

# CHILD ABUSE

## INTRODUCTION

The purpose of this protocol is to give staff a consistent process to follow if they have a suspicion of child abuse or neglect.

## PROCEDURE

It is not the job of school personnel to investigate or prove abuse or neglect; only to report suspicions to the proper authorities. While the school district does not want to report frivolous or trivial matters, it also does not want any child to be endangered by abuse or neglect. Therefore, any doubts about whether a situation is reportable should be resolved in favor of the child, by reporting it to the people listed below.

It is imperative that a protocol for reporting the suspicion of abuse or neglect be followed by all school personnel. Although an employee has the right to call individually, it has been deemed most efficient to have designated personnel be delegated the responsibility of reporting the suspicion of child abuse or neglect. Therefore, any suspicion of child abuse or neglect must immediately be reported to one of the following designated personnel:

PES:	Guidance Counselor, School Nurse, or Principal
PMHS:	Guidance Counselor, Guidance Director, School Nurse, or Principal

The designated personnel making the report shall gather all details and follow-up with a personal contact with the student making the disclosure. If a child reveals that they are the victim of abuse or neglect, an employee should listen carefully to what they have to say. Ask questions to clarify information and to get names, dates, places, and details so that an accurate and complete report can be made. If there is physical evidence of abuse or neglect, this shall be documented by witness (school nurse) or photograph.

The first step in treatment begins when the child reveals the suspected abuse or neglect. During the conversation with the child, it is important to communicate:

1. That you believe him/her.
2. That the abuse or neglect is not his/her fault.
3. That you will do your best to help make it stop.
4. That you need to share this information with people who can help him/her.

The designated personnel shall:

- Contact the Division of Children, Youth, and Families (DCYF). The Central Intake Office's number is 1-800-894-5533 (Monday through Friday, 8:00 a.m. to 4:30 p.m.).
- After regular business hours, contact the Pittsfield Police Department (435-7211) and make a follow-up contact to DCYF the next school day.

- If it is believed that the child is in immediate physical danger if they leave school and return to the environment where the suspected abuse or neglect took place, then advise DCYF of this the report is made.
- If DCYF is unavailable by telephone, the Pittsfield Police Department shall be contacted. (In situations where the immediate safety of a student is concerned, it may be appropriate to contact both DCYF and the Pittsfield Police Department).
- Immediately contact the Principal or Director of Student Services of this situation.

## **FOLLOW-UP**

The person making the report (whether it is one of the people listed or an employee who has decided to make a report individually) shall document the report by written confidential correspondence addressed to:

Sheri Levesque, Supervisor  
 Division of Children, Youth, and Families  
 40 Terrill Park Drive  
 Concord, NH 03301

The report shall contain:

- Name, date of birth, and address of the child and his/her parents/guardians.
- Specific information indicating neglect or nature and extent of injuries.
- The identity of the person(s) suspected of causing the neglect or abuse.
- Any other relevant information.

Furthermore:

- The report shall be written within 48 hours of the DCYF notification with copies sent to the Superintendent of Schools, Principal, Director of Student Services, and School Nurse.
- A confidential verbal exchange shall occur with all other individuals that need to have the information to best serve the interest of the student involved.
- A copy of the report shall be kept in a confidential file in the office of the Superintendent and Principal.
- All other copies will be read and disposed of in an appropriate manner.

If DCYF workers come to the school to interview the child:

- They shall be asked to provide proper identification and shall be provided with a quiet and private area to interview the child.
- The Guidance Counselor will:
  - Be immediately notified of the visit
  - Immediately notify the principal of the visit.
  - Provide a quiet and private area for DCYF to meet with the child.

# CRISIS PREGNANCY PROTOCOL

## INTRODUCTION

The purpose of this protocol is to give staff a consistent procedure to follow if a student informs them that she is or may be pregnant. The goal is for the teen to remain safe and healthy (mentally and physically) and to complete her education.

## PROCEDURE

1. Upon hearing from a student who is or may be pregnant, the staff member should inform the school nurse or school counselor at the earliest convenience. If it is the school counselor that is notified, s/he shall inform the school nurse at the earliest convenience.
2. The school nurse shall consider the student's and family's right to confidential health care, the need for support including physical, emotional, moral and financial challenges.
3. The school nurse shall consider utilizing one or more of the following external resources:
  - Concord Care Pregnancy Center
  - Planned Parenthood-Manchester
  - NH Family Planning
  - Child and Family Services Pregnancy Counseling Program/Healthy Families
  - Early Head Start
  - Teen Care-Concord
  - Teen Clinic-Manchester
  - New Hampshire Division of children and Youth and Families
  - Pittsfield Police Department
4. The school nurse shall determine parent involvement and safety of student.
5. When the student is under the age of 16 at the time of reported sexual contact, the school nurse or designee shall make an immediate call to the Division of Children, Youth and Families. When the student is 16 or over disclosures to the Division of Children, Youth, and Families is only necessary in cases where the disclosure is of non-consensual sex acts or of a criminal nature such as rape or incest or if the student has a diagnosed cognitive impairment.

6. The school nurse shall determine the appropriate staff members required to be told in order to meet the student needs, such as, but not limited to teachers, counselors, nursing, social worker, considering that the disclosure of information should be in keeping with CFR 164.512 (see section below NH/HIPPA laws). The school nurse should feel that the disclosure is necessary to prevent or lessen the threat of danger to the student.
7. The school nurse shall assemble a meeting involving the staff that has been designated as appropriate. The school nurse will facilitate the formulation of a plan that includes student participation with the goal of the student to disclose the pregnancy or question of pregnancy to the legal guardian.
8. The school nurse shall contact the parent/guardian of the student to report or confirm knowledge of the pregnancy and to offer a plan of support as determined by the team. (Ideally the student will be involved in this step). The phone call may be to set up a meeting, in which support is being offered by a staff member(s). Exception to this guidance: Cases where report is of rape/incest, or where there is a documented history of physical abuse in the home involving the student.

## **SUPPORTING RESOURCES**

### **RSA 132:32-36**

Effective January 1, 2012, requires parental notification before abortions can be performed on non-emancipated minors, under the age of 18.

### **RSA 632-A:3**

Statutory Rape (A child under 16 years of age is unable to consent to sexual intercourse with anyone other than his or her spouse). This is a mandatory report to the Division of Children, Youth, and Families.

**RSA 169-C** Abuse or neglect which includes failure to provide a child with medical attention or failure to provide needed psychological treatment.

### **Nurse Practice Act 326-B:35**

Privileged Communications between licensees and their clients. I. Confidential communications between licensees and their clients are privileged in the same manner as those provided by law between physician and patient, and, except as otherwise provided by law, no licensee shall be required to disclose such privileged communications. Confidential communications between a client of a licensee and any person working under the supervision of such licensee to provide services that are



customary and necessary for diagnosis and treatment are privileged to the same extent as would be the same communications between the supervising licensee and the client.

NOTE: It is not in a Registered Nurses scope of practice to medically diagnose a student, nor to even consider a question of a specific diagnosis. The scope of the nurse's responsibility is to observe and report symptoms.

NOTE: HIPAA Privacy Rule - A health care provider may disclose protected health information (PHI) about a troubled teen to the parent/guardian of the teen. If the teen is a minor, the *HIPAA* Privacy Rule generally allows a covered entity to disclose PHI about the child to the child's parent, as the minor child's personal representative, when the disclosure is not inconsistent with state or other law. In some cases, such as when a minor may receive treatment without a parent's consent under applicable law, the parents are not treated as the minor's personal representative. See 45 *CFR* § 164.502(g)(3). In such cases where the parent is not the personal representative of the teen, other *HIPAA* Privacy Rule provisions may allow the disclosure of PHI about the teen to the parent. For example, if a provider believes the teen presents a serious danger to self or others, the *HIPAA* Privacy Rule permits a covered entity to disclose PHI to a parent or other person(s) if the covered entity has a good faith belief that: (1) the disclosure is necessary to prevent or lessen the threat and (2) the parent or other person(s) is reasonably able to prevent or lessen the threat. The disclosure also must be consistent with applicable law and standards of ethical conduct. See 45 *CFR* § 164.512(j)(1)(i).

