

## **Students**

### **Suicide Prevention and Intervention**

The CREC Council recognizes that suicide is one of the three leading causes of death among young people and is a concern to this school system and the community it serves. It is the policy of the Council to respond actively to any situation where a student verbally or behaviorally indicates intent to attempt suicide or to inflict self-injury or harm.

The CREC Council recognizes the need for youth suicide prevention procedures and will establish program(s) to identify risk factors for youth suicide, procedures for intervention, training for teachers, school personnel and students, and identify appropriate referral services.

The CREC Council recognizes that suicide is a complex issue and that, while school staff members may recognize a potentially suicidal youth, they cannot make clinical assessments of risk or provide in-depth counseling.

Any school employee who has knowledge of a suicide threat or intent must report this information immediately to the building principal or his/her designee, who will, in turn, mobilize the school crisis intervention team. The student's parent/guardian will be notified and an appropriate referral made.

Legal Reference:       Connecticut General Statutes  
  
                                  10-221(e) Boards of education to prescribe rules.

Policy adopted:       June 18, 2003  
Policy revised:       February 20, 2019

CAPITOL REGION EDUCATION COUNCIL  
Hartford, Connecticut

## **Students**

### **Suicide Prevention/Intervention**

#### **Procedural Guidelines**

At the beginning of every school year each school in the district will form a Crisis Intervention Team (CIT). At minimum the team will be composed of an administrator, nurse, classroom teacher, school psychologist, guidance counselor/school counselor and social worker where available. Additional members may be included as appropriate. A subset of the CIT with training and expertise in suicide evaluation should be identified as a special assessment team to respond to suicide threats.

The CIT will be introduced to the building staff at the beginning of each year and its role and function in the building will be explained. It will be the CIT's responsibility to inform all building staff members of the suicide procedural guidelines outlined in this regulation and instruct them in identifying the warning signs of students in emotional distress. The CIT shall document that it has discharged this responsibility.

School staff who have identified a student exhibiting the signs of suicide, or who have other reason to believe the student is at risk for suicide, should immediately and discreetly inform the building administrator or a member of the CIT. This must be done even if the student has confided in the staff member and asked that the discussion be kept confidential. The student should not be left unattended after such a disclosure if the student is thought to be at high risk.

The administrator/designee should immediately convene the CIT or special assessment team to develop a plan for assessment and assign responsibilities for each member to fulfill. CIT members should gather background information prior to contacting the student unless there appears to be imminent risk of self-harm. The gathering of information should be done as soon as possible following the referral and may include:

- a. Further discussion with the person who made the referral
- b. Contact with other staff members to get data on recent student performance

Following the collection of information, the student will be interviewed by a member of the CIT (preferably a member of the special assessment team) to determine the seriousness/lethality of the situation. The following guidelines will be used to address a particular situation:

- A. Critical situation: the student has the intent to commit suicide, has a specific plan for how it will be done, and immediate access to the method; exhibits feelings of loneliness, hopelessness, helplessness, and the inability to tolerate any more pain. The following actions will be taken:
  1. A CIT member will stay with the student to offer support while the team develops a plan of action. In addition, the student will be notified that someone will be contacting the

parent/guardian.

If the risk of suicide is related to abuse or neglect by the parent/guardian, the Department of Children and Families (DCF) will be contacted instead.

2. A designated CIT member will contact EMPS Mobile Crisis Intervention Services for clinical assessment and crisis safety planning.

If EMPS Mobile Crisis Intervention Services is not available or there is undue delay, the designated CIT member will make contact with 911.

3. If physical injury has occurred and the student requires emergency medical attention, the adult observer and school nurse will make contact with 911, and state that a medical emergency exists and give location. The school nurse or appropriate staff member will render first aid until emergency medical personnel arrive for treatment and/or transport and will contact the parent/guardian to report the incident.
4. A designated CIT member will notify the parent/guardian (except in cases where the risk of suicide is related to abuse or neglect by the parent/guardian) and request that they come to the school immediately. The following information should be conveyed in the meeting with the parent/guardian:
  - a. The seriousness of the situation.
  - b. The need for immediate outside professional help. A list of community resources will be provided to assist.
  - c. The need for continued monitoring.
  - d. A request for parent/guardian to sign a release of information form for communication between the school and appropriate outside consultants.
  - e. Plans for follow-up.
  - f. Inquiry into the availability of and/or access to dangerous objects (firearms, medications, knives, etc.)
5. If the parent/guardian refuses to come to the school the principal/designee will explain to the parent/guardian that the school will be required to file a medical neglect report with the Department of Children and Families (DCF) in accordance with state laws and regulations.
6. If the parent/guardian or the designated emergency contact cannot be reached after repeated attempts, school staff will contact the youth services division of the student's local police department for assistance.
7. An assigned CIT member will document the course of events and outcome of meetings within twenty-four (24) hours and keep the record in a designated confidential location.
8. Conditions under which student is discharged from school:

- a. Accompanied by parent/guardian or other party specifically authorized by parent/guardian, if the student does not need immediate emergency services. If parent/guardian refuses immediate emergency services, the assigned CIT member will document the refusal.
  - b. Via ambulance to emergency room
9. As a follow-up, a CIT member will contact the family within 3 to 5 days to discuss the family's plans to provide professional help and support to the student. Written permission for communication between school and the outside therapist will be requested.

