INDEPENDENT PROCEDURE

Title: **RESPONSE TO RISK OF STUDENT SUICIDE**

Procedure No.: **9055**
Effective Date: **2011 Dec. 20**

Department: Learning Support Services

Reference(s):
- Traumatic Events Response Team Independent Procedure
- Safe Schools – Child Abuse and Protection Policy
- Safe Schools – Reporting Child Neglect and Abuse Procedure
- Report of Applied Suicide Intervention Skills (ASIST) Training Intervention
- Student Support Plan

1.0 Overview

1.1 This procedure is intended to offer guidance to schools who have concern for a student who may be "at risk" for suicide. Determining the level of immediate risk of suicide is very complex and dependent on a number of individual risk factors. The assessment and determination of safety risk may only be completed by Thames Valley District School Board (TVDSB) staff who has received Applied Suicide Intervention Skills Training (ASIST). Ongoing consultation with TVDSB clinical staff (Psychological Services, Social Work Services) is also strongly recommended.

1.2 Students who are at risk for suicide may present in different ways. Students may initially present as low and on-going risk for suicide (e.g., as having suicidal thoughts without an expressed intent to die or a plan for suicide) or as high or immediate risk (e.g., may have made a suicide attempt). A differential response to support the immediate safety of the student is required in each of these situations and this procedure is intended to clarify the actions required. All risks for suicide are to be taken seriously and there must always be a timely response to concerns about a student's safety risk.

2.0 Guidelines for Response to Risk of Student Suicide

2.1 Elementary and Secondary schools should have a pre-determined, on-site team prepared to intervene when a student presents as "at risk" for suicide. Team members must have received training in Applied Suicide Intervention Skills Training (ASIST) to be part of the school response team. It is the Principal's responsibility to identify the staff members responsible for the initial response to concerns of suicide risk. The Principal may consider some of the following staff members to comprise the response team; Principal, Vice-Principal, Learning Support Teacher, Guidance Staff, Psychological Services Staff, School Support Counsellor, Student Success Teacher, and/or Social Worker, and/or Educational Assistant. The composition and size of the response team will be relative to the size and needs of the school. When there is a student disclosure of a risk for

suicide it is the responsibility of the receiving staff member to advise a member of the school based team designated for Response to Risk of Student Suicide. Schools are responsible for posting names of the school team responsible for intervention. A listing of trained team members should be posted in the staffroom and included in the staff manual (Appendix B).

2.2 In the event of a student suicide or suicide attempt, parent/guardian contact should be timely and sensitive. Principals are advised that when police respond to a 911 emergency, the police have authority over the scene and school staff are to follow police direction. If the police indicate that they will make the parent contact, the school will cooperate. If the police advise the school to contact the parent/guardian, then the principal or designate should be responsible for the parent/guardian contact.

2.3 Students presenting as in need of "immediate safety" due to concerns about suicide risk should never be left unsupervised. The judgement of immediate safety is based on observed or reported behaviour, gesture, or verbal communication which raises the possibility that the student may attempt to engage in suicidal behaviour. In the case of immediate safety concerns, the parent/guardian or responsible adult (i.e. Relative, Adult Sibling, Family Doctor) needs to be contacted and the student needs to be handed over to the care of that person, who is advised to seek immediate assistance from a Hospital Emergency Department. If the student is under 18 years of age and there are concerns that the parent or guardian may not provide adequate protection for the safety of the child, then the appropriate Children's Aid Society must be contacted.

2.4 It is important to contact the parent or legal guardian when there is a risk of suicide. However, safety concerns override the need for confidentiality or concern about legal age of consent. Consent is not required by law to contact the parent, legal guardian or any other caregiver or responsible adult (i.e. Physician or counsellor) who needs to be informed when there is a risk of suicide. A guarantee of confidentiality must never be made to a student. If a student is under 18 years of age and there are concerns that the parent or guardian may not provide adequate protection for the safety of the child, then the appropriate Children's Aid Society must be contacted.

2.5 When a student makes a disclosure of parental neglect or abuse during a suicide risk assessment, the first priority should be to ensure the student's safety and secondly, to proceed in accordance with the "Reporting Child Neglect and Abuse Procedure." The school team may need to proceed with securing immediate support for the student before contacting a parent if there is a concern that such parental contact may interfere with emergency support or place the student at a greater risk for harm.

2.6 In the event of a suicide attempt, whether or not it has resulted in any significant harm, contact emergency services via "911" to request an ambulance and/or police and remain with the student.

2.7 If a student presents as "at risk" for suicide and there are no staff members trained in ASIST available, the school team will promptly contact TVDSB clinical

support staff members (Psychological Services or Social Work Services staff members) or the Coordinator of Psychological Services or Coordinator of School Counselling & Social Work Services for further direction. If the "risk" elevates to the level of an emergency, contact emergency services via "911" to request an ambulance and/or police and remain with the student.

2.8 An ASIST intervention must not be conducted by an individual who has not received Applied Suicide Intervention Skills Training. If the school response team is to proceed with an ASIST interview, the member(s) of the team responsible for the interview must have had training or professional development for suicide awareness and intervention, and should consult with the appropriate clinical services support staff.

