

**Mariana Bracetti Academy Charter School
1840 Torresdale Avenue
Philadelphia, PA 19124**

Board of Trustees Policy

**STUDENT ASSISTANCE PROGRAM - SUICIDE PREVENTION, ASSESSMENT,
RESPONSE & POSTVENTION POLICY**

1. Purpose

The Board of Trustees of the Mariana Bracetti Academy Charter School (“Charter School”) recognizes that as suicide is the third leading cause of death among young people ages 10-19, it is critically important that schools have policies and procedures in place to prevent, assess the risk of, intervene in, and respond to youth suicidal behavior. Therefore, the Charter School has developed the stated procedures to assist administrators and staff in dealing with students at risk.

The purpose of this policy is to protect the health and well-being of all Charter School students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The Charter School: (a) recognizes that physical, behavioral, and emotional health is an integral component of a student’s educational outcomes, (b) further recognizes that suicide is a leading cause of death among young people, (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and (d) acknowledges the school’s role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development. Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly. Specifically, this policy is meant to be applied in accordance with the Charter School’s Child Find obligations and has been developed as part of the Charter School Student Assistance Program (“SAP”).

The focus of the Charter School’s policy is threefold:

- Detection/awareness - of warning signs of suicide by all Charter School staff who interact with students on a regular basis.

- Parent Notification – preferably face to face and with recommendations for referrals for appropriate mental health services; a confidential record of parent notification shall be maintained by administration.
- Support for At-Risk Students – School personnel, including school psychologists and counselors must provide counseling, monitoring and follow-up services to at-risk students.

Scope of Policy

This policy covers actions that take place in the Charter School, on Charter School property, at Charter School-sponsored functions and activities, on transportation to and from school and at school sponsored out-of-school events where Charter School staff are present. This policy applies to the entire Charter School community, including employees, contractors, students, parents/guardians, and volunteers. This policy may also respond to suicidal or high risk student behaviors that take place outside of the school environment if there is an impact on a student or students in the Charter School setting.

2. Recognizing Risk Factors for Suicide

- Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings)
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and/or pain
- Sudden deterioration in academic performance
- Unhealthy peer relationships – sudden change in circle of friends, loss of friendships, or association with those known for substance abuse or other at-risk behaviors
- Abusive relationship – either with family member or one outside; in this instance, Charter School employees have mandatory child abuse reporting duties by which to abide also.
- Difficulty in adjusting to gender identity – there is a higher rate of suicide among gay, lesbian, bisexual and transgendered teens than heterosexual peers.

- Bullying – both those bullied and those who bully are at increased risk. Individuals who are bullied in the absence of other risk factors have far fewer negative outcomes than those with pre-existing risk for suicide.

It is also important for the Charter School to be aware of student populations that are at elevated risk for suicidal behavior based on various factors:

- Youth living with mental and/or substance use disorders.
- Youth who engage in self-harm or have attempted suicide.
- Youth in out-of-home settings.
- Youth experiencing homelessness.
- American Indian/Alaska Native (AI/AN) youth.
- Youth bereaved by suicide.
- Youth living with medical conditions and disabilities.
- LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth.

Note: (School staff should not make assumptions about a student’s sexual orientation or gender identity and affirm students who do decide to disclose this information. Information about a student’s sexual orientation or gender identity should be treated as confidential and not disclosed to parents, guardians, or third parties without the student’s permission. Additionally, when referring students to out-of-school resources, it is important to connect LGBTQ students with LGBTQ-affirming local health and mental health service providers. Affirming service providers are those which adhere to best practices guidelines regarding working with LGBTQ clients as specified by their professional association (e.g., <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>.)

3. Definitions

- **At risk:** A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in Charter School procedures which implement this Policy.
- **Crisis/Student Assistance Program (“SAP”) Core Team:** A multidisciplinary team of primarily Charter School Administration and other Charter School professional employees including: Counselor, School Psychologist, School Nurse, teachers or other related professional staff. This Team will be trained in

the assessment and evaluation of information dealing with at-risk students and crisis preparedness, intervention/response and recovery to attain SAP certification. In addition, staff designated by the county mental health agency, with expertise in youth mental health issues, will be assigned to each Core Team to act as liaison between the Team and the local mental health system. This Team will take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

- **Mental health:** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
- **Postvention:** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
- **Risk assessment:** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
- **Risk factors for suicide:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
- **Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
- **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

- **Suicide attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
- **Suicidal behavior:** Suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- **Suicide contagion:** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
- **Suicidal ideation:** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

3. Assessment and Referral

When a student is identified by a Charter School staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a Charter School employed mental health professional such as the School Psychologist, Counselor or Social Worker, within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a School Nurse or Administrator will fill this role until a mental health professional can be brought in.

