

## Students

### Suicide Prevention

The Board of Education recognizes that suicide is a complex issue and that, while the school may recognize a potentially suicidal youth, it cannot make a clinical assessment of risk and provide in-depth counseling. Instead, the Board directs school staff to refer students who may be at risk of attempting suicide to an appropriate service for assessment and counseling.

The Board of Education recognizes the need for youth suicide prevention procedures and will establish program(s) to identify risk factors for youth suicide, procedures to intervene with such youth, referral services and training for teachers, other school professionals and students to provide assistance in these programs.

Any school employee who may have knowledge of a suicide threat must take the proper steps to report this information to the building principal or his/her designee who will, in turn, notify the appropriate school officials, the student's family and appropriate resource services.

Legal Reference: Connecticut General Statutes

[10-221](#) Boards of education to prescribe rules, policies, and procedures. (e) re “policy and procedures for dealing with youth suicide prevention and youth suicide attempts.”

**Policy Adopted: March 1, 2005**

## Regulations

## Students

### Suicide Prevention

All school district professionals should share with Principals any observations of student behavior which may be related to the possibility of suicide.

The Principal, in turn, has a responsibility to follow guidelines in Board of Education policy and this regulation on suicide prevention. If circumstances indicate actions other than those described, Principals may consult with the designated Student Assistance Team (SAT), Planning and Placement Team (PPT), Early Intervention Program (EIP) and/or other appropriate personnel and shall document the circumstances and resulting decisions.

### Special Issues in Using Procedures

- 1. Principal.** Principal shall mean Principal or Principal's designee.
- 2. Communication.** The building Principal shall maintain communication with the Superintendent of Schools concerning all suicide attempts and shall call on the Central Office for advice on how to proceed as such assistance is needed. In turn the Superintendent will keep the Board informed about suicide related issues as appropriate. All communications must be kept confidential.
- 3. Documentation.** All actions taken by school personnel will be carefully documented with factual information, observable behaviors, and actions and placed in the student's supplementary health file. *Following an attempted suicide*, a daily log of student behavior should be maintained until no longer needed.
- 4. Contagion.** Sometimes a suicide attempt or suicide will trigger other suicide attempts. The best preventive measure against the contagion effect involves careful identification and monitoring of students who may be in a risk category, efforts to reduce glamorization of the suicide, and carefully planned follow-up activities.
- 5. Suicide at School.** Most experts agree it is better to keep students at school where adult support systems are available than to send them home where no adult supervisors might be available to them.

Students should only be released to their parents or other responsible adults should they ask to leave school early.

### **General Procedures During School Hours**

School staff who have identified a potentially suicidal student or who have other reason to believe the student is at risk of suicide must immediately bring the student's name to the attention of the Principal or his/her designee even if the student has confided in the staff person and asked the staff person to keep their discussion confidential. In such cases, the staff person would explain that he/she cannot maintain confidentiality under the circumstances.

Appropriate staff members gather background information prior to contacting a student identified with suicidal tendencies — unless there appears to be imminent risk of self harm. This background check should be done on the same day as the referral and may include:

1. Further discussion with the person who made the referral.
2. Contact with other staff members for data on recent student performance.

At the earliest possible moment following the collection of information, contact with the student will be made to determine the seriousness of the situation.

### **Critical Situation**

The student has the intent to kill himself/herself, a specific plan for how he/she will do it, and immediate access to the method; in addition, he/she exhibits feelings of loneliness, hopelessness, helplessness, and the inability to tolerate more pain.

1. A staff member will stay with the student to offer support. In addition, he/she will explain to the student that someone will be contacting parent(s) because of deep concern.
2. A staff member will notify parents and request that they come to the school immediately. The following points should be covered in the meeting with the parents:
  - (a) The seriousness of the situation.
  - (b) The need for immediate outside professional help.
  - (c) The need for continued monitoring.
  - (d) A request for parent(s) to sign a release of information form for communication between the school and the facility to which the student will be taken, the student's therapist, and other individuals as appropriate.
3. When parents cannot be contacted, or if they refuse to come to the school and a medical emergency exists, normal procedures will be followed for such emergencies (such as calling an ambulance or Crisis Unit). If parents refuse to come to school, the Principal will explain that the school may be required to file a medical neglect report with the Department of Children and Families. In addition, the Principal may inform parents that the student will not be accepted back into school until a formal mental health evaluation has taken place.

