

**PARK COUNTY SCHOOL DISTRICT #6  
BOARD OF EDUCATION POLICY**

**CODE: JLDBB-R**

**SUICIDE INTERVENTION PROCEDURE**

**RATIONALE:** to provide intervention and/or emergency action for students who demonstrate suicidal ideation or suicidal behavior.

1. Stabilize Student
  - A. Do not leave student alone.
  - B. Remove student from harmful environment and/or remove harmful instruments/substances/ or other students from environment.
  - C. If student refuses to cooperate with key point B, above, call 911.
  - D. Refer to social workers, counselor, school nurse or administrator.
  - E. If suicidal student calls in on the phone, have colleague notify authorities with location of student.
2. School person to whom student was referred notifies, informs, and documents appropriate team members.
  - A. See Incident Suicide Crisis Report Part IV.
3. Assess and document behaviors of student.
  - a. See Incident Suicide Crisis Report Part I.
4. Notify parents and document.
  - A. See Incident Suicide Crisis Report Part II.
  - B. Upon notification, have a second witness and document.
5. Make appropriate referrals and document.
  - A. See Incident Suicide Crisis Report Part III.
6. Obtain administrator signatures.
  - A. See Incident Suicide Crisis Report Part IV.
7. Notify parent and document.
  - A. See Incident Suicide Crisis Report Part V.
8. Complete Confidential Report.
  - A. See Incident Suicide Crisis Report Part VI.

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**INCIDENT SUICIDE CRISIS REPORT**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_  
DATE \_\_\_\_\_  
NAME OF PARENT/GUARDIAN \_\_\_\_\_  
PHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_

**I. CHECK APPROPRIATE CONCERNS REGARDING SUICIDAL STUDENTS:**

- High level of depression
- High level of agitation
- Possible use of drugs or alcohol
- Verbalizes suicide intent
- Definite suicide plan
- Suicide attempt/gesture during last three (3) months
- Suicide method is readily available
- May be of danger to other persons
- Unwilling to give assurance not to commit suicide
- Written suicide ideation
- Other concerns (specify): \_\_\_\_\_

**BEHAVIORAL OBSERVATIONS THAT ARE CONCERNS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. DESCRIBE CONTACT WITH PARENT, WHAT DID PARENT SAY?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIONS TAKEN:**

CONTACTED PARENT: YES \_\_\_\_\_ NO \_\_\_\_\_  
BY \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ACTION TAKEN, IF NOT AVAILABLE

**MENTAL HEALTH AGENCY:**

POLICE: (Phone) \_\_\_\_\_

EMERGENCY: 911

**III. INTERVENTIONS-CHECK INTERVENTIONS USED:**

\_\_\_\_\_ EMERGENCY ROOM  
\_\_\_\_\_ AGENCY/PRACTITIONER REFERRAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_ NO REFERRAL/PARENT INFORMED OF AVAILABLE RESOURCES.

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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IV. INFORMED THE FOLLOWING SCHOOL PERSONNEL:

ADMINISTRATOR: _____	DATE: _____	TIME: _____
NURSE: _____	DATE: _____	TIME: _____
SRO: _____	DATE: _____	TIME: _____
COUNSELOR: _____	DATE: _____	TIME: _____
OTHER: _____	DATE: _____	TIME: _____

V. PARENT NOTIFICATION \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

VI. COMPLETED CONFIDENTIAL REPORT \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PERSON MAKING REPORT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

CONFIDENTIAL REPORT HAS BEEN SENT TO SUPERINTENDENT UPON  
HOSPITALIZATION OF STUDENT.

\_\_\_ YES                      \_\_\_ NO

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SIGNATURE	POSITION	DATE
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Adopted: 1/20/98  
Revised: 1/17/12