

Policy

BOARD OF EDUCATION
HORTONVILLE AREA SCHOOL DISTRICT

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STUDENT SUICIDE PREVENTION - PROCEDURES

The Board recognizes that depression, anxiety, and other mental health conditions are severe problems among children and adolescents. A student who lives with a mental illness may not be able to benefit fully from the educational program of the schools, and a student who has attempted self-harm poses a danger both to himself/herself and to other students.

All school personnel should be alert and report to an administrator or school psychologist, school counselor, or school nurse regarding any student who exhibits symptoms or warning signs of depression or who threatens or attempts suicide. Any such signs or the report of such signs from another student or staff member should be taken with the utmost seriousness.

The District Administrator shall develop and implement administrative guidelines whereby members of the professional staff understand how to use an intervention procedure which includes the following:

Step 1 – Stabilization

Step 2 – Assessment of the Risk

Step 3 - Use of Appropriate Risk Procedure

Step 4 – Communication with Appropriate Parties

Step 5 – Follow-up

Throughout any intervention, it is essential that Board policies and District guidelines regarding confidentiality be observed at all times.

The law provides that any officer, employee, or volunteer of this Board who, in good faith, attempt to prevent suicide by a student is immune from civil liability for his/her acts or omissions in respect to the suicide or attempted suicide.

Using the Department of Public Instruction notice, the District Administrator shall annually inform the professional staff of the resources available from the Department and other resources regarding suicide prevention.

49.45(30c), Wis. Stats.

115.365(3), Wis. Stats.

118.295, Wis. Stats.

NEOLA 2021

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HASD Suicide Prevention/Intervention Procedures
Reviewed by HASD Safety Committee on 12-12-13
Reviewed by Administrative Team on 1-12-16

SUICIDE CONCERN PROCEDURE

(note or verbal comments or self-injury)

1. The staff member will contact administrator/ school counselor/school psychologist via phone **immediately**. Do not send an email or leave a voice message. The student should not be left alone at any time.
2. The administrator/counselor/psychologist that responds will determine a safe place to conduct a risk assessment.
3. The **Risk Assessment** will be conducted by the school counselor, school psychologist or school administrator. (See **Risk Assessment** included within these procedures)
4. Using the information from the risk assessment, an intervention process will be developed and implemented. (See **Suicide Intervention Matrix Process**)
5. The school counselor/psychologist/administrator will work with the student to create a support plan specific to the student. (See **HASD Sources of Strength Plan**)
6. Parents will be notified. If parent(s) pick up student, complete the **Parent Contact Acknowledgement Form** and have it signed by the parent.
7. School Resource Officer will be notified and involved as needed.
8. **Student Suicide Risk Documentation Form** will be completed by school counselor, school psychologist, or administrator and placed in student's behavior file.

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Risk Assessment

	High	Medium	Low
Plan of Suicide			
Time Frame	Today	Within 7 days	Maybe sometime
Method	Thought out	Has an idea	Not readily available
Availability	Has means	Can get it	Not readily available
Location	Picked location	Knows some places	Not planned
Mood	Upset	Unsettled	Calm
	Crying / agitated	Irritable/distracted	In control
	Severely depressed	Moderately depressed	Situational Sadness
Behaviors			
Eating pattern	Overeating/no appetite	Appetite	Normal
Health	Body Aches	No energy	Listless
Isolation	Wants to be alone	Alone at times	No
Reckless	Risk taking history	Considers risks	Safe behaviors
Sleeping patterns	Excessive sleep/Unable to sleep	Overly tired/Restless sometimes	Rarely has sleep problems
Talks/Jokes of death	States desire for death	Has made comments	No comments made
Possessions	Giving away	Planning on giving away	No plans for possessions
Feelings			
Suicidal			
Helpless			
Restless			
Worthless			
Chemical Use/Abuse			
Drugs	Daily	Regularly	Experimented
Alcohol	Daily	Regularly	Experimented
Previous Suicide Attempt			
Number of attempts	Several	One	None
Time frame of attempts	Within last 4 weeks	Last 4-6 months	Past year or longer
Loss (or Trauma)			
Real	In past month	Within past 3 months	None
Perception	Actually happened	Just realized	Thinks it happened
Psychiatric Care			
Current	Hospitalized within past 3 months	Under care	None
Past	Within 3 months	Within 6 months	None

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Questions for Risk Assessment

Are you thinking of hurting yourself (Suicide)?

How long have you been thinking about suicide/feeling this way?

Do you have a plan? (Get specific info if there is a plan.)

Do you have the means to carry out the plan? (Gun, knife, medication)

Have you attempted suicide in the past?

Has someone in your family died by suicide?

Is there anything/anyone to stop you?

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Suicide Intervention Matrix

The purpose of this document is to determine the current level of threat.

Student Name

Date

Pupil Service Staff Member

LOW (Investigated/Parent contacted)

MEDIUM (Identified resources with parent and pupil services)

HIGH (Transition into appropriate custody i.e. parents, law enforcement, treatment cent, crisis center, etc.)

LOW	MEDIUM	HIGH
INTERVENTION		
<ul style="list-style-type: none">• Safety support plan is developed• Contact parent/guardian and document contact• Inform building administrator/designee• Offer assistance• Provide resources	<ul style="list-style-type: none">• Stay with individual• Remove means• Develop safety support plan• Contact parent/guardian and document contact• Provide resources and offer assistance• Contact building administrator/designee	<ul style="list-style-type: none">• Contact parent/guardian and document contact• Stay with individual until parent/guardian arrives• Remove means• Safety Support Plan if possible• Have parent sign "Parent Contact Acknowledgement Form"• Contact building administrator/designee• Contact Student Resource Officer
FOLLOW-UP		
1 week	2 – 5 days	Once day or from day of return
ON-GOING SUPPORT		
Monthly-face-to-face	Bi-weekly-face-to-face	Weekly-face-to-face

RETURN TO SCHOOL – Plan for student's transition back (Student's re-entry into the school following a suicide attempt.)

- Set up Parent/Student meeting
- Develop or update the Safety Support Plan

FOLLOW-UP / ONGOING SUPPORT

Weekly-face-to-face

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HASD Sources of Strength Support Plan



Identify Sources of Strength:

Things I can do to take my mind off problems without reaching out to another person:

People I can ask for help: (Personal Safety Network)

Professionals I can contact for help:

Printed Contact Numbers

Crisis Phone Numbers:

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Parent Contact Acknowledgement Form

Student's Name _____

School _____

This is to verify that I have spoken with the school staff member _____ on _____ (date) concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff) will follow up with me and my child.

Parent or family member signature: _____

Date/time: _____

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STUDENT SUICIDE RISK DOCUMENTATION FORM

Student Name _____

Who identified the student? _____

What was the reason for the concern?

Who assessed the student? _____

Was it determined that the child was in imminent danger to themselves or others? YES NO

Was the School Resource Officer contacted? YES NO Date and time notified _____

Who contacted parents? _____ Date and time notified _____

Plan:

Administrator/counselor/psychologist signature _____

Date/Time _____

If a parent comes to pick up their child, they will read and sign the Parent Contact Acknowledgement Form.