

**SEVEN
GENERATIONS
CHARTER SCHOOL**

SECTION: OPERATIONS
TITLE: 819 – SUICIDE AWARENESS,
PREVENTION, RESPONSE
ADOPTED: 8 August 2017
REVISED:

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| Policy | <p>The Board of Trustees of Seven Generations Charter School [the Board] adopts this policy to protect the health, safety and welfare of its students; to establish protocols for administering youth suicide awareness and prevention education to staff and students; to establish methods of prevention and intervention; to establish methods of responding to a student or staff suicide or suicide attempt; to establish reporting procedures; and to establish recommendations for resources on youth suicide awareness and prevention programs, including current contact information for such programs.</p> |
| Delegation of Responsibility | <p>The Board authorizes the Chief Executive Officer [CEO] or his/her designee to develop procedures for the effective implementation of this policy. The CEO shall designate school employees as herein provided or otherwise designated to implement and monitor compliance with this Policy</p> |
| Guidelines | <p>This Policy is adopted under the authority of the Public School Code, Section 510 (Rules and Regulations) and Section 1526 (Youth Suicide Awareness and Prevention). This policy shall apply in the event of an actual suicide or any situation where a student is expressing suicidal thoughts or intentions of self-harm on school property, at any school-sponsored activity, or on any public vehicle providing transportation to or from a school or school-sponsored activity. This policy shall also apply following a student’s suicide threat or attempt that does not occur on school grounds or during a school-sponsored activity, but that is reported to any school employee.</p> <p>A. <u>Publication of Policy and Coordinator of Policy</u></p> <p>The CEO or designee shall notify all employees, students and parents or legal guardians of this policy and will post the policy on the school’s website.</p> <p>B. <u>Suicide Prevention Coordinator</u></p> <p>The School Counselor will serve as the school’s Suicide Prevention Coordinator. S/he shall act as a point of contact for issues relating to suicide prevention and policy implementation.</p> |

Definitions A:

At-Risk for Suicide shall mean any youth with risk factors or warning signs that increase the likelihood of suicidal behavior.

Crisis Response Team shall include those persons identified by the CEO or designee. Those persons may include administrators, guidance counselors, school nurses, social workers, and school resource officers, and/or other members of the Student Assistance Program (SAP). Community mental health agency resources may be called for assistance to be a part of the team.

Expressed Suicidal Thoughts or Intentions shall mean a verbal or nonverbal communication that an individual intends to harm him/herself with the intention to die, but has not acted on the behavior.

Postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Prevention refers to efforts that seek to reduce the factors that increase the risk for suicidal thoughts and behaviors and increase the factors that help strengthen, support, and protect individuals from suicide.

Risk Assessment refers to an evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Protective Factors shall refer to characteristics (biological, psychological, and social) that reduce risk and the likelihood of the individual developing a mental illness.

Resilience shall refer to an individual's innate ability to persevere in the face of adversity and reduce the risk of unhealthy outcomes.

Risk Factors shall mean the personal or environmental characteristics associated with suicide.

School Connectedness shall mean the belief by students that adults and peers in the school care about their learning as well as about them as individuals.

School Employees include, but may not be limited to, administrators, teachers, nurses, paraprofessionals, support staff, coaches, and custodians..

Suicide shall refer to death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicidal Act or **Suicide Attempt** shall mean a potentially self-injurious behavior for which there is evidence that the person probably intended to kill him/herself; a suicidal act may result in death, injuries, or no injuries.

Suicide contagion shall mean the process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

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

Warning Signs are evidence-based indicators that someone may be in danger of suicide, either immediately or in the very near future.

Definitions B:

Department shall mean the Department of Education of the Commonwealth.

Professional educator shall mean an individual who holds a Pennsylvania teacher, educational specialist or administrative certification or letter of eligibility.

Secretary shall mean The Secretary of Education of the Commonwealth.

C. Suicide Awareness and Prevention Education for School Employees

All school employees shall receive information regarding the school's protocols for suicide awareness and prevention. Education will be provided for all school employees about the importance of suicide prevention and awareness, information about resources regarding youth suicide, recognition of suicide risk factors and warning signs, learning response procedures and referral mechanisms, and strategies to enhance protective factors, resilience, and school connectedness. Additionally, all school employees will be educated about the warnings signs and risk factors for youth depression and suicide.

As part of the school's Professional Development Plan, professional educators in all school buildings serving students in grades six (6) through twelve (12) shall participate in four (4) hours of youth suicide awareness and prevention training every five (5) years.