A plan of action for in-school support of the student will be discussed upon the student's return to school. The CIT will continue to monitor the student for 4 to 6 weeks after the student returns to school.

- B. Potential Situation: The student has some intent to commit suicide and has thought about how it would be done. The student has access to the method but does not have everything in place. Although the student may exhibit feelings of hopelessness, helplessness and unbearable pain, some willingness to accept help is shown. The following actions will be taken:

1. An assigned CIT member will stay with the student to offer support, while the crisis team develops a plan of action.
2. A CIT member will explain to the student that parent/guardian will be contacted in order to arrange for professional help and to develop an appropriate support system.
3. A designated CIT member will contact EMPS Mobile Crisis Intervention Services for clinical assessment and crisis safety planning.

If EMPS Mobile Crisis Intervention Services is not available or there is undue delay, the designated CIT member will make contact with 911.

4. The principal/designee will:
  - a. Contact the student's parent/guardian to inform of the seriousness of the situation and to request that (s)he come to school for a meeting that day. If the risk of suicide is related to abuse or neglect by the parent/guardian, the Department of Children and Families (DCF) will be contacted instead.
  - b. Obtain further information from the parent/guardian concerning the student's mental health history, including therapy and prior suicide attempts or threats. If the student is currently being seen by a mental health professional, the principal/designee will ask for parent/guardian permission for a staff member to speak with that professional.

5. If the parent/guardian refuses to come to the school the principal/designee will explain that the school will be required to file a medical neglect report with the Department of Children and Families (DCF) in accordance with state laws and regulations. The principal/designee will inform the parent/guardian 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 appropriate.
6. If the parent/guardian or the designated emergency contact cannot be reached after repeated attempts, school staff will contact the youth services division of the student's local police department for assistance.
7. The assigned CIT member will document the course of events and outcome of meetings within twenty-four (24) hours and keep the record in a confidential location.
8. Conditions under which student is discharged from school:

Accompanied by parent/guardian or other party specifically authorized by parent/guardian, if the student does not need immediate emergency services. If parent/guardian refuses immediate emergency services, the assigned CIT member will document the refusal.

9. As a follow-up, a CIT member will contact the family within 3 to 5 days to discuss the family's plans to provide professional help and support to the student. Written permission for communication between school and the outside therapist will be requested. A plan of action for in-school support of the student will be discussed upon the student's return to school. The team will continue to monitor the student for 4 to 6 weeks after the student returns to school.
- C. Low risk situation: The student has thought about suicide or doing personal harm, but expresses no intent to do so and has thought of no plan. Feelings of depression, helplessness, or psychological pain are expressed.
1. A CIT member will call parent/guardian to inform of the situation and provide referrals for mental health counseling.
  2. The assigned CIT member will document the course of events and outcome of any meetings within twenty-four (24) hours and keep the record in a confidential location.
  3. As a follow-up, a CIT member will contact the family within 3 to 5 days to discuss the family's plans to provide professional help and support to the student.
  4. A CIT member will have periodic follow-up contact with the student for at least 4 weeks.

**Prevention**

Central to the goal of suicide prevention are systemic efforts to provide a positive school environment and promote positive behavioral health for all students. These concerns are not incidental to the school’s educational mission, since mental health and personal-social problems can present significant barriers to learning. Each school in the district will implement programs and procedures that will help create a positive school climate and enhance the resiliency of students. Incorporated into these programs will be instruction on suicide awareness, which typically involves teaching youth to recognize when they or their peers are at risk for self-destructive or suicidal behaviors, and advising them on actions to take to protect them from harm (i.e., by being supportive and telling a responsible adult). Instruction of this sort should be incorporated into the personal health and safety components of the district’s health education curriculum, and subjected to periodic review. Given the sensitive nature of this topic, it is important for school personnel to be familiar with the clinical literature and attentive to recommended practices regarding suicide prevention.

In the event of a death by suicide, notification shall be made to the CREC Central Office Team who will work with the CIT and/or the special assessment team to develop a plan to support the school community.

Regulation approved: June 18, 2003  
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