# HOMELESS STUDENT PROTOCOL

## INTRODUCTION

Staff, through their regular contact with students, often becomes the first to identify students who are homeless. Because of a trusting relationship with educators, students may count on them for support, advice, and information about resources. It is important to help while safeguarding the student's privacy. The purpose of this protocol is to provide Pittsfield School District staff a consistent procedure to follow.

## DEFINITION

The McKinney-Vento Homeless Education Assistance Act defines homeless children & youth as:

- Children and youth who lack a fixed, regular, and adequate nighttime residence, including children and youth who are:
  - Sharing the housing of other persons due to loss of housing or economic hardship.
  - Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations.
  - Living in emergency or transitional shelters.
  - Abandoned in hospitals.
  - Awaiting foster care placement.
  - Living in cars, parks, public spaces, abandoned buildings, substandard housing, or bus or train stations.
  - Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, regular sleeping accommodations.
  - Migratory children who qualify as homeless because they are living in the circumstances described above.
- The term "*doubled up*" refers to the sharing of housing with other families or individuals due to a loss of housing (not due to cultural preference or a desire to save money). Not all persons living in these situations would be considered homeless. Two major factors to consider are the adequacy and permanence of the housing.

## PROCEDURE

If a student discloses that he or she, or that his/her family is homeless, the staff member to whom the student confides must take action as follows:

1. Immediately notify the homeless liaison for the building.

The homeless liaison or building liaison must:

1. Contact parents to review the resource list of available services and to ascertain what steps they are taking to secure shelter. (See N.H. Dept. of Education's "Serving New

Hampshire Homeless Students: A Resource and Information Guide".) In the case of unaccompanied youth, meet with the student to assess needs and refer him/her to the appropriate resources.

2. *Consider* taking any of the following actions that may apply, depending on needs of the student/family, length of time the student/family has been homeless and what steps have already been taken to secure shelter, etc.
  - a. Consult with other buildings' liaison if siblings/other students are involved
  - b. Notify food services of student's eligibility for free lunch
  - c. Make referral to the school social worker
  - d. Contact the district's Title I Coordinator
  - e. Contact the State Coordinator for Homeless Education
  - f. Contact the Pittsfield Welfare Director (435-6773)
  - g. Contact the NH Division for Children, Youth and Families (DCYF) in the case of an unaccompanied minor youth
  - h. Contact the Pittsfield Police Department;
  - i. Refer to area resources regarding transportation, housing, food, extra-curricular activities and community-based youth programs (i.e. Marston's bus company, Concord Shuttle through Pittsfield Town Welfare, the Transitional Living Program, The Friends' Shelter, 211help line, Pittsfield Food Pantry, and the Pittsfield Youth Workshop)
3. Inform:
  - a. Classroom teacher, advisor, or team of teachers involved with that student
  - b. School Nurse
  - c. The building's attendance coordinator
  - d. Inform the building's SASID Coordinator and Guidance Director
  - e. Student Services Director and Coordinator, and building Principal.
  - f. If the student/family is accessing shelter outside of Pittsfield, inform the liaison in the sheltering district; Make arrangements for sharing transportation costs.

## **FOLLOW-UP**

Once the previous steps have been taken, the building liaison must follow-up with the student and/or family to ensure that:

1. Shelter has been secured
2. Resources have been utilized
3. Enrollment in a school has been maintained

It is not always communicated when a student/family is no longer homeless. Therefore, it is imperative to check-in with the student/family regularly to:

1. Determine whether continuation of homeless status is appropriate or not

- a. If the student is still homeless, reassess the needs and services; Continue homeless status
- b. If the student is no longer homeless and living in Pittsfield, then discuss further needs with the student/family as appropriate
- c. Remove homeless status
- d. If the student is no longer homeless and living outside Pittsfield, the building principal must be informed; the student/family must also be informed that they must enroll in the district of residence; Provide a reasonable time for this transition; Remove homeless status

## **ANNUALLY**

1. Homeless Liaison will contact welfare director to review policy, procedures and resources regarding homeless students.
2. Inform staff about Protocol for identifying and referring students who are homeless.



## **IMPAIRMENT (ADULT/PARENT/GUARDIAN)**

### **INTRODUCTION**

The purpose of this protocol is to provide the Pittsfield School District staff a consistent procedure to follow in the event of an incident in which a parent (caretaker, guardian, etc...) is visibly impaired (alcohol, substance, etc...) and the release of their child would pose a safety risk.