This exclusion will be done in compliance with state regulations and only if it is deemed to be in the best interest of the student.

4. As a follow-up, a staff member will contact the family to discuss plans for professional assistance and support to the student, and permission for communications between school and therapist will be requested. A plan of action for in-school support and monitoring of the student will be discussed at the next Student Assistance Team/Early Intervention Program meeting.

### **Potential Suicide Situation**

The student has some intent to kill himself/herself and has thought about how he/she would do it. He/she has access to the method but does not have everything in place. Although the student may exhibit feelings of hopelessness, helplessness, and unbearable pain, he/she shows some willingness to accept help. The following action will be taken, the order to be determined by the specific situation:

1. A staff member will explain to the student that his or her parents will be contacted to arrange for professional help and to develop an appropriate support system. The staff member will offer to speak on the student's behalf.

2. Following the meeting with the student the Principal or designee will:

- (a) Convene the Student Assistance Team to plan a course of action, if appropriate.
- (b) Contact the student's parents to inform them of the seriousness of the situation and request an immediate meeting the same day.
- (c) Obtain further information from parents concerning the student's mental health history, including therapy and previous suicidal attempts or threats. If the student is currently being seen by a mental health professional, the Principal will ask for parental permission to speak with that professional.
- (d) Communicate the need for suicidal risk evaluation.
- (e) If the parent refuses to come to school, the Principal will explain that the school should file a medical neglect report with DCF.
- (f) As follow up, a team member will contact the family to discuss plans for professional help to the student. The team will meet to develop a plan for in school support.

### **General Procedures After School Hours**

If a staff member has become aware of a potentially suicidal student during after school hours, he/she should consider and decide the following actions:

1. Contact parents.
2. Contact police.
3. Contact student's therapist.
4. Contact 24-hour crisis center.
5. Contact Principal.

### **Students Who Have Attempted Suicide**

#### **1. In-school Attempt:**

- (a) The staff person who becomes aware of the attempt will remain with the student and immediately send for the nurse and Principal.
- (b) The nurse and Principal will follow school medical emergency procedures to get immediate medical help for the student.
- (c) Parents will be contacted.
- (d) Principal will refer to the Crisis Intervention Plan.
- (e) The Superintendent will be informed of the event.

#### **2. Out-of-school Attempt:**

- (a) The staff person who receives information concerning an attempted suicide will immediately contact the school Principal who will verify the information and actions taken by the parents.
- (b) The Principal will determine if the situation warrants informing the faculty.
- (c) If the attempted suicide is causing visible distress among students, a school meeting may be held to identify others at risk with students and discuss concerns.
- (d) The Principal, in conjunction with the Student Assistance Team/Early Intervention Team, will develop a plan to monitor and support high risk students.
- (e) A team member will be assigned to follow up and monitor the student upon his/her return to school.
- (f) As appropriate, information will be shared with Principals of sibling's schools and the Special Services Department and Superintendent's Office.

### **Local Resources to Consider When Dealing With a Student at Risk for Suicide**

Contact with a student's parents, personal physician, psychiatrist or therapist may provide guidance for evaluating the situation.

Other resources in the community that can be accessed by both parents and school professionals include:

<u>Bristol Hospital Emergency Room</u>	585-3273
Brewster Road Bristol, CT 06010	
<u>The Counseling Center</u>	583-5858
440-C North Main Street Bristol, CT 06010	
<u>New Britain General Hospital</u>	860-224-5671
100 Grand Street New Britain, CT 06050	
<u>UCONN Health Center (24 Hours)</u>	679-2187
Psychiatric Services 263 Farmington Avenue Farmington, CT 06030	
<u>Department of Children &amp; Families</u>	860-832-5200
One Grove Street, 4th floor New Britain, CT 06053	
<u>Bristol Police Department</u>	584-3000
Wheeler Clinic	747-6801
91 Northwest Drive Plainville, CT 06062	
<u>Help Line (24 Hours)</u>	747-3434

Legal Reference: Connecticut General Statutes

[10-221\(e\)](#) Boards of education to prescribe rules.

**Regulation Approved: March 1, 1995**

**Regulation Revised: March 7, 2007**