

Policy and Regulations
2nd Reading
School Board Meeting – March 10, 2014

JHCH	School Meals and Snacks
JHH R1	Student Suicide Protocols
JHH E1	Suicide Threat Assessment Documentation
JHH E2	Suicide Safety Plan
JHH E3	Suicide Risk Assessment Sheet

SCHOOL MEALS AND SNACKS

The Culpeper County School Board recognizes that students need adequate, nourishing food in order to learn, grow, and maintain good health.

To reinforce the division's nutrition education program, foods sold during regular school hours on school premises will be

- carefully selected so as to contribute to students' nutritional well-being and the prevention of disease;
- prepared in ways that will appeal to students, retain nutritive quality, and foster lifelong healthful eating habits; and
- served in age-appropriate quantities and at reasonable prices.

The Culpeper County School Board promotes high-quality school meals and snacks by

- involving students in the selection, tasting, and marketing of healthy foods and beverages that appeal to students;
- providing a variety of food options, such as fruits, vegetables, whole grains, and dairy foods, which are low in fat and added sugars;
- offering a variety of healthy choices that appeal to students, including cultural and ethnic favorites;
- restricting student access to unhealthy foods in vending machines, school stores, and other venues that compete with healthy school meals; and
- ensuring that healthy snacks and foods are provided in vending machines, school stores, and other venues within the division's control. The healthy options should cost the same or less than unhealthy alternatives.

The Culpeper County School Board strives to provide an environment conducive to good health by

- allowing an adequate amount of time and space for students to eat school meals;
- scheduling lunch periods at reasonable hours around midday;
- ensuring that drinking fountains are operable, clean, and convenient for use throughout the school day;
- offering extracurricular physical activity programs, such as physical activity clubs, intramural programs, or interscholastic athletics;
- discouraging the promotion and advertising of unhealthy foods;
- using non-food items rather than food items such as candy, cakes, soda, and foods high in fat, as incentives and rewards for good behavior or academic performance; and
- encouraging parents to support the division's nutrition education efforts by considering nutritional quality when selecting any snacks which they may donate for occasional class parties.

The Culpeper County School Board supports nutrition education and physical education by

- ensuring that qualified nutrition education and physical education specialists focus on knowledge and skill development so students are able to learn and adopt healthy eating and physical activity behaviors;

- offering nutrition education in the school dining area(s) and in the classroom, with coordination between food service staff and teachers; and
- eliminating any stigma attached to, and preventing public identification of, students who are eligible for free and reduced-price meals.

Adopted: March 10, 2014

Legal Refs: Code of Virginia, 1950, as amended, § 22.1-78.

Cross Refs: EFB Free and Reduced Price Food Services
IGAE/IGAF Health Education/Physical Education
JHCF Student Wellness
JL Fund Raising and Solicitation
KQ Commercial, Promotional, and Corporate Sponsorships and Partnerships

Culpeper County Public Schools Student Suicide Threat Protocols

Protocols for Counselors and Administrators

Students who communicate to staff thoughts or threats of suicide are to be referred immediately to a school counselor for a suicide risk screening.

- 1) The school counselor will interview the person making the report to examine evidence and to understand why there is belief the student is at risk of suicide (if applicable).
- 2) The counselor will interview the student believed to be at-risk of suicide.
- 3) Immediately following the interview of the student, the counselor will complete the *Suicide Risk Assessment* form. This form is for the use of the counselor to determine the level of suicide risk that the student manifests. Information from the form may be communicated to parents, the school's principal, or others with a "need to know".
- 4) If the student's assessed risk of suicide is determined to be "**low**", i.e. suicide ideation or transient (temporary reaction to a situation or first time ideation has been encountered with this student by counselor), the counselor will:
 - a. Notify the parent or guardian by phone call. The phone call will be documented with the *Suicide Risk Assessment* form in a personal file maintained by the counselor, not to be shared with others.
 - b. The counselor will ask the student to sign a letter by which the student is given a list of trusted persons to contact if feelings of intense sadness or thoughts of "self-harm" re-surface.
- 5) If the student's assessed risk of suicide is determined to be "**medium**" i.e. a substantive threat has been communicated or repeated transient threats have been made, the counselor will immediately notify the principal or designee for the initiation of the *Threat Assessment Team* process. **The student will be kept under watch by an adult at all times.**
 - a. The counselor will confer and share the *Suicide Risk Assessment* with their school social worker or school psychologist, principal or designee for their input.
 - b. The counselor will complete the *Threat Assessment Team* documents-*General Information and Demographic Information of the Student Making the Threat* and attach the *Suicide Risk Assessment* form.

- c. The counselor will call the parent(s) or guardian to have a meeting with the parent to debrief them on their child's suicide threat and risk assessment. The parent or guardian will be given a copy of the *Suicide Risk Assessment* and a list of qualified mental health professionals in the area. The call and/or meeting will be documented.
 - d. The principal or designee will share the *Suicide Risk Assessment and Threat Assessment Team* documents with the School Resource Officer (SRO) and obtain his/her input and signature.
 - e. The counselor will ask the student to sign a letter by which the student is given a list of trusted persons to contact if feelings of intense sadness or thoughts of "self-harm" re-surface.
 - f. Upon the student's return to school the counselor will meet with the student to ascertain their current state of mind, to learn of the actions taken by the parent to assist the student, and to reinforce coping strategies and points of contact for help. The counselor will call the parent to learn about the parent's response to their child's mental health needs.
- 6) If the student's assessed risk of suicide is determined to be "**high**" i.e. an immediate, serious substantive threat of suicide has been communicated, the counselor will immediately notify the principal or designee for the initiation of the *Threat Assessment Team* process. **The student will be kept under watch by an adult at all times.**
- a. The counselor will confer and share the *Suicide Risk Assessment* with their school social worker or school psychologist, principal or designee for their input.
 - b. The counselor will complete the *Threat Assessment Team* documents-*General Information and Demographic Information of the Student Making the Threat* and attach the *Suicide Risk Assessment* form.
 - c. The counselor will call the parent(s) or guardian to have a meeting with the parent to debrief them on their child's suicide threat and risk assessment. At the meeting, the parent or guardian will be given a copy of the *Suicide Risk Assessment* and a list of qualified mental health professionals in the area. The call and/or meeting with the parent will be documented.
 - d. The principal or designee will share the *Suicide Risk Assessment and Threat Assessment Team* documents with the School Resource Officer (SRO) and obtain input and his/her signature.
 - e. If a parent or the emergency contact person is unobtainable before the end of the school day, the counselor will call the *Rappahannock Rapidan Community*

Services Board (RRCBSB) staff for an intake appointment (540-825-3100). If advised by RRCBSB staff to do so, and if the student is willing, the student may be taken by car to the hospital for the intake provided at least two staff persons accompany the student.

f. If the student is unwilling to go voluntarily to the hospital, the School Resource Officer (SRO) will transport the student to the hospital for the intake appointment. Any action by the SRO is to be carried out as discreetly as possible in order to protect the privacy of the student. The principal will contact the Director of Student Services if transportation by the SRO is necessary.

g. Prior to the student's return to school, the school social worker will contact the parent for an update on the student's condition, treatment, and to set a meeting with the parent, student, and appropriate staff for a "Safety Plan" to be written and implemented. The "Safety Plan" will be shared only with those persons with a "need to know".

Documentation Requirements:

- 1) *Low Risk- Ideation or First Transient Threat of Suicide* - The call to the parent will be documented by the counselor with the *Suicide Risk Assessment* in a personal file maintained by the counselor; not to be shared with others.
- 2) *Medium or High Risk*- The call to the parent will be documented by the counselor with the *Suicide Risk Assessment and the General Information and Demographic Information of the Student Making the Threat*. The principal or designee will take these documents, obtain necessary signatures, and enter into the electronic database log entries (visible only to principals and counselors) the following: **Threat Assessment completed on student's threat of self-harm. Contact school principal or counselor for details.**
- 3) The *Suicide Risk Assessment and the Threat Assessment General Information and Demographic Information of the Student Making the Threat* names will be copied and sent to the Director of Student Services in an envelope marked CONFIDENTIAL.

Abuse or Neglect Allegations or Suspicious:

If the student's ideation or threat of suicide is a result of alleged parental abuse or neglect by the parent, or if the parent once contacted is unresponsive or indifferent to the child's needs, the counselor will confer with the school principal and determine if a referral to Child Protective Services (CPS) is warranted. (See school board policy and regulation-JHG-R1) The counselor will call their school social worker and/or *Rappahannock Rapidan Community Services Board* (RRCBSB) staff for an intake appointment.

Approved: March 10, 2014

Superintendent Signature

Date

Culpeper County Public Schools Suicide Threat Assessment Documentation

This form shall be used to document the threat assessment team's response to a person's threat of suicide.

General Information

Threat Assessment Team Members: _____

(School/Dept. Administrator)

(School/Dept. Administrator)

(School Counselor)

(School Social Worker/Psychologist)

(Law Enforcement Representative)

Full Name of Person Assessed: _____

Date learned of threat: _____

Date threat occurred: _____

Who reported the threat? (Full name, position or connection to school/dept.):

Location(s) of Threat:

Describe the communication means of the suicide threat, and what the student/person specifically said or did to express a threat (be specific and quote person if possible):

Describe probable motive of the suicide threat (if discernible):

Demographic Information of Person Who Made Threat

Age: _____ Gender: _____ Race/Ethnicity: _____

School Attending: _____

Grade: _____ Special Education/504 Disability Status: _____

Bus Number: _____

Contact with Parent/Guardian

Name of Parent/Guardian Emergency Contact:

Date and Time of Contact or Attempt: _____

Contact made: Describe parent/guardian's stated plan of action.

No contact made with parent or emergency contact: Describe attempts:

Describe Plan of Action Taken in *Loco Parentis*:

Child Protective Services called (if abuse or neglect is suspected; or parent indifference is evident):

Date and Time of Call: _____ Person Contacted: _____

Emergency Call to Community Services Board (if imminent threat and no parent contact):

Date and Time of Call: _____ Person Contacted: _____

Safety Plan

STEP 1: KNOW WHEN TO FIND HELP: What are the warning signs when you begin thinking of suicide or when you feel very distressed? These can include thoughts, moods, images, or behaviors.

STEP 2: COPING SKILLS: What can you do by yourself to take your mind off of the problem? What obstacles might there be to using these coping skills?

STEP 3: SOCIALIZING WITH FRIENDS AND FAMILY: If you are unable to deal with your distressed mood alone, contact trusted family members or friends. List several people in case your first choices are not available:

NAME

PHONE NUMBER

STEP 4: CONTACT PROFESSIONALS AND AGENCIES:

Contact emergency services if you continue to have suicidal thoughts or serious distress.	<i>Rappahannock and Rapidan Community Services Board</i> Emergency Number 540-825-5656 This number is available every day of the year at any time. If you call and no one answers, leave message and a mental health provider will call you back A.S.A.P.
Local professional counselor	Name: Number:
Suicide hotlines in the United States	1-800-SUICIDE (1-800-784-2433) 1-800-273-TALK (1-800-273-8255) 1-800-4889 (for deaf or hard of hearing)

EXAMPLE

TIERED SUPPORT/SAFETY PLAN

Self-harming behaviors include, but are not limited to, cutting himself/herself with any sharp object. Suicidal ideation or gestures must immediately be addressed and will initiate the CCPS protocol for handling this situation. Follow through with the threat assessment protocol.

TIER 1: Support plan when student is NOT engaging in self-harming behaviors.

- Student should utilize a non-verbal communication system to let staff know how she/he is feeling, what she/he needs, and any other important information.
- Student will let staff know when she/he is feeling anxious, unsafe, or having thoughts of harming self.
- Student should have access to a "cool off" area when needed.
- Student should access healthy coping outlets such as writing or drawing when needed.
- Student should have access to calling parent for support if needed.
- Student should have breakfast/lunch in a designated space with few students.
- Student should be supervised at all times.

TIER 2: Safety plan when student is engaging in self-harming behaviors.

All of the items listed in the Tier 1 support plan should be utilized in addition to the following recommendations:

- Student is to be within direct supervision at all times. She/he is not to be left alone and shall have an adult escort to all destinations within the building.
- Student should not have access to any sharp objects for any reason.
- Student should have access to call parent or therapist if needed.
- IF student engages in self-harming behaviors the following steps should be taken immediately:
 - Notify school nurse to assess injury
 - Contact mother or father
 - Contact the Rappahannock-Rapidan Community Services Board (540-825-5656)
Contact School Social Worker
 - Follow CCPS policy/procedures
 - Contact student's therapist

EXAMPLE

SUPPORT/SAFETY CONTRACT

_____ promises to contact the following people immediately if I have
(student name) any thoughts of harming myself or others.

NAME	CONTACT INFORMATION
1. _____	_____
2. _____	_____
3. _____	_____

Suicide Risk Assessment Summary Sheet

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk assessment.

	<i>Risk present, but lower</i>	<i>Medium Risk</i>	<i>Higher Risk</i>
1. Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	<input type="checkbox"/> Vague. <input type="checkbox"/> Means not available. <input type="checkbox"/> No specific time. <input type="checkbox"/> Pills, slash wrists. <input type="checkbox"/> Others present most of the time.	<input type="checkbox"/> Some specifics. <input type="checkbox"/> Has means close by. <input type="checkbox"/> Within a few days or hours. <input type="checkbox"/> Drugs/alcohol, car wreck <input type="checkbox"/> Others available if called upon.	<input type="checkbox"/> Well thought out. <input type="checkbox"/> Has means in hand. <input type="checkbox"/> Immediately. <input type="checkbox"/> Gun, hanging, jumping. <input type="checkbox"/> No one nearby; isolated.
2. Pain	<input type="checkbox"/> Pain is bearable. <input type="checkbox"/> Wants pain to stop, but not desperate. <input type="checkbox"/> Identifies ways to stop the pain.	<input type="checkbox"/> Pain is almost unbearable. <input type="checkbox"/> Becoming desperate for relief. <input type="checkbox"/> Limited ways to cope with pain.	<input type="checkbox"/> Pain is unbearable. <input type="checkbox"/> Desperate for relief from pain. <input type="checkbox"/> Will do anything to stop the pain.
3. Resources	<input type="checkbox"/> Help available; student acknowledges that significant others are concerned and available to help.	<input type="checkbox"/> Family and friends available, but are not perceived by the student to be willing to help.	<input type="checkbox"/> Family and friends are not available and/or are hostile, injurious, exhausted
4. Prior Suicidal Behavior of... A. Self B. Significant Others	<input type="checkbox"/> No prior suicidal behavior. <input type="checkbox"/> No significant others have engaged in suicidal behavior.	<input type="checkbox"/> One previous low lethality attempt; history of threats. <input type="checkbox"/> Significant others have recently attempted suicidal behavior.	<input type="checkbox"/> One of high lethality, or multiple attempts of moderate lethality. <input type="checkbox"/> Significant others have recently committed suicide.
5. Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	<input type="checkbox"/> History of mental illness, but not currently considered mentally ill. <input type="checkbox"/> Daily activities continue as usual with little change. <input type="checkbox"/> Mild; feels slightly down. <input type="checkbox"/> No significant medical problems. <input type="checkbox"/> Stable relationships, personality, and school performance.	<input type="checkbox"/> Mentally ill, but currently receiving treatment. <input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork. <input type="checkbox"/> Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy. <input type="checkbox"/> Acute, but short-term, or psychosomatic illness. <input type="checkbox"/> Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality.	<input type="checkbox"/> Mentally ill and not currently receiving treatment. <input type="checkbox"/> Gross disturbances in daily functioning. <input type="checkbox"/> Overwhelmed with hopelessness, sadness, and feelings of helplessness. <input type="checkbox"/> Chronic debilitating, or acute catastrophic, illness. <input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher.
6. Stress	<input type="checkbox"/> No significant stress.	<input type="checkbox"/> Moderate reaction to loss and environmental changes.	<input type="checkbox"/> Severe reaction to loss or environmental changes.
Total Checks			