

Actor	Action
	<ol style="list-style-type: none"> 3. Monitor the person’s airway and breathing. 4. If school nurse or other <i>trained personnel</i> are not at the scene, implement local emergency notification to activate the nurse or <i>trained personnel</i> to respond. 5. Direct a staff member to call parent/guardian (if applicable). 6. Administer CPR, if needed. 7. EMS transports individual to the emergency room. Document the individual’s name, date, time of onset of symptoms, and possible allergen. Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual’s health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms. 8. Do not allow a student to remain at school or return to school on the day epinephrine is administered.
<p>Anyone implements item #1 of the first numbered list</p> <p>Nurse/DSP or other <i>Trained Personnel</i> implements the remaining items</p>	<p>If the Nurse or <i>trained personnel</i> have a good faith belief that a person is having an anaphylactic reaction, and the District needs to use its undesignated (not student-specific) supply of epinephrine to respond (<i>ISBE Model</i>, p. 5-6): ⁶</p> <ol style="list-style-type: none"> 1. Call the Nurse or front office personnel and advise of the emergency situation so that <i>trained personnel</i> can be activated to respond with undesignated epinephrine dose(s). 2. Instruct someone to call 911 immediately. 3. Implement the District’s undesignated epinephrine standing protocol. See 7:270-AP2, <i>Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i>. 4. Select the appropriate dose according to the standing protocol and administer epinephrine. Note the time. Act quickly. It is safer to give epinephrine than to delay treatment. This is a life-and-death decision. 5. Stay with the person until EMS arrives. 6. Monitor the person’s airway and breathing. 7. Reassure and attempt to calm the person, as needed. 8. Direct another staff member to call the parent/guardian, or emergency contact (if known). 9. If symptoms continue and EMS is not on the scene, administer a

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⁶ Delete this entire row if the district does not maintain an undesignated supply of epinephrine.

Actor	Action
	<p>second dose of epinephrine five to 15 minutes after the initial injection. Note the time.</p> <p>10. Administer CPR, if needed.</p> <p>11. EMS transports the individual to the emergency room. Document the individual’s name, date, and time the epinephrine was administered on the epinephrine injector that was used and give to EMS to accompany individual to the emergency room. Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual’s health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms.</p> <p><u>Post-Event Actions</u></p> <ol style="list-style-type: none"> 1. Document the incident and complete all reporting requirements. See 7:270-AP2, <i>Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon.</i> 2. Replace epinephrine stock medication, according to the District’s standing protocol. Reorder epinephrine stock medication, as necessary.
Nurse/DSP	<p>If a student has no AAEP and 504 Plan, provide the parent/guardian with the AAEP and <i>Allergy History</i> forms and refer them to the process outlined in the Identification of Students with Allergies phase above.</p> <p>After each allergy emergency, review how it was handled with the Building Principal, health aides/assistants (if applicable), parents/guardians, staff members involved in the response, and the student to identify ways to prevent future emergencies and improve emergency response. CDC Guidelines, p. 63.</p> <p>Assist students with allergies with transitioning back to school after an emergency. CDC Guidelines, p. 63.</p> <p><u>Storage, Access, and Maintenance of Undesignated Supply of Epinephrine (105 ILCS 5/22-30(f); ISBE Model, p. 6-7)⁷</u></p> <ol style="list-style-type: none"> 1. Store, access, and maintain the stock of undesignated epinephrine injectors as provided in the District’s standing protocol. 2. Maintain the supply of undesignated epinephrine in accordance with the manufacturer’s instructions. Epinephrine should be stored in a safe, unlocked, and accessible location in a dark place at room temperature (between 59-86 degrees F). Epinephrine

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⁷ Delete this section if the district does not maintain an undesignated supply of epinephrine.

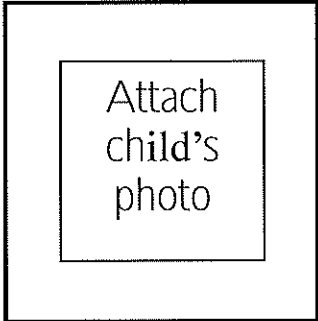
Actor	Action
	<p>should not be maintained in a locked cabinet or behind locked doors. Trained staff should be made aware of the storage location in each school. It should be protected from exposure to hot, cold, or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.</p> <ol style="list-style-type: none"> 3. Regularly (e.g., monthly) check stock epinephrine to ensure proper storage, expiration date, and medication stability. Maintain documentation when checks are conducted. Expired injectors or those with discolored solutions or solid particles should not be used. 4. Dispose of epinephrine injectors in a sharps container.

LEGAL REF: 105 ILCS 5/2-3.190, 5/10-22.21b, 5/10-22.39(e), and 5/22-30.
23 Ill.Admin.Code §1.540
Anaphylaxis Response Policy for Illinois Schools, published by the Ill. State Board of Education.

Students

Exhibit – Allergy and Anaphylaxis Emergency Plan

This form has been adapted with the permission of the American Academy of Pediatrics (AAP), see: www.publications.aap.org/pediatrics/article/139/3/e20164005/53741/Guidance-on-Completing-a-Written-Allergy-and. A district may include its information on this form, but the AAP copyright notice that appears at the bottom of each page must be retained. Any district or school logos added should appear smaller than the AAP logo that appears at the top of page 1. The italicized language on this form does not appear on the original American Academy of Pediatrics Allergy and Anaphylaxis Emergency Plan.



Child's Name: _____ Date of Plan: _____

Date of Birth: _____ Age _____ Weight: _____ kg.

Child has allergy to: _____

- Child has asthma. Yes No (If yes, higher chance severe reaction)
- Child has had anaphylaxis. Yes No
- Child may carry medicine. Yes No
- Child may give him/herself medicine. Yes No (If child refuses / is unable to self-treat an adult must give medicine)

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IMPORTANT REMINDER

Anaphylaxis is a potentially life threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis

What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or cough
- Skin color is pale or has bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion altered consciousness, or agitation



Give epinephrine!

What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s)_____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

For Mild Allergic Reaction

What to look for

If a child has had any mild symptoms, **monitor child.**

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort



Monitor Child

What to do

Stay with child and:

- Watch child closely
- Give antihistamine (if prescribed).
- **Call parents and child's doctor.**

If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, Intramuscular (list type): _____ Dose: 0.10 mg (7.5 kg to less than 13 kg)*
 0.15 mg (13 kg to less than 25 kg)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child as asthma): _____

Physician/HCP Authorization Signature

Date

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In the event of a medical emergency, I hereby authorize the School District and its employees and agents to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine injectors and/or asthma medication, to the extent the School District maintains such undesignated supplies.

I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and by signing below, I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

The following is applicable only to parents/guardians of students who need to carry and use their epinephrine injector and/or asthma medication: *I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his or her epinephrine injector and/or asthma medication: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parents/guardians that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of an epinephrine injector or asthma medication.*

Parent/Guardian Authorization Signature

Date

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Child's Name: _____

Date of Plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue Squad: _____

Doctor: _____ Phone: _____

Parent / Guardian: _____ Phone: _____

Parent / Guardian: _____ Phone: _____

Other Emergency Contacts

Name / Relationship: _____ Phone: _____

Name / Relationship: _____ Phone: _____

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Students

Suicide and Depression Awareness and Prevention ¹

Youth suicide impacts the safety of the school environment. It also affects the school community, diminishing the ability of surviving students to learn and the school's ability to educate. Suicide and depression awareness and prevention are important Board goals.

Suicide and Depression Awareness and Prevention Program

The Superintendent or designee shall develop, implement, and maintain a suicide and depression awareness and prevention program (Program) that advances the Board's goals of increasing awareness and prevention of depression and suicide. This program must be consistent with the requirements of *Ann Marie's Law* listed below; each listed requirement, 1-6, corresponds with the list of required policy components in the School Code Section 5/2-3.166(c)(2)-(7). The Program shall include:

1. Protocols for administering youth suicide awareness and prevention education to students and staff. ²
 - a. For students, implementation will incorporate Board policy 6:60, *Curriculum Content*, which implements 105 ILCS 5/2-3.139 and 105 ILCS 5/27-7 (requiring education for students to develop a sound mind and a healthy body).
 - b. For staff, implementation will incorporate Board policy 5:100, *Staff Development Program*, and teacher's institutes under 105 ILCS 5/3-14.8 (requiring coverage of the warning signs of suicidal behavior).
2. Procedures for methods of suicide prevention with the goal of early identification and referral of students possibly at risk of suicide.³ Implementation will incorporate:

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¹ A suicide awareness and prevention policy is required by 105 ILCS 5/2-3.166(c). The first sentence of this policy is required by 105 ILCS 5/2-3.166(c)(1).

