Bluewater District School Board ADMINISTRATIVE PROCEDURE

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Procedure Title	Suicide Prevention and Intervention		
Date of Issue	April 8, 2014	Related Policy	BP 2820-D
Revision Dates	September 26, 2014; November 17, 2014; March 22, 2023; November 16, 2023	Related Forms	AF 6834; AF 6835; AF 6836
Review Date	March 1, 2028	Originator	Administrative Council

References

Education Act; Ontario Regulation 472/07; Bill 157 "Keeping Our Kids Safe at School Act"; Bill 13 "Accepting Schools Act; BP 6820-D "Safe and Accepting Schools"; AP 6850-D "Child Maltreatment (Suspected) Reporting"; Supporting Minds: An Educators Guide to Promoting Students' Mental Health and Well Being, 2013; Traumatic Events Response Team Independent Procedure; School Mental Health Ontario, Ministry of Education

Bluewater District School Board Suicide Prevention and Intervention Guide (found in the Administrator's Handbook site on SharePoint)

1.0 RATIONALE

- 1.1 Bluewater District School Board recognizes that a whole school approach is necessary to promote a safe, inclusive, and accepting environment that creates a positive school climate.
- 1.2 Bluewater District School Board supports school mental health evidence-based initiatives that target promotion, prevention, and intervention strategies which are critical to all our students.
- 1.3 Bluewater District School Board recognizes that youth suicide is a complex, emotional issue affecting our students.
- 1.4 Bluewater District School Board recognizes that some students may experience suicidal thoughts and/or behaviours and they will require a coordinated, informed response by school administrators and staff, who have clear procedures and guidelines to follow for ensuring the safety of these students. Collaboration with community emergency services and partners will be essential in matters of suicide risk for students to maintain their safety and facilitate access to clear pathways for care.

2.0 DEFINITIONS (School Mental Health Ontario, Ministry of Education)

- 2.1 **Critical Response Team:** School staff including administrators, and other staff such as mental health worker, guidance counsellors, student success teachers, learning resource teachers or teachers who play a non-clinical, but important role, to respond to and bridge services for students at risk. They may serve as 'first aid' responders or intermediaries between students and mental health professionals by helping the student navigate the pathway to care. (See Appendix A Suicide Prevention and Intervention Framework)
- 2.2 **Intervention/Suicide Risk Management:** Practices involved in recognizing and responding to students with suicidal ideation or behaviour; and in supporting vulnerable students transitioning to and from care.
- 2.3 **Suicide Prevention:** Efforts to reduce the risk of suicidal thoughts and behaviour amongst students in a systematic way.

2.4 **Suicide Postvention:** Support for school communities in responding to suspected or confirmed death by suicide.

3.0 PROCEDURE

3.1 System Expectations

- **3.1.1** Bluewater District School Board is committed to providing suicide prevention and risk management strategies for all students in our schools, and to support mental health initiatives designed to promote and improve the emotional well-being and functioning of all our students.
- 3.1.2 Bluewater District School Board will make every effort to ensure that students exhibiting identified suicidal behaviours are taken seriously and responded to immediately by caring staff. All situations involving students with identified suicidal behaviours will be appropriately and immediately responded to (Refer to the Suicide Prevention and Intervention Guide found in the Teaching and Learning Hub and the Administrators' Handbook on SharePoint).
- **3.1.3** All schools will have designated and posted (see section 3.3 (i) (f)) names of members of their School-Based Critical Response Team, who will be trained in attending to these situations.
- **3.1.4** Bluewater District School Board has established a suicide prevention, risk management, and postvention plan for the schools of the board and will require that all schools implement the board's plan.

3.2 Duties and Responsibilities

3.2.1 Bluewater District School Board will:

- a) involve school communities in the development, implementation and maintenance of positive school climates and provide strategies for creating supportive classroom environments for all students;
- b) consult with the mental health manager or mental health lead (and others as deemed appropriate), as part of the cyclical review of this procedure;
- c) provide ongoing staff development; and
- d) review this procedure annually with administrators.

3.2.2 All staff will:

a) respond/report all situations involving students with suicidal thoughts or behaviours by following the processes outlined in the Suicide Prevention and Intervention Guide found in the Teaching and Learning Hub and the Administrators' Handbook on SharePoint.

