

SCHOOL DISTRICT NO. 67 (OKANAGAN SKAHA)

POLICY

POLICY #320 Student Accident/Illness/Suicide Threat

RATIONALE

In the interest of student safety, the Board of Education recognizes the need for emergency procedures to deal with accidents, sudden illnesses, and threat of suicide.

POLICY

Each school will develop and advise its staff of procedures to (1) safely transport injured or seriously ill students to home or to an emergency medical services location as appropriate, and (2) respond to threats of student suicide.

ADOPTED: November 8, 1999

Reviewed/Revised: July 7, 2003
September 10, 2007

Statutory Reference:

SCHOOL DISTRICT NO. 67 (OKANAGAN SKAHA)

REGULATIONS AND PROCEDURES

POLICY #320 Student Accident/Illness/Suicide Threat

1. Principals will designate individuals to authorize the dispatch of taxi or ambulance service to the school in emergency circumstances. The names of these staff members will be made known to all employees of the school.
2. The parents/guardians will be contacted as soon as possible.
3. The school district will absorb the cost of the taxi or ambulance service.
4. Ambulance service, fire department and police are available at all schools by phoning 911.
5. An "Incident Report" form must be completed for accidents and filed with the school board office.
6. School personnel will inform the principal and/or counsellor if there is reason to believe a student is at risk of suicide. District Suicide Intervention Guidelines for School Personnel (Appendix A) will be applied as appropriate.

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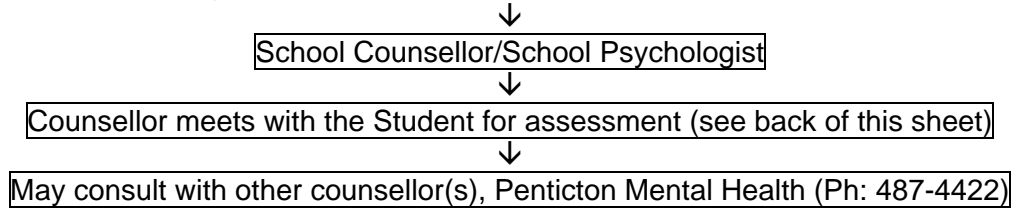
Statutory Reference:



**SUICIDE INTERVENTION GUIDELINES
FOR SCHOOL PERSONNEL
SCHOOL DISTRICT NO. 67 (OKANAGAN SKAHA)**

Name: _____ School: _____
 Date of Birth: _____ Date: _____
 (Year/Month/Day)
 Parent/Guardian: _____ Phone: _____

When informed of possible students at risk, inform administrator who consults with:



INTERVENTIONS

(LOW)	(MODERATE)	(HIGH)
Limited Perceived Risk At This Time No immediate danger	Some Perceived Degree of Risk, But No immediate danger	Immediate Perceived Risk and Danger Should Not Leave School Alone
<input type="checkbox"/> Contact parent/guardian, and offer outside mental health agencies/therapists as soon as possible for avenues of support	<input type="checkbox"/> Contact parent/guardian	<input type="checkbox"/> Contact parent/guardian
<input type="checkbox"/> Acquaint student and parent with Crisis Line 493-6622 and support materials. Encourage student to seek assistance	<input type="checkbox"/> Notify any mental health services/therapists who are already involved with the student and encourage student to seek assistance	<input type="checkbox"/> Contact Penticton Mental Health for immediate telephone consultation/assessment (487-4422)
<input type="checkbox"/> Develop intervention plan in conjunction with parent/guardian and student	<input type="checkbox"/> Inform the family doctor	<input type="checkbox"/> Inform family doctor
<input type="checkbox"/> Continue to monitor student behaviour and offer support	<input type="checkbox"/> Develop intervention plan in conjunction with parent/guardian and student	<input type="checkbox"/> Notify any mental health services/therapists who are already involved with the student
<input type="checkbox"/> Document the incident	<input type="checkbox"/> Document the incident	<input type="checkbox"/> Phone 911 for police and ambulance assistance and emergency transport to hospital, if necessary, to ensure safety.
<input type="checkbox"/> One week follow-up	<input type="checkbox"/> One week follow-up	<input type="checkbox"/> Develop intervention plan in conjunction with parent/guardian and student
		<input type="checkbox"/> Document the incident
		<input type="checkbox"/> One week follow-up

