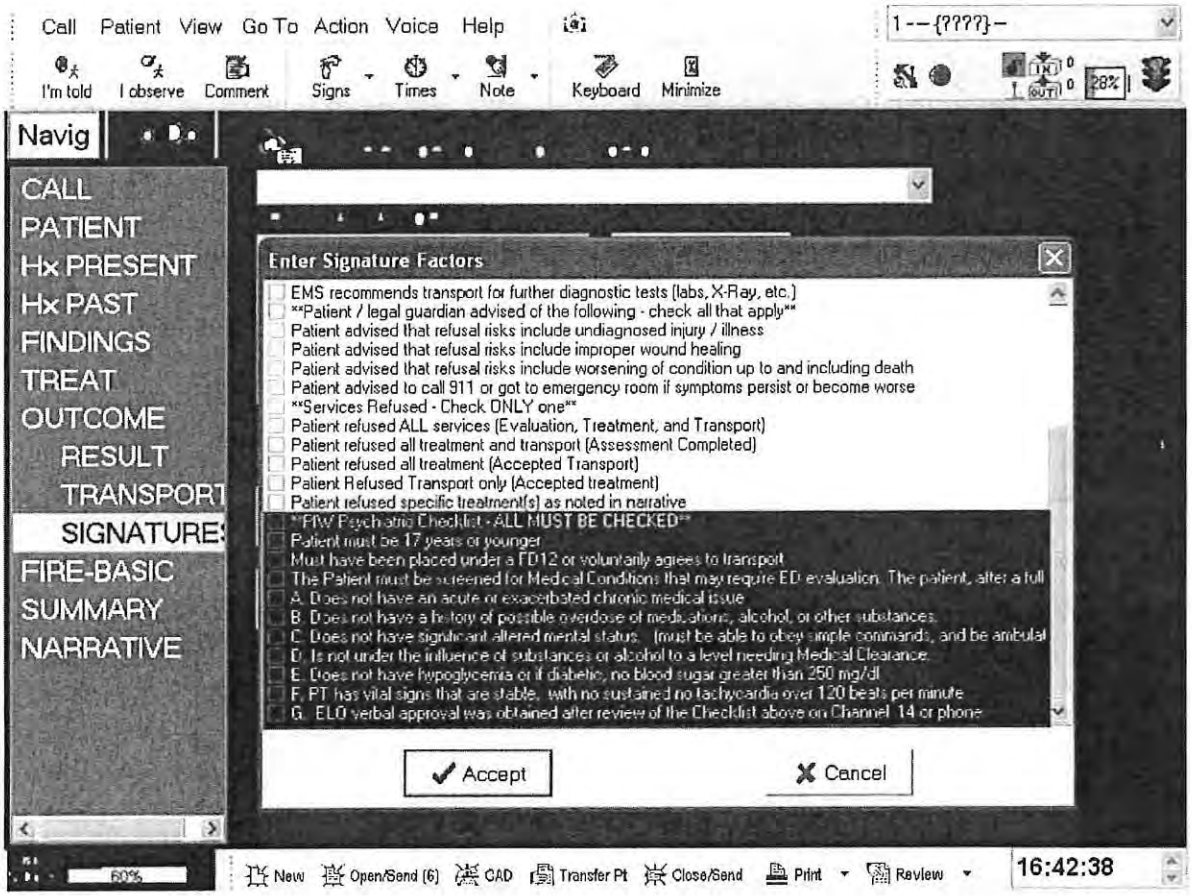
1. Children's National Medical Center **(H02)** (Pediatric Critical Care/ICU Available)
2. Georgetown University Hospital **(H07)** (Pediatric Critical Care/ICU Available)
3. CNMC UMC **(H09)**
4. Howard University Hospital **(H05)**

Online Medical Control for all pediatric patients shall be CNMC H02.

If a patient needs acute medical care and/or has an altered mental status, provide urgent treatment and transport with or without a completed FD12. If possible the Parent or Guardian should accompany the Child to the facility that the child/adolescent is being transported.

SAFETY PAD Documentation:

Safety Pad Checklist for PIW screening is noted below on the current Refusal Tab. You will find it highlighted within the Black Background. This will be required for all pediatric psychiatric patients that are transported to this facility and will require ELO radio report similar to what is done for refusals on Channel #14.



New Fields were added as follows:

DESTINATION/TRANSFER
#06 PIW-PSYCHIATRIC INSTITUTE OF WASHINGTON

REASON FOR DESTINATION
PSYCHIATRIC HOSPITAL

Kenneth B. Ellerbe
Fire & EMS Chief