

DARIEN PUBLIC SCHOOLS
Darien, Connecticut

SERIES 5300: WELFARE
POLICY 5375

SUICIDE PREVENTION AND INTERVENTION

The Darien Board of Education recognizes that suicide is a complex issue and that schools are not mental health treatment centers. School personnel may recognize a potentially suicidal youth and, in such cases, may make a preliminary determination of level of risk. The Board directs the school staff to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school.

The Board recognizes the need for youth suicide prevention procedures and will establish programs to assist staff to identify risk factors, intervention procedures, and procedures for referral to outside services. Training will be provided for teachers and other school staff and students to provide awareness and assistance in this area.

Any Board employee who has knowledge of a suicidal threat, attempt or ideation must immediately report this information to the building principal or his/her designee, who will, in turn, notify the student's family and appropriate resources outside and within the school system. Information concerning a student's suicide attempt, threat or risk will be shared with others to the degree necessary to protect that student and others.

Legal Reference:

Connecticut General Statutes §10-221(e)

APPROVED BY THE BOARD OF EDUCATION: June 9, 2009

REVISED BY THE BOARD OF EDUCATION: May 26, 2015

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SERIES 5300: WELFARE
POLICY R-5375

SUICIDE PREVENTION AND INTERVENTION
(Administrative Regulations)

The Darien Public Schools recognize suicide as a leading cause of death among young people and a concern both of the community and of the crisis intervention team in each school. While the Darien Public Schools cannot be expected to thoroughly evaluate and eliminate suicidal risk, the following guidelines, addressing suicide intervention and prevention, are a clarification of the district's commitment to provide immediate support for a student in crisis.

MANAGEMENT OF SUICIDAL AND SELF-HARM RISK

- I. Any staff member in the Darien Public Schools who becomes aware of a student who may be at risk of suicide or engaging in self-harm must immediately notify the building administrator or his/her designee. This must be done even if the student has confided in the staff person and asked that his/her communication be kept confidential. The building administrator or designee will then immediately notify the school psychologist and/or social worker. During this time, staff members have ensured that the student is not left alone.
- II. In the event the staff member perceives that a student has taken action which creates a medical emergency, District emergency medical procedures shall be followed, which include an immediate call to 911 and the involvement of the school nurse.
- III. If not deemed a medical emergency, the school psychologist and/or social worker shall interview the student, consider available background information, and determine whether the student is at risk for suicide or at risk for self-harm (i.e., is exhibiting behaviors or verbalizations that suggest risk of suicide).
- IV. If the student is deemed to be at risk for suicide or at risk for self-harm, the following steps must be taken:
 - A. The school team shall ensure that the student is not left alone.
 - B. Under no circumstances is a student determined to be at risk of suicide or self-harm allowed to go home alone. The student must be released only to a parent, guardian, or other responsible adult.
 - C. The school psychologist and/or social worker shall notify the student's parent/guardian and request a meeting with them as soon as possible.
 1. If the parent/guardian is available for communication and/or can arrive at school:

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- a. The school psychologist and/or social worker shall contact and/or meet with him/her to discuss:
 - i. the seriousness of the situation;
 - ii. the need for parent, 911, or 211/EMPS escort for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);
 - iii. the need for continued monitoring of the student at home if he/she is released following the evaluation;
 - iv. referral to appropriate professional services outside the school system; and
 - v. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist, and other appropriate individuals, in order to support programming needs, follow-up procedures, and develop a plan for the student's return to school as necessary and appropriate.
- b. The school psychologist and/or social worker shall inform the building administrator of the course of events and the outcome.
- c. The school psychologist and/or social worker may notify other staff, as necessary to protect the student and others.
- d. The school psychologist and/or social worker may refer the student to the school's Crisis Intervention Team or other staff as appropriate for further consultation and planning.
- e. When the student returns to school, the school psychologist and/or social worker, or the appropriate school-based team (if a PPT or Section 504 referral has been made) shall coordinate consultation with outside professionals, family, supportive services in school, and changes in the instructional program, when necessary.
- f. The school psychologist and/or social worker shall document in writing the course of events and the outcome by completing the Suicide Risk Intervention Form (Appendix A), providing a copy to parent/guardian. To ensure the safety and well-being of the student, the original copy of the Suicide Risk Intervention Form will be maintained in the student's health record in the nurse's office and a notation shall be made in the confidential health record to indicate the referral for mental health intervention. For students eligible for

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special education or Section 504, the student's special education/504 providers shall be made aware of the incident.