D. Suicide Awareness and Prevention Education for Students

Students shall receive age-appropriate lessons in their classrooms through health education or other appropriate curricula on the importance of safe and healthy choices, as well as help seeking strategies for self and/or others. Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development. Students shall be taught not to make promises of confidence when they are concerned about a peer or significant other. These lessons may be taught by health and physical education teachers, community service providers, classroom teachers or other persons designated by the Suicide Prevention Coordinator.

Student education may include but is not limited to the following:

1. Information about suicide prevention.
2. Help-seeking approaches amongst students, promoting a climate that encourages peer referral, emphasizes school connectedness, and engages school resources.
3. Increasing students' ability to recognize if they or their peers are at risk for suicide and how to recognize risk factors and warning signs of suicide in oneself and others.
4. The importance of safe and healthy choices and coping strategies.
5. Addressing problems that can lead to suicide, such as depression and other mental health issues, anger, and drug use.

E. Methods of Prevention and Intervention

1. Sharing of Confidential Student Information

Information received in confidence from a student may be revealed to the student's parents or guardians, the administration or other appropriate authority when the health, welfare or safety of the student or other persons is at risk.

Information received from health care providers including but not limited to school employees, hospital emergency departments, psychiatric hospitals, community mental health centers, psychiatrists, and psychologists may be revealed to the student's parents or guardians, the administration, or other appropriate authority when the health, welfare or safety of the student or other persons is at risk.

2. Identification and Assessment

Any threat in any form shall be treated as real and dealt with immediately. No student shall be left alone, nor confidences promised. In cases of life-threatening situations, a student's confidentiality will be waived. The school's crisis response procedures shall be implemented.

Any school employee who witnesses or is made aware of a student who verbalizes about suicide, or makes threats about suicide or presents risk factors or warning factors or expresses threats of self-harm including but not limited to written,

sketched, painted, drawn, spoken, or electronic threats shall immediately notify the administration or other designated person.

In such case or in the case of a student's self-referral, the student shall be referred for a risk assessment and intervention performed by a school employed mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in.

3. Intervention and Notice to Parents/Guardians and Others

For a student at risk the school staff will continuously supervise the student to ensure the student's safety. The administration and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible. The school employed mental health professional or CEO will contact the student's parent or guardian and will assist the family with urgent referral. When appropriate, this may include calling Lehigh County Crisis Intervention at 610-782-3127 or bringing the student to a local emergency medical facility, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

The school shall cooperate with the parent/guardian with implementation of an emotional or mental health safety plan developed by a student's health care provider to support a student and the student's family if the student has been identified as being at risk for suicide. It is important for the counselor, nurse, and CEO to ensure that parents/guardians understand that this safety plan is not a substitute for continued intervention and support by a qualified professional and is designed to prevent self-harm in school settings.

Parent or guardian of a student identified as being at risk of suicide must be immediately notified by the CEO or designee and must be involved in consequent actions. If any mandated reporter suspects that a student's risk status is the result of abuse or neglect, that individual must comply with the reporting requirements of the Child Protective Services Law, by making a report to PA ChildLine at 800-932-0313.

If the parent or guardian refuse to cooperate and there is any doubt regarding the child's safety, the school employee who directly witnessed the expressed suicidal thought or intention shall pursue a Section 302 involuntary mental health assessment by calling Lehigh County Crisis Intervention at 610-782-3127 and ask for a delegate. The delegate will listen to concerns and advise on the course of action. If a Section 302 involuntary mental health assessment is granted, the first-hand witness will need to be the petitioner, with support from the building principal or designee.

Each building principal shall maintain emergency contact telephone numbers for the County and the County Child Protective Services and other emergency numbers for help with suicide situations.

Documentation- The school shall document observations, risk assessments, recommendations, and actions conducted throughout the intervention and assessment process, including all verbal and written communications with students, parents/guardians, and mental health service providers.

4. After School Programs

If an expressed suicidal thought or intention is made known to any school employee during an afterschool program and the CEO or designee is not available, call one or more emergency contact numbers for help. Thereafter, immediately inform the CEO or designee of the incident and actions taken.

5. Students with Disabilities

For students with disabilities who are identified as being at-risk for suicide or who attempt suicide, the appropriate team shall be notified and shall address the student's needs in accordance with applicable law, regulations and Board policy. This may include convening the IEP team and making any necessary changes to the student's IEP.

If a student is identified as being at-risk for suicide or attempts suicide and requires special education services or accommodations, the CEO shall be notified and shall take action to address the student's needs in accordance with applicable law, regulations and Board policy.

