

REGULATION

VERNON TOWNSHIP
BOARD OF EDUCATION

STUDENTS
R 5350 – Student Suicide
Feb 17
May 18

R 5350 STUDENT SUICIDE

The Board of Education recognizes that depression and self-destruction are problems of increasing severity among children and adolescents. A pupil under severe stress cannot benefit fully from an educational program and may pose a threat to himself or herself or others. The Board directs all school personnel to be alert to the pupil who exhibits behavioral warning signs of potential self-destruction or who threatens or attempts suicide. Any such signs or the report of such signs from another student or staff member must be taken with the utmost seriousness and be reported immediately to the Principal/designee who shall notify the parents or legal guardians and other professional staff members in accordance with administrative regulations. At no time is the student to be without adult supervision.

The following regulations are established for guidance of faculty members in recognizing the student who may be contemplating suicide, for responding to verbal or written of suicide, or for responding to the student who attempts suicide. Additionally, this policy is intended to guide in the prevention of contagion when a student commits suicide. Because a prompt response may be essential to a student's life, it is imperative that immediate action be taken and that the building administration be notified without delay when there is any indication of potentially suicidal behavior or ideation.

A. Recognition of Potential Suicide

All school personnel, both teaching staff members and support staff members, shall be alert to any signs that a student may be contemplating suicide. Such signs include, but are not necessarily limited to:

1. Overt suggestions that he/she has considered or has worked out the details of a suicide attempt;
2. Evidence of preparation of a will, disposal of belongings, or otherwise get life "in order";
3. Obsession with death or afterlife;
4. Possession of a weapon or other means of suicide or obsession with such means;
5. Existential preoccupation;
6. Sense of hopelessness or unrelieved sadness;
7. Lethargy or despondency, or, conversely, a tendency to become more impulsive or aggressive than usual;

REGULATION

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May 18

8. Drop in academic achievement, slacking off of energy and effort, or inability to focus on studies;
9. Isolation from others, withdrawal from friends;
10. Personal losses/family disintegration/loss of a pet;
11. Sense of hopelessness or unrelieved sadness;
12. Loss of economic resources;
13. Substance abuse;
14. Loss of appetite/inability to sleep;
15. Illness;
16. Significant family crises;
17. Possession of weapons; and
18. Family history of depression or other mental illness.

B. Response to Potential Suicide

1. Any indication of a potential suicide, whether personally witnessed or reported from another source, must be immediately reported to the Principal.
2. Any staff member who witnesses a suicide attempt on school premises or at a school sponsored event shall render first aid in accordance with policy 8441 and summon medical assistance.

C. Process

1. In an effort to address the immediate needs of potentially suicidal student, a Risk Management Team will be established in each Vernon Township school building. This team may consist of but will not be limited to the following professionals:
 - Building Administrator/Supervisor
 - School Psychologist/CST Personnel
 - SAC
 - Guidance Counselor
 - School Nurse

REGULATION

VERNON TOWNSHIP
BOARD OF EDUCATION

STUDENTS
R 5350 – Student Suicide
Feb 17
May 18

2. This inter-disciplinary team will be trained in specific protocols for working with a potentially at-risk student. Each situation will be addressed in a manner specific to the needs of the student and team members will participate in the student interview on an as-needed basis, but a minimum of two team members will work with the student at any given time. One member of the CST or SAC Counselor must be a member of the two staff groups completing the informal risk assessment and an administrator must be involved in the process. The administrator will be responsible for communicating with the parents/guardians, assuring family compliance with the decision and supporting and implementing the process that follows the informal risk assessment.

D. Procedure

1. A potentially suicidal student will be referred by the principal/designee to the School Risk Management Team for a student interview and informal risk assessment. At that time a determination will be made if the student is in need of a more comprehensive risk assessment. This more formal type of assessment must take place outside of the school setting. Furthermore, the school administration reserves the right to require an additional Psychiatric evaluation.
2. Once parental contact is made by the Principal/administrative designee, the student will only be released to the parent/guardian or a designee named by the parent/guardian. At this point the student will not be allowed to be transported on the school bus. If the parent/guardian is not available the student may be transported by ambulance to a hospital emergency room screening center. In such an event the student will be accompanied by school personnel acting in loco parentis.
3. Upon return to school the student's Guidance Counselor will follow-up on their progress and will determine whether the parents are following treatment recommendations. The student's level of care and treatment compliance will be reported to the Principal.
4. In the event that a parent/guardian objects to the recommended assessment/evaluation or indicates an unwillingness to cooperate in the best interest of the student the Principal/administrative designee shall contact the Division of Child Protection and Permanency.

E. Staff Training

1. In accordance with the provisions of N.J.S.A. 18:6-111 and 18A:6-112 and as part of the required professional development for teachers as outlined in N.J.A.C. 6A:9-15 et seq., every teaching staff member must complete a minimum of two

REGULATION

VERNON TOWNSHIP
BOARD OF EDUCATION

STUDENTS
R 5350 – Student Suicide
Feb 17
May 18

hours on suicide prevention. This instruction will be provided by a licensed health care professional with experience in issues of mental health. This training will take place each school year. The training shall include information on the relationship between harassment, intimidation and bullying and suicide, as well as on reducing the risk of suicide in students who are at high risk due to social groups or other personal or psycho/social factors.

D. Prevention of Suicide Contagion

1. In the event that a Vernon student commits suicide the Superintendent will promptly notify all district Principals.
2. Each Building Principal will assemble teaching staff members prior to the opening of school to provide them with accurate information, plans for the school day, and guidelines for handling the concerns of students.
3. The Principal of the school or building the student attended will assign a Crisis Team to assist in dealing with the needs of student and faculty.
4. The suicide will not be given prominence through public announcements or a school-wide assembly. School will remain open.
5. Teachers will respond to the needs of student population with as little interruption of the educational process as possible.
6. Students will be provided with accurate information as appropriate and will be given the opportunity to discuss their feelings in private, designated areas such as the Guidance, SAC or Nurse's office.
7. All school personnel shall be instructed to be alert to signs of contemplated suicide among the victim's peers.
8. Teaching staff members shall attempt to prevent social contagion by:
 - Preventing glorification or romanticization the event,
 - Helping students recognize that suicide is irreversible and permanent,
 - Encouraging students to ask probing questions when a fellow student discusses suicidal thoughts and to report such incidents to a teacher, coach or other adult, and
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REGULATION

VERNON TOWNSHIP
BOARD OF EDUCATION

STUDENTS
R 5350 – Student Suicide
Feb 17
May 18

- Discuss ways of handling depression and anxiety without resorting to self-destruction.
9. Students who were close to the victim and their families shall be offered counseling services and be informed of available community mental health services.

Adopted: March 2017
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