This policy contains an item on which collective bargaining may be required. See 105 ILCS 5/10-22.24b. Any policy that impacts upon wages, hours, and terms and conditions of employment, is subject to collective bargaining upon request by the employee representative, even if the policy involves an inherent managerial right.

² Required by 105 ILCS 5/2-3.166(c)(2). While this law is titled Youth Suicide Awareness and Prevention, it requires the policy to include protocols for administering youth suicide awareness and prevention education to *staff* and students.

For student protocols, see 105 ILCS 5/2-3.139 and 105 ILCS 5/27-7.

For staff protocols, see 105 ILCS 5/3-14.8, which requires the regional superintendents to cover the warning signs of suicidal behavior in teacher's institutes. In suburban Cook County, an Intermediate Service Center will perform the responsibilities that are performed in other locations by the regional superintendent.

³ Required by 105 ILCS 5/2-3.166(c)(3). This policy adds *with the goal of* and *possibly* to modify the statute's use of "at risk of suicide." *With the goal of* acknowledges that identifying every student at risk of suicide is impossible. *Possibly* is added to inform the public that these identifications are not definitive. School staff members are not licensed medical professionals who are fully trained to make definitive determinations about whether a student is at risk of suicide, and parents/guardians should not take any referral under this requirement as such.

- a. The training required by 105 ILCS 5/10-22.39 for licensed school personnel and administrators who work with students to identify the warning signs of suicidal behavior in youth along with appropriate intervention and referral techniques, including methods of prevention, procedures for early identification, and referral of students at risk of suicide; and
 - b. III. State Board of Education (ISBE)-recommended guidelines and educational materials for staff training and professional development, along with ISBE-recommended resources for students containing age-appropriate educational materials on youth suicide and awareness, if available pursuant to *Ann Marie's Law* on ISBE's website.
3. Methods of intervention, including procedures that address an emotional or mental health safety plan for use during the school day and at school-sponsored events for a student identified as being at increased risk of suicide including those students who: (A) suffer from a mental health disorder; (B) suffer from a substance abuse disorder; (C) engage in self-harm or have previously attempted suicide; (D) reside in an out-of-home placement; (E) are experiencing homelessness; (F) are lesbian, gay, bisexual, transgender, or questioning (LGBTQ); (G) are bereaved by suicide; or (H) have a medical condition or certain types of disabilities. Implementation will incorporate paragraph number 2, above, along with Board policies:⁴
- a. 6:65, *Student Social and Emotional Development*, implementing the goals and benchmarks of the III. Learning Standards and 405 ILCS 49/15(b) (requiring student social and emotional development in the District's educational program);
 - b. 6:120, *Education of Children with Disabilities*, implementing special education requirements for the District;
 - c. 6:140, *Education of Homeless Children*, implementing provision of District services to students who are homeless;
 - d. 6:270, *Guidance and Counseling Program*, implementing guidance and counseling program(s) for students, and 105 ILCS 5/10-22.24a and 22.24b, which allow a qualified guidance specialist or any licensed staff member to provide school counseling services;
 - e. 7:10, *Equal Educational Opportunities*, and its implementing administrative procedure and exhibit, implementing supports for equal educational opportunities for students who are LGBTQ;

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105 ILCS 5/10-22.39, amended by P.A. 101-350, requires licensed school personnel and administrators who work with students in kindergarten through grade 12 to be trained to identify the warning signs of suicidal behavior in youth along with appropriate intervention and referral techniques. While very little guidance is available for students in grades 6 and below, *Ann Marie's Law* directs the III. State Board of Education (ISBE) to compile, develop and post these items on its website. Districts may use the III. Mental Health training program, established under the III. Mental Health First Aid Training Act, to provide the training for this in-service requirement. See f/n 4 in sample policy 5:100, *Staff Development Program*, for further discussion of this training requirement.

Ann Marie's Law requires ISBE to develop and recommend materials. See the discussion in f/n 7, below, on ISBE-recommended materials.