### **PROCEDURE**

- A. Have a staff person call the Pittsfield Police Department.
- B. Delegate a staff person to occupy the parent to keep them engaged and in the building (if possible).
- C. Delegate another person to obtain the license plate, make, model, and color of the vehicle.
- D. Delay the release of the student as much as possible.

### **FOLLOW UP**

A designated staff person will contact DCYF to report the incident (child endangerment).

# MENTAL HEALTH EMERGENCY

## INTRODUCTION

Mental health emergencies are situations where individuals become emotionally deregulated and have the potential of becoming a risk to self or others. These could be grouped into three different categories:

- Life threatening behavior, including but not limited to, suicidal thoughts, behaviors or ideation, assault, homicide and other violent acts;
- Life disrupting behavior, including but not limited to, severe anxiety, loss of contact with reality, mood disorders such as depression or mania , responses to traumatic events;
- Life impairing behavior, from intoxication or the withdrawal from alcohol or drugs; Idiosyncratic reaction to medication, or cerebral dysfunction

## PROCEDURE

1. Determine if individual can be moved to a private, safe location. If unable to move individual, evacuate the immediate area.
2. Attempt to locate school guidance counselor, school social worker, or other mental health professional. Also locate staff members trained in crisis intervention. In addition, locating a person who has a relationship with the individual, including a parent, should be considered at this time.
3. Notify and involve as needed: principal, school counselor, nurse, building administrators and other mental health providers in the building
4. Call 911 if the individual is exhibiting behavior which is dangerous to themselves or others
5. If at risk for suicide follow the suicide protocol.
6. If risk of harm is present for others, principal or designee will follow the procedure for the safety protocol.
7. Contact the student's parent/guardian.
8. School Counselor (or school social worker, school nurse or building administrator in counselor's absence) should contact Riverbend Emergency Services at 226-0817 for clinical assessment. Riverbend Emergency Services will put the school counselor in contact with the emergency clinician at Concord Hospital.

## FOLLOW UP

- If psychiatric hospitalization occurs, then school should attempt to be part of discharge planning;
- Attempt to contact psychiatric professional to seek information and determine that student is able to return to the school setting; and
- When possible, schedule a re-entry meeting with student and their support network.

# MISSING STUDENT

## INTRODUCTION

The purpose of this protocol is to provide the Pittsfield Elementary and Middle High School staff with a consistent procedure to follow when a student is determined to be missing during school hours.

## PROCEDURE

- A. When a student is absent from school follow the absence procedure.
- B. When a student is reported missing during the school day, the following procedures will be used at the direction of the principal or designee:
  1. Designated school staff will check the school interior (restrooms, classrooms, conference rooms, peer group/staff, gymnasium/locker rooms etc) and if need be the school grounds to verify the student's status.
  2. Security tapes will be reviewed for any relevant information.
  3. Office staff will page the student to the office on the intercom.
  4. Parental/guardian emergency notification will be made.
  5. Local law enforcement will be contacted and provided the pertinent facts and information (the caller will log time of call and the person taking the report.)
  6. Notify the Superintendent of Schools.
- C. When it is reported that a student failed to make it home after school the following procedures will be used by the administrator or designated person(s):
  1. If the student is a bus rider, call the transportation company immediately to report the situation. The transportation company will contact the driver(s) to determine if the child is currently on the bus and/or if the driver saw them get off the bus. The transportation department will also begin identifying any other buses, bus stops or transfer locations that need to be checked.
  2. Office staff will page the student to the office on the intercom.
  3. Check with the classroom teacher, and any other appropriate staff to determine the last time they were seen, and if they mentioned anything about their plans.
  4. Search the building and grounds. Continue contacting known siblings and/or friends of the student, classmates and other students on the bus to determine the last time the student was seen and if they mentioned anything about where they were going.
  5. Contact parent, guardian, and other emergency contacts to determine if family members or friends may have picked up the student.
  6. Notify appropriate law enforcement (the caller will log time of call and name of person taking the report).
  7. Notify superintendent.
  8. Continue to cooperate with police until student is located.

## FOLLOW UP

Administration will determine need for review of incident, and determine action to prevent future events.

