SMYRNA SCHOOL DISTRICT
PROCEDURE

Section:	**5000 Students**	**Office Responsible:**	**Superintendent/Special Services**
Procedure:	**5127R Suicide Prevention**		
Related Policies:	**5127 Suicide Prevention, 1506 Privacy Rights of Students**		

I. Purpose

To establish consistent procedures for timely prevention, intervention, and post-vention measures to suicide in our school community.

II. Signs of Students at Risk

There is no single cause for suicide. A student can be defined as at-risk if one has made a suicide attempt, has intent to end their life, having chronic suicidal thoughts, displayed significant behavior changes, or someone who has verbalized it. It is important to note that students may have suicidal ideations (thoughts of suicide) with intent and detailed plan, but they also may have a desire to be dead without a clear plan or intent but should still be considered a risk of suicide. Treat all suicide ideations as a serious and potential threat.

Self-Injury- Self-harm, or self-injury, is when a person hurts his or her own body on purpose. The injuries may be minor, but sometimes they can be sever. They may leave permanent scares or cause serious health problems, Self-injury is an unhealthy way to cope with emotional pain, intense anger/frustration.

Examples:

- Cutting or severely scratching the skin
- Burning or scalding
- Hitting or banging head
- Punching things or throwing one's body against walls/floors or hard objects
- Sticking objects into the skin
- Intentionally preventing wounds from healing
- Swallowing poisonous substances or inappropriate objects

Because clothing can be used as a protective factor for the student to hide the injuries, it may be difficult to see them.

Signs to look for:

- Unexplained wounds/scars from cuts, bruises, or burns. Typically, on the wrists, arms, legs, stomach area.
- Blood stains on clothing.
- Sharp objects or cutting instruments in student's possession such as razors, knives, scissors, etc.
- Frequent accidents. Claiming they are very clumsy to explain the injuries.
- Covering up. Wearing long sleeves or pants when warm out.
- Needing to be alone for long periods.
- Isolation and irritability.

Risk Factors- Risk factors are characteristics that make it more likely that an individual would consider, attempt, or die from suicide. School staff should be aware of common risk factors and report concerns immediately to the appropriate personnel.

Common risk factors:

- One or more attempts of suicide
- Family members or friend committed suicide
- Loss of any kind.
- Mental illness.
- Substance abuse.
- Trauma or abuse of any sort.
- Lack or healthy coping skills.
- Being bullied.
- Barriers receiving mental health treatment.
- Having access to weapons or lethal means.
- Local cluster of suicides.

Protective Factors- Protective factors are characteristics that make it less likely individuals will attempt suicide.

Common protective factors:
Effective clinical care.
Restricted access to weapons or lethal means.
Strong family support.
Problem solving skills, conflict resolution.

Warning Signs- Warning signs are behaviors students may be displaying to signal suicidal thinking. The warning signs indicate the need to inquire directly about whether the individual has thoughts of suicide or self-injury immediately.

Common warning sign examples:

- Making a statement
  I wish I was dead.
  If this does not happen, I am going to kill myself.
  I have nothing left to live for.
- Talking or writing about suicide
  On social media
  Through text
  School assignments
- Researching suicide
  How to do it
  Collecting harmful items
  Looking on the internet for different ways

- Rapid shift in mood
- Decline in grades
- Poor hygiene
- Giving away prized items
- Increased absences

III. Identification

The risk of suicide is raised when any student, teacher, or other school employee identifies someone who is potentially experiencing suicidal ideations or demonstrating warning signs. When concern is raised, the student should be brought by school personnel to a designated crisis response team member for a risk assessment to be completed. The student should be always supervised and asked if they have any objects that could be used to carry out self-harm. Staff should remove any potentially dangerous items. The crisis response staff member or administrator should gather essential background information that will help the assessment process.

- What did the student say or do?
- What is the information that have alarm?
- Provide copies of any writings, drawings, or witness statements.

If an injury is present, the student will also need to be assessed by the school nurse.

Staff trained on completing risk assessments should meet with the student to complete risk assessment (see forms).
Parents/guardians will be notified when there appears to be any concern of self-harm. Parents will then pick the student up when the risk assessment is a positive screening and proceed to complete the outside mental health assessment. Parents will then provide a copy in written format of clearance and any recommendations made but the outside professional.

Steps to Follow:

- Contact a member of the crisis team immediately.
  Admin
  Counselor
  Social Worker (if applicable)
- Stay with student until crisis member responds.
- Crisis team member will assess student.
  Inform admin
- Have student assessed by nurse (if applicable)
- Determine whether the student requires immediate emergency medical intervention
- Implement reasonable de-escalation and supportive interventions
- Contact parents.
- Always stay with student.

IV. Procedures for Transport
Transportation shall be determined by the student's clinical presentation, immediate safety concerns, and the applicable legal authority.

Transportation Option	Considerations
Parent/Guardian	Student is sufficiently stable for safe transportation and an appropriate evaluation or care plan is established.
Emergency Medical Services (EMS)	Medical instability, suspected overdose, serious injury, altered mental status, or other need for emergency medical monitoring or treatment.
Law Enforcement	Immediate safety concerns, circumstances requiring lawful emergency custody or detention, or another legally authorized transport response.

Parent/Guardian- Once a positive risk assessment has been completed, parents/guardians will be notified to pick up student and taken for a mental health evaluation.