[See f/n 1 in sample policy 4:170, *Safety*, for information on the U.S. School Safety Clearinghouse website at \[www.SchoolSafety.gov\]\(http://www.SchoolSafety.gov\).](#)

⁴ Required by 105 ILCS 5/2-3.166(c)(4), amended by P.A. 102-267. For further discussion of 105 ILCS 5/10-22.24b, see f/n 2 in sample policy 6:270, *Guidance and Counseling Program*. This policy adds "for use during the school day and at school-sponsored events" to inform the public about the limitations concerning what schools can realistically provide students and their parent(s)/guardian(s). See the discussion in f/n 3, above, regarding the addition of the word *possibly*.

- f. 7:50, *School Admissions and Student Transfers To and From Non-District Schools*, implementing State law requirements related to students who are in foster care;
 - g. 7:250, *Student Support Services*, implementing the Children’s Mental Health Act, 405 ILCS 49/ (requiring protocols for responding to students with social, emotional, or mental health issues that impact learning ability); and
 - h. State and/or federal resources that address emotional or mental health safety plans for students who are possibly at an increased risk for suicide, if available on the ISBE’s website pursuant to *Ann Marie’s Law*.
4. Methods of responding to a student or staff suicide or suicide attempt. Implementation of this requirement shall incorporate building-level Student Support Committee(s) established through Board policy 7:250, *Student Support Services*.⁵
 5. Reporting procedures. Implementation of this requirement shall incorporate Board policy 6:270, *Guidance and Counseling Program*, and Board policy 7:250, *Student Support Services*, in addition to other State and/or federal resources that address reporting procedures.⁶
 6. A process to incorporate ISBE-recommended resources⁷ on youth suicide awareness and prevention programs, including current contact information for such programs in the District’s Suicide and Depression Awareness and Prevention Program.⁸

Illinois Suicide Prevention Strategic Planning Committee

The Superintendent or designee shall attempt to develop a relationship between the District and the Illinois Suicide Prevention Strategic Planning Committee, the Illinois Suicide Prevention Coalition Alliance, and/or a community mental health agency. The purpose of the relationship is to discuss how to incorporate the goals and objectives of the Illinois Suicide Prevention Strategic Plan into the District’s Suicide Prevention and Depression Awareness Program.⁹

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⁵ Required by 105 ILCS 5/2-3.166(c)(5). See 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Needs* for information about building-level Student Support Committees. When sharing information from therapists and counselors, these committees are required to follow the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/, and the Children’s Mental Health Act, 405 ILCS 49/, amended by P.A. 102-899, eff. 1-1-23.

⁶ Required by 105 ILCS 5/2-3.166(c)(6).

⁷ 105 ILCS 5/2-3.166(b)(2)(B), directs ISBE to “compile, develop, and post on its publicly accessible Internet website both of the following, which may include materials already publicly available: (A) [r]ecommended guidelines and educational materials for training and professional development, and (B) [r]ecommended resources and age-appropriate educational materials on youth suicide awareness and prevention.”

ISBE has created the *Illinois Youth Suicide Prevention Toolkit: A Reference for Administrators, Counselors, Teachers, and Staff*, at: www.isbe.net/Documents/Suicide-Prevention-Procedures.pdf, as well as listing other resources at: www.isbe.net/Pages/Suicide-Prevention.aspx.

⁸ Required by 105 ILCS 5/2-3.166(c)(7).

⁹ Optional. The *Illinois Suicide Prevention Strategic Plan* may be found at: <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/illinoisstrategicplan2020reduced.pdf>. Its goals and objectives reflect the input of public and private organizations and stakeholders that are concerned with mental health. It is designed to reduce suicide through a positive public health approach. See also the Suicide Prevention Resource Center and its Illinois page at www.sprc.org/states/illinois for more information on which goals in the Illinois Suicide Prevention Strategic Plan have been implemented.

Monitoring ¹⁰

The Board will review and update this policy pursuant to *Ann Marie's Law* and Board policy 2:240, *Board Policy Development*.

Information to Staff, Parents/Guardians, and Students

The Superintendent shall inform each school district employee about this policy and ensure its posting on the District's website.¹¹ The Superintendent or designee shall provide a copy of this policy to the parent or legal guardian of each student enrolled in the District.¹² Student identification (ID) cards, the District's website, and student handbooks and planners will contain the support information as required by State law. ¹³

Implementation

This policy shall be implemented in a manner consistent with State and federal laws, including the Student Confidential Reporting Act, 5 ILCS 860/, *Children's Mental Health Act*, 405 ILCS 49/, *Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/, and the *Individuals with Disabilities Education Act*, 42 U.S.C. §12101 *et seq.*

The District, Board, and its staff are protected from liability by the Local Governmental and Governmental Employees Tort Immunity Act. Services provided pursuant to this policy: (1) do not replace the care of a physician licensed to practice medicine in all of its branches or a licensed medical practitioner or professional trained in suicide prevention, assessments and counseling services, (2) are strictly limited to the available resources within the District, (3) do not extend

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¹⁰ Required by 105 ILCS 5/2-3.166(d).

