

REGULATION

BAYONNE SCHOOL DISTRICT

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R 5350 STUDENT SUICIDE PREVENTION

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The Board of Education supports the concept of suicide prevention and establishes a crisis management plan that includes recognition of shared responsibilities and networking of community services before a crisis to ensure a more efficient and organized school community response.

A. Warning Signs

What may be easier to observe and are generally called the "warning signs of suicide" are a variety of behavioral manifestations that signal that a teen is in trouble. A combination of these warning signs should raise the alarm about an adolescent's level of distress..

1. Radical personality change, e.g., persistent sadness, feelings of guilt, worthlessness, helplessness, or hopelessness.
2. Withdrawal from family, friends, or loss of interest in usually enjoyable activities.
3. Noticeable changes in eating or sleeping habits, energy level or personal appearance.
4. Failing grades or marked decline in quality of school work; falling asleep in class.
5. Difficulty concentrating; seems preoccupied with personal thoughts; daydreaming.
6. Violent or excessively rebellious behavior, as though intent on pushing others away.
7. Drug or alcohol abuse.
8. Physical symptoms, frequent complaints of stomachaches, headaches, or fatigue.



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9. Expressed thoughts of despair, hopelessness, death and dying or suicide.
10. Having made previous suicide attempts, or having had a close relationship with someone who has completed suicide.
11. Giving away special possessions.
12. Unusual calmness after a loss or period of depression.
13. Suicidal notes, poems, journal or diary entries.

B. Responding to the At-Risk Student of Low or Unclear Risk

Situation: A student is identified by a peer, teacher or other school personnel as possibly suicidal because he or she has directly or indirectly (e.g. in writings) expressed suicidal ideation or demonstrated other warning signs. The following steps should be taken.

1. The staff member who has observed the student or has been informed of the potential risk by the student's peer(s) must take immediate action. This may involve direct contact with the student as part of a regular contact (e.g., teacher or coach) and, of course, if the staff person is already engaged with the student when the ideation or warning sign arises. This contact may consist of a brief attempt to clarify the situation with the student and provide empathy and support if appropriate. This contact should not consist of an attempt to counsel or advise the student unless the staff person has received special training in this area. In any case, the staff person must, without exception, inform the building principal immediately upon observing, learning about, or briefly speaking to the student. The principal will then notify the Director of Student Assistance Programs/Crisis Intervention Team as needed.
2. A member of the Crisis Intervention Team must see the identified student in order to assess the student's concerns and the degree of risk.



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3. If the Crisis Intervention Team member is convinced that there is a sufficient concern and there exists any risk that the student is considering suicide, the parents must be notified. Parents are always notified when suicide is mentioned. The person who notified the parents may be the "Team" member, principal, vice principal or other person deemed appropriate because of their particular relationship with the student or parents.

4. In the parent conference, a strong recommendation is made that the student (preferably with the parents) receive professional counseling. Parents are provided with specific referral sources that have been designated through prior liaison with the school. That is, the school should identify local agencies that will accept such referrals and are willing to work closely with the school personnel. Additional criteria for choosing appropriate referral sources include affordability (do they have sliding fees or pay schedules), accessibility (do they have emergency hours), and experience in working with adolescents in crisis.

5. The building principal will notify appropriate school personnel to monitor the student's school performance and behavior.

6. The Crisis Team will be responsible for the follow-up check with the family, student and referral agency.

C. Responding to the At-Risk Student of Medium to High Risk

Situation: Staff person observes or is told about an overt suicide threat. The following steps should be taken:

1. Keep the student under continuous adult supervision until the Crisis Intervention Team responds.

2. The building principal shall notify the Superintendent.



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3. The Director of Student Assistance/Crisis Intervention Team will:

- a. Talk with the identified student to clarify the situation and assess the lethality of the threat.
- b. Request the parent to come to school immediately.
- c. Recommend an immediate referral to The Mobile Crisis Intervention Unit. Contact The Mobile Crisis Intervention Team for consultation/transport of the student to a facility. (See attached Psychiatric Care Form)

Mobile Crisis Unit Response

Whenever the Mobile Crisis Unit is contacted, a "*Psychiatric Care Form*" (see sample) must be completed by the school personnel and the Mobile Crisis Unit personnel. The Mobile Crisis Intervention Unit will not transport the student to a facility without this form. To complete this form, the following information must be provided by the school:

- Name of student
- Address
- Item C (if needed)
 - comment by the nurse
 - comment by the administrator
 - comment by the support services staff

The remaining information on this form will be completed by the receiving facility.

This form must be presented to the school nurse upon the student's return to school.

4. If the parent is unavailable or uncooperative, the student will be taken to the emergency room of the nearest hospital by ambulance and the appropriate child protective agency (DYFS) must be contacted on behalf of the student.

5. Whenever a student is referred to a mental health resource (agency, therapist, hospital, etc.), a written documentation will be required prior to returning to school.

6. A member of the Crisis Intervention Team will meet with the student upon their return to school. In this manner, the district will be assured that appropriate assistance is being offered to the student. The Intervention Team will conduct a follow-up with the family, student and referral agency.

D. Responding to a Suicide Attempt on School Premises

1. Ensure the short: term physical safety of the student.

a. The school nurse shall secure immediate medical treatment using emergency first aid techniques.

b. The school nurse shall contact the police and other emergency personnel as needed by calling 911.

c. The student will be kept under close supervision at all times.

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- d. The area should be cleared of other students immediately.
2. The principal will communicate the situation to the Director of Student Assistance/Crisis Intervention Team, parents, and the Superintendent.
3. If the student has siblings located within the school, they will be identified, contacted and offered support if siblings are at other schools within the district the principals of these schools should be informed by the Superintendent.
4. If the suicide attempt becomes known to other students, steps must be taken to calm vulnerable students and provide needed support to those who may be upset by the news.
 - a. Maximize Crisis Intervention Team presence within the building utilizing child study team personnel as needed.
 - b. A brief statement of facts will be prepared for staff and students, e.g., that there was an attempt and the student is receiving help. The remaining information is confidential.
 - c. Close friends and students known to be less stable must be identified and contacted to monitor their response and offer support as needed.
 - d. Reactions of school staff members should be monitored in order to ensure the provisions of needed support to staff members who may be especially troubled by the suicide attempt.
5. A faculty meeting should be called by the building principal to inform teachers of the event, to provide an opportunity to address their feelings and concerns, and to plan appropriate procedures for subsequent school days, if necessary.
6. At the building principal's discretion, all students will be kept in current classes until the emergency is over.



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7. All faculty, staff or administrators (including the principal) who directly dealt with the suicidal student should participate in a mandatory debriefing session with a pre-designated mental health consultant who is trained in post-crisis debriefing.

E. Responding to a Suicide Attempt Off School Premises

1. Upon notification of an off school premises suicide attempt, the Crisis Intervention Team will engage in supportive interaction with the student and the family.

2. Written documentation will be required prior to the student returning to school.

3. If the student is not receiving professional counseling, a parent conference will then be required.

4. In the parent Conference, a strong recommendation will be made that the student (preferably with the parents) receive professional counseling. Parents are provided with specific referral sources that have been designated through prior liaison with the school. That is, the school should identify local agencies that will accept such referrals and are willing to work closely with the school personnel. Additional criteria for choosing appropriate referral sources include affordability (do they have sliding fees or pay schedules), accessibility (do they have emergency hours), and experience in working with adolescents in crisis.

5. The building principal will notify appropriate school personnel to monitor the student's school performance and behavior.

6. The Crisis Team will be responsible for the follow-up check with the family, student and referral agency.

F. Returning to School After a Suicide Attempt



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1. The building principal, upon learning from the student's parents or, if the student is hospitalized, from a hospital liaison person, should contact the student's teachers and request class work assignments that can be completed at home. Home instruction may be provided as needed.
2. Periodic contact should be established and maintained with the student while he or she is away from school, keeping him or her informed about- the latest developments in the school; e.g., team scores, other special events, etc.
3. Written documentation will be required prior to the student returning to school.
4. It is expected that community treatment resource agents/parents provide the school with any specific treatment objectives/limitations which the school might be instrumental in supporting. Prior signed "Release of Information" form will be required.
5. Discussion of case in general faculty meeting is not recommended unless such discussion can be specifically related to treatment and support needs of the student. Generally, discussion of the case with any faculty or other staff should only be on a specific "need to know" basis. Only those persons directly involved with the student need to know about the attempt. Any discussion by these staff members with their colleagues is an unethical breach of confidentiality. Any discussion of the case among such staff should only be on a strict as-needed basis.
6. Discussion of the case in a classroom setting should be avoided entirely since such discussion would constitute a violation of the student's right to confidentiality, and such discussion would serve no useful purpose to the student.



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7. School personnel or students who are aware of the case can be encouraged to discuss any of their concerns or reactions with the Crisis Intervention Team.

8. Periodic contact should be maintained with the student and his or her parents upon the student's return to school in order to monitor progress and offer an appropriate level of support.

9. Generally, every attempt should be made to help the student return to normal functioning by treating him or her as similarly as possible to any student returning from any injury or illness.

G. Responding to a Suicide Completion

1. The school principal will obtain from police immediate verification of death and pertinent facts.

2. The principal will notify the Superintendent, who will put into action a planned news media control procedure:

a. Act as spokesperson for the school district.

b. Prepare written news releases; control/limit access to all other written materials.

c. Designate grounds access perimeters for news media to minimize disruption to school activities. Special news media office/interview rooms.

3. Notify the Director of Student Assistance/Crisis Intervention Team. Ask Crisis intervention Team to attend emergency faculty meeting.

4. If news is received during the school day, arrange immediate escort home of deceased's siblings and other family members.

5. Arrange emergency faculty meeting as soon as possible to:



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- a. Disclose all relevant Facts pertaining to suicide;
 - b. Allow time for immediate staff reactions;
 - c. Compile a list of all students who were close to the deceased;
 - d. Update or compile a list of all students considered at-risk for possible suicidal ideation or attempts.
 - e. Compile a list of all school staff members who had contact with the deceased;
 - f. Review planned school response during subsequent school days and weeks, including a policy regarding contacts with news media;
 - g. Review planned small group (in-class) disclosure to students of - relevant facts, including suggested discussion format; and .
 - h. Review procedures for making student referrals from classes to designated crisis/survivor support rooms.
6. Meet with all students in small groups (classrooms) only to:
- a. Disclose all relevant facts pertaining to suicide,
 - b. Proceed with pre-planned small-group discussion process,
 - c. Provide counseling on site as needed, and
 - d. Reorient students to ongoing classroom activities.
7. Implement additional survivor support activities by:



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- a. Initiating survivor group counseling sessions for students who were closest to the deceased, for other concerned/troubled students, and for faculty/ staff members.
- b. Rescheduling any immediately impending stressful academic exercises/tests if possible.
- c. Avoiding large group assemblies or similar expressions of grief or remembrance which tend to glorify the death. Therefore, there should be no public address system announcements, no flying flag at half-staff, and no special memorials.
- d. Informing (prearranged) community support personnel of events at. school so they can be prepared to meet students' needs.
- e. Arranging a meeting for parents to - disclose facts and inform them of subsequent steps taken by the school, review school/community resources they may wish to utilize, and remind them of their children's special needs during this time.
- f. Contacting administrators in surrounding schools. (The aftermath of tragedy also affects students and staff in other schools.)
8. School should not be canceled or dismissed on the day of the funeral services. (There are those students who either do not wish to attend or need the stability of the normal school routine.)
9. Students who wish to attend funeral services should have prior written parental permission.

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**BAYONNE BOARD OF EDUCATION
ADMINISTRATION BUILDING**

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Bayonne Public Schools
Psychiatric Care Form

Name of Student _____

Address _____

A. The above named student is authorized to return to school on _____

B. The above named student may participate in all school activities with the exception of:

C. Special documentation for:

1) School Nurse _____

2) Administrator _____

3) Other student Support Services Staff _____

D. Recommended further specialized treatments: _____

E. Authorized signature(s) (complete either #1 or #2 below)

1) _____
(Psychiatrist, Signature) (Date)

(Psychiatrist Name, Printed)

2) Mobile Crisis & Unit Clearance: In Consultation with...

Dr. _____ on _____
(Psychiatrist Name, Printed) (Date)

F. This form was completed by:

(Mobile Crisis Worker, Signature) (Date)

(Mobile Crisis Worker, Printed)