

District staff shall follow the following procedure when it comes to the attention of administrators that there is at risk of suicide in the District.

Assessment and Referral:

When a student is identified by a staff person as potentially suicidal, e.g., 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 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 staff member will accompany and observe the student until a mental health professional can be brought in or emergency services are engaged. For youth at risk:

1. School staff will continuously supervise the student to ensure their safety until their care is transferred to parents/guardians or emergency services. In situations where the student is deemed to be at high risk of suicide, the student should not be left alone.
2. The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. The school employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling the Idaho Suicide Prevention Hotline (1-208-398-4357), emergency services, bringing the student to the local Emergency Department or setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

In-School Suicide Attempts:

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student and attempt to ensure their safety, provided doing so does not threaten the safety of the staff member or others.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in- school suicide attempts.
7. The school may engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

Re-entry Procedure:

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional, the principal, or designee 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. A school employed mental health professional or other designee will be identified to 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.~~ a note showing the student has been seen by a health provider.
3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns, including

academic or social issues.

4. The administration will disclose to the student's teachers and other relevant staff (without sharing specific details of mental health struggles) that the student is returning after hospitalization/medical treatment and may need adjusted deadlines for assignments. The school employed mental health professional will also be available to teachers to discuss any concerns they have regarding the student after re-entry.
5. The school employed mental health professional will check in with the student and their parents **every week periodically** either on the phone or in person **for three months** following re-entry to ensure the student and their parents are supported in the transition.

Out of School Suicide Attempts:

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 make reasonable efforts to:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal. If the student contacts the staff member and expresses suicidal ideation, the staff member shall make a reasonable effort to maintain contact with the student (either in person, online, or on the phone). The staff member can then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Parental 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 practicable by the principal, designee, or mental health professional. **The principal or suicide prevention coordinator**Staff should provide a list of outside mental health resources to the parents or guardians to support their child. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," i.e., limiting the child's

access to mechanisms for carrying out a suicide attempt. Means restriction counseling should include discussing the student's access to firearms, weapons, prescription and other drugs.the following:

Firearms

- Recommend that parents store all guns away from home while their child is having problems, e.g., store their guns with a relative, gun shop, or police.
- Discuss parents' concerns and help problem-solve around offsite storage of firearms. Avoid a negative attitude about guns; accept parents where they are, but let them know offsite storage is an effective, immediate way to protect their child.
- Explain that in-home locking is not as safe. Kids sometimes find the keys or get past the locks.

If there are no guns at home:

- Ask about guns in other residences (e.g., joint custody situation)

If parent won't or can't store offsite:

- The next safest option is: unload guns, lock them in a gun safe, lock ammunition separately (or don't keep ammo at home for now).
- If guns are already locked, ask parents to consider changing the combination or key location. Parents can be unaware that kids know their "hiding" places.

Medications

- Recommend locking up all medications (except rescue meds like inhalers) with a traditional lock box or a daily pill dispenser.
- Recommend disposing of expired and unneeded medicines, especially prescription pain pills.

If parent won't or can't lock all:

- Advise they prioritize the following and seek specific guidance from a doctor or pharmacist: Prescriptions, especially for pain; Over-the-counter pain pills; Over-the-counter sleeping pills;

Mental Health Assessment

Through discussion with the student, the principal or school employed/~~contracted~~ mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or mental health professional 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 while identifying appropriate resources for the student such as law enforcement or child protective services. If contact is delayed, the reasons for the delay shall be documented.

~~These intervention procedures may include, but are not limited to, the following measures:~~

- ~~—Contacting the parents/guardians of students identified as at imminent risk of suicide.~~
- ~~—Contacting emergency services to assist a student who is at imminent risk of suicide.~~
- ~~—Providing first aid until emergency personnel arrive, as appropriate.~~
- ~~—Moving other students away from the immediate area of any suicide attempt on District property or at a District event.~~

District personnel shall at all times attend to the rights of the student and his or her family.

~~The District shall comply with all requirements of State law and administrative rules for training by personnel on suicide prevention and awareness.~~



LEGAL REFERENCE: Idaho Code 33-512; IDAPA 08.02.03.160

ADOPTED: August 17, 2015

RATIFIED:

AMENDED/REVISED: