



Book	Policy Manual
Section	800 Operations
Title	Suicide Awareness, Prevention and Response
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Purpose

The Joint Operating Committee is committed to protecting the health, safety and welfare of its students and the school community; **promoting healthy development; and safeguarding against the threat or attempt of suicide.** This policy supports the provision of a comprehensive program **of education, training and resources** designed to promote **school connectedness and** behavioral health, and prevent suicide.[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)

Authority

The Joint Operating Committee directs the center (school) to provide education on youth suicide awareness and prevention; methods of prevention, intervention, and response to suicide attempt or suicide; and **reporting procedures.**[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)

The center (school) is committed to providing access to age and developmentally-appropriate youth suicide awareness and prevention supports and resources to all students, without bias or discrimination.[\[2\]](#)[\[3\]](#)

The center (school) shall notify employees, students and parents/guardians of this policy and shall post the policy on the center's (school's) website.[\[1\]](#)

Definitions

Behavioral health - the emotion, behaviors and biology related to a person's mental well-being, their ability to function in everyday life and their concept of self.

Behavioral service providers – include, but are not limited to, state, county or local behavioral health service providers, crisis intervention center or psychiatric hospital. The term includes a private service provider which contracts with a state, county or local government to act as a behavioral health agency.[\[4\]](#)[\[7\]](#)

Bias – the attitudes or beliefs we have about a person or group that affect our understanding, actions and decisions in a conscious or subconscious manner.[\[4\]](#)

Individualized Management Plan – a plan developed for a student who is referred to the threat assessment team that documents the concerns that brought a student to the team's attention, as well as the resources and supports a student might need based on the information gathered during the assessment. The Individualized Management Plan is developed primarily for documentation and communication purposes.[\[4\]](#)

Postvention – a multi-component crisis response to provide support, promote healing after a tragic loss and to minimize risk of contagion after a suicide.

Prevention - refers to efforts that seek to reduce the factors that increase the risk for suicidal thoughts and behaviors and increase the factors that help strengthen, support and protect the behavioral health and wellness of individuals.

Protective factors - refer to characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

Resilience - the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress, or "bouncing back" from difficult experiences.

Risk factors - refer to characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes, including suicide.

Safety Plan – an agreement developed between the student, parent/guardian, appropriate team members and behavioral health professionals, following a suicide screening or assessment, that documents communications, conveys an understanding of the seriousness of the student's distress and provides a set of skills and resources the student can use in a crisis.

School connectedness - the belief by students that adults and peers in the school care about their learning as well as about them as individuals.

School personnel - include, but may not be limited to, administrators, teachers, school-based behavioral health professionals (e.g., school counselor, school psychologist, school social worker), paraprofessionals, support staff, extracurricular advisors, bus drivers, custodians and cafeteria workers.

Self-harm – behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either suicidal or nonsuicidal.

Suicide - death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Suicide attempt - a potentially self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves.

Suicide threat - a verbal or nonverbal communication that an individual intends to harm themselves with the intention to die but has not acted on the behavior.

Threat assessment – a fact-based process for the assessment of and intervention with students whose behaviors may indicate a threat to the safety of the student, other students, school employees, school facilities, the community or others.[4]

Warning signs - evidence-based indicators, often observable, that someone may be in danger of suicide, either immediately or in the very near future.

Delegation of Responsibility

The Administrative Director or designee, in collaboration with designated school personnel, shall develop administrative regulations regarding protocols for response to suicide threats, suicide attempts and suicide.

Guidelines

SUICIDE AWARENESS AND PREVENTION EDUCATION[1]

Suicide Awareness and Prevention Education for Students

Students shall receive age **and developmentally**-appropriate, **student-centered** lessons on the importance of safe and healthy choices, coping strategies **focused on resiliency**, how to recognize risk factors and warning signs, as well as help-seeking strategies for self or others, including how to engage school resources.

Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development **by:**

1. **Informing** students about broader behavioral health issues such as depression and substance use, as well as specific risk factors, protective factors and warning signs for suicide
2. **Encouraging** students to seek help for themselves or their peers, including when concerns arise via social media or other online forum, and to avoid making promises of confidence when they are concerned about the safety of a peer **or other individual**.
3. **Promoting** a healthy school climate where students feel connected to and can identify trusted adults in the building.
4. **Providing local, state and/or national resources for seeking help.**

Suicide Awareness and Prevention Education for School Personnel

All **school personnel** shall receive **written** information about **the center (school)'s protocols for suicide awareness and prevention, including** risk factors, warning signs, response **and communication** procedures, referrals and resources.

School personnel shall also receive information regarding strategies to enhance protective factors, resilience and school connectedness.

As part of the center (school)'s professional development plan, professional educators in center (school) buildings serving students in grades six (6) through twelve (12) shall participate in a minimum of four (4) hours of youth suicide awareness and prevention training every five (5) years.[1][8][9]

Additional professional development in suicide risk screening and/or assessment and crisis intervention shall be provided to specialized staff and the center (school)'s behavioral health professionals such as crisis response/intervention team members, designated administrators, school counselors, school psychologists, school social workers and school nurses.

The center (school) shall make required training and refresher training available on an ongoing basis, so that educators may fulfill training requirements throughout the required timeframe.

The center (school) may also require training of other professional staff, as well as ancillary school-wide staff, and may increase the training requirement.

School safety and security training for employees may include suicide awareness.[9]

METHODS OF PREVENTION[1]

The center (school) shall utilize a multifaceted approach to suicide prevention which integrates school and community-based supports.

The methods of prevention utilized by the center (school) include, but are not limited to, **education, training and awareness**; early identification and support for students at risk; and delegation of responsibility for planning and coordination of suicide prevention efforts.

Information received in confidence from a student may be revealed to the student's parents/guardians, the building administrator, **the threat assessment team and/or crisis response/intervention team** or other appropriate authority when the health, welfare or safety of the student or any other person is clearly in jeopardy, **in accordance with applicable law, regulations and Joint Operating Committee policy.**[4][10][11][12][13][14][15]

Suicide Prevention Coordinators

A suicide prevention coordinator shall be designated by the Administrative Director **or designee** to act as a point of contact for issues relating to suicide. This may be an existing center (school) employee, **who may also be a member of the threat assessment team.**[4]

The center (school) suicide prevention coordinator shall be responsible for planning and coordinating implementation of this policy.

Early Identification Procedures

Early identification of individuals with warning signs or suicide risk factors **that appear to adversely impact the student** is crucial to the center (school)'s suicide prevention efforts. To promote awareness, **school personnel**, students and parents/guardians should be educated about suicide risk factors and warning signs.

Referral Procedures

Any **school personnel** who observe a student exhibiting a warning sign for suicide, or **who** has another indication that a student may be contemplating suicide, shall **immediately** refer the student for suicide risk screening and/or assessment and intervention in accordance with **Joint Operating Committee policy and procedures.**[4][15][16]

In the absence of a warning sign for suicide, students demonstrating suicide risk factors that appear to be adversely impacting the student, **or other indication of self-harm**, should be referred to **an appropriate team or staff member (e.g. building administrator, school counselor, Student Assistance Program team)** for support and follow-up.

When a student's behavior indicates a threat to the safety of the student, school personnel shall report the student to the threat assessment team, an appropriate member of the team or the suicide prevention coordinator. The threat assessment team, crisis response/intervention team and designated staff responsible for conducting or arranging suicide risk screening and assessment shall coordinate to provide assessment and intervention in accordance with Joint Operating Committee policy and procedures, and shall coordinate with the student's school district of residence as needed.[4][15][16][17]

School personnel shall arrange for or provide continuous adult supervision to ensure the student's safety.

Safe2Say Something

When the center (school) receives a report through the Safe2Say Something program, members of the Safe2Say Something team shall coordinate with appropriate emergency dispatch center(s), local law enforcement and/or center (school) team, and the student's school district of residence, in accordance with center (school) procedures.[9]

Documentation

The center (school) shall document the reasons for referral, including specific **reasons** identified as indications that the student may be at risk.[4]

METHODS OF ASSESSMENT AND INTERVENTION[1]

The methods of **assessment and** intervention utilized by the center (school) include, but are not limited to, responding to **threats of suicide or self-harm**, suicide attempts in school, suicide attempts outside of school, and suicide. **The school (center) shall maintain a trained school crisis response/intervention team. Team members may include, but not be limited to, designated administrators, school counselors, school nurse, school psychologist, social worker, school security personnel, members of the Student Assistance Program team and others as designated by the center (school) such as community behavioral health agency resources.**

The center (school)'s threat assessment team shall serve as a crisis response/intervention team, and may coordinate with center (school) behavioral health staff and community behavioral health agency resources as needed.[4]

The Administrative Director or designee shall establish administrative regulations for coordination of appropriate teams and staff in suicide assessment and intervention.

Suicide intervention procedures shall involve collaboration and coordination with the student, the parent/guardian, suicide prevention coordinator, the threat assessment team and/or the crisis response/intervention team, the student's school district of residence and additional support services as needed.

Student Assessment and Intervention

When a student has been referred for assessment, designated members of the threat assessment team and/or crisis response/intervention team shall coordinate with appropriate behavioral service staff to assess and respond to the student's behavior, which may include development or update of an Individualized Management Plan and/or Safety Plan, where appropriate, in accordance with Joint Operating Committee policy and administrative regulations.[4]

A center (school)- approved suicide risk screening or assessment tool may be used by trained behavioral health staff such as **school** counselors, psychologists **or** social workers.

Parents/Guardians of a student identified as being at risk of suicide shall be notified by the **building administrator or designee** and informed of crisis and community resources. If the center (school) suspects that the student's risk status is the result of abuse or neglect, staff shall immediately notify Children and Youth Services, **in accordance with applicable law and Joint Operating Committee policy.[4][6]**

The center (school) shall identify **and develop agreements with** behavioral service providers to whom students **may** be referred for further suicide risk screening and/or assessment and **intervention.**

If the student **has been** identified as being at increased risk of suicide, the center (school) shall **develop** a new, or update a previous, **Safety Plan** to support the student and the student's family. The Plan should be developed collaboratively with input from the student, **the student's parents/guardians, appropriate team members, behavioral health professionals and the student's school district of residence, as needed.**

Students With Disabilities

For students with disabilities who are identified as being at risk for suicide or who attempt suicide, the team **receiving the referral or other center (school) staff shall notify the appropriate Individualized Education Program (IEP) team or Section 504 team to address the student's needs in accordance with applicable law, regulations and Joint Operating Committee policy.**[3][4][18][19][20]

If a student is identified as being at risk for suicide or attempts suicide and the student may require special education services or accommodations, the Director of Special Education or designee shall be notified and shall take action to address the student's needs in accordance with applicable law, regulations and Joint Operating Committee policy.[3][18][19][20]

Documentation

The center (school) shall document observations, recommendations and actions conducted throughout the course of intervention, suicide risk screening and/or assessment and follow-up, including verbal and written communications with students, parents/guardians, **appropriate team members**, behavioral service providers **and the student's school district of residence, as needed.**[4]

METHODS OF RESPONSE TO SUICIDE ATTEMPT OR SUICIDE[1]

The center (school)'s crisis response/intervention team shall coordinate with first responders, center (school) behavioral health staff and/or community behavioral health resources, and the student's school district of residence in response to a suicide attempt or suicide.

Response to Suicide Attempt

Methods of response to a suicide attempt utilized by the center (school) include, but are not limited to:

1. **Acting in accordance with professional development and crisis response training including, but not limited to:**
 - a. **The rendering of first aid until professional medical services and/or transportation can be received.**
 - b. **Supervision of the student and movement of all other students out of the immediate area.**
2. **Coordinating with the threat assessment team to document or follow up on the threat assessment process, in accordance with Joint Operating Committee policy, where applicable.**[4]
3. Notifying students, employees and parents/guardians.
4. Working with families.
5. Responding appropriately to the media.
6. Collaborating with community providers.

Re-entry Procedures

A student's excusal from school attendance after a behavioral health crisis and the student's return to school shall be consistent with state and federal laws and regulations, **and in accordance with Joint Operating Committee policy.**[3][18][19][21][22]

Prior to a student returning to school after a behavioral health crisis, a center (school) employed behavioral health professional, **member(s) of the threat assessment team**, the building administrator or **designee** shall meet with the parents/guardians of the student, and, if appropriate, meet with the student to **discuss** the student's **return** to school and to create an individual re-entry plan. **Center (School) staff shall coordinate with the student's school district of residence regarding the re-entry plan, as needed.[4]**

When authorized by the student's parent/guardian, the designated employee shall coordinate with the appropriate outside behavioral **service** providers, request **release of information and** written documentation from the treating facility and encourage their involvement in the re-entry **process**.

A school behavioral health professional shall periodically check in with the student **and** monitor the student's **re-entry plan, which may include strategies and supports to facilitate the student's progress and** transition back into the school community, **including referrals to other school-based teams or programs (e.g. Student Assistance Program).**

Re-entry of a student with a disability requires coordination with the appropriate team to address the student's needs in accordance with applicable law, regulations and Joint Operating Committee policy.[3][18][19][20]

Response to Suicide (Postvention).

Upon confirmation of a suicide, the center (school) shall immediately implement established postvention procedures which shall include methods for informing the school community; identifying and monitoring at risk youth; and providing resources and supports for students, staff and families.

DOCUMENTATION PROCEDURES[1]

Effective documentation assists in preserving the safety of the student and ensuring communication among staff, parents/guardians and behavioral service providers **and the student's school district of residence**.

When **school personnel** take notes on any conversations or situations involving or relating to an at-risk student, the notes should contain only factual or directly observed information, not opinions or hearsay.

As stated in this policy, **school personnel** shall be responsible for effective documentation of incidents involving suicide prevention, intervention and response, **in accordance with applicable laws, regulations and Joint Operating Committee policy.[4]**

Reports and information shall be maintained confidentially and made available to appropriate staff in accordance with applicable laws, regulations and Joint Operating Committee policy.[4][10][12][13][14][23][24]

SUICIDE AWARENESS AND CRISIS PREVENTION RESOURCES[1]

Crisis Resources:

- National Suicide & Crisis Lifeline: 988 or visit <http://988lifeline.org>
- National Suicide Prevention Lifeline: **1-800-273-TALK (8255)** or visit <http://www.suicidepreventionlifeline.org/>
- Crisis Text Line: **TEXT 741741** or visit <http://www.crisistextline.org/>

National:

- [**Centers for Disease Control and Prevention – Risk and Protective Factors**](#)

- [Suicide Prevention Resource Center – Risk and Protective Factors](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Preventing Suicide: A Toolkit for High Schools](#)
- Suicide Prevention Resource Center - [Safe and Effective Messaging for Suicide Prevention](#)
- Suicide Prevention Resource Center - [After a Suicide Toolkit](#)
- [Recommendations for Reporting on Suicide](#)

Pennsylvania:

- [Suicide Prevention Task Forces](#) - groups of dedicated individuals that are committed to reducing the number of suicides and offering support to those who have been touched by suicide within their communities/counties in Pennsylvania.
- [Suicide Prevention Guide](#)
- [List of Crisis Intervention contact information by county](#)
- [List of County CASSP and Children’s Behavioral Health Contact Persons](#)
- [Prevent Suicide PA’s Act 71 Information](#)
- [STAR Center’s Postvention Manual](#)

National and State Organizations

National:

- [American Association of Suicidology \(AAS\)](#)
- [American Foundation for Suicide Prevention \(AFSP\)](#)
- [Suicide Prevention Resource Center \(SPRC\)](#)

Pennsylvania:

- [Prevent Suicide PA](#)
- [Jana Marie Foundation](#)
- [Aevidum](#)
- [Services for Teens at Risk \(STAR-Center\)](#)
- [Pennsylvania Department of Education](#)
- [Pennsylvania Network for Student Assistance Services \(PNSAS\)](#)

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Legal	1. 24 P.S. 1526
	2. Pol. 103
	3. Pol. 103.1
	4. Pol. 236.1
	5. Pol. 249
	6. Pol. 806
	7. 24 P.S. 1301-E
	8. Pol. 333
	9. Pol. 805
	10. 20 U.S.C. 1232g
	11. 22 PA Code 12.12
	12. 34 CFR Part 99
	13. Pol. 207

14. Pol. 216

15. Pol. 236

16. Pol. 146

[17. 24 P.S. 1302-E](#)

18. Pol. 113

19. Pol. 113.2

20. Pol. 114

21. Pol. 117

22. Pol. 204

23. Pol. 113.3

24. Pol. 209

Pol. 146.1

Pol. 816

Pol. 911