# RESTRAINT AND SECLUSION

## INTRODUCTION

The purpose of this protocol is to ensure 1) protection of our students from unnecessary physical contact with staff; 2) protection of staff when physical contact is required; and 3) proper documentation when physical contact has been made by a staff member with a student.

### A. Restraint

Restraint means any bodily physical restriction, mechanical device, or any device that immobilizes a person or restricts the freedom of movement of the torso, head, arms, or legs. It includes mechanical restraints, physical restraints, and medication restraint used to control behavior in an emergency or any involuntary medication.

Restraint shall not include:

1. Brief touching or holding to calm, comfort, encourage, or guide a child, so long as there is no limitation on the child's freedom of movement
2. Documentation Required: The temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing the child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location. **(TRANSPORT)**
3. Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages and supportive body bands, or other physical holding when necessary for routine medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling out of bed, or to permit a child to participate in activities without the risk of physical harm
4. The use of seat belts, safety belts, or similar passenger restraint during transportation of a child in a motor vehicle
5. Documentation Required: The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose and the actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.  
**(BLOCKING, DEFENDING OF ANY SORT)**

Immediately contact a member of the administrative leadership team in the event of a physical restraint, seclusion, or intentional physical contact with students who are actively combative, assaultive, or self injurious.

#### **ATTACHMENTS**

- Incident Report - Intentional Physical Contact
- Incident Report - Physical Restraint / Seclusion

Adopted 11.18.15



**INCIDENT REPORT – PHYSICAL RESTRAINT/SECLUSION**

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School/Program: \_\_\_\_\_ Grade: \_\_\_\_\_

Student has: \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ Behavior Plan

Incident Involves: \_\_\_\_\_ Restraint(s) \_\_\_\_\_ Seclusion(s) \_\_\_\_\_ Both Restraint(s) and Seclusion(s)

Beginning Time of Each Restraint: \_\_\_\_\_ Ending Time of Each Restraint \_\_\_\_\_

Beginning Time of Each Seclusion: \_\_\_\_\_ Ending Time of Each Seclusion: \_\_\_\_\_

Location: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Staff Involved in Restraint/Seclusion:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Others Involved/Observers:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

**1. Description of the activity the student was engaged in immediately preceding the restraint/seclusion:**

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

**2. Description of the student's behavior(s) that prompted the restraint/seclusion, including the justification for initiating the use of the restraint/seclusion:**

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

**3. Description of each restraint/seclusion used, including the restraint hold(s) used and the reason the hold was necessary:**

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

**4. Description of the student's behavior before, during, and after the restraint/seclusion.**

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

**INCIDENT REPORT – PHYSICAL RESTRAINT/SECLUSION**  
(continued)

5. Description of the actions of the school staff before, during, and after the restraint/seclusion:

---

---

---

---

6. Description of the interventions utilized prior to the restraint/seclusion and the student's response(s):

---

---

---

---

7. Description of any injuries to the student, staff, or others. Description of any medical care administered to the student or others. Attach any injury reports that were necessitated by the restraint/seclusion.

---

---

---

---

8. Description of any property damage associated with the incident:

---

---

---

---

9. Description of the actions taken to address the emotional needs of the student during and following the incident.

---

---

---

---

10. Description of any future actions to be taken with respect to the student's behaviors:

---

---

---

---

11. Anticipated Date of Final Report to Parents : \_\_\_\_\_

Signature of Person Completing Report: \_\_\_\_\_ Report Date: \_\_\_\_\_

11/17/15

**INCIDENT REPORT – INTENTIONAL PHYSICAL CONTACT**

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School/Program: \_\_\_\_\_ Grade: \_\_\_\_\_

Student has: \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ Behavior Plan

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Individuals Involved:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

**1. Description of the student's behavior before, during, and after the incident.**

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

**2. Description of the actions of the school staff before, during, and after the incident:**

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

**3. Description of any injuries to the student, staff, or others. Description of any medical care administered to the student or others.**

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

Signature of Person Completing Report: \_\_\_\_\_ Report Date: \_\_\_\_\_

# SCHOOL BUS ACCIDENT PROTOCOL

## INTRODUCTION

In the event of an accident involving a school bus, students may be in need of medical assessment and treatment. The purpose of this protocol is to provide staff of the Pittsfield School District with a consistent procedure to follow when such an accident occurs.