3.2.3 Administrator will:

- a) support and maintain a positive school climate and model openness, awareness, and respect in promoting mental health;
- b) support early intervention for students displaying suicidal behaviours and respond to all reports of suicide concern (See Appendix A Suicide Prevention and Intervention Framework). Administrators will follow up, as appropriate, with the person making the report regarding the pathway to care for the student:
- c) ensure that AF 6834 "Joint Consent" is completed. Forward a scanned copy to Bluewater District School Board mental health referrals (by email), where it will be retained in the student's clinical file. Ensure original form and email are destroyed/deleted once successfully sent. These records are not to be put in the OSR or retained at the school;
- d) document the incident using AF 6835 "Suicide Prevention and Intervention Incident Report Student" and forward a scanned copy to Bluewater District School Board mental health referrals (by email), where it will be stored in the student's clinical file. Once submitted, the original AF 6835 will be retained by the administrator, to assist with ongoing safety planning, for one year from the date of the report, in a confidential and secure file. These records are not to be put in the OSR.
- e) establish a school-based Critical Response Team;
- f) work with the Critical Response Team who will assist in connecting an at-risk student, who presents with suicidal thoughts or behaviours, to emergency and/or mental health services for further assessment. They will help navigate the pathway to care for the student. (See Appendix A Suicide Prevention and Intervention Framework);

g) ensure the coordination/creation of a support plan using AF 6836 "Coping Plan" where the procedure has been activated. Forward a scanned copy to Bluewater District School Board mental health referrals (by email), where it will be retained in the student's clinical file. Once submitted, the original AF 6836 will be retained by the administrator for one year from the date of the report, in a confidential and secure file and a copy provided to the parent(s)/guardian(s)/student. These records are not to be put in the OSR; and

h) work with mental health lead to provide staff in-service annually on suicide prevention and intervention and include an up-to-date Bluewater District School Board Suicide Prevention and Intervention Guide in staff manuals.

3.2.4 School Staff will:

- a) support and maintain a positive school climate, based on mutual respect, with an awareness and openness to discussions with respect to mental health;
- b) be represented on school committees with respect to mental health promotion initiatives;
- c) participate in the school's suicide prevention and intervention plan;
- d) demonstrate positive leadership in their community; and
- e) consult with the mental health worker and assist with follow-up in school.

3.2.5 Students will:

- a) support and maintain a positive school climate, based on mutual respect, with an awareness and openness to discussions with respect to mental health;
- b) be represented on school committees with respect to mental health promotion and initiatives;
- c) participate in the school's mental health promotion initiatives;
- d) report any incidents of concern for other students including mental health issues and/or suicidal thoughts and behaviours to staff; and
- e) demonstrate positive leadership in their school community.

3.2.6 Parents/Guardians will:

- a) support and maintain a positive school climate, based on mutual respect, with an awareness and openness to discussions with respect to mental health;
- b) be represented on school committees with respect to mental health promotion and initiatives; and
- c) demonstrate positive leadership in their school community.

3.2.7 School Councils will:

- a) support and maintain a positive school climate, based on mutual respect, with an awareness and openness to discussions with respect to mental health;
- b) be represented on school committees with respect to mental health promotion and initiatives; and
- c) demonstrate positive leadership in their school community.

3.3 Staff In-Service Summary Overview

3.3.1 Intervention:

- All staff have received information about this procedure and related Bluewater District School Board Suicide Prevention and Intervention Guide, as a student may choose any staff member to reach out to;
- b) All staff will respond/report all situations involving students with suicidal thoughts or behaviours by following Appendix A: Suicide Prevention and Intervention Framework;
- c) A staff member should listen empathetically and review/understand the dos and don'ts to ensure supportive listening when a youth discloses suicidal thoughts and/or behaviours (Suicide Prevention and Intervention Guide Sections 2 and 3):
- d) Do not leave the student unsupervised (Eyes On);
- e) Notify the administrator immediately;
- f) Each school has a Critical Response Team. They are staff and administrators with suicide prevention/intervention training. These key staff will be identified at the beginning of each school year. The administrators will ensure that the up-to-date team list will be posted in private settings within each school including administrators' offices, guidance, student success and LRT offices, and staff rooms;

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- g) Critical information needs be shared with attending staff (on a need-to-know basis) and the parent(s)/guardian(s);
- h) Review the list of warning signs (Section 2);
- i) Contact numbers for local emergency services are listed in Appendix B.
- j) Other services for children including Keystone Child, Youth and Family Services, Choices: Drug and Alcohol Counselling for Youth, Bruce Grey Child and Family Services, and the Kids Help Phone are listed on page 2 of the framework;

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- k) All situations will be properly documented in a timely manner using AF 6835 and forwarded to the mental health referrals email address, as noted on the form;
- This is a difficult topic and may be affecting some staff as well as students. It is important to be engaging in supportive conversations with your colleagues and/or contact the Employee and Family Assistance Program (visit <u>BWDSB Staff Portal</u>);
- m) Teachers are not expected to become mental health professionals, additional supports are available through the school's Mental Health Team.

3.3.2 Response to Suicidal Behaviour:

For students who have been assessed and/or hospitalized – upon return to school, they will require special care and the following key elements should be considered:

- a) Identify who in your school will be the lead contact person;
- b) Collaboration and communication with parent(s)/guardian(s) or youth;
- c) Obtain parent/guardian permission (AF 6934 "Joint Consent") to share and receive information from the hospital/community care team. Consult with the hospital/community care team about the safety plan for school i.e., monitoring, transportation to and from school, check-ins with the youth, availability and contact numbers for the parents/guardians etc.;
- d) Obtain parent/guardian permission and student consent to share information with relevant school staff (on need-to-know basis) about their needs at school:
- e) Ensure student safety during the school day. Collaborate with student and parent(s)/guardian(s) to create a coping plan using AF 6836 "Coping Plan"; and
- f) If other students are aware of the situation, monitor vulnerable students as appropriate and consider consultation with mental health worker for support plan.

3.3.3 Postvention:

When a student tragically dies by suicide, specific actions are required at the system and school level:

- a) Presence of the board team responsible for supporting and assisting the school administrative team (e.g., help enact protocols, media communication, emotional support to the school team – includes staff, members of board mental health team, superintendent, communications/public relations team.);
- b) Presence and activation of the Tragedy Response Team, including mental health professionals who are required to immediately to provide support to vulnerable students;
- c) Presence of the school team responsible for enacting protocols for care and communication when the death by suicide is reported (e.g., school administrators, student success, guidance, critical response team members);
- d) Clear articulation of dos and don'ts of postvention. (See Suicide Prevention and Intervention Guide Sections 2 and 3)
- e) Scripts for communication with the parents of the student who died by suicide, scripts for messaging for staff and to students, sample letters to the school community, sample communication for media (Suicide Prevention and Intervention Guide Section 12);

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- f) Understand the phases of postvention and have a plan for who does what at each phase including: the first 24 hours, next 48-72 hours, during the first month, planning for the future. Practicing self and team-care throughout is essential; and
- g) Documenting and reporting requirements (AF 6835 "Suicide Prevention and Intervention Incident Report Students")

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(Information adapted from School Mental Health Ontario)

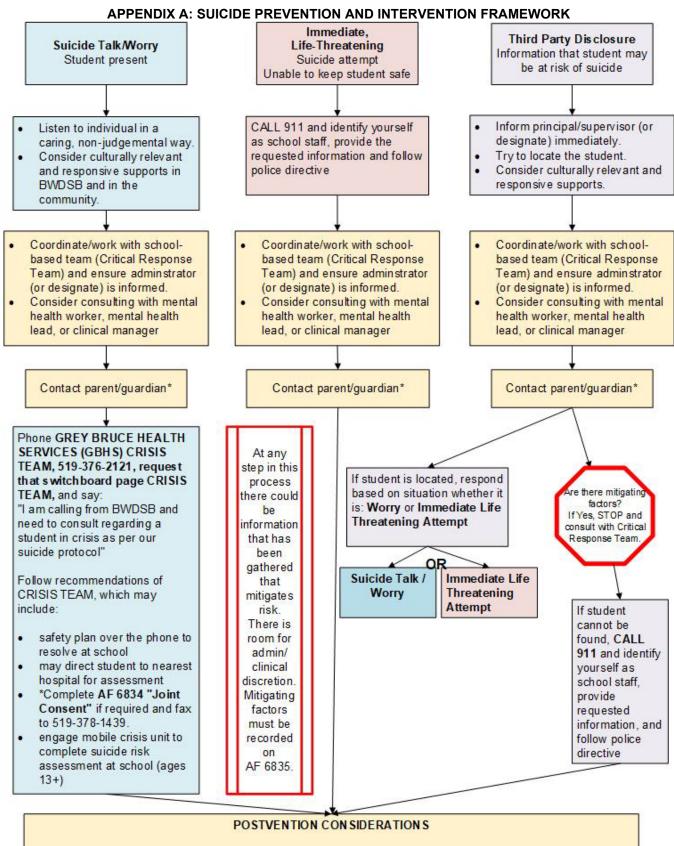
PLEASE NOTE: The Suicide Prevention and Intervention Guide can be found electronically in the Teaching and Learning Hub and the Administrators' Handbook on SharePoint. The guide contains the following resources that can be utilized when working through situations that would be governed by this procedure:

- Section 1: Possible Warning Signs
- Section 2: What TO DO to Support Students Who Show Signs of Suicidal Thoughts and Behaviour
- Section 3: What NOT To Do When Students Show Signs of Suicidal Thought and Behaviour
- Section 4: What TO DO for Students who have Returned to the Classroom
- Section 5: Talking with Students about Suicide
- Section 6: Strategies for Creating a Supportive Classroom Environment for All Students
- Section 7: Communicating with Parents/Guardians
- Section 8: Postvention Event Protocol Student Death by Suicide
- Section 9: Tragedy Response Team
- Section 10: Crisis Response Checklist
- Section 11: Postvention Scripts and Sample Letters
- Section 12: Key Messages for Media and Media Guidelines
- Section 13: Working with Community Services

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- Participate in follow-up and ongoing service planning/support with the young person and parent/ guardian
- complete AF 6835 "Suicide Prevention and Intervention Incident Report Student"
- AF 6841 "Consent for Involvement Mental Health Services" to support safety planning
- completion of AF 6836 "Coping Plan" with student
- critical incident debrief and/or tragedy response, if needed
- · discharge planning, if applicable
- · consider debrief with those directly involved

Forms can be accessed on SharePoint under 'Forms, Templates and Reference Documents'

Administrator will document information about the occurrence by completing AF 6835 and forward to 'Mental Health Referrals' email. Once submitted, the original AF 6835 will be retained by the principal for one year from the date of the report, in a confidential and secure file.

Appropriate support and debriefing will be provided for staff (e.g., EFAP), as determined by the administrator. Monitor students, who many have been impacted by this event (including close friends) for signs of contagion

^{*}Unless student is 18 years old, or 16/17 years old and has withdrawn from parent control. In the event that there are concerns for parental abuse or neglect and parent/guardian may not provide adequate protection/intervention, please contact Bruce-Grey Child and Family Services (for students 16 years of age or under).

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APPENDIX B: SCHOOL BASED CRITICAL RESPONSE TEAM MEMBERS

The names of the School Based Critical Response Team are below and posted in the offices of administrators, guidance, student success, LRTs, and in staff rooms.

OTHER SERVICES FOR CHILDREN AND YOUTH CALL 911 in emergency situations				
Mental Health Crisis Line of Grey Bruce	1-877-470-5200			
Keystone Child, Youth and Family Services	519-371-4773			
Troysterio Orina, Fouri aria Farriny Corvices	1-800-567-2384			
Choices: Drug and Alcohol Counselling for Youth	519-371-5487			
	1-800-265-3133			
Bruce Grey Child and Family Services	519-371-4453			
	1-855-322-4453			
Kids Help Phone	1-800-668-6868			
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mental health lead	(Sarah) 519-477-1143			
clinical manager	(Summer) 519-379-4549			
<u>Prepare; Prevent; Respond – A Suicide Prevention Guide for Parent</u> School Mental Health Ontario (https://smho-smso.ca/)	s and Families			
School Merital Health Ofitario (https://shino-shiso.ca/)				
Hope for Wellness Helpline	1-855-242-3310			
Available 24/7 to all Indigenous peoples across Canada				
Courthurset Outeric Aboriginal Health Access Courter (COALIAC)	4 044 707 0705			
Southwest Ontario Aboriginal Health Access Centre (SOAHAC)	1-844-737-0725			

TRANSPORTATION OPTIONS	
Parent transports student to emergency health services.	
Police or Ambulance 911	