2. If the parent/guardian is not accessible and/or unable to come to school:
 - a. The school psychologist and/or social worker shall attempt to contact the parent/guardian over the telephone, and provide information as to available resources outside (student's therapist/psychiatrist, 911 and 211/Emergency Mobile Psychiatric Services) and within the school system, and shall plan follow-up contacts.
 - b. The school psychologist and/or social worker shall attempt to notify the parent/guardian of his/her arrangement of transportation for the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser). Appropriate school staff (usually the school psychologist or school social worker) will accompany the student to the evaluation/treatment site and remain with the student until the parent/guardian is reached and arrives to meet the student. In the event that a parent/guardian cannot be reached over a prolonged period of time, the Department of Children and Families (DCF) may be contacted (if the student is under the age of 18) to assume responsibility for the student or make other disposition.
 - c. Police may be notified if the student poses a threat to the safety of him/herself or others, or as dictated by other circumstances.
 - d. The school psychologist and/or social worker shall inform the building administrator of the course of events and the outcome.
 - e. The school psychologist and/or social worker may notify other staff, as necessary to protect the student and others.
 - f. The school psychologist and/or social worker may refer the student to the school's Crisis Intervention Team or other staff as appropriate for further consultation and planning.
 - g. A request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist, and other appropriate individuals, in order to support programming needs, follow-up procedures, and develop a plan for the student's return to school as necessary and appropriate.
 - h. When the student returns to school, the school psychologist and/or social worker or the appropriate school-based team (if a PPT or

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Section 504 referral has been made) shall coordinate consultation with outside professionals, family, supportive services in school, and changes in the instructional program, when necessary.

- i. The school psychologist and/or social worker shall document in writing the course of events and the outcome by completing the Suicide Risk Intervention Form (Appendix A), providing a copy to parent/guardian. To ensure the safety and well-being of the student, the original copy of the Suicide Risk Intervention Form will be maintained in the student's health record in the nurse's office and a notation shall be made in the confidential health record to indicate the referral for mental health intervention. For students eligible for special education or Section 504, the student's special education/504 providers shall be made aware of the incident.
3. If the parent/guardian does not agree with the school's determination that the student is at risk for suicide or at risk for self-harm, or for any other reason refuses to take action, or does not follow through:
- a. The school psychologist and/or social worker shall meet with the building administrator to develop an immediate plan focused on protection of the student.
 - b. The school psychologist and/or social worker shall notify the parent/guardian of the plan and shall either a) inform the parent/guardian that the Department of Children and Families (DCF) will be contacted and a medical neglect referral made, if the parent/guardian remains uncooperative and the student is less than 18 years of age; or b) inform the parent or guardian and student that the police will be called if the parent or guardian or student remains uncooperative.
 - c. The school psychologist and/or social worker shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall accompany the student; shall inform hospital staff of the situation; shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.
 - d. The school psychologist and/or social worker shall consult and cooperate with DCF and/or the police as necessary.
 - e. The school psychologist and/or social worker may notify other staff, as necessary to protect the student and others.
 - f. The school psychologist and/or social worker may refer the student to the school's Crisis Intervention Team or other staff as appropriate for further consultation and planning.

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- g. When the student returns to school, the school psychologist and/or social worker or the appropriate school-based team (if a PPT or Section 504 referral has been made) shall coordinate consultation with outside professionals, family, supportive services in school, and changes in the instructional program, when necessary.
- h. The school psychologist and/or social worker shall document in writing the course of events and the outcome by completing the Suicide Risk Intervention Form (Appendix A), providing a copy to parent/guardian. To ensure the safety and well-being of the student, the original copy of the Suicide Risk Intervention Form will be maintained in the student's health record in the nurse's office and a notation shall be made in the confidential health record to indicate the referral for mental health intervention. For students eligible for special education or Section 504, the student's special education/504 providers shall be made aware of the incident.

V. If the student is not found to be at risk for suicide or at risk for self-harm:

- A. Parents/guardians will be notified of the referral and that it was determined that the student is not at risk for suicide or self-harm.
- B. The school psychologist and/or social worker shall provide information as to available resources outside (therapists, psychiatrist, 211/Emergency Mobile Psychiatric Services) and within the school system.
- C. Follow-up contact with the student, parents/guardians, and any outside mental health providers, if there is consent to communicate with such providers, will be made by the school psychologist and/or social worker.
- D. The school psychologist and/or social worker or the appropriate school-based team (if a PPT or Section 504 referral has been made) shall coordinate consultation with outside professionals, family, supportive services in school, and changes in the instructional program, when necessary.
- E. The school psychologist and/or social worker shall document in writing the course of events and the outcome by completing the Suicide Risk Intervention Form (Appendix A), providing a copy to parent/guardian. To ensure the safety and well-being of the student, the original copy of the Suicide Risk Intervention Form will be maintained in the student's health record in the nurse's office and a notation shall be made in the confidential health record if a referral for mental health intervention was made. For students eligible for special education or Section 504, the student's special education/504 providers shall be made aware of the incident.