¹¹ *Id.* See 2:250-E2, *Immediately Available District Public Records and Web-Posted Reports and Records*. Consult the board attorney about whether a signature is required to prove compliance with the law's specific requirement that *each school district employee and each student enrolled in the district* are informed of and/or provided a copy of the policy.

¹² *Id.* Consult the board attorney about placing the policy in the student handbook instead of and/or in addition to providing a hard copy to each student's parent/guardian. Members of the Ill. Principals Assoc. (IPA) may subscribe to the IPA's Model Student Handbook Service, which are aligned with IASB's policy services. For more information, see: <https://ilprincipals.org/msh/>.

¹³ 105 ILCS 5/10-20.76, added by P.A. 102-134 and renumbered by P.A. 102-813 (district-issued ID cards for students, and information on districts' websites); 105 ILCS 5/10-20.81, added by P.A. 102-416 and renumbered by P.A. 102-813 (districts must insert either the Safe2Help Illinois helpline or a local suicide prevention hotline on ID card, contact to identify each helpline that may be contacted through text messaging, and include the same in student handbooks and planners (if a student planner is custom printed by a district or its schools for distribution to students in any of grades 6 through 12)). See f/n 1 in procedure 7:290-AP, *Resource Guide for Implementation of Suicide and Depression Awareness and Prevention Program*, for further information regarding Safe2Help Illinois.

beyond the school day and/or school-sponsored events, and (4) cannot guarantee or ensure the safety of a student or the student body.¹⁴

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¹⁴ Consult the board attorney for guidance concerning liability in this area. Except for cases of willful and wanton conduct, the Local Governmental and Governmental Employees Tort Immunity Act, 745 ILCS 10/, likely protects districts from liability for failure to properly identify and/or respond to a student's mental health issue that results in suicide. See 745 ILCS 10/3-108 and Grant v. Bd. of Trustees of Valley View Sch. Dist. No. 365-U, 286 Ill.App.3d 642 (3rd Dist. 1997). However, attorneys have concerns that failing to inform parents/guardians that services required under *Ann Marie's Law* are limited may open districts to potential litigation if services provided under the policy fail or are deemed inadequate. Every situation is fact specific and the issues require careful evaluation. A disclaimer, such as the one presented here, may not be sufficient. A district may take several actions, after discussion with its board attorney, to minimize liability, such as adding limiting phrases (see discussions in f/ns 3 & 4) and ensuring other policies are followed. Ultimately, the best way to minimize liability is to be sure that the district's insurance policies cover the training and other requirements under *Ann Marie's Law*.

In addition to the Tort Immunity Act, school officials and districts may also be entitled to qualified immunity in civil rights lawsuits that seek to hold them liable for a suicide. See Sanford v. Stiles, 456 F.3d 298 (3d Cir. 2006); Martin v. Shawano-Gresham Sch. Dist., 295 F.3d 701 (7th Cir. 2002); Armijo v. Wagon Mount Pub. Schs., 159 F.3d 1253 (10th Cir. 1998). Yet, recent trends in student-on-student harassment cases are emerging where parents whose children die of suicide allege that a school's failure to properly identify or respond to the child's mental health issues was a contributing cause for the suicide.

In these cases, the parents ask courts to apply Davis v. Monroe Cnty. Bd. of Educ., 526 U.S. 629 (1999), to *Section 504* cases. Under the *Davis standard*, parents must prove that: (1) their child was an individual with a disability; (2) their child was harassed based upon his or her disability; (3) the harassment was sufficiently severe or pervasive that it altered the condition of the child's education and created an abusive educational environment; (4) the school district knew about the harassment; and (5) the school district was deliberately indifferent to the harassment.

While not precedential in Illinois, several cases illustrate the uncertainty of a school district's liability in the emerging area of suicide prevention liability and/or failure to properly respond to a student's mental health issues and may indicate a trend toward courts allowing juries to determine a district's liability: Armijo (denying summary judgment to two individual defendant district employees based on a state-created danger theory and as to all defendant employees based on a special relationship theory); Estate of Barnwell ex rel. Barnwell v. Watson, 44 F.Supp.3d 859 (E.D. Ark. 2014) (allowing plaintiff parents to move forward in litigation alleging that school district's *Section 504* failures contributed to their son's suicide, but summary judgment in favor of school district eventually granted); and Walsh v. Tehachapi Unified Sch. Dist., 997 F.Supp.2d 1071 (E.D. Ca. 2014) (denying summary judgment because the school district's conduct may have been the proximate cause of the student suffering an uncontrollable impulse to commit suicide). But see Estate of Lance v. Lewisville Indep. Sch. Dist., 743 F.3d 982 (5th Cir. 2014) (finding in favor of the school district because the claimed special relationship theory and state-created danger theories were not actionable).

LEGAL REF.: 42 U.S.C. § 12101 et seq. Individuals with Disabilities Education Act.
105 ILCS 5/2-3.166, 105 ILCS 5/2-3.139, 5/3-14.8, 5/10-20.76, 5/10-20.81, 5/10-22.24a, 5/10-22.24b, 5/10-22.39, 5/14-1.01 et seq., 5/14-7.02, and 5/14-7.02b, 5/27-7.
5 ILCS 860/, Student Confidential Reporting Act.
405 ILCS 49/, Children’s Mental Health Act.
740 ILCS 110/, Mental Health and Developmental Disabilities Confidentiality Act.
745 ILCS 10/, Local Governmental and Governmental Tort Immunity Act.

CROSS REF.: 2:240 (Board Policy Development), 5:100 (Staff Development Program), 6:60 (Curriculum Content), 6:65 (Student Social and Emotional Development), 6:120 (Education of Children with Disabilities), 6:270 (Guidance and Counseling Program), 7:180 (Prevention of and Response to Bullying, Intimidation, and Harassment), 7:250 (Student Support Services)

Students

Administrative Procedure - Resource Guide for Implementation of Suicide and Depression Awareness and Prevention Program

The Superintendent or designee, at the District level, and the Building Principal or designee, at the building level, are responsible for implementing the Board's goals of increasing awareness and prevention of depression and suicide in Policy 7:290, *Suicide and Depression Awareness and Prevention*. The Superintendent and/or Building Principal(s) may want to assign Student Support Committees as established under 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Needs*, to assist them with the implementation of these goals. Use other locally available resources, including, but not limited to those listed below to determine the best implementation methods.

Listed below are the six policy implementation components of *Ann Marie's Law*, 105 ILCS 5/2-3.166(c), in Board policy 7:290, *Suicide and Depression Awareness and Prevention*. Each component lists specific implementation steps, along with any applicable sample **PRESS** policies, administrative procedures and/or exhibits, available State and/or federal resources, and examples if available. The Ill. State Board of Education (ISBE) has created the *Illinois Youth Suicide Prevention Toolkit: A Reference for Administrators, Counselors, Teachers, and Staff*, at: www.isbe.net/Pages/Suicide-Prevention.aspx, and provides other resources at the same website to guide the District in the implementation of policy 7:290, *Suicide and Depression Awareness and Prevention*.

Confirm the resources listed in this procedure, and any information provided in the hyperlinks, with the Board Attorney before the Superintendent, Building Principal, and/or Student Support Committees apply them to a specific situation in the District.

Policy Implementation Components of *Ann Marie's Law*

1. Awareness and Prevention Education Protocols for Students and Staff (105 ILCS 5/2-3.166(c)(2)).
 - a. For students, (i) review policy 6:60, *Curriculum Content* (requiring health education for developing a sound mind and a healthy body); (ii) review policy 7:250, *Student Support Services* (requiring protocols for responding to students with social, emotional, or mental health issues that impact learning ability); (iii) if the District issues identification (ID) cards to its students, insert the contact information for the National Suicide Prevention Lifeline (NSPL) and for the Crisis Text Line (CTL) on the back of each student ID card (105 ILCS 5/10-20.76, added by P.A. 102-134 and renumbered by P.A. 102-813); (iv) publish NSPL and CTL information on the District's website (see 2:250-E2, *Immediately Available District Public Records and Web-Posted Reports and Records*) (105 ILCS 5/10-20.73, added by P.A. 102-134); (v) insert either the Safe2Help Illinois helpline or a local suicide prevention hotline¹ or both on the ID card and identify each helpline that

