

PLEASE POST

PLEASE POST

06-05-20

WOLCOTT BOARD OF EDUCATION  
WOLCOTT, CONNECTICUT

MEETING NOTICE

BOARD OF EDUCATION  
Committee of the Whole

DATE: Monday, June 08, 2020  
PLACE: Google Meet  
PHONE NUMBER: 1 641-569-8698  
PIN: 470 294 846#  
LIVESTREAM: <https://stream.meet.google.com/stream/9d572830-8c84-4c1e-80d6-038b5fb44cbe?authuser=0>

TIME: 6:30 P.M.

AGENDA

1. Sexual Harassment Policy – Shawn Simpson
2. Amendment to the 2020-2021 Student Handbooks – Shawn Simpson
3. Suicide Prevention Policy – Kevin Hollis and Anthony Cianchetti
4. Business Manager's Report
5. Possible discussion on items that appears on this evening's BOE Agenda

## **5141.5**

### **Students**

#### **Suicide Prevention**

~~The Board of Education recognizes that the development of sound school policy and procedures related to youth suicide prevention is a community-wide responsibility that is complex and sensitive. While the school may recognize potentially suicidal youth, it cannot make clinical assessment of risk and provide in-depth counseling, but must refer the youth to an appropriate agency for such assessment and counseling. In order to achieve effective collaboration, an advisory council which has broad-based school and community representation should be established.~~

~~It is mandated that youth suicide prevention programs incorporate three essential and distinct components: Educational, Intervention, and Evaluation.~~

~~The educational component requires that school personnel be provided with staff development activities related to suicide prevention and early recognition; students be provided with educational programs which foster self-esteem, coping skills, stress management, and supportive community resources; and parents and community be educated about youth suicide prevention by way of training sessions and written communications.~~

~~Any school employee who may have knowledge of a suicide threat must take the proper steps to report this information to the building Principal or his/her designee who will, in turn, notify the appropriate school officials, the student's family, and appropriate resource services.~~

~~Intervention requires four levels of preventive strategies (for vulnerable students, at-risk students, high risk students and the post-~~crisis~~ school community).~~

~~The evaluation component is essential in order to determine whether procedures are effective and appropriately updated to incorporate changes in knowledge, personnel, student and family needs and community resources. Members of the advisory council should periodically participate in the evaluation and revision process.~~

~~In accordance with the mandates of the law and consistent with its philosophy, the Board in establishing this policy directs the Superintendent of Schools to develop and formalize the necessary rules and regulations to comply fully with the intent of the law.~~

~~Legal References: Connecticut General Statutes~~

~~10-221 (e) Boards of Education to prescribe rules.~~

~~**Policy originally adopted: July 16, 1990**~~

~~**Policy readopted: February 11, 2002**~~

### **Students**

#### **Suicide Prevention Administrative Procedures**



~~A. Specific course of action when staff member is confronted with any indication of a possible student attempt at suicide:~~

- ~~1. Refer student to appropriate guidance counselor.~~
- ~~2. Notify school nurse—follow emergency medical procedures, if necessary.~~
- ~~3. Counselor notifies Principal (and nurse) and seeks intervention from the Department of Special Services, either school psychologist or social worker.~~
- ~~4. Counselor and/or school psychologist or social worker meet(s) with student—establish sequence of events leading to the crisis (student is to be left alone).~~
- ~~5. If student is not found to be suicidal—parents will be notified of referral and all conclusions reached.~~
- ~~6. If student is found suicidal—immediate contact made with parent and conference will be held the same day.~~
  - ~~a. Immediate psychiatric evaluation will be recommended to parent.~~
  - ~~b. Student does go home alone—Released only to responsible adult.~~
  - ~~c. If adult not available, case will be treated as a medical emergency—student will be transported to hospital emergency room or mental health facility.~~
  - ~~d. If medical attention required, student will be transported immediately to area hospital. School nurse will arrange to have parents meet student at hospital.~~
  - ~~e. Failure of the family to take seriously and provide for safety of the student (in case of potential suicide) will be considered emotional neglect and reported to Department of Children and Youth Services.~~
  - ~~f. If a need exists for changes in the student's program, the school's Planning and Placement Team will convene and consult with the student's mental health professional, the parent, appropriate staff members, and if feasible, the student to plan the student's educational program.~~

~~Special Services staff will maintain contact with the student's mental health professionals to support programming needs and follow up procedures.~~

~~Legal Reference: Connecticut General Statutes~~

~~10-221 (e) Boards of Education to prescribe rules.~~

~~Regulation originally approved: July 16, 1990~~

~~Regulation reapproved: February 11, 2002~~

## **5141.5**

### **Students**

#### **Wolcott Public Schools Board of Education Policy**

It is the policy of the Wolcott Public Schools to respond actively and responsibly to any situation where a student verbally or behaviorally indicates intent to attempt suicide or to inflict self-injury or harm.