2.9 Information obtained from an ASIST intervention must be documented and maintained in a clear and confidential manner using the appropriate ASIST documentation form (available in the electronic forms through the Employee Portal). This documentation is not kept in the student's OSR. Any necessary documentation must be maintained by the school principal in a confidential and locked storage system. Where there is a need for OSR documentation (i.e. a highly mobile student) it may be appropriate to make note of communication on the OSR Record of Communication form.

2.10 If there are immediate safety concerns about a student following an ASIST intervention (i.e., the student has a suicidal plan), the student must be taken to the nearest Emergency Department for further assessment and intervention. If the parent or guardian is prepared to take the student to the Emergency Department, this may be the preferred course of action. Contact 911 for police and/or ambulance services as required.

2.11 If there are no immediate safety concerns (i.e., student appears depressed but has no specific suicidal ideation or intended plans), establish a "Student Support Plan" in collaboration with the student and parent or guardian where appropriate; specify actions, time lines and responsibilities (available in the electronic forms through the Employee Portal). The specifics of the Student Support Plan should be reviewed with clinical support staff at the school and should be shared in a timely and confidential manner with all staff involved with the student.

2.12 If, following an initial ASIST intervention, or if an ASIST intervention cannot be undertaken and the school team is uncertain as to the level of risk, consultation with clinical support staff at the school is recommended before sending the student to the nearest Emergency Department. Parents should then be notified and the student should be taken to the nearest Emergency Department for further assessment and intervention. If the parent or guardian is prepared to take the student to the Emergency Department, this may be the preferred course of action. Contact 911 for police or ambulance assistance as required.

2.13 When there is a student suicide or a suicide attempt, the Traumatic Events Response Team is available for support. See the Traumatic Events Response Team Independent Procedure for TERT information and guidelines.

2.14 When there is a student suicide, suicide attempt, or threat of suicide, all students must be monitored carefully for emotional contagion. There is an immediate heightened risk of contagion among those who are vulnerable and this is a time to be especially vigilant. Being alert to the possibility of suicide pacts and the impact of loss on those close to the individual needs to be considered at the time. It is not practical to suggest this level of vigilance be maintained for everyone on an ongoing basis. For those who are particularly vulnerable to increased suicide risk, the meaning of anniversary dates and other reminders needs to be assessed and considered as part of a suicide risk student support plan for that individual. Anniversary dates should not be highlighted or given undue attention. Contagion is often spread through social networking sites on the internet. There is a real danger that an emotionally vulnerable adolescent could imitate the suicidal behaviour. This danger may persist for some time after an event.

2.15 Information about student concerns, history of suicide attempts and dates of significance should be confidentially documented and stored in a locked location in the office by the Principal of the school (NOT in an OSR). Knowledge of this information and the storage location of the information must be shared when there are changes of administration through the Administrator Exit/Entry planning process.

2.16 Given the fact that a student suicide, a student suicide attempt, response to a suicidal student and student ASIST interventions are all very emotionally stressful situations, it is strongly recommended that support and a formal debriefing process be offered to the staff member(s) assessing and intervening with a student who presents as “at risk” for suicide.

Response to Risk of Student Suicide

Names of ASIST Trained Members of School-Based Team for Response to Risk of Student Suicide Posted in Staffroom and in Staff Manual

Student Identified at Risk for Suicide (Never to be left unsupervised until a student support plan is established)

Student Suicide

Contact 911

Contact TERT (Traumatic Events Response Team)

Contact Superintendent of Student Achievement

Contact Public Affairs and Community Relations

Principal will document and store documentation in a confidential and secure (locked) location.

Student Suicide Attempt

Contact 911 for ambulance services

Remain with Student

Disclosure of parental neglect or abuse or concerns that parent/ guardian may not provide adequate protection - contact Children's Aid Society

Where there are no concerns of neglect or abuse, contact Parent or Guardian

Consider Contacting TERT

Contact Superintendent of Student Achievement

Principal will document and store documentation in a confidential and secure (locked) location.

Concern for Student who may be at risk for suicide

Suicide risk assessment to be completed by one or any combination of the following:

1. Trained ASIST member of school based response team (in consultation with TVDSB Clinical Support Staff (Psychological Services, Social Work Services))

2. Psychological Services or Social Work staff member

3. Hospital

Immediate safety risk or uncertain level of risk- student must be taken to local Emergency Department for further assessment and intervention.

Non-immediate safety risk - establish a "Student Support Plan"

Regardless of risk level, contact the Parent, Guardian or Responsible Adult of Student's Choice (Relative, Adult Sibling, Family Doctor). Principal will document and store documentation in a confidential and secure (locked) location. See section 2.4 for child protection concerns.

Provide Support and Debriefing for Staff

Monitor Students for Signs of Contagion
(In particular, other known "at risk" students, close friends, and during stressful events such as anniversaries or at significant times such as Christmas or Graduation.)

School Based Suicide Response ASIST Trained Team Members:

_____ _____

_____ _____

_____ _____

Please post in Staffroom Date of Posting: _____