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

¹ Beginning 1-1-23, Safe2Help Illinois will be managed and administered by the Ill. State Police working in consultation with the Ill. Emergency Management Agency, Ill. State Board of Education, Ill. Dept. of Human Services, and Ill. Dept. of Children and Family Services. Student Confidential Reporting Act, 5 ILCS 860/10(a), added by P.A. 102-752, eff. 1-1-23. At that time, any locally operated school violence help line must work in conjunction with Safe2Help Illinois as needed. Id. at 10(d).

may be contacted through text messaging (105 ILCS 5/10-20.81, added by P.A. 102-416 and renumbered by P.A. 102-813); and (vi) include Safe2Help or local suicide prevention hotline or both in student handbooks and student planners (if a student planner is custom printed by the District or its schools for distribution to students in any of grades 6 through 12) (105 ILCS 5/10-20.81, added by P.A. 102-416 and renumbered by P.A. 102-813)). *Illinois Youth Suicide Prevention Toolkit: A Reference for Administrators, Counselors, Teachers and Staff, Module 1: Prevention - Engaging and Educating Students*, pp. 20-21, at: www.isbe.net/Pages/Suicide-Prevention.aspx. See also Illinois' Safe2Help Illinois program at: www.safe2helpil.com/ (designed to offer students a safe, confidential way to share information that might help prevent suicides and other school safety-related information).

- b. For staff, review policy 5:100, *Staff Development Program*, discussing in-service training and citing required teacher institute training concerning the warning signs of suicidal behavior, and assess incorporating information from the following resources:

Illinois Youth Suicide Prevention Toolkit: A Reference for Administrators, Counselors, Teachers and Staff, Module 1: Prevention – Professional Learning Opportunities for Staff and Choosing a Preventative Training Program for Staff, pp. 18-19, at: www.isbe.net/Pages/Suicide-Prevention.aspx

Preventing Suicide: A Toolkit for High Schools (SAMHSA Toolkit), Chapter 4: Staff Education and Training including Tools, pp. 111 through 123 at: www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

2. Methods of Prevention, Early Identification, and Referral (105 ILCS 5/2-3.166(c)(3)).

- a. For staff, review: policy 5:100, *Staff Development Program*, discussing required behavioral training for school personnel; policy 6:60, *Curriculum Content* (see above for description); 7:250, *Student Support Services* (see above for description); and administrative procedure 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Needs*, establishing Student Support Committees to identify, prevent, and refer students with mental health challenges for services.
- b. For staff, assess incorporating information from the following resources:

Illinois Youth Suicide Prevention Toolkit: A Reference for Administrators, Counselors, Teachers and Staff, Module 2: Intervention, Procedure: Students at Risk, pp. 26-27, at: www.isbe.net/Pages/Suicide-Prevention.aspx.

SAMHSA Toolkit at: www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

Chapter 1: Getting Started pp. 15-22; Tool 1.A, Suicide Prevention: Facts for Schools, p. 24; and Tools 1.D-1.H, pp. 32-51 (includes various youth suicide prevention topics).

Chapter 4: Staff Education and Training including Tools, pp. 111-123.

Chapter 7: Screening, and Resources: Staff Education and Screening including Tools, pp. 157-171.

ISBE *Suicide Prevention* at: www.isbe.net/Pages/Suicide-Prevention.aspx.

Illinois Suicide Prevention Strategic Plan at: www.dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention.

Sample policy (procedures) on youth suicide prevention are available from The Trevor Project at: www.thetrevorproject.org/pages/modelschoolpolicy

Risk and Protective Factors for Suicide available at:
www.isbe.net/Pages/Suicide-Prevention.aspx.
sprc.org/about-suicide/risk-protective-factors.

- c. Review and train staff on appropriate identification procedures (see example below):

Identification of the At-Risk Student

Note: A more detailed procedure may be developed with the aid of the resources in 2.b., above.