The Board recognizes the need for youth suicide prevention procedures and will establish programs to identify risk factors for youth suicide, procedures for intervention, training for teachers, other school personnel and students, and identify appropriate referral services.

The Board acknowledges that suicide is a complex issue and that while school staff members may collect information to determine the seriousness of a threat, they cannot make clinical assessments of risk or provide in depth counseling. They must refer students identified as possible suicide risks to an appropriate agency for assessment and counseling.

Any school employee who has knowledge of a suicide threat or intent will report this information to the school principal/designee immediately, who will mobilize the school crisis intervention team. The student's parent/guardian will be notified and an appropriate referral made. If the situation is deemed to be high risk, the student will not be left alone at any time during the evaluation process.

### **Purpose**

The purpose of this policy is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation.
- Further recognizes that suicide is a leading cause of death among young people.
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience.
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components.

This policy is meant to be paired with other policies supporting the overall emotional and behavioral health of students.

### **Scope**

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

## **Prevention**

### **District Policy Implementation**

A district-level suicide prevention coordinator shall be appointed by the superintendent or designee. The district suicide prevention coordinator and building principal shall be responsible for planning and coordinating implementation of this policy for the school district. All staff members shall report students they believe to be at-risk for suicide to the appropriate school mental health professional.

### **Staff Professional Development**

All staff shall receive professional development on risk factors, warning signs, protective factors, response procedures, referrals, and resources regarding youth suicide prevention. The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention shall be provided to school-employed mental health professionals.

### **Mental Health Awareness Education**

Developmentally appropriate, student-centered education materials shall be integrated into the K-12 curriculum. The content of these age-appropriate materials shall include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help.

### **Publication and Distribution**

This policy shall be distributed annually and be included in all student and teacher handbooks, and on the school website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

## 5141.5R

### **Intervention**

#### **Assessment and Referral**

When a student is identified by a peer, educator or other source as potentially suicidal — e.g., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student shall be seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to assess risk and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional. If there is no mental health professional available, a designated staff member (e.g., school nurse or administrator) shall address the situation according to district protocol until a mental health professional is brought in.

#### **For At-Risk Youth**

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete.
- The principal and school suicide prevention coordinator shall be made aware of the situation as soon as reasonably possible.
- The school-employed mental health professional or principal shall contact the student's parent or guardian, as described in the Parental Notification Involvement section and in compliance with existing state law/ district policy (if applicable), and shall assist the family with urgent referral.
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department.
- If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local Child Protection Services) shall be contacted in lieu of parents as per law.
- Staff will ask the student's parent or guardian, and/or eligible student, for written permission in the form of a Release of Information to discuss the student's health with outside care providers, if appropriate.

#### **When School Personnel Need to Engage Law Enforcement**

A school's crisis response plan shall address situations when school personnel need to engage law enforcement. When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall contact the school resource officer if on campus, or call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is a danger to themselves and/or others, to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.



## **Parental Notification and Involvement**

The principal, designee, or school mental health professional shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the parent will put the student at increased risk of harm). Following parental notification and based on initial risk assessment, the principal, designee, or school mental health professional may offer recommendations for next steps based on perceived student needs. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

## **Re-Entry Procedure**

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-employed mental health professional, the principal, or designee shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student hospitalization, parents will be encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

1. A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.) Any necessary accommodations shall also be discussed and documented.
2. While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
3. The school-employed mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period. These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
4. The administration or school-employed mental health professional shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

## **In-School Suicide Attempts**

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures.

2. School staff shall supervise the student to ensure their safety.
3. Staff shall move all other students out of the immediate area as soon as possible.
4. The school-employed mental health professional or principal shall contact the student's parent or guardian. (Note: See Parental Notification and Involvement section of this document)
5. Staff shall immediately notify the principal or school suicide prevention coordinator regarding the incident of in-school suicide attempt.
6. The school shall engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7. Staff shall request a mental health assessment for the student as soon as possible.

### **Out-of-School Suicide Attempts**

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1. Call 911 (police and/or emergency medical services).
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

### **After a Suicide Death**

#### **Development and Implementation of a Crisis Response Plan**

The crisis response team, led by a designated crisis response coordinator, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all school community related suicides whether it be student (past or present), staff, or other prominent school community member. A meeting of the crisis team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

#### **Develop Memorial Plans**

Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. However, it can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students and appropriately memorializing the student who died without risking suicide contagion among other students who may themselves be at risk.

The school's policy is to strive to treat all deaths the same way. Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students. Spontaneous memorials may occur from students



expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by school administration. If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.

## **Postvention Memorialization**

The school shall also leave a notice for when the memorial will be removed and given to the student's family. Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited. School shall not be canceled for the funeral or for reasons related to the death. Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

Wherever possible, schools should meet with the student's friends and coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss. Make sure to be sensitive to the cultural needs of the students and the family. This section includes several creative suggestions for memorializing students who have died by suicide and a tool to assist with making decisions about school-related memorials.

### **Funerals and Memorial Services**

Funeral and memorial services shall not be held on school grounds. The school shall focus on maintaining its regular schedule, structure, and routine. School buses shall not be used to transport students to and from the service. Students shall be permitted to leave school to attend the service only with appropriate parental permission. Regular school protocols should be followed for dismissing students over the age of majority. Schools shall strongly encourage parents whose children express an interest in attending the funeral to attend with them. This provides not only emotional support but also an opportunity for parents to monitor their children's response, to open a discussion with their children, and to remind them that help is available if they or a friend are in need.

### **Spontaneous Memorials**

It is not unusual for students to create a spontaneous memorial by leaving flowers, cards, poems, pictures, stuffed animals, or other items in a place closely associated with the student, such as his or her locker or classroom seat, or at the site where the student died. Students may even come to school wearing T-shirts or buttons bearing photographs of the deceased student.

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. If spontaneous memorials are created on school grounds, school staff should monitor them for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk.

A combination of time limits and straightforward communication regarding the memorials can help to restore equilibrium. Although it may be necessary in some cases to set limits for students, it is important to do so with compassion and sensitivity, offering creative suggestions whenever possible. For example, schools may wish to make poster boards and markers available so that students can gather and write messages. It is advisable to set up the posters in an area that may be

avoided by those who don't wish to participate (i.e., not in the cafeteria or at the front entrance) and have them monitored by school staff.

Memorials may be left in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. Find a way to let the school community know that the posters are going to the family so that people do not think they were disrespectfully removed. For example, post a statement near the memorial on the day it will be taken down.

Schools shall not allow requests to create and distribute images of the deceased, such as on T-shirts or buttons. Although these items may be comforting to some students, they may be quite upsetting to others. Repeatedly bringing images of the deceased student into the school can also be disruptive and inadvertently glamorize suicide. The school should prioritize protecting students who might be vulnerable to contagion over what might comfort students who want to remember the deceased student. If students come to school wearing such items, it is recommended that they be allowed to wear the items only until the funeral services, and that staff explain to students the rationale for the school's policy. Although students shall wear wristbands that portray a positive message (i.e., Faith, Hope, Love) as a way to honor and remember the deceased after funeral services are held.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be rearranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died, while at the same time returning the focus back to the classroom curriculum. Students may be involved in planning how to respectfully move or remove the desk; for example, they could read a statement that emphasizes their love for their friend and their commitment to work to eradicate suicide in his or her memory.

When a spontaneous memorial occurs off school grounds, the school's ability to exert influence is limited. It can, nevertheless, encourage a responsible approach among the students by explaining that it is recommended that memorials be time-limited (again, approximately five days, or until after the funeral), at which point the memorial would be disassembled, and the items offered to the family. The school may also suggest that students participate in a (supervised) ceremony to disassemble the memorial, during which music could be played, and students permitted to take part of the memorial home. The rest of the items would then be offered to the family.

Schools should discourage gatherings that are large and unsupervised. When necessary, administrators may consider enlisting the cooperation of local police to monitor off-campus sites for safety. Counselors can also be enlisted to attend these gatherings to offer support, guidance, and supervision.

Flags shall not be flown at half-staff.

### **Online Memorial Pages**

Schools shall not post online memorial pages. If the student's friends create a memorial page of their own, school staff should communicate with the students to ensure the page includes safe messaging and accurate information.

**School Newspapers**

Coverage of the student's death in the school newspaper may be seen as a kind of memorial. Articles may also be used to educate students about suicide warning signs and available resources. Any such coverage should be reviewed by an adult to ensure it conforms to the standards set forth in Recommendations for Reporting on Suicide.

**Events**

Any events, such as a dance performance, poetry reading, or sporting event shall be reviewed and approved by the building principal and school mental health professionals.

**Yearbooks**

If there is a consideration of including a tribute to deceased students, the staff member in charge of the yearbook should work with the principal and school mental health professionals on these decisions.

**Graduation**

If there is a consideration of including a tribute to deceased students who would have graduated with the class, students who have died by suicide should likewise be included. Final decisions about what to include in such tributes should be made by the principal and appropriate staff.

**Permanent Memorials**

If the community wishes to establish a permanent memorial: such as planting a tree or installing a bench or plaque, whenever possible, it is recommended they be established off school grounds.