

## **The District Suicide Prevention Training**

The Sussex Technical School District (hereinafter referred to as “The District”) recognizes the serious problem of youth suicide and acknowledges that providing this policy for schools and districts related to youth suicide recognition and prevention is very important. The District also acknowledges that youth suicide is a complex issue which cannot be addressed by the districts and schools alone. This Suicide Prevention Policy (“Policy”) meets the requirements of 14 **Del. C.** §4124, relative to Suicide Prevention.

### **I. Suicide Prevention Training For Public School Employees**

Each public school employee of the District shall participate in at least one combined training each year totaling at least ninety (90) minutes in suicide prevention. The training materials shall be evidence-based and approved by the Department of Education, Department of Health and Social Services, and the Department of Services for Children, Youth and Their Families. More than one training program may be approved and, if so, the District has discretion on the training it requires for its public school employees. Any in-service training required by this section shall be provided within the contracted school year as provided in 14 **Del. C.** §1305(e). All public school employees shall provide evidence or proof of participation and completion.

### **II. Suicide Prevention Program**

The District has developed a Suicide Prevention Program. The Suicide Prevention Coordinating Committee established pursuant to Section III shall be responsible for the implementation of the Suicide Prevention Program. The District uses The Adolescent Depression Awareness Program which addresses school-based youth suicide prevention, intervention, and post-intervention. The District also uses a School-Based Suicide Response Program known as Lifelines. Lifelines targets the entire school community by providing awareness for administrators, staff, parents, and students. This program is based on a three-tiered approach. The first tier identifies and assesses the at-risk students; the second tier initiates a referral to community resources for additional services; the final tier provides a protective measure for the students to increase resilience and provides a buffer from stress.

### **III. Suicide Prevention Coordinating Committee**

The District has established a committee that is responsible for coordinating the Suicide Prevention Program.

- A. The District's committee consists of the Social, Emotional, and Behavioral Health (SEB) Team, which meets regularly to talk about student referrals and to develop an individualized plan. The team is comprised of Administrators, School Counselors, Teachers, Coaches, Nurses, and Teaching Assistants.
- B. The District Committee shall:
  - 1. Coordinate any required staff training. The Committee may determine additional training is required for its school.
  - 2. Create and maintain a training log (either paper or electronic) to record that all appropriate staff have been trained, as well as the specific training they received.
  - 3. Meet any of the requirements assigned in Section IV below.

### **IV. Other Requirements**

#### **A. Procedure for the confidential and anonymous reporting of warning signs of suicide.**

The District has determined a process for providing confidential and anonymous reporting of a student demonstrating the warning signs of suicide. The document outlining this process will be maintained by the principal or the principal's designee.

At a minimum, all privacy rules shall be followed, including any applicable Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) provisions.

#### **B. Procedure for communication between school staff members and medical professional who are involved in treating students for suicide issues.**

The District's Suicide Prevention Coordinating Committee has determined the process it will use to provide for communication between school staff members and medical professionals (e.g. nurses, counselors, physicians) who are involved in treating students for suicide issues. The document outlining the process will be maintained by the principal or the principal's designee. At a minimum, all privacy rules shall be followed, including

any applicable Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) provisions.

**C. Posting of the Suicide Prevention Policy**

The District shall post this Suicide Prevention Policy in all student and staff handbook(s) and on the The District's website.

**D. Retaliation Restrictions**

No employee, school volunteer or student shall be retaliated against for reporting a student thought to be demonstrating the warning signs of suicide.

## **Appendix A: Common Procedures for School Staff Members and Healthcare Professionals**

The following procedures for communication between school staff members and healthcare professionals who are involved in treating students for self-harm, suicide attempt or threatening of either shall be followed:

1. The District's process is to immediately report any student thought to be demonstrating the warning signs of suicide to the school nurse, school counselor, or principal/head of school, or administrator. This may be done verbally initially; however, a written record of the report shall be prepared. A school employee, school volunteer or student is individually immune from a cause of action for damages arising from reporting warning signs of suicide in accordance with these procedures unless that reporting constituted gross negligence and/or reckless, willful or intentional conduct.
2. Healthcare Professionals. The primary contacts at The District are identified in Section 1 above. For a student who has not reached the age of 18, Release of Information forms shall be signed by the parent, guardian, or relative caregiver in order for the primary care physician or healthcare professional to communicate with school personnel regarding any treatment of a student. Notwithstanding the foregoing, communications between healthcare professionals and school staff regarding any treatment of a student may occur for any student 14 years or older who has provided consent for voluntary outpatient treatment in accordance with 16 Del. C. § 5003. In accordance with HIPAA and FERPA guidelines, releases shall be signed before communication may take place. Communications without signed releases in emergency situation may occur in accordance with HIPAA and FERPA regulations and guidelines.
3. If a parent refuses to sign a release form at school, the school will review this policy with them, explaining the reasons the release would be advantageous to the student.

4. After confirmation that a student has been involved in a suicide ideation or suicidal behavior, the student shall be evaluated by a licensed healthcare professional or a non-licensed healthcare professional working under the supervision of a licensed healthcare professional.
5. The recommendations from the healthcare evaluation which are pertinent to managing the student's risk in school shall be shared at a meeting between the student, parent/guardian, school nurse, school counselor or principal/head of school (or his/her designee) prior to the student's return to school. Recommendations will be shared with school personnel who are responsible for their implementation.
6. Emergency evaluations can be obtained from hospital emergency departments; a licensed healthcare professional; a physician; or nurse practitioner; or from the state's Child Priority Response Mobile Crisis Service if the student is under 18 years of age, or from the Adult Mobile Crisis Service if student is between the ages of 18-21.

This revised procedure, which is part of policy, is adopted by the Sussex Technical School District as of August 2016.