For youth at risk:

1. No student will be left alone and school staff should continuously supervise the student to ensure their safety. No promise of confidence should be made for information relayed by Student to Charter School staff.
2. The CEO/Principal and SAP Core Team will be made aware of the situation as soon as reasonably possible.
3. The Charter School employed mental health professional or CEO/Principal will contact the student's parent or guardian, as described in the Parental

Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling crisis services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

a. If the Parent chooses to contact a private practitioner or agency, the Parent must inform the School of the arrangements for an immediate emergency psychiatric evaluation. For HMO subscribers, the parents will call their primary physician and make arrangements for an immediate psychiatric evaluation. Parent will deliver student to private practitioner or agency. If parent is unable to provide transportation, the Charter School will access assistance in this matter.

4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

4. Procedures – See Attached Table of Suicide Intervention Procedures Flow Chart – Student at Risk

a. Forms in Place

- A written cooperative agreement with the local mental health agency service system must be in place to outline the following: central referral procedures, consultation/education services, designated liaisons from the drug and alcohol and mental health systems, assessment services, emergency crisis assistance and provisions for treatment.
- The following forms should be adapted to Charter School practices for use in behavioral health emergency situations:
 - Behavioral Health Emergency Form: used when sending student to Crisis Response Center to indicate behaviors observed and reason for referral.
 - Report of Parent Emergency Conference Form: this documents the conference held with parents/guardians including the recommendations made by Charter School SAP Core Team members. The parent/guardian's signature indicates their acknowledgement of these recommendations being made by Charter School.
 - SAP Core Team Emergency Report: this form describes the incident in question and action(s) taken by Charter School in

response. This form should be sent to the SAP Core Team Mental Health Agency Liaison within twenty-four hours.

- Follow-up Letter to Parents/Guardians: documents continued efforts of Charter School to monitor student and is critical to confirm Charter School efforts if parent/guardian refuses to attend emergency conference or did not sign Report of Parent Emergency Conference Form.
- Copies of these forms shall be maintained in the student's confidential health records file.
- For Specific Procedures for Exhibition of Suicidal Intent/Extreme Distress/History of Suicidal Behaviors, In School Attempts, Out of School Attempts and Completion of Suicide In or Out of School - See attached "Table of Suicide Intervention Procedures".

b. In-Patient Mental Health Care

A minor age 14 or older may consent to inpatient mental health treatment as long as the consent is knowing and voluntary. If minors aged 14 through 17 are admitted for inpatient care, their parents or guardians must be promptly notified. Once a minor gives consent to inpatient care, a parent or guardian cannot override that consent and remove the minor from care.

Should the minor revoke consent to inpatient care, the parent or guardian may override the minor's decision and continue inpatient treatment upon the recommendation of a physician.

Further, on the recommendation of a physician who has examined a minor 17 years old or younger, the parent or legal guardian may consent to inpatient mental health treatment for the minor without the minor's consent. Once the parent or legal guardian gives consent to inpatient care, the minor cannot override that consent and remove him- or herself from care. However, the law allows a minor to submit a petition objecting to treatment, and the objecting minor is entitled to a hearing within 72 hours.

If the student, who is 14 years old or older, is unable to understand treatment offered or is uncooperative, an involuntary mental health examination may be requested by the Charter School. If the student is under 14 years of age and no parent is present or parent refuses to cooperate, an 302 involuntary commitment

to evaluate may be obtained. In this latter circumstance, Charter School must arrange transport with the police for the student to be taken to a crisis center or hospital. Student must be accompanied by two SAP Core Team members. Community Mental Health forms are to be completed by School personnel with personal knowledge of student's suicide attempt. Community Mental Health staff will contact mental health delegate to authorize exam.

c. Out Patient Mental Health Care

Minors ages 14 and older may consent to outpatient mental health examination and treatment without parental consent or notice. A parent or legal guardian may also consent to outpatient mental health examination and treatment on behalf of a minor without the minor's consent. Neither the parent nor the minor may override the other's consent. For outpatient care, there is no process for a minor to object to treatment, unlike inpatient care.

d. Parental Notification and Involvement

In addition to Suicide Intervention Procedures in the attached Table, in situations where a student is assessed at-risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the CEO/Principal or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. ie., ridding home of guns and/or locking medication in safe place inaccessible by student, etc. Staff will also provide parents with written Release of Records and Exchange of Information forms for obtain all necessary medical/mental health documentation and permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the CEO/Principal or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the CEO/Principal or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay must be documented in writing.

e. **Mandatory Reporter**

If any mandated reporter suspects that a student's risk status is the result of abuse or neglect, that individual must comply with the reporting requirements of the Child Protective Services Law and pursue formal action for intervention including contact with the Department of Human Services at 215-683-6100.

f. **Re-entry Procedure**

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional, the CEO/Principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school. Some possible steps are:

1. A Charter School employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. For purposes of educational programming and to assist the Charter School in ensuring Student's continued safety, health and welfare, it may request of the parent or guardian documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

5. **Postvention Procedures Following Suicide by Student**

- a. **Development and Implementation of an Action Plan** The Charter School SAP Team will develop an action plan to guide Charter School response following a death by suicide. A meeting of the SAP team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

- **Verify the death.** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the Charter school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
- **Assess the situation.** The SAP Team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The SAP Team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- **Share information.** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The SAP Team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the Charter school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

b. Avoid suicide contagion. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The SAP Team will work with teachers to

identify students who are most likely to be significantly affected by the death. In the staff meeting, the SAP Team will review suicide warning signs and procedures for reporting students who generate concern.

- c. **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a Charter School employed mental health professional to determine the level of support needed. The SAP Team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, SAP Team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
- d. **Develop memorial plans.** The Charter School should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.
- e. **External Communication** The Charter School CEO/Principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson who will coordinate all communication with the School's legal counsel. The spokesperson will:
 - Keep the Board of Trustees informed of school actions relating to the death.
 - Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
 - Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the

method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

6. Prevention Education for Students

Students shall receive age-appropriate lessons in their classrooms through health education or other appropriate curricula on the importance of safe and healthy choices, as well as help seeking strategies for self and/or others. Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development. Students shall be taught not to make promises of confidence when they are concerned about a peer or significant other. These lessons may be taught by health and physical education teachers, community service providers, classroom teachers or pupil services staff.

Student education may include but is not limited to the following:

1. Information about suicide prevention. Resources are available on the PA Department of Education’s website- www.education.pa.gov.
2. Help-seeking approaches amongst students, promoting a climate that encourages peer referral and emphasizes school connectedness.
3. Increasing students’ ability to recognize if they or their peers are at risk for suicide.
4. Addressing problems that can lead to suicide, such as depression and other mental health issues, anger, and drug use.

7. Training

The Charter School must adopt age-appropriate youth suicide awareness and prevention policies and include 4 hours of training in youth suicide awareness and prevention every 5 years in professional development plans for educators serving grades 6-12. The Charter School may incorporate a youth suicide awareness and prevention curriculum into existing instructional programs. The PA Department of Education is being required to develop a model youth suicide awareness and prevention policy and a model youth suicide awareness and prevention curriculum for

use by schools and to make these and other guidance and resource materials publicly available online.

- The following telephone number shall be made known and available to Charter School students for 24 hour access to assistance: **CALL 1-800-273-TALK or 1-800-SUICIDE.**
Please call the Department of Human Services (DHS) at 215-683-6100.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.

ADOPTED this day _____ of _____, 2016.

President

Secretary

TABLE of SUICIDE INTERVENTION PROCEDURES FLOW CHART

| SITUATION | IMMEDIATE ACTION | INFORMATION COLLECTION | PARENT NOTIFICATION | REFERRAL | DISPOSITION* |
|---|--|--|--|--|---|
| <p>LEVEL I RISK This refers to a situation of risk which requires immediate intervention because the youth is expressing clear intentions of suicide and/or has a past history of trying to carry out such behavior.</p> | <p>Staff member will: 1. Notify a SAP Core Team Member and CEO/Principal immediately. 2. Never leave student alone and monitor until he/she is under the supervision of a SAP Core Team Member. 3. If violent or out of control, police summoned to transport student to mental health facility or hospital for involuntary admission. 4. Complete Behavioral Health Emergency Form and fax to hospital.</p> | <p>At least two SAP Core Team Members will assess level of risk by collecting and documenting all pertinent information about the student but not limited to a private interview with the student. A SAP Core Team Emergency Report will be placed in the student's health file and if referred to a crisis response center, a Behavioral Health Emergency form is to be completed and provided to SAP Core Team Mental Health Agency Liaison and as necessary to PDE, per Safe Schools Act reporting.</p> | <p>SAP Core Team member shall immediately telephone parents to request an emergency SAP Core Team meeting. If parents of a child who is 13 years of age or under refuse to come to school or participate, Charter School, may, acting in loco parentis, have student examined by an emergency psychiatric consult at a Community Mental Health Center. Charter School shall document attempts to reach parents in student file. Police must be notified.</p> | <p>Discuss with parents a referral for professional assessment at a mental health facility. Provide parents with appropriate community resources. Follow up letter to parents with referrals and recommendations from SAP Core Team.</p> | <p>Transport to hospital by two SAP Core Team Members with emergency medical service or by parent. Obtain Release of Information from parents for records of treatment in order to meet with student's teacher(s) prior to student return to school and for continued monitoring and documentation by SAP Core Team. If threat or attempt is associated with child abuse or neglect, a mandatory report to ChildLine and the local police must be made.</p> |
| <p>LEVEL II RISK This refers to a situation of risk which requires a level of urgent intervention within twenty-four hours. This youth may or may not be exhibiting active suicidal ideas but is either demonstrating extreme distress or marked behavioral changes and has a history of suicidal behavior or has current suicidal ideation with no actual plan.</p> | <p>Staff member will: 1. Notify SAP Core Team Members and CEO/Principal immediately and include dated documentation of such notice in student health file. 2. Monitor student until he/she is under the supervision of SAP Core Team Member. 3. School Psychologist to meet with student as soon as possible.</p> | <p>At least two SAP Core Team Members will assess level of risk by collecting and conducting all pertinent information about the student but not limited to a private interview with the student. SAP Core Team Emergency Report completed and maintained in student records file.</p> | <p>Immediately, by phone, an immediate in-school emergency parent conference with SAP Core Team members to determine if counseling and other in-school measures are necessary. Report of Parent Emergency Conference Form completed and maintained in student file.</p> | <p>When deemed appropriate by School Psychologist, referral is made to parents for a professional mental health assessment.</p> | <p>SAP Core Team member(s) will meet with student's teachers. Obtain Release of Information from parents for records of treatment in order to meet with student's teacher(s) prior to student return to school and for continued monitoring and documentation by SAP Core Team. If situation related to child abuse or neglect, a mandatory report to ChildLine and the local police must be made.</p> |
| <p>SUICIDE ATTEMPT IN SCHOOL</p> | <p>1. Staff member will remain with student until</p> | <p>1. SAP Core Team and CEO/Principal will meet with</p> | <p>Immediately telephone parents for in-school</p> | <p>Immediate and mandatory referral to</p> | <p>Transport to hospital by two Core Team</p> |

| | | | | | |
|---|---|--|--|--|---|
| | <p>medical emergency procedures are initiated by SAP Core Team who shall be contacted immediately, including SAP Core Team School Psychologist and CEO/Principal. All Students are to be removed from the area immediately.</p> | <p>witnesses and document all pertinent information concerning time, place and method of student's attempt and information and/or signed statements to be placed in student's health file. 2. Complete Behavioral Health Emergency Form and fax to hospital and Mental Health Agency Liaison and to PDE as necessary per Safe Schools Act reporting.</p> | <p>emergency conference with CEO/Principal and SAP Core Team. Report of Parent Emergency Conference Form completed and maintained in student file.</p> | <p>hospital with psychiatric unit. SAP Core Team Emergency Report completed and forwarded to Mental Health Agency Liaison and PDE as necessary.</p> | <p>Members with emergency medical service or by parent. Obtain Release of Information from parents for records of treatment in order to meet with student's teachers prior to return to school and for continued postvention monitoring by SAP Core Team. Support service provided per postvention procedures. If attempt related to child abuse or neglect, a mandatory report to ChildLine and the local police must be made.</p> |
| <p>SUICIDE ATTEMPT OUT OF SCHOOL</p> | <p>Call police or emergency medical services such as 911 if Student contacts Charter School about attempt. If knowledge not from student, SAP Core Team Member shall contact parent/guardian to confirm attempt. Advise CEO. A SAP Core Team Emergency Report is to be completed for student's health file to document school's response.</p> | <p>All information obtained by SAP Core Team to be placed in student's health file after full review by School Psychologist. A Behavioral Health Emergency Form to be completed and placed in student's confidential health file. Provide report to SAP Core Team Mental Health Agency Liaison.</p> | <p>Request by SAP Core Team for meeting with parents to discuss need for in-school counseling and other in-school measures. Report of Parent Emergency Conference Form completed and maintained in student file.</p> | <p>Request in-school meeting with parents and SAP Core Team members and CEO/Principal. SAP Core Team School Psychologist to provide mental health referral to parents and/or to continue follow-up with parents and hospital/mental health facility.</p> | <p>Obtain Release of Information from parents for records of treatment in order to meet with student's teachers prior to return to school and for continued postvention monitoring by SAP Core Team. If attempt related to child abuse or neglect, a mandatory report to ChildLine and the local police must be made.</p> |
| <p>STUDENT COMPLETES SUICIDE IN OR OUT OF SCHOOL</p> | <p>Notify SAP Core Team and CEO/Principal Follow emergency medical procedures if completed in school. SAP Core Team and CEO/Principal implements postvention</p> | <p>SAP Core Team Members will meet with witnesses to document all pertinent information and place all documentation in student health file. Provide report to SAP Core Team Mental Health Agency Liaison</p> | <p>Immediately, if completion in school.</p> | <p>N/A</p> | <p>As per postvention plan for survivors.</p> |

| | | | | | |
|--|--|---|--|--|--|
| | procedure and offers support to family, school students and employees. | and to PDE as necessary per Safe Schools Act reporting. | | | |
|--|--|---|--|--|--|