

# FOX CHAPEL AREA SCHOOL DISTRICT

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| Book                | Policy Manual                              |
| Section             | 800 Operations                             |
| Title               | Suicide Awareness, Prevention and Response |
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## **Purpose**

The Board is committed to protecting the health, safety and welfare of its students and the school community; promoting healthy development; and safeguarding against the threat or attempt of suicide. This policy supports the provision of a comprehensive district program of education, training and resources designed to promote school connectedness and behavioral health, and prevent suicide. [\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)

## **Authority**

The Board directs the district to provide education on youth suicide awareness and prevention; methods of prevention, intervention and response to suicide attempt or suicide; and reporting procedures. [\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)

The district is committed to providing access to age and developmentally-appropriate youth suicide awareness and prevention supports and resources to all district students, without bias or discrimination. [\[2\]](#)[\[3\]](#)

The district shall notify employees, students and parents/guardians of this policy and shall post the policy on the district's website. [\[1\]](#)

## **Definitions**

**Behavioral health** - the emotion, behaviors and biology related to a person's mental well-being, their ability to function in everyday life and their concept of self.

**Behavioral service providers** – include, but are not limited to, state, county or local behavioral health service providers, crisis intervention center or psychiatric hospital. The term includes a private service provider which contracts with a state, county or local government to act as a behavioral health agency. [\[4\]](#)[\[7\]](#)

**Bias** – the attitudes or beliefs we have about a person or group that affect our understanding, actions and decisions in a conscious or subconscious manner. [\[4\]](#)

**Individualized Management Plan** – a plan developed for a student who is referred to the threat assessment team that documents the concerns that brought a student to the team's attention, as well as the resources and supports a student might need based on the information gathered during the assessment. The Individualized Management Plan is developed primarily for documentation and communication purposes.[4]

**Postvention** – a multi-component crisis response to provide support, promote healing after a tragic loss and to minimize risk of contagion after a suicide.

**Prevention** - refers to efforts that seek to reduce the factors that increase the risk for suicidal thoughts and behaviors and increase the factors that help strengthen, support and protect the behavioral health and wellness of individuals.

**Protective factors** - refer to characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

**Resilience** - the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress, or "bouncing back" from difficult experiences.

**Risk factors** - refer to characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes, including suicide.

**Safety Plan** – an agreement developed between the student, parent/guardian, appropriate team members and behavioral health professionals, following a suicide screening or assessment, that documents communications, conveys an understanding of the seriousness of the student's distress and provides a set of skills and resources the student can use in a crisis.

**School connectedness** - the belief by students that adults and peers in the school care about their learning as well as about them as individuals.

**School personnel** - include, but may not be limited to, administrators, teachers, school-based behavioral health professionals (e.g., school counselor, school psychologist, school social worker), paraprofessionals, support staff, coaches, bus drivers, custodians and cafeteria workers.

**Self-harm** – behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either suicidal or nonsuicidal.

**Suicide** - death caused by self-directed injurious behavior with intent to die as a result of the behavior.

**Suicide attempt** - a potentially self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves.

**Suicide threat** - a verbal or nonverbal communication that an individual intends to harm themselves with the intention to die but has not acted on the behavior.

**Threat assessment** – a fact-based process for the assessment of and intervention with students whose behaviors may indicate a threat to the safety of the student, other students, school employees, school facilities, the community or others.[4]

**Warning signs** - evidence-based indicators, often observable, that someone may be in danger of suicide, either immediately or in the very near future.

**Delegation of Responsibility**

The Superintendent or designee, in collaboration with designated school personnel, shall develop administrative regulations regarding the district's protocols for response to suicide threats, suicide attempts and suicide.

## **Guidelines**

### **SUICIDE AWARENESS AND PREVENTION EDUCATION<sup>[1]</sup>**

#### **Suicide Awareness and Prevention Education for Students**

Students shall receive age and developmentally-appropriate, student-centered lessons on the importance of safe and healthy choices, coping strategies focused on resiliency, how to recognize risk factors and warning signs, as well as help-seeking strategies for self or others, including how to engage school resources.

These lessons may be integrated into the curriculum of health classes and other classes as appropriate. The lessons may be taught by health and physical education teachers, classroom teachers, student services staff or community service providers.

Programming related to suicide prevention shall be delivered in small group, classroom settings, or a large group setting.

District staff may provide resources and access to counseling staff for students participating in programming, who may struggle with the topic of suicide prevention.

Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development by:

1. Informing students about broader behavioral health issues such as depression and substance use, as well as specific risk factors, protective factors and warning signs for suicide.
2. Encouraging students to seek help for themselves or their peers, including when concerns arise via social media or other online forum, and to avoid making promises of confidence when they are concerned about the safety of a peer or other individual.
3. Providing local, state and/or national resources for seeking help.

#### **Suicide Awareness and Prevention Education for School Personnel**

All school personnel shall receive written information about the district's protocols for suicide awareness and prevention, including risk factors, warning signs, response and communication procedures, referrals and resources.