- Ask parent/guardian to immediately come to the school. If parent/guardian cannot report to the school immediately follow steps to have law enforcement transport student.
- Explain to the student their parent/guardian has been notified and is on their way. Describe what will happen next using age-appropriate language.
- When parent/guardian arrives at the school site, meet with them separate from their student to discuss the situation and next steps needed to ensure safety.
- Have parent/guardian complete the "Parent/Guardian Action Plan."
- Explain to parents the importance of having a return to school meeting following the outcome of the psychiatric assessment and give parents the "Return to School Information Packet."
- Encourage parents to sign a Release of Information to that the mental health professional or the designated member for the school site crisis response team can communicate with the hospital. Provide "Return to School Information Packet."
- If recommendation is a hospital setting, call ahead to the hospital to let them know a student is being transported by his/her parent/guardian and notify them if there is a release of information.
- Follow up with parent later that day or within one business day.
  Assigned staff should maintain regular communication with the family and treatment provider following the risk assessment. The assigned staff will work with the family and treatment provider to organize a return to school meeting and develop a safety plan.

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Law Enforcement/Emergency Medical Services Transport

To establish a consist, safe, clinically appropriate, and trauma-informed process for requesting law enforcement assistance with transporting a student experiencing a mental health crisis from school property to an appropriate emergency evaluation facility. A screening or assessment tool should inform clinical judgment but should not independently determine whether law enforcement transportation is required. This procedure applies to district administrators, school social workers, school psychologists, school counselors, nurses, school safety personnel, and other designated crisis response team members.

When law enforcement assistance is indicated:

- The building administrator or designated crisis response representative shall contact emergency dispatch or the appropriate law enforcement agency.
- Staff shall communicate objective observations, relevant safety concerns, known medical needs, and actions already taken.
- Staff shall identify whether the student is voluntarily seeking care, whether a parent/guardian is available, and whether any legal authority for involuntary detention has been established.
- The responding officer shall determine and act within their legal authority, consistent with applicable Delaware law and agency procedures.
- EMS shall be requested when medical assessment or medically supervised transport is necessary.

Parent/Guardian notification:
The school administrator or designated crisis team member shall notify the parent/guardian as promptly as practicable, unless a specific safety concern or legal requirement dictates otherwise. Communication should include the student's presenting safety concerns, the emergency response initiated, the transportation destination when confirmed, and instructions for contacting the receiving faculty. Attempts to contact the parent/guardian shall be documented. A parent/guardian's unavailability or refusal does not delay necessary emergency response.

Student safety, dignity, and confidentiality:
District personnel shall:

- Maintain continuous appropriate supervision until responsibility is transferred to responding emergency personnel.
- Use calm, developmentally appropriate, nonpunitive communication.
- Minimize unnecessary exposure to peers and staff.
- Share only information necessary for the emergency response, consistent with applicable privacy laws.
- Avoid treating mental health symptoms as disciplinary misconduct solely because emergency transportation is needed.
- Document any observed use of physical restraint and report concerns according to district policy and applicable law.

Transfer of care:

- Before the student leaves school property, the designated crisis team member shall, when feasible:
- Communicate relevant assessment findings and immediate safety concerns.
- Identify the receiving facility or intended evaluation destination.
- Provide emergency contact information through an authorized, secure process.
- Document the responding agency, officer identification, departure time, and destination are known.
- Confirm which agency or individual has assumed responsibility for the student.

V. Return to School After an Evaluation/Hospitalization

It is important to recognize the additional support needed once a student returns to school. A meeting should be conducted following the risk assessment and a discharge from a hospital setting.

- Create a safety plan
- Implement or begin to coordinate social, emotional and behavioral supports.
- Assist student and family with the referral process (if needed).
- Review any concerns the family or student may have.

Safety Plan- the Safety Plan should be completed with the student upon return with their parent/guardian present.

- Identify positive adult support in the school.
- Identify healthy coping skills.
- Understand triggers and warning signs.

Documentation and Record Keeping- Documents and records related to the event are confidential information and only be accessed by members of the crisis response team. These notes should be kept in a locked confidential file separate and apart from the student's cumulative record. Building administration shall assign a member of the crisis team to maintain all crisis response records and shall transfer records upon the student's transition within schools in Smyrna School District.

Records to include:

- Persons involved, identifying all reporters, responders, the individual(s) into whose care the student was released, and the name of the student
- Time and place of the incident
- What gave rise to the incident
- All actions taken
- All reports made
- Student Safety Plan

- Discharge paperwork
- Releases of information related to the incident
- Documentation of the assessment

Extended Time/Hospitalization/Return to School Plan- It is recommended that upon discharge from a psychiatric inpatient or partial hospitalization program, the student and their family meet with the identified school personnel.

Facilitate the following:

- Create a team to include administration, a counselor, school social worker, nurse, school psychologist, nurse, school social worker, and educational diagnostician.
- Create a Safety Plan.
- Implement and begin to coordinate on-site academic and social/emotional support.
- Assist in referrals to out-patient providers (if applicable).
- Review any concerns related to the school incident.

Approval Acknowledged by:

Deborah Judy

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Deborah Judy
Superintendent of Schools

Procedure Actions
Adopted: 11/19/26
Revised: