

5350 STUDENT SUICIDE PREVENTION

The Clearview Regional High School District Board of Education is committed to providing a healthful and safe environment, conducive to learning, for all students. The Board recognizes that increased stress and societal pressure in adolescents may manifest itself in suicidal ideation, or in other self-destructive acts. This policy has therefore been designed to address procedures to be followed by school personnel in the event of suicide threats, and actual cases of sudden death (suicide or accidental).

All school personnel should be alert to the warning signs of adolescent depression/suicide:

Warning Signs

1. History of previous suicide attempts;
2. Direct statements -- "I want to die";
3. Indirect statements -- "I won't be around after tomorrow";
4. Talk of death or the hereafter - "It would be nice to join my dead mother";
5. Themes, letters, notes, poetry, etc., indicating preoccupation with death or suicide;
6. Giving away prized possessions;
7. Recent loss of a loved one;
8. Break up of a love relationship;
9. Severe family turmoil or disorganization;
10. Depression or sudden euphoria following a depressive episode;
11. Feelings of hopelessness and being trapped without options;
12. Withdrawal from normal contacts;
13. Sudden change in behavior - general reactions, eating, sleeping, appearance, etc.;



14. Significant social isolation;
15. Object of cruel and on-going abuse by peers;
16. Thrill or risk taking of a dangerous nature;
17. Fall off in school performance;
18. Alcohol and drug abuse; and/or
19. Hallucinations or delusions.

Note: Student confidentiality does not hold when students threaten themselves or others. The information must be communicated and discussed with appropriate personnel.

In accordance with the provisions of N.J.S.A. 18A:6-111 and 18A:6-112, as part of the required professional development for teachers as outlined in N.J.A.C. 6A:9C-3 et seq., every teaching staff member must complete at least two hours of instruction in suicide prevention, to be provided by a licensed health care professional with experience in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

The Superintendent shall prepare and disseminate regulations for the guidance of staff members in recognizing the student who contemplates suicide, in responding to threatened or attempted suicide, and in preventing contagion when a student commits suicide.

Procedures

Suicidal ideation or threat (verbal threat or communication of possible suicidal intent):

1. All threats or suggestions of possible suicidal intent, verbal or written (i.e. homework or class assignments, notes, etc.) are to be taken seriously.
2. Such information, including an anecdotal record of verbal communications or written evidence, is to be transmitted immediately to the student's counselor who will:



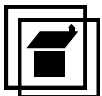
- a. Evaluate the situation;
 - b. Meet with the student; and
 - c. Inform and consult with the Principal or Assistant Principal, School Business Administrator/Board Secretary psychologist, and/or Student Assistance Coordinator, and other appropriate staff.
3. Parent(s) or legal guardian(s) will be notified of the situation by the counselor or Principal's designate, with recommendations for further evaluation. In cases where the student is felt to be at high risk, the parent(s) or legal guardian(s) will be asked to arrange for an immediate assessment, and to provide written confirmation of such an assessment by the provider to the school counselor. This information is shared with the Building Principal and the school nurse. The Gloucester County Mental Health Center serves as the regional crisis intervention center in such circumstances. Resources for such an assessment may include:
- a. Licensed mental health provider or family physician able to provide an immediate appointment;
 - b. Gloucester County Mental Health Center Emergency Screening Service at Underwood Memorial Hospital (school personnel to call ahead for pre-screening). Underwood Memorial Hospital may opt to send a mental health representative to the school; and/or
 - c. Emergency crisis screening service provided by family's managed care health provider.
4. The guidance counselor, in conjunction with the student's teachers, will continue to monitor the student's behavior, in accordance with the recommendations of the mental health evaluation.
5. If the student's parent(s) or legal guardian(s) is unavailable or unwilling to cooperate, the Family Court Crisis Intervention Unit or the Department of Children and Families, Division of Child Protection and Permanency should be contacted to assist the student and school district.

Attempt of Suicide:



1. On school property:
 - a. The school nurse should be called to assess the extent of the injury, and to contact appropriate medical/first aid personnel;
 - b. The Building Principal, or in his or her absence, the Assistant Principal, shall be immediately notified;
 - c. A staff member shall remain with the student at all times;
 - d. All nonessential personnel shall be cleared from the area;
 - e. The parent(s) or legal guardian(s) shall be contacted and apprised of the situation;
 - f. The Superintendent is to be notified;
 - g. After appropriate medical treatment is administered (on or off the premises), the support services individual designated by the Building Principal is to be informed. This individual will consult with the family and other professionals to arrange for appropriate follow-up services in the school, and/or referrals for outside treatment; and/or
 - h. Where a suicide attempt leads to absence and/or in-patient treatment at a mental health center or hospital, a release of information should be signed by the parent(s) or legal guardian(s) in order to facilitate communication with the school, and to make the student's return as comfortable as possible. The school Principal or school counselor (or designated back-up) must be notified prior to the student's return to effect a smooth transition.
2. Attempt off school property
 - a. See h. above;
 - b. Where an attempt does not lead to absence, families are still requested to make contact with the school to secure assistance.

Completed Suicide/Sudden Death



(Procedures to be followed to avoid further crisis situations.)

1. The medical examiner will notify the Superintendent, who will in turn notify the building administration, Director of Student Personnel Services, Student Assistance Coordinator, school psychologist, and school counselor.
2. Acting as a crisis team, these individuals will generate an action plan and an informational statement to be furnished to the staff. Provision for crisis counseling centers in the school should be made at this time, as well as preliminary adjustments in exam and activity schedules.
3. The Building Principal will follow this action plan to inform staff of the death. This information will be conveyed in a faculty meeting to be held at the close of school, whenever possible, in the event of a death occurring during a school day. If the suicide or sudden death takes place during out-of-school hours, the meeting will be arranged prior to the commencement of classes. During this meeting, a list of high-risk students (siblings, friends, teammates, etc.) will be generated. Faculty should be assigned to each corridor exit to deter students from leaving the building or non-school personnel from entering.
4. All requests for information, whether from the media or other sources, will be directed only to the Superintendent's office. Sensationalism will be strictly discouraged.
5. Following the staff meeting, faculty will deliver the district informational statement to their homeroom students. An atmosphere of support is paramount at this time.

Students who are in obvious distress should be sent directly to the crisis counseling area. The behavior of all students should be monitored by teachers and other district staff for indications of stress. Any referrals should be made to the Crisis Counseling Team. Since the grieving process can occur over a prolonged period, students deemed at high risk should be continually observed over the course of several weeks. Refer to "Warning Signs" for possible indicators.

6. In general, the Crisis Counseling Team will consist of the Student Assistance Coordinator, school psychologist, school social worker, and representatives of the guidance staff. Where necessary, consultants or



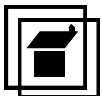
suicidologists from local mental health agencies should be brought in to assist district staff, and for crisis management.

7. Communication with those outside the school:
 - a. Superintendent will arrange to meet with the family to discuss the role of the school in the funeral arrangements, and to provide any needed assistance;
 - b. Community resources, i.e.: police, clergy, County Suicide and Sudden Death Team, identified parent(s) or legal guardian(s), and youth leaders should be enlisted to provide additional support; and
 - c. Refer to #4 for any contacts with media.

Fact Sheet

1. Most people who commit suicide have given some clue or warning of their intent. Therefore, suicidal threats should always be treated seriously.
2. Some suicidal people appear to be suddenly happy when they have decided to resolve all of their problems.
3. Alcoholism, drug abuse, and suicide often go hand-in-hand.
4. Adolescents and young children may tend to romanticize suicide, and deny that it is irreversible. They may discuss suicide as an alternative to painful situations, and express themselves through poetry and other writings, and may have particular difficulty on the anniversary of a death or suicide of someone they knew.
5. Males outnumber females, three to one, in the number of completed suicides. However, females make three times as many suicidal gestures or attempts.
6. The most common state of a pre-suicidal person is ambivalence and hopelessness.

N.J.S.A. 18A:6-111; 18A:6-112
N.J.A.C. 6A:9C-3 et seq.



POLICY

Adopted: 20 November 2008
Revised: 20 October 2016

