

R 5350 STUDENT SUICIDE PREVENTION

The following are guidelines to assist school district staff members in recognizing the warning signs of a student who may be contemplating suicide, to respond to a threat or attempted suicide, and to prevent contagion when a student commits suicide.

A. Recognition of Warning Signs of Suicide

All school district staff members shall be alert to any warning signs a student may be contemplating suicide. Such warning signs may include, but are not limited to, a student's:

1. Overt suggestion, regardless of its context, that he/she is considering or has considered suicide or has worked out the details of a suicide attempt;
2. Self-mutilation;
3. Obsession with death or afterlife;
4. Possession of a weapon or possession of other means of suicide or obsession with such means;
5. Sense of hopelessness or unrelieved sadness;
6. Lethargy or despondency, or, conversely, a tendency to become more impulsive or aggressive than usual;
7. Drop in academic achievement, slacking off of energy and effort, or inability to focus on studies;
8. Isolation from others by loss of friends, withdrawal from friends, lack of companionship, or family disintegration;
9. Preoccupation with nonexistent physical illness;
10. Loss of weight, appetite, and/or sleep;
11. Substance abuse;
12. Volatile mood swings or sudden changes in personality;



13. Prior suicide attempt(s);
14. Anxiety or eating disorder;
15. Involvement in an unhealthy, destructive, or abusive relationship; and
16. Depression due to being a victim/target of harassment, intimidation, bullying, or mistreatment by others.

B. Response to the Warning Signs of Suicide

1. Any indication of suicide, whether personally witnessed or received by a report from another, shall be taken seriously and immediately reported to the Principal or designee. Upon receiving such report, the Principal will ensure the student is supervised by a school staff member until a preliminary assessment of the risk is determined.
2. The Principal or designee shall immediately contact the parent(s) of the student exhibiting warning signs of suicide to inform the parent(s) that the student will be referred to the Child Study Team or a Suicide Intervention Team for a preliminary assessment in accordance with C. below.
3. If the threat of suicide is immediate and serious, the Principal will contact local law enforcement and the Superintendent of Schools.

C. Preliminary Assessment and Recommendation(s)

1. The Principal or designee will designate the Child Study Team or the Suicide Intervention Team to immediately meet with the student to complete a preliminary assessment.
2. The Child Study Team or Suicide Intervention Team will make a recommendation(s), based on the preliminary assessment, to the Principal or designee regarding the student's risk of suicide.
3. Upon receiving the recommendation(s), the Principal or designee will immediately meet with the parent(s) to review the findings of the preliminary assessment. Based on the recommendation(s) of the Child Study Team or Suicide Intervention Team, the student may be:



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- a. Permitted to remain in school:
 - (1) If the student remains in school after the preliminary assessment, the Principal or designee will designate a school staff member to follow-up with the student on any recommendations of the Child Study Team or Suicide Intervention Team.
 - b. Referred to the Child Study Team for further evaluation;
 - c. Removed from the school and released to the parent(s) and will be required to obtain medical or psychiatric services before the student may return to school:
 - (1) The parent(s) will be required to submit to the Superintendent a written medical clearance from a licensed medical professional selected by the parent(s) and acceptable to the Superintendent, indicating the student has received medical services, does not present a risk to himself/herself or others, and is cleared to return to school. The Superintendent will not act unreasonably in withholding approval of the medical professional selected by the parent(s). The written medical clearance may be reviewed by a Board of Education healthcare professional before the student is permitted to return to school.
 - (2) The parent(s) shall be required to authorize their healthcare professional(s) to release the student's relevant medical information to the school district's healthcare professional, if requested.
 - d. Required to comply with the recommendation(s) outlined in C.3.a., b., and/or c. above, and/or any other recommendation(s) of the Principal or designee to ensure the student's safety and the safety of others.
4. In the event the parent(s) objects to the recommendation(s) or indicates an unwillingness to cooperate with the school district regarding their child, the Principal or designee will contact the New Jersey Department of Children and Families, Division of Child Protection and Permanency to request intervention on the student's behalf.



D. Response to Attempted Suicide by a Student

1. Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe a student has attempted suicide, shall immediately report the information to the Principal or designee or their immediate supervisor.
2. A Principal or designee or supervisor who receives a report of a student who has attempted suicide will immediately report it to the Superintendent or designee, who shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families.
3. The school district staff member who witnesses a suicide attempt on school grounds, at a school sponsored event, or on a school bus shall immediately contact local law enforcement and emergency medical services, as appropriate.

E. Response to Suicide Committed by a Student

1. Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe a student has committed suicide, shall immediately report the information to the Principal or designee or their immediate supervisor.
2. A Principal or designee or supervisor who receives a report that a student has committed suicide will immediately report it to the Superintendent or designee, who shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families.
3. The Principal of the school the student attended will assemble school staff members as soon as possible, to provide school staff members information, plans for the school day, and guidelines for handling the concerns of students.
4. The Principal of the school the student attended will use a School Crisis Team to assist school staff members in dealing with any issues that arise due to the situation and to assist students in the loss.
5. The School Crisis Team will assist teachers in responding to the needs of students. Students who were close to the victim shall be offered special counseling services and parents will be notified of available community mental health services.
6. School staff members shall be especially alert to warning signs of contemplated suicide among the victim's peers.



7. All Principals in the school district will be promptly informed when a student enrolled in the district commits suicide. The district, with the approval of the Superintendent, may provide support and services to school staff members and students as needed.
8. The Principal of the school the student attended may, with the approval of the Superintendent, provide any additional support and services that will assist school staff members and students in the loss.

F. Prevention of Suicide Contagion

1. School staff members, under the direction of the Principal or designee, shall attempt to prevent suicide contagion by:
 - a. Avoiding the glorification or romanticization of suicide;
 - b. Helping students recognize that suicide is irreversible and permanent and does not truly resolve problems;
 - c. Encouraging students to ask questions when a fellow student suggests suicide and report to a school staff member;
 - d. Discussing ways of handling depression and anxiety without resorting to self-destruction; and
 - e. Implementing any other strategies to prevent suicide contagion.

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