

## NVCHS Suicide Prevention + Intervention Protocol 2023-24

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### **I. PURPOSE**

It is the responsibility of every staff member to report knowledge of any potential suicide to the principal or designated liaison whether or not the student has requested that the information be kept confidential. Only trained mental health staff such as guidance counselors, and social workers are to provide appropriate counseling services (and School-Based Mental Health Providers (SBMHP), where applicable). This staff is crucial in the formation of the school crisis response/prevention education/intervention team. The persons designated by the principal, e.g., the assistant principal, guidance counselor, social worker, mental health worker, must report suicidal behavior to the parents\* and document in an incident report.

Students often give clues of their intent to commit suicide to peers, teachers and other personnel. It is important, therefore, that all school personnel (pedagogical and non pedagogical) be made aware of behavioral manifestations which may suggest suicidal tendencies. All suicide related behaviors must be taken seriously.

**Note:** It is important that school staff maintain confidentiality regarding a students' sexual orientation and/or gender identity when in communication with family members, staff or other outside providers, if requested by student.

\*The term "parent," whenever used in this regulation, shall mean the student's parent(s) or any person(s) or agency in a parental or custodial relationship to the student or any individual designated by the parent to act in loco parentis, or the student, if he/she is an emancipated minor or has reached 18 years of age.

## **II. ADMINISTRATION RESPONSIBILITIES**

The principal shall:

1. Designate a staff member to serve as the school's Suicide Prevention Liaison. This person serves as the school's liaison as appropriate on all matters related to suicide prevention education/intervention. The liaison is responsible for ensuring the completion of risk assessments and corresponding incident reports. They also serve as a member of the school's "Crisis Response Team". See Crisis Response Protocol.
2. Ensure that the school's suicide prevention/intervention plan is fully implemented.
3. Identify mental health service provider(s) that can provide additional supports

## **III. PREVENTION THROUGH EDUCATION**

The goal of suicide prevention through education is to heighten awareness of the school community (pedagogical/non-pedagogical personnel, parents, students, etc.) of the warning signs of, or the factors which may contribute to suicidal behavior, and to enable them to access appropriate prevention/intervention services. Warning signs and symptoms must be interpreted cautiously, in conjunction with other factors and each individual circumstance. See the Suicide Reference Guide on some of the symptoms and warning signs.

### **A. Crisis Team Responsibilities**

The Crisis Response Team must:

1. **Develop a School Crisis Intervention Plan** which establishes the steps the school will take to provide intervention and support services to students who exhibit suicide-related risk behaviors. The plan must:
  - a. Address prevention-education/intervention and post-intervention (follow-up) measures and activities;
  - b. Include a timeframe for implementation;
  - c. Include the names of staff involved in the implementation of the plan and their respective roles and responsibilities;
2. **Conduct Teacher Training/Professional Development for All School Staff.** This training should focus on reviewing the suicide prevention plan, the immediate referral of attempted suicide and/or suicidal behavior to the principal or designated school liaison. In addition, pertinent information must be provided to staff on suicidal risk factors, risk taking behavior, identifiable indicators, referral procedures, follow-up strategies, and sensitizing staff to the special needs of potentially suicidal students.
3. **Provide a variety of educational activities for all students and families** to help them develop healthy coping mechanisms, awareness of risk factors of suicidality and mental health issues in themselves and in others. These activities and trainings will also address help-seeking strategies and information on resources to obtain for oneself or others.

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4. **Coordinate organizational assistance within the community**, establish liaisons with mental health agencies and hospitals, and train parent and community groups to become familiar with appropriate prevention education/intervention strategies. This training should be part of the school's comprehensive health program. The team shall encourage participation of community agencies/groups in training sessions. It is recommended that the team meet periodically with hospital/agency staff to ensure on-going communication, training and optimal collaboration.
5. **Inform community mental health agencies and hospitals of the school's suicide prevention-education/intervention component.** The crisis team shall develop and utilize a detailed community resource and reference list with an indicated liaison in each agency and/or hospital. The resource list should be updated annually.