ASSESSMENT RESOURCES

- PENTICTON MENTAL HEALTH (487-4422) – Mental Health Therapist contacted to conduct a risk assessment
- MENTAL HEALTH EMERGENCY SERVICES – After 4:00 p.m., accessed through Crisis Line 493-6622
- PENTICTON REGIONAL HOSPITAL (492-4000)
- PENTICTON & AREA CRISIS LINE (493-6622) – 24 HOURS EVERYDAY, CONFIDENTIAL & ANONYMOUS
- HELPLINE FOR CHILDREN (310-1234)

Assessing Level of Suicide Risk

	LOW	MEDIUM	HIGH
IDEATION	<input type="checkbox"/> has periodic, mildly intense thoughts of death or not wanting to live that last a short while	<input type="checkbox"/> regularly occurring, intense thoughts of death and/or wanting to die that are difficult to get rid of	<input type="checkbox"/> thoughts of death and/or wanting to die are very intense, occur continuously and seem impossible to banish
IMMEDIACY OF PLAN	<input type="checkbox"/> no immediate suicide plan <input type="checkbox"/> no threats <input type="checkbox"/> does not want to die	<input type="checkbox"/> not sure when, but soon <input type="checkbox"/> indirect threats <input type="checkbox"/> ambivalent about dying	<input type="checkbox"/> has imminent date, time in mind <input type="checkbox"/> clear threats <input type="checkbox"/> doesn't want to live <input type="checkbox"/> wants to die
METHOD	<input type="checkbox"/> weapon unavailable, unrealistic or not thought of	<input type="checkbox"/> lethality left to chance with some likelihood of intervention	<input type="checkbox"/> lethal, available method with little chance for intervention
EMOTIONAL STATE OR MOOD	<input type="checkbox"/> sad, cries easily <input type="checkbox"/> irritable	<input type="checkbox"/> pattern of "up-&-down" mood swings <input type="checkbox"/> rarely expresses any feelings	<input type="checkbox"/> no vitality, emotionally numb <input type="checkbox"/> emotional turmoil
LEVEL OF PAIN	<input type="checkbox"/> mild emotional hurt	<input type="checkbox"/> moderately intense	<input type="checkbox"/> unbearable emotional pain and despair
SUPPORT	<input type="checkbox"/> feels cared for by family, peers and/or other adults	<input type="checkbox"/> minimal or fragile support <input type="checkbox"/> moderate conflicts with <input type="checkbox"/> parents and/or <input type="checkbox"/> peers	<input type="checkbox"/> feels rejected and/or unconnected, with no support <input type="checkbox"/> in intense conflict with <input type="checkbox"/> parents and/or <input type="checkbox"/> peers
PREVIOUS ATTEMPTS	<input type="checkbox"/> none	<input type="checkbox"/> one previous attempt <input type="checkbox"/> some self-harm	<input type="checkbox"/> previous attempts <input type="checkbox"/> severe self-mutilation
REASONS TO LIVE - HOPE	<input type="checkbox"/> wants things too change and has hope <input type="checkbox"/> some future plans	<input type="checkbox"/> pessimistic hope <input type="checkbox"/> vague, negative future plans	<input type="checkbox"/> feels hopeless, helpless, powerless <input type="checkbox"/> sees future as empty, meaningless
SIGNS OF DEPRESSION	<input type="checkbox"/> down and/or <input type="checkbox"/> irritable mood <input type="checkbox"/> loss of interests and joy <input type="checkbox"/> loss of energy <input type="checkbox"/> no motivation <input type="checkbox"/> hyper or <input type="checkbox"/> slowed down eats <input type="checkbox"/> too little or <input type="checkbox"/> too much <input type="checkbox"/> not enough or <input type="checkbox"/> too much sleep <input type="checkbox"/> can't concentrate <input type="checkbox"/> feels extreme guilt <input type="checkbox"/> feels worthless		
OTHER RISK FACTORS	<input type="checkbox"/> family history of suicidal behaviour <input type="checkbox"/> suicidal friends <input type="checkbox"/> current loss <input type="checkbox"/> previous losses <input type="checkbox"/> substance misuse <input type="checkbox"/> current school problems <input type="checkbox"/> recent criminal charges <input type="checkbox"/> has diagnosed mental health disorder <input type="checkbox"/> is very impulsive <input type="checkbox"/> has negative attitudes re: seeking help <input type="checkbox"/> parent(s) and/or <input type="checkbox"/> helpers do not take child/youth's suicidality seriously		
OVERALL RISK	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH

CHILD _____ **Age** _____ **ASSESSED BY** _____ **Date** _____