

POLICIES AND PROCEDURES	
Policy: SUICIDE PREVENTION	
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## 1. PURPOSE AND PHILOSOPHY

The Spectrum Academy Board of Directors is committed to supporting the physical, behavioral, and emotional well-being of our students and staff. The board recognizes that these factors are integral to a student’s educational success, and strives to take a proactive approach in supporting overall health. Suicide is the second leading cause of death among young people. Spectrum Academy is committed to providing an environment that fosters awareness of the risk factors for suicide and offers ongoing supports at all levels to prevent death by suicide. The purpose of this policy is to provide guidance to prevent, assess the risk of, intervene in, and respond to suicide. This policy is intended to be used in collaboration with other Spectrum Academy Policies relating to emotional and behavioral health.

## 2. POLICY

2.1. Scope: This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles, and at school sponsored events where school staff are present. This policy applies to the entire school community, including educators, school staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

### 2.2. Prevention:

- i) A district level suicide prevention coordinator shall be designated by the Director of Related Services. The suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.
- ii) Developmentally appropriate, student-centered suicide prevention instruction will take place at all grade levels. This instruction may include (but is not limited to):
  - Assemblies
  - In-class lessons
  - Small or large group lessons presented by mental health staff
- iii) The content of student-centered lessons shall include:
  - Safe and Healthy choices and coping strategies
  - Recognizing risk factors and warning signs of mental health disorders and suicidality in self and others

- Self-advocacy, including utilizing school and state resources
  - Referral for self or others
- b) Assessment and Referral:
- i) Students:
- When a student is identified as potentially suicidal, the student will be seen by a qualified mental health staff member (mental health specialist, school counselor or school psychologist) within the same day to assess risk and potential referral.
  - If no qualified mental health staff member is available, a school nurse or administrator will fill this role until a mental health staff member can be brought in.
  - The student at risk will be continuously supervised to ensure safety, until the student is determined to be no longer at risk. The student will be released only to parent or guardian, and will be continuously supervised until parent/guardian arrives. If a student is over 18, without guardianship in place, and does not provide consent for parents to pick them up, emergency services should be contacted.
  - The school administrator (principal or vice-principal) should be notified as soon as reasonably possible.
  - The student's parent or legal guardian will be notified of the situation within the same day, before the student returns home. This contact will be documented through the HB-134 form. Parental contact should include:
    - Counseling regarding limiting access to mechanisms for carrying out a suicide attempt;
    - Staff will seek to obtain permission to contact outside mental health providers, if appropriate.
  - The mental health staff will assist families with referral or care needs, which may include:
    - contacting emergency services;
    - referral to outpatient mental health services;
    - communicating student needs to outside providers, assuming written permission has been obtained.
- ii) Staff:
- When a staff member is identified as potentially suicidal, administration (building principals, supervisors, and directors) and human resources should be notified immediately.
  - As appropriate, mental health staff may support during the crisis.
  - The individual at risk will be continuously supervised to ensure safety, until they are determined to be no longer at risk. If the employee leaves school property prior to a risk assessment, emergency services may be called to perform a welfare check.
  - The individual's emergency contacts will be notified of the situation within the same day, before the staff member leaves school property. Contact should include counseling regarding limiting

access to mechanisms for carrying out a suicide attempt.

- c) In-school suicide attempts:
- i) In the case of an in-school suicide attempt, the health and safety of the individual takes priority. The following steps should be followed:
    - First aid will be provided until emergency medical treatment can be received;
    - The individual will be continuously supervised to ensure safety;
    - students and non-critical staff will be removed from the immediate area (Shelter in Place will be implemented as appropriate);
    - Administration, the school suicide prevention coordinator, and qualified mental health staff will be notified immediately;
    - The individual's parents or emergency contacts will be contacted as soon as reasonably possible;
    - Administration and mental health staff will implement the Crisis Response Procedure as appropriate.
  - ii) Parent/guardian notification will be documented using the HB-134 Form.
- d) Out-of school suicide attempts:
- i) If Spectrum Academy staff becomes aware of a suicide attempt that is in progress in an out-of-school location:
    - Staff will immediately contact emergency services, such as 911;
    - Inform the parent/guardian or emergency contact;
    - Inform the administrator and school suicide prevention coordinator.
  - ii) If a staff member is contacted by an individual expressing suicidal ideation, the staff member should maintain contact with the individual. The staff member should enlist the assistance of another person to contact emergency services while maintaining engagement with the student.
- e) Postvention:
- i) The crisis team will develop a plan, based on the Crisis Response Procedure, to guide school response following a death by suicide.
  - ii) The postvention response should include strategies to address suicide contagion, including a plan to identify and support other high risk students.
  - iii) The school should not create on-campus physical memorials because it may sensationalize the death and encourage suicide contagion. School should not be canceled for a funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.
  - iv) Any external communication with media or other entities is the role of the Executive Directors. All inquiries should be directed to these people.
- f) Re-entry procedures:
- i) For students returning to school after a mental health crisis (hospital stay, ER visit, etc.), a meeting will be held with an intervention team, including:
    - The student's parent or legal guardian;
    - The administrator;
    - A qualified mental health provider;
    - The student's teacher

- Any relevant related service providers.
- This meeting may be an IEP meeting, as appropriate, to identify any needed supports or services, discuss re-entry, and appropriate next steps.
- A Critical Support Plan should be developed with the team that will be reviewed within 2 weeks of implementation.
- Where practicable, The parent or legal guardian will provide documentation from a mental health provider that the student has undergone examination from a qualified medical or mental health professional and that they are no longer a danger to themselves or others.

### 3. REPORTING

- a) All staff members shall immediately report students they believe to be at elevated risk for suicide to the mental health specialist at that campus
- b) All suicidal statements should be documented through an HB-134 Form
- c) Detailed records should be kept regarding the incident and should be available to the student's team in order to ensure continued safety

### 4. TRAINING

- a) Professional Development
  - i) Per USBE requirements, all Spectrum Academy staff shall complete professional development training on youth suicide prevention every three years.

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#### DEFINITIONS

1. **At Risk.** A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. **Crisis Team.** A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. **Mental Health.** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **Postvention.** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

5. **Risk Assessment.** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or mental health specialist). This assessment is designed to elicit information regarding the student’s intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
6. **Risk Factors for Suicide.** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
7. **Self-Harm.** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. **Suicide.** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner’s or medical examiner’s office must first confirm that the death was a suicide before any school official may state this as the cause of death.
9. **Suicide Attempt.** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
10. **Suicidal Behavior.** Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one’s life.
11. **Suicide Contagion.** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
12. **Suicidal Ideation.** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one’s life is still considered suicidal ideation and should be taken seriously.

#### REFERENCES

<https://www.cdc.gov/suicide/facts/index.html>  
[Title 53G-9-704: Youth Suicide Prevention Training for Employees](#)  
[R277-620: Suicide Prevention Programs](#)

#### RELEVANT LINKS

[USBE online suicide prevention training](#)  
[HB-134 form](#)  
[Crisis Response Procedure](#)  
[Critical Support Plan Template](#)

#### DOCUMENT HISTORY

Adopted: 1/18/23

Revised: 5/15/24- Removed 2-hour training length requirement for staff per HB499 2024