F. In-School Student or Staff Suicide or Suicide Attempt

1. Notifications

The first school employee on the scene of a suicide or suicide attempt must follow the school's crisis response procedures. The employee or other available staff member shall immediately notify the CEO or designee. The student's parents or guardians shall immediately be notified by a designated staff member of the school.

2. Intervention and Protective Measures and Procedures

- First aid will be rendered until professional medical treatment and/or transportation can be provided.
- School staff will supervise the area to ensure safety.
- School staff will move all other students and non-essential persons out of the immediate area as soon as possible.
- If appropriate, a mental health assessment will be immediately initiated.

G. Out-of-School Suicide Attempt

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the Suicide Prevention Coordinator and CEO.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

H. Return to School after Suicide Attempt

The following procedures shall apply for the student's return to school:

1. The CEO will serve as a liaison between the student, parents or guardians and teachers.
2. The CEO and designated staff members will be familiar with the basic information of the case.
3. Prior to the student returning to school, the CEO will schedule a meeting between designated school staff and parent or guardian to discuss possible arrangements for support services and to create an individual re-entry plan.
4. The CEO and designated staff members will maintain regular contact with the family.
5. The CEO will monitor the student's re-entry into school and maintain contact with the student's parent or guardian and, if appropriate and authorized by the parent or guardian, the student's mental health provider for an agreed upon time following re-entry.
6. If the student is unable to attend school for an extended period of time, the CEO in corroboration with staff and the student's parents or guardian will determine how to help the student complete course requirements. Assistance can include, but is not limited to, a temporary medical excusal and/or a 504 plan to assist with accommodations.
7. A Section 504 Service Agreement or Individualized Healthcare Plan should be considered for all regular education students returning to school following a mental health crisis.
8. Following a mental health crisis, a student may only re-enter the school after providing a physician's note documenting that the child is not a danger to him/herself or others, and safe to return to school.

I. Postvention

1. Development and Implementation of an Action Plan

The Crisis Response Team will develop an action plan to guide school response following a death by suicide. A meeting of the Crisis Response Team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

- Verify the death. The CEO or designee will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death, but will use the opportunity to discuss suicide prevention with students.
- Assess the situation. The Crisis Response Team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The Crisis Response Team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- Share information. Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The Crisis Response Team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
- Avoid suicide contagion. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The Crisis Response Team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the Crisis Response Team will review suicide warning signs and procedures for reporting students who generate concern.
- Initiate support services. Students identified as being more likely to be

affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The Crisis Response Team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, Crisis Response Team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

- Memorials. The school will not create on-campus physical memorials (e.g. photos, flowers), fly the flag at half-mast or cancel school for the funeral services because it may be interpreted as sensationalizing the death and encouraging suicide contagion. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and making available prevention resources.

2. External Communications

The CEO shall do the following:

- Activate and oversee the Crisis Response Team to provide support to students, staff, and the community.

- Determine the roles and responsibilities of the Crisis Response Team.

The CEO or designee will be the sole community and media spokesperson. Staff will refer all inquiries from the community and media directly to the spokesperson.

The spokesperson will:

- Determine who, how and when the community should be notified.
- Coordinate collaborations with community providers.
- Prepare a statement for the community and media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- Answer all community and media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.
- Keep the Board informed of school actions relating to communications with the community and media about the death.

J. Reporting Procedures

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| References | <p>Notifications and reports to parents, school officials, mental health providers and others shall comply with the requirements of the within policy and any implementing administrative procedures.</p> <p>A copy of all reports and documentation regarding at-risk students shall be provided to the CEO. Information and reports shall be provided, as appropriate, to guidance counselors, school mental health professionals and school nurses.</p> <p><u>K. Recommendations for Resources on Youth Suicide Awareness and Prevention Programs</u></p> <p>A comprehensive set of resources for youth suicide awareness and prevention is accessible through one or more of the following resources:</p> <p>Pennsylvania Department of Education at www.education.pa.gov</p> <p>PA Youth Suicide Prevention Initiative - http://payspi.org/</p> <p>Oct. 2014 Dear Colleague Letter related to peer harassment of students with disabilities: http://www2.ed.gov/about/offices/list/ocr/publications.html#Section 504</p> <p>Suicide Prevention Resource Center - http://www.sprc.org/</p> <p>American Foundation for Suicide Prevention - http://www.afsp.org</p> <p>School Code – 24 P.S. Sec. 510, 1526 State Board of Education Regulations – 22 PA Code Sec. 12.12</p> |
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