- 1) An employee having any reason to believe a student is considering or threatening suicide is to contact the Building Principal and District social worker/counselor.
 - 2) The social worker/counselor or Building Principal will meet with the student.
 - 3) The social worker/counselor will call the student's parent(s)/guardian(s) and arrange a meeting. All calls and meetings with parent(s)/guardian(s) will be documented and a copy of the documentation sent by certified mail to the parent(s)/guardian(s).
 - 4) The social worker/counselor will suggest to the parent(s)/guardian(s) that the State or community mental health agency be contacted. This suggestion shall be a part of the documentation sent to the parent(s)/guardian(s). A student should never be left alone if an employee reasonably believes the student is in imminent risk of suicide. An employee should immediately contact the student's parent(s)/guardian(s).
3. Methods of Intervention; Emotional or Mental Health Safety Plans for At-Risk Students, including those students who suffer from a mental health disorder; suffer from a substance abuse disorder; engage in self-harm or have previously attempted suicide; reside in an out-of-home placement; are experiencing homelessness; are lesbian, gay, bisexual, transgender, or questioning (LGBTQ); are bereaved by suicide; or have a medical condition or certain types of disabilities. 105 ILCS 5/2-3.166(c)(4), amended by P.A. 102-267.
- a. Review policies 6:65, *Student Social and Emotional Development*, incorporating student social and emotional development into the District's educational program as required by the goals and benchmarks of the III. Learning Standards and 405 ILCS 49/15(b); policy 6:270, *Guidance and Counseling Program*, requiring the District to have guidance counseling available to implement the protocols directed in 7:250, *Student Support Services*; and administrative procedure 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Needs*, requiring protocols for responding to students with social, emotional, or mental health needs that impact learning ability as required by the Children's Mental Health Act, 405 ILCS 49/, amended by P.A. 102-899, eff. 1-1-23.
 - b. Train staff pursuant to 105 ILCS 5/10-22.24b, which allows school counseling services to be used for suicide issues and intervention.
 - c. Assess incorporating information from the following resources:
Illinois Youth Suicide Prevention Toolkit: A Reference for Administrators, Counselors, Teachers and Staff, Module 2: Intervention - Procedure: Responding to a Student Displaying Warning Signs or Student Suicide Attempt, pp. 27-29, and *Guidelines:*

Modifying Intervention Protocols - Crafting a Protocol for Helping Students at Risk, pp. 30-31, at: www.isbe.net/Pages/Suicide-Prevention.aspx.

SAMHSA Toolkit at: www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

Chapter 2: Protocols for Helping Students at Risk of Suicide, pp. 57-66 and Tools 2.A-2.B.2, pp. 68-72.

Chapter 6: Student Programs including Tools, pp. 139-156.

Resources: Getting Started, pp. 177-182; Staff Education and Training, pp. 186-192; and Student Education and Skill-Building, pp. 194-204.

Illinois Suicide Prevention Strategic Plan at:

www.dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention.

Cyberbullying Research Center, available at:

<https://cyberbullying.org/>.

U.S. School Safety Clearinghouse website at:

www.schoolsafety.gov/, discussed in f/n 1, para. 3 of policy 4:170, *Safety*.

4. Methods of Responding to a Suicide Attempt (105 ILCS 5/2-3.166(c)(5)).

- a. Review policies listed above in number 3.a.
- b. Assess incorporating information from the following resources:

Illinois Youth Suicide Prevention Toolkit: A Reference for Administrators, Counselors, Teachers and Staff, Module 2: Guidelines: Modifying Intervention Protocols - Crafting a Protocol for Helping Students at Risk, pp. 30-31, and *Module 3: Postvention, Procedure: Responding to a Completed Student Suicide*, pp. 36-39, at: www.isbe.net/Pages/Suicide-Prevention.aspx.

SAMHSA Toolkit at: www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

Chapter 3: After a Suicide including Tools, pp. 92-109. (some material adaptable to a suicide attempt)

Resources: Crisis Response Postvention, pp. 182-185.

After a Suicide: A Toolkit for Schools (ISBE Toolkit) at:

www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf.
(some material adaptable to a suicide attempt)

5. Reporting Procedures (105 ILCS 5/2-3.166(c)(6)).

- a. Review policy 6:270, *Guidance and Counseling Program*, providing a counseling program that the Superintendent may designate as responsible for development of the District's depression awareness and suicide prevention program procedures; policy 7:250, *Student Support Services*, identifying District support services that will be ultimately responsible for properly implementing the reporting procedures; and administrative procedure 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Needs*, establishing Student Support Committees for purposes of identifying, preventing and referring for services students with mental health needs.
- b. Assess incorporating information from the following resources: