

Suicide Policy

Christopher Columbus Charter School

2017-2018

The CCCS Board of Directors in recognition of the need to protect the health, safety and welfare of its students, to promote healthy development, to safeguard against the threat or attempt of suicide among school aged youth, and to address barriers to learning, hereby adopts this policy. This policy corresponds with and supports other federal, state and local efforts to provide youth with prevention education, early identification and intervention, and access to all local resources to promote health and prevent personal harm or Injury.

Prevention Education

Students will receive age appropriate lessons in their classrooms through Health education on the importance of safe and healthy choices, as well as help seeking strategies for self or others. Students are taught not to make promises of confidence when they are concerned about a peer or significant other. Middle School lessons will contain information on comprehensive health and wellness, including emotional, behavioral and social skills development. Lessons are taught by physical education teacher, and school counselors. Students who are in need of intervention will be referred to the school counselor for screening and recommendations.

Professional Development

CCCS policies and procedures for suicide awareness and prevention are now mandated by Act 71. 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. Act 71 can be reviewed here: <http://payspi.org/wp-content/uploads/2015/08/Act-71.pdf>

Additional professional development in risk assessment and crisis intervention will be provided to school counselors.

All faculty and staff members are responsible for safeguarding the health and safety of students and are expected to exercise sound professional judgment, err on the side of caution and demonstrate extreme sensitivity throughout any crisis situation.

***If student needs immediate *medical* treatment, notify school administration and call 911.**

Identifying A Child At Risk

All school personnel are responsible for looking out for the well-being of students. This includes being sensitive to signs that a student might have mental health distress. The mere presence of a risk factor, or belonging to a high-risk group, does not in and of itself mean a student is at risk for suicide...

Some children show overt signs of suicidal risk, while some may show emotion or behaviors that make staff concerned about their well-being. While all school personnel are not responsible for evaluating suicide, all staff are, however, responsible for referring students to the principal or designee when a child presents with mood or behaviors of concern, or self-refers. In these situations, the following steps should be taken:

- The staff member who identifies such a student must immediately notify the principal and/or designee
- School staff will continuously supervise the student to ensure the student is never left alone; Staff interacting with or around the student will maintain calm and open lines of communication.
- If student needs immediate *medical* treatment, school staff will **call 911**.

Conduct Initial Risk Assessment

When a student is identified by a staff person as a potential risk, a Suicide Assessment, given by the school counselor, will be conducted for level of risk of danger.

Categorize Risk Level

The level of risk will determine the appropriate action.

- **ROUTINE: *Intervention within five days***. No active suicidal or homicidal ideation, but extreme distress and/or a history of suicidal/homicidal Behavior
- **URGENT: *Intervention within 24 hours***. Some current suicidal/homicidal ideation, but with no plan and with the ability of the child or adolescent and his/her family to contract for safety and carry out a safety plan.
- **EMERGENT: *Immediate Intervention***. Current suicidal/homicidal ideation with clear, expressed intentions, and/or plan, and/or access to means, and/or past history of carrying out such behavior.

Referral

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a mental health professional on the same day to assess risk and facilitate referral.

For youth at risk:

1. School staff will continuously supervise the student to ensure the student's safety.
2. The Counselor or building level Principal, will be made aware of the situation as soon as reasonably possible.
3. The Counselor or building Principal will contact the student's parent or guardian, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases it will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. Staff will obtain from the student's parent or guardian written permission to discuss the student's health with outside care, if appropriate.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), the school counselor and the building level Principal will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. The school counselor will coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated counselor will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

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. Inform the student's parent or guardian.
2. Call 911 and Crisis Intervention.
3. Inform building level Principal/CEO.

If the student contacts the staff member and expresses suicidal ideation, the staff member will maintain contact with the student (either in person, online, or on the phone). The staff member will then enlist the assistance of another person to call 911 and the parents while maintaining verbal engagement with the student.

Parent Notification and Involvement

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as possible by the principal, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian will be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the building level principal, or school counselor will assess whether there is further risk of harm due to parent or guardian notification. If the building level Principal, or counselor believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay will be documented.

Postvention

Development and Implementation of an Action Plan. The school counselors and administrative team will develop an action plan to guide school response following a death by suicide. A meeting to implement the action plan will take place immediately following news of the suicide death. The action plan may include the following steps:

Verify The Death - The building principal or designee will confirm the death and 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 will 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.

Assess The Situation - The team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to identify students most likely to be affected. The team will also consider other recent traumatic events 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 building principal shall report the death 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. The building principal shall write a statement for staff members to share with students. The statement will 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 will be avoided. The 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 will 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 team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the 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 mental health professional to determine the level of support needed. The crisis team **will coordinate local support services for students and staff** in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

Develop Memorial Plans - The school will not create on-campus physical memorials, funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School will not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

External Communication - The CEO will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the CEO, who will:

- a) Keep the Board of Directors and building level principals informed of actions relating to the death.

b) Prepare a media statement 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.

c) Answer all media inquiries. If a suicide is to be reported by news media, the CEO will 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 will also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media will be provided with, and asked to offer the community, information on suicide risk factors, warning signs, and resources available.

Policy based on the “*Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources*” published by The Trevor Project. Adopted August 24, 2016

Informational websites:

CRISIS SERVICES FOR STUDENTS

National Suicide Prevention Lifeline: The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones. Call 1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area.
<http://www.suicidepreventionlifeline.org>

The Trevor Lifeline: The only nationwide, around-the-clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, 13-24, available at 1.866.488.7386.

TrevorChat: A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender, and questioning young people, 13-24, through <http://www.TheTrevorProject.org>