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SUICIDE EDUCATION/PREVENTION – STUDENTS AND STAFF

- I. As part of the Darien Public Schools' Health Education Curriculum and Developmental Guidance Curriculum, students will be educated regarding suicide risk factors and danger signals, and how they might appropriately respond if confronted with suicidal behavior, verbalizations, or thoughts.

- II. Annually, in-service training for school staff will be held in each school building to discuss suicide risk factors, danger signals, and the procedures outlined in these regulations.

REVIEWED BY THE BOARD OF EDUCATION: May 26, 2015

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APPENDIX A
SUICIDE RISK INTERVENTION FORM (Confidential)

Parent/guardian shall be provided with a copy of this report
Original copy of this report shall be kept in student's Health Records in School Nurse's office

Student's Name:	DOB:	Age:	Sex:
School:	Grade:		
Primary Teacher/Case Manager/or School Counselor:			
IEP-Special Education Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		504 Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Names:			
Phone Home:	Work:	Cell:	
Address:			
Student referred by:			
State reason for referral:			
Date/ Time of Incident/Student Contact:			
Date/ Time Risk Screening completed:			
Level of risk to harm self: Imminent Danger <input type="checkbox"/> At-Risk <input type="checkbox"/> Other <input type="checkbox"/>			
<u>Explain:</u>			
List behavioral or verbal indicators of possible suicide risk:			
Describe action taken by staff:			
Date/Time of Parent/Guardian contact:			
Recommendations made to parent/guardian:			
Parent response to report:			
Outside Mental Health providers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Title	Phone #	Release: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name & Title	Phone #	Release: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent agreed to Release of Information Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Attach copy of Release of Information to this report if obtained)			

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APPENDIX A
SUICIDE RISK INTERVENTION FORM (Confidential)

Date/Time outside mental health provider/Police/211-EMPS contact:

Results of therapist/911/211-EMPS contact:

Follow-Up Recommendations:

Is referral to PPT being made? Yes No

Is referral to 504 Plan being made? Yes No

Check professional staff notified if appropriate:
 Principal
 Director of Special Ed & Student Services
 School Nurse
 Social Services Coordinator

School Social Worker
 School Psychologist
 School Counselor
 Case Manager for Special Education or 504 Plan

Name & Title of staff member completing this form:

Signature: _____ **Date/Time of Report:** _____

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Suicide Risk Screening Guidelines

This form may be used as an exploratory guide with students about whom you are concerned. A history of suicide attempts or threats is a sufficient reason for action. High risk is also associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements, and information about a critical, recent loss. Risk information should be balanced with coping, resiliency & other individual/family factors which may exist for the individual student. This guideline may be used as a personal “read-only” general reference for mental health staff who conduct the student suicide risk screening. Any personally identifiable student-related information obtained, including, but not limited to, disclosures & action plans, should be documented using the separate *Suicide Risk Intervention Form*.

Thought

1. Has the student threatened suicide, or spoken about it with friends or teachers?
2. Is the student preoccupied with themes of death or dying?

Plan

3. Does the student have a detailed, feasible plan?
4. Does the student have access to weapons? Access to prescription and/or over the counter medication?

Intent

5. Has the student made "final arrangements" (given away possessions, written a suicide note, said "Goodbye")?

Reactions to precipitating events

6. Has the student recently lost a person close to him/her?
7. Have there been major changes in recent behavior (i.e., sleep, eat, loss of interest in friends or sports)?
8. Has the student recently become unusually depressed, manic/uncharacteristically optimistic, or anxious?

Psychosocial support

9. Is there a lack of parental help to support the student?
10. Does the student feel alienated?
11. Is the student exhibiting marked hostility to those around him or her?

History of Risk-taking behavior

12. Does the student take life-threatening risks or display poor impulse control?
13. Has the student been abusing drugs or alcohol recently?
14. Is there a history of suicide in the student's family?
15. Has the student made previous suicide attempts and/or threats?