## PROCEDURE

1. The bus driver will call 911.
2. The bus driver will communicate as soon as possible with the transportation company. If driver is unable to communicate with the transportation company, it is presumed that the first responders, upon arrival, will make the necessary calls.
3. The transportation company will school stating the location, seriousness of the accident, injuries, etc.
4. A designee from the district will be sent to the scene of the accident, if possible.
5. The driver or designee from the transportation company will account for all students – and will evacuate students if it is unsafe for them to remain on the bus. If the driver deems the bus to be safe, the students will remain on the bus until assistance arrives.

NOTE: During field trips, field trip supervisor or coaches should provide a roster of all students actually on the bus to the school principal or nurse. If it is a routine bus route, the driver should have a roster of students on the bus.

6. If conditions allow, the school nurse will be called to the accident site with Emergency Card Information to help facilitate treatment and identification of students.
7. The school nurse will notify parent/guardian if a student is transported to the hospital.
7. Students on the way to school (and no injuries are reported or observed) will continue to school and will be assessed by the school nurse.
8. If on the way home from school, (and no injuries are reported or observed) students will be cleared medically by medical staff at the scene and will need to have releases signed by a parent or school administrator.

## ROLE OF SUPPORT PERSONNEL

1. Superintendent/Principal
  - Work with hospital in identifying students and parents
  - Communicate with school personnel at the accident scene and at school.
  - Deal with media
2. Principal/School Nurse
  - Take emergency forms to scene
  - All students not taken to the hospital should be check by emergency personnel before released to parents.

- Communicate with the school, all names of students being transported to the hospital.

## **FOLLOW UP**

Principal (or designee) will notify all parents of involved students, by written notice or use of AlertNow.



# **SELF INJURIOUS BEHAVIOR**

## **INTRODUCTION**

The purpose of this protocol is to give staff a consistent procedure to follow if a student informs them that he/she is engaging in self mutilating behaviors. Some forms of this behavior may include: carving, scratching, branding, marking, picking, pulling, burning or cutting skin; pulling hair; biting; head banging; hitting; tattooing; or excessive body piercing.

## **PROCEDURE**

- When staff become aware that a student is engaging in self injurious behaviors, refer to guidance or the nurse;
- Guidance and nurse will consult with one another on any self-injurious behavior cases;
- Every time student is referred for self injurious behavior, assess if suicidal. If student is suicidal, follow suicide guidelines;
- If warranted, belongings will be searched for any items that the student may use to injure themselves. Search must be done by administrator or other authorized personnel.
- Notify parents;
- Provide parents with information regarding self mutilating behavior and referral information for counseling services as necessary;
- Other consequences will be determined on a case by case basis;
- Establish contact person from guidance for student to come to for support at school and for parents to contact with questions or concerns;
- If student is already in counseling, request that parent signs a release so that the contact person can communicate with the therapist.

## **FOLLOW-UP**

If student was referred for an emergency evaluation or for counseling services, follow up with parents to determine what was done and what outcomes/recommendations were made. The school contact person will coordinate communication between parent(s), school and community (counseling services) as needed to monitor student safety and to assist the family in accessing services as necessary.

## **SERIOUS INJURY OR DEATH OTHER THAN SUICIDE**

### **INTRODUCTION**

The purpose of this protocol is to provide the Pittsfield School District with a consistent procedure to follow should there be an incident of serious injury or death (other than suicide) of a student, staff member, parent, and family members of staff, students, community members, or anyone whose death might impact the school community.

### **PROCEDURE**

1. When information is obtained, it should be verified with the police or other responsible parties before it is communicated further.
  - The principal shall also consider calling the family of the victim to obtain factual information, as well as to offer support.
  - In addition, feedback shall be sought from the victim's family with regard to the information that can be shared with the school community and media.
2. Depending on who has received initial notification, the building principal shall be notified immediately of the situation.
3. The principal shall immediately notify the Superintendent of Schools.
4. The Superintendent shall notify the principal of the other school, other administrators, the chairperson of the Crisis Intervention Team, and the School Board. The Superintendent, when appropriate, shall also prepare a statement to share with the media.
5. The principal of the affected school shall contact the chairperson of the Crisis Intervention Team to call together the Crisis Intervention Team.
  - If news of the event has been received after school hours, AlertNow shall be used to alert faculty / staff and to set a time for an early morning emergency meeting.
  - If news of the crisis is obtained during school hours, plans shall be made to call the faculty / staff to a meeting as soon as possible. This may mean that faculty covers for each other until all are informed of the facts and given a statement to read to students.
  - If it is impossible to arrange a faculty meeting, at the minimum, a statement shall be immediately prepared for faculty with instructions on what information shall be shared with students.

questions shall be allowed at that time, with the faculty assuming the role of facilitators. Under some circumstances the Crisis Intervention Team may choose a general announcement over the intercom system or in an assembly of the student body.

## **FOLLOW UP**

1. While sufficient time shall be allowed for students to begin coming to terms with the circumstances, the importance of routine and structure shall be considered in terms of the length of time given for open discussion. The class schedule shall be adhered to for the better part of the day, with leeway given by teachers in terms of administering tests, or other intensive assignments.
2. Teachers / Advisors shall encourage students who are upset to stay in class when possible. If a student is too overcome by the situation to remain in class, a counselor or Crisis Intervention Team member shall be summoned to escort the student to an area identified for students at risk. Students judged to be at-risk shall not be allowed to leave the classroom alone. Standard hall pass procedure shall be adhered to for any students other than those at risk. Substitute teachers may also be called in to escort students.
3. During the course of the day, students or faculty / staff members who are considered to be high risk shall be brought to the attention of the Crisis Intervention Team for further action. Parents of high risk students shall be notified and in some cases may need to be summoned to pick up their child. Information on outside counseling agencies shall be made available for these parents. High risk students shall be monitored for as long as needed following the tragedy. During the crisis period itself, school attendance of high risk students shall be closely monitored. No student shall be allowed to leave school without first seeing a member of the Crisis Intervention Team.
4. At the end of the school day, a faculty / staff meeting shall be held for debriefing and for communicating plans for the next day.
5. If funeral services are scheduled, procedures for student dismissal and return to school shall be reviewed at this time. The Crisis Team and administration will consider appropriate representation of the district at the funeral. There will be a cooperative effort to make sure all employees who wish to go to the funeral will be released to do so.
6. A meeting shall be considered for parents, particularly for those of high risk children. The purpose of the meeting would be to offer support as well as ways of discussing the tragedy with their children.
7. The media shall be dealt with by one spokesperson, usually the Superintendent, and all inquiries shall be directed to his / her office. The



# SUICIDE

## INTRODUCTION

Children and adolescents are often faced with stress which can lead to depression and suicidal thoughts and plans. These feelings may be verbalized openly or expressed in student writing, by a concerned friend or brought to the attention of faculty and staff through daily contact with students. Suicidal statements made by students should be taken seriously and reported immediately to a school counselor, mental health professional, school psychologist, and the school nurse. The purpose of this protocol is to provide the staff of the Pittsfield School District with a consistent procedure to follow in these situations.

## PROCEDURE

A. The importance of helping the student safely deal with the crisis should be clearly and calmly emphasized. The school counselor, school psychologist, school nurse, or other designated mental health provider will conduct an interview that may directly assess the following:

1. Duration, frequency and intensity of suicidal thoughts.
2. Whether or not the student has a plan (i.e. when and where).
3. Methods being considered (consider degree of lethality, chance of rescue, access to means such as guns, prescription medications or over the counter drugs.)
4. Personal or family history of attempted or completed suicide and mental illness.
5. Factors affecting impulsivity such as behavioral history, drug or alcohol abuse.
6. Sources of conflict or precipitating events contributing to suicidal ideation (family situation, relationship issues, death or loss of significant others, substance abuse, legal issues, conflict over sexual thoughts/activity or physical/sexual abuse).
7. Present ability to comprehend questions and cooperate with assessment and to follow through on crisis management plan.
8. Quality/quantity of available support including peer and family relationships current involvement in outpatient counseling, etc.

B. Upon completion of the assessment portion of the interview, the counselor/staff member will determine whether or not a crisis management plan is necessary. Administration, parents and other school personnel should