#### **IV. INTERVENTION PROCEDURES**

Every staff member must report knowledge of any suicide attempt or potential suicide to the principal or designated liaison whether or not the student has requested that the information be kept confidential.

##### **A. Suicide Attempts**

1. **Intervention measures-** When a staff member has knowledge of a suicide attempt- the following steps must be taken:
  - a. The staff member must summon assistance and inform the principal/designee.
  - b. The staff member must ensure that the student is not unattended under any circumstance.
  - c. The staff member must ensure that appropriate first aid procedures are administered.
  - d. The staff member must attempt to remove other students from the immediate area.
  - e. The staff member must contact 911 immediately so that the student can be transported and admitted to the nearest hospital.
  - f. The principal/designee must notify the parent and summon him/her either to the school or to the hospital involved. If the student must be removed to the hospital and the parent has not arrived, a member of the school staff must accompany the student to the hospital. If the parent does not arrive by the end of the staff member's school day, the staff member must contact the principal/designee.
  - g. If a staff member has knowledge of an attempt that has taken place outside of school, they must still inform the principal/designee
2. **Post-Intervention/Follow-Up Procedures-** The principal/designee must take the following steps after the suicide attempt to support the student and the parent:
  - a. Communicate on an ongoing basis with the parent or an outside treatment service provider to ensure appropriate school support.

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- b. Continue to provide appropriate instruction. No student may be excluded from school pending a “medical clearance” or an “authorization to return to school.”
- c. Provide appropriate school guidance and counseling services upon the student’s return to school. This may include, but is not limited to:
  - i. Identifying someone to be the point-person in maintaining contact with the student and family;
  - ii. communicating with the SBMHP, hospitals and mental health agencies to coordinate implementation of safety, treatment and/or discharge plans;
  - iii. helping the student adjust and cope with school stressors, communicate and coordinate with their teachers to make up work where appropriate;
  - iv. adjusting the school program where appropriate; and/or
  - v. integrating school services with outside sources of help.
  - vi. if the incident creates an impact on the larger school community, the crisis team should be called to assist staff and students in coping with the situation.

## **B. Suicidal Behavior**

1. **Warning Signs-** The situation is to be regarded as life threatening whenever a student verbalizes or writes a detailed suicide plan of action or whenever a student exhibits a combination of any of the following behavioral patterns:
  - Severe and persistent bereavement
  - Previous self-injuring behavior
  - Total withdrawal/isolation
  - Feeling of hopelessness
  - Chronic depression
  - Chronic substance abuse
  - Deteriorating school functioning
  - Loss of reality boundaries
  - Lack of emotions/inappropriate affect
  - Rage/anger
2. **Intervention Measures -** The following steps must be taken when any staff member becomes aware of suicidal behavior:
  - The staff member must immediately inform the principal/designee.
  - The staff member must ensure that a risk assessment is completed by an appropriate mental health provider (counselor, social worker).
  - The staff member must contact 911 where appropriate.
  - The principal/designee must contact the parents and make them aware of the serious and potentially dangerous nature of the situation and assist in developing an immediate plan of action to follow, i.e., referral to the SBMHP, location of a nearby hospital, mental health agency or other appropriate support services.
  - If the student has indicated access to the means for attempting a suicide, the parent must be informed about appropriate preventative measures. In addition,

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the parent should be counseled on “means restrictions,” limiting the child’s access to the mechanism for carrying out the suicide attempt (i.e., dangerous weapons or medicine/drugs).

- 3. Post Intervention/Follow-Up Activities** - The principal/designee must have ongoing communication with the parent and the treatment service provider to ensure appropriate school support. The principal/designee must work with the crisis team to assess the risk to the child and provide appropriate interventions and services.

## **C. Suicidal Ideation**

- 1. Intervention Measures**- When a student expresses general thoughts or feelings about suicide and exhibits some of the warning signs or indicators listed on the Suicide Reference Guide – Warning Signs of Suicide Risk the following steps must be taken:
  - a. The situation must be assessed by the crisis team to determine appropriate interventions and services.
  - b. Any staff member becoming aware of such behavior must notify the principal/designee immediately.
  - c. A mental health provider must complete a risk assessment and safety plan, where relevant.
  - d. The principal/designee must make the student’s parent aware of the potentially dangerous nature of the situation.
- 2. Post Intervention Follow-Up Measures** The crisis team must develop a plan of action, in collaboration with the parent, to:
  - a. arrange for a designated member of the crisis team meet with the student on a regular basis to offer ongoing support and monitor student’s progress;
  - b. conduct follow-up within the school and/or follow-up with the treatment service provider to determine what additional measures should be taken, if any;
  - c. refer the student to the SBMHP or an outside mental health screening program, depression screening program or mental health agency;
  - d. encourage the student and family to participate in ongoing therapeutic intervention; and/or
  - e. communicate with the suicide prevention, education and intervention team to review student progress on a regular basis and determine the outcome of their interventions.

Where a student attempts suicide or exhibits potentially suicidal behavior, where appropriate, school staff should consider a referral to the CSE or a request for a 504 meeting.

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## **V. FOLLOW-UP PROCEDURES**

In the aftermath of a student suicide attempt or death by suicide, follow-up procedures should be established to assist staff, students, and family in coping with the situation. The following follow-up activities should be incorporated in each school plan:

1. A staff conference open to all school personnel should be held as soon as possible following a suicide to:
  - a. Eliminate rumors surrounding the suicide;
  - b. Develop a plan for dealing with the suicidal incident in individual classroom groupings (to permit open discussion and facilitate identification of other at-risk students and avoid imitation suicides);
  - c. Consider a memorial service; and
  - d. Address the grief reaction of students, staff and the entire school community.
  - e. Review who staff can direct outside media or organizations to for questions
2. School mental health workers, crisis team members and/or community-based organizations should conduct small group sessions with students and staff to alleviate anxiety and help resolve the feelings that follow such an incident.
  - a. School staff should identify students or groups who may be at particular risk (including friends of the student who attempted or died by suicide, students who have history of attempts and others) in order to provide
3. In consultation with the principal, provide family members with a referral to outside resources for continuing support services.

## **VI. REPORTING PROCEDURES**

### **A. Powerschool Incident Reporting**

All school staff members must report any deaths by suicide, attempted suicides and expressions of suicidal intentions occurring in and out of school to the

Reporting Procedures as follows:

1. The school staff member must immediately notify the principal/designee.
2. The principal/designee must immediately notify the Superintendent's Office
3. Development Liaison as appropriate by telephone.
4. The principal/designee must complete an Incident Reporting within 24 hours

### **B. Reports to the New York State Central Register for Child Abuse and Maltreatment**

All staff members are mandated reporters for child abuse and maltreatment. The staff member who has first-hand information must personally and immediately make an oral report to the New York State Central Register (SCR) for Child Abuse and Neglect at 1- 800-635-1522 when:

1. A student exhibits potentially suicidal behavior and the school has reasonable cause to suspect that the child has been abused or maltreated.

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2. The parent refuses to cooperate with the school or to take alternative preventive measures and the student is still at risk.

## **VII. APPENDIX**

### **REFERENCE GUIDE**

This reference guide is to alert you to the typical indicators of risk for suicide or self-injury among children and adolescents. This list is not exhaustive. Please note that a child may have one or more indicators and may not be at risk for suicide; furthermore, a suicide attempt may sometimes be an impulsive decision. However, the continued presence of an indicator, or the presences of several indicators in combination, should alert school personnel to the possibility of suicide risk. All indications of suicidality need to be taken seriously and the principal /designee should be alerted immediately.

<b>BEHAVIORAL INDICATORS</b>
<ul style="list-style-type: none"><li>• Previous suicide attempts</li><li>• Verbal or written statements expressing suicidal tendencies</li><li>• Self-destructive behavior, e.g., self-inflicted burns, cuts, reckless or dangerous behavior</li><li>• Use of drugs and/or alcohol</li><li>• Isolation/withdrawal</li><li>• School failure/truancy</li><li>• Deteriorating school functioning</li><li>• Neglect of personal welfare or appearance</li><li>• Running away from home</li><li>• Disciplinary crisis, e.g., suspension, arrest</li><li>• Unusual or prolonged crying</li><li>• Giving away personal belongings</li><li>• Inappropriately saying goodbye</li><li>• Changes in normal behavior, e.g., arguments or fights</li><li>• Eating disorders/change in eating habits</li></ul>



<b>EMOTIONAL INDICATORS</b>
<ul style="list-style-type: none"><li>• Depression</li><li>• Strong and persistent bereavement concerns</li><li>• Loss of reality boundaries, hearing voices</li><li>• Loss of emotions/apathy/inappropriate affect</li><li>• Panic attacks, anxiety disorder</li><li>• Low self-esteem, extensive self-criticism</li><li>• Feelings of hopelessness</li><li>• Exposure to violence or trauma</li></ul>



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**PERSONAL CIRCUMSTANCES**

- Serious illness - self or family member
- Unwanted pregnancy
- Sexual identity concerns
- Recent humiliating event
- Family problems: child abuse or neglect, sexual abuse, domestic violence, homelessness, divorce, separation from family members, substance abuse or mental illness in family, institutionalized parent and family stress

**SUICIDE PREVENTION GUIDE – PROCEDURES FOR ACTION**

<b>PREVENTION</b>	<b>SUICIDE ATTEMPT</b>
<p>The goal of the school-based suicide prevention team is to provide orientation and sensitivity for the total school community. The Suicide Prevention Team will:</p> <ul style="list-style-type: none"><li>• Present the school's suicide prevention component to the entire school community</li><li>• Conduct training for staff members, review indicators, assess risk and needs</li><li>• Devise a variety of activities for students to help them develop an increased awareness of self, understanding of the finality of death, and concern for self and others</li><li>• Provide training workshops for parents and community groups to become familiar with appropriate prevention strategies</li><li>• Coordinate organizational linkages within the community</li><li>• Establish liaison with mental health agencies and hospitals</li><li>• Generate a detailed, up-to-date community resource list for quick reference</li></ul>	<p>When a student has made a suicide attempt, the situation is to be regarded as life threatening and assistance must be summoned immediately. Under no circumstances should the student be left alone.</p> <ul style="list-style-type: none"><li>• Summon assistance immediately within the school</li><li>• Immediately notify the principal or designee</li><li>• Ensure that appropriate first aid procedures are followed and are administered by the medical aide or other trained staff</li><li>• Call 911 to request an ambulance</li><li>• Monitor student until ambulance arrives</li><li>• Notify and summon parent/guardian to school or to hospital involved</li><li>• Have staff member accompany student to the hospital and remain with student until the parent/guardian arrives</li><li>• Notify the Emergency Information Center (718) 935-3210</li><li>• Communicate with parent/guardian in supportive role; refer to appropriate mental health agency</li><li>• Complete Incident Report</li></ul>

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LADDER OF REFERRAL	SUICIDAL BEHAVIOR
<p>Staff (pedagogical or non-pedagogical) ▽ Principal or Designee ▽ Member of Crisis Team (Principal, Social Worker, Guidance Counselor) ▽ Parent, Hospital or other Medical Facility ▽ CMO/Superintendent's Office</p>	<p>The situation is to be regarded high risk whenever a student verbalizes or writes a detailed suicide plan of action in conjunction with a pattern of behavioral and emotional indicators.</p> <ul style="list-style-type: none"> <li>• Immediately notify the principal or designee</li> <li>• Mental health provider conducts a risk assessment</li> <li>• Where appropriate, contact 911</li> <li>• Principal or designee calls and notifies parent of the serious and potentially dangerous situation</li> <li>• Make appropriate referrals to treatment service provider • Ensure that appropriate school support services are provided to student and family</li> <li>• Follow up case with service provider in order to determine disposition of the case</li> <li>• Principal or designee maintains communication with family</li> </ul>
FOLLOW-UP	SUICIDAL IDEATION
<ul style="list-style-type: none"> <li>• Notify the Superintendent's Office</li> <li>• Make appropriate referrals to treatment service provider</li> <li>• Follow up case with hospital involved in order to determine disposition of the case</li> <li>• Ensure that appropriate school support services are provided (adjustment to academic program, in-house counseling, notification to student's subject classes, etc.)</li> <li>• Communicate with parent/guardian</li> </ul> <p>When it is believed that the suicidal condition is a possible consequence of suspected child abuse and neglect, a report must be filed with the New York State Central Register Hotline: 1-800-635 1522. (See Chancellor's Regulation A-750)</p>	<p>When a student expresses general thoughts or feelings about suicide and exhibits various indicators, the situation is to be regarded as moderately dangerous.</p> <ul style="list-style-type: none"> <li>• Immediately notify the principal or designee</li> <li>• Mental health provider conducts a risk assessment and creates safety plan</li> <li>• Where appropriate, contact 911</li> <li>• Principal or designee calls and notifies parent of the serious and potentially dangerous situation</li> <li>• The crisis team develops a plan that advocates for the student, the provision of services, meets with the student regularly, and monitors the progress</li> </ul>

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	<ul style="list-style-type: none"><li>• Refer the student to an outside mental health agency</li><li>• Encourage student and family to participate in on-going therapeutic interventions</li></ul>
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**Additional Resources in Suicide Prevention and Intervention:**

- Crisis Text Line-: Text HOME to 741741
- NYC WELL 1-888-NYC-WELL
- The Samaritans 1-212-673-3000
- New York City Youth Line 1-800-246-4646
- Safe Horizon 1-212-577-7700/7777
- Lifeline 1-800-273-TALK
- Covenant House 1-800-999-9999

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# NVCHS Suicide Prevention Protocol - SECURLY Monitoring Protocol

## Immediate Action Steps

Reviewing online activity is critical to ensuring student safety and well-being. Schools should actively monitor signs of bullying, suicide, or other inappropriate content.

The following steps must be taken when reviewing **SECURLY** logs:

A. SECURLY logs must be reviewed EVERY morning by the principal and 2 other staff members (preferably designees of the [Crisis Response Team](#)) with agency to initiate a SUICIDE RISK ASSESSMENT OR OTHER EMERGENCY management. The principal must be notified immediately if the principal doesn't initiate the protocol.

Crisis Response Team / Social worker is notified

- a. Review of student interactions compiled (Teachers, GCs, Attendance, etc.)
- b. Student Wellness check is conducted
  - i. Visual contact must be made w/ student otherwise voice outreach is immediately followed
  - ii. The situation must be assessed by the crisis team to determine appropriate interventions and services
  - iii. The staff member must contact 911 where appropriate.
  - iv. The principal/designee must make the student's parent aware of the potentially dangerous nature of the situation.
  - v. Develop an immediate plan of action to follow, i.e., referral to nearby hospital for evaluation, mental health agency, or other appropriate support services.

B. If the student has indicated access to the means for attempting a suicide, the parent must be informed about appropriate preventative measures. In addition, the parent should be counseled on "means restrictions," limiting the child's access to the mechanism for carrying out the suicide attempt (i.e., dangerous weapons or medicine/drugs).

C. Post Intervention/Follow-Up Activities

- a. REPORTING PROCEDURES : Powerschool Incident Reporting must be completed within 24 hours
- b. New log entered with salient details of the search criteria
- c. Outcome of Wellness Check
- d. Next steps related to support of student

D. Email Superintendent / Director of Climate & Culture with summary of outreach & outcome

- a. CMO will review of logs weekly to confirm that outreach conducted via review of PS Logs

**###END###**

\*Adapted from DOE Regulation: A-7155

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