As part of the district's professional development plan, professional educators in school buildings serving students in grades six (6) through twelve (12) shall participate in a minimum of four (4) hours of youth suicide awareness and prevention training every five (5) years.<sup>[1][8][9]</sup>

The district shall make required training and refresher training available on an ongoing basis, so that educators may fulfill training requirements throughout the required timeframe.

School safety and security training for employees may include suicide awareness.<sup>[9]</sup>

Additional professional development in suicide risk screening and/or assessment and crisis intervention shall be provided to specialized staff and school behavioral health professionals such as school crisis response/intervention team members, threat assessment team members, designated administrators, school counselors, school psychologists, school social workers and school nurses.

## Resources for Parents/Guardians

The district may provide parents/guardians with resources including, but not limited to, health promotion and suicide risk, including characteristics and warning signs, and information about local, state and national behavioral health resources.

## **METHODS OF PREVENTION**[\[1\]](#)

The district shall utilize a multifaceted approach to suicide prevention which integrates school and community-based supports.

The methods of prevention utilized by the district include, but are not limited to, education, training and awareness; early identification and support for students at risk; and delegation of responsibility for planning and coordination of suicide prevention efforts.

Information received in confidence from a student may be revealed to the student's parents/guardians, the building principal, the threat assessment team and/or crisis response/intervention team or other appropriate authority when the health, welfare or safety of the student or any other person is clearly in jeopardy, in accordance with applicable law, regulations and Board policy.[\[4\]](#)[\[10\]](#)[\[11\]](#)[\[12\]](#)[\[13\]](#)[\[14\]](#)[\[15\]](#)

## Suicide Prevention Coordinators

### *District-Wide -*

A district-level suicide prevention coordinator shall be designated by the Superintendent or designee. This may be an existing district employee. The district suicide prevention coordinator shall be responsible for planning and coordinating implementation of this policy.

### *Building-Level -*

Each building principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing district employee, who may also be a member of the threat assessment team.[\[4\]](#)

## Early Identification Procedures

Early identification of individuals with warning signs or suicide risk factors is crucial to the district's suicide prevention efforts. To promote awareness, school personnel, students and parents/guardians should be educated about suicide risk factors and warning signs.

## Referral Procedures

Any school personnel who observes a student exhibiting a warning sign for suicide, or who has another indication that a student may be contemplating suicide, shall refer the student for suicide risk screening and/or assessment and intervention in accordance with Board policy and district procedures.[\[4\]](#)[\[15\]](#)[\[16\]](#)

In the absence of a warning sign for suicide, students demonstrating suicide risk factors that appear to be adversely impacting the student, or other indications of self-harm, should be referred to an appropriate team or staff member (e.g., principal, school counselor, Student Assistance Program team) for support and follow-up.

When a student's behavior indicates a threat to the safety of the student, school personnel shall report the student to the threat assessment team, an appropriate member of the team or the suicide prevention coordinator. The threat assessment team, crisis response/intervention team

and designated staff responsible for conducting or arranging suicide risk screening and assessment shall coordinate to provide assessment and intervention in accordance with Board policy and district procedures.[4][15][16][17]

School personnel shall arrange for or provide continuous adult supervision to ensure the student's safety.

### Safe2Say Something

When the district receives a report through the Safe2Say Something program, members of the Safe2Say Something team shall coordinate with the appropriate emergency dispatch center(s), local law enforcement and/or district team, in accordance with district procedures.[9]

### Documentation

The district shall document the referral, including specific reasons identified as indications that the student may be at risk.[4]

## **METHODS OF ASSESSMENT AND INTERVENTION**[1]

The methods of assessment and intervention utilized by the district include, but are not limited to, responding to threats of suicide or self-harm, suicide attempts in school, suicide attempts outside of school and suicide.

The district shall maintain a trained school crisis response/intervention team. Team members may include, but not be limited to, designated administrators, school counselors, school nurse, school psychologist, social worker, school security personnel, members of the Student Assistance Program team and others as designated by the district such as community behavioral health agency resources.

The district's threat assessment team shall serve as a crisis response/intervention team, and may coordinate with district behavioral health staff and community behavioral health agency resources as needed.[4]

The Superintendent or designee shall establish administrative regulations for coordination of appropriate teams and staff in suicide assessment and intervention.

Suicide intervention procedures shall involve collaboration and coordination with the student, the parent/guardian, suicide prevention coordinator, the threat assessment team and/or the crisis response/intervention team and additional support services as needed.

### Student Assessment and Intervention

When a student has been referred for assessment, designated members of the threat assessment team and/or crisis response/intervention team shall coordinate with appropriate behavioral health staff to assess and respond to the student's behavior, which may include development or update of an Individualized Management Plan and/or Safety Plan, where appropriate, in accordance with Board policy and administrative regulations.[4]

A district-approved suicide risk screening or assessment tool may be used by trained behavioral health staff such as school counselors, psychologists or social workers.

Parents/Guardians of a student identified as being at risk of suicide shall be notified by the building principal or designee and informed of crisis and community resources. If the school suspects that the student's risk status is the result of abuse or neglect, school staff shall immediately notify Children and Youth Services, in accordance with applicable law and Board policy.[4][6]

The district shall identify and develop agreements with behavioral service providers to whom students may be referred for further suicide risk screening and/or assessment and intervention.

If the student has been identified as being at increased risk of suicide, the district shall develop a new, or update a previous, Safety Plan to support the student and the student's family. The Plan should be developed collaboratively with input from the student, the student's parents/guardians, appropriate team members and behavioral health professionals.

### Students With Disabilities

For students with disabilities who are identified as being at risk for suicide or who attempt suicide, the team receiving the referral or other district staff shall notify the appropriate Individualized Education Program (IEP) team or Section 504 team to address the student's needs in accordance with applicable law, regulations and Board policy.[3][4][18][19][20][21]

If a student is identified as being at risk for suicide or attempts suicide and the student may require special education services or accommodations, the Director of Special Education shall be notified and shall take action to address the student's needs in accordance with applicable law, regulations and Board policy.[3][18][19][20][21]

### Documentation

The district shall document observations, recommendations and actions conducted throughout the course of intervention, suicide risk screening and/or assessment and follow-up, including verbal and written communications with students, parents/guardians, appropriate team members and behavioral service providers.[4]

## **METHODS OF RESPONSE TO SUICIDE ATTEMPT OR SUICIDE[1]**

The district's crisis response/intervention team shall coordinate with first responders, district behavioral health staff and/or community behavioral health resources in response to a suicide attempt or suicide.

### Response to Suicide Attempt

Methods of response to a suicide attempt utilized by the district include, but are not limited to:

1. Acting in accordance with professional development and crisis response training including, but not limited to:
  - a. The rendering of first aid until professional medical services and/or transportation can be received.
  - b. Supervision of the student and movement of all other students out of the immediate area.
2. Coordinating with the threat assessment team to document or follow up on the threat assessment process, in accordance with Board policy, where applicable.[4]
3. Notifying students, employees and parents/guardians.
4. Working with families.
5. Responding appropriately to the media.
6. Collaborating with community providers.

### Re-entry Procedures

A student's excusal from school attendance after a behavioral health crisis and the student's return to school shall be consistent with state and federal laws and regulations, and in accordance with Board policy.[3][18][19][20][22][23]

Prior to a student returning to school after a behavioral health crisis, a district-employed behavioral health professional, member(s) of the threat assessment team, the building principal or designee shall meet with the parents/guardians of the student and, if appropriate, meet with the student to discuss the student's return to school and to create an individual re-entry plan.[4]

When authorized by the student's parent/guardian, the designated district employee shall coordinate with the appropriate outside behavioral service providers, request releases of information and written documentation from the treating facility and encourage their involvement in the re-entry process.

A school behavioral health professional shall periodically check in with the student and monitor the student's re-entry plan, which may include strategies and supports to facilitate the student's progress and transition back into the school community, including referrals to other school-based teams or programs (e.g. Student Assistance Program).

Re-entry of a student with a disability requires coordination with the appropriate team to address the student's needs in accordance with applicable law, regulations and Board policy.[3][18][19][20][21]

#### Response to Suicide (Postvention).

Upon confirmation of a suicide, the district shall immediately implement established postvention procedures which shall include methods for informing the school community; identifying and monitoring at-risk youth; and providing resources and supports for students, staff and families.

### **DOCUMENTATION PROCEDURES[1]**

Effective documentation assists in preserving the safety of the student and ensuring communication among school staff, parents/guardians and behavioral service providers.

When school personnel take notes on any conversations or situations involving or relating to an at-risk student, the notes should contain only factual or directly observed information, not opinions or hearsay.

As stated in this policy, school personnel shall be responsible for effective documentation of incidents involving suicide prevention, intervention and response, in accordance with applicable laws, regulations and Board policy.[4]

Reports and information shall be maintained confidentially and made available to appropriate district staff in accordance with applicable laws, regulations and Board policy.[4][11][12][13][14][24][25]

### **SUICIDE AWARENESS, PREVENTION AND CRISIS RESOURCES[1]**

***A listing of additional resources regarding suicide awareness and prevention shall be attached to this policy.***

Legal

[1. 24 P.S. 1526](#)

2. Pol. 103

3. Pol. 103.1

4. Pol. 236.1

- 5. Pol. 249
- 6. Pol. 806
- [7. 24 P.S. 1301-E](#)
- 8. Pol. 333
- 9. Pol. 805
- [10. 22 PA Code 12.12](#)
- [11. 20 U.S.C. 1232g](#)
- [12. 34 CFR Part 99](#)
- 13. Pol. 207
- 14. Pol. 216
- 15. Pol. 236
- 16. Pol. 146
- [17. 24 P.S. 1302-E](#)
- 18. Pol. 113
- 19. Pol. 113.2
- 20. Pol. 113.3
- 21. Pol. 114
- 22. Pol. 117
- 23. Pol. 204
- 24. Pol. 113.4
- 25. Pol. 209
- Pol. 146.1
- Pol. 816
- Pol. 911

[819-Attachment- Emotional and Behavioral Health Community Resources.pdf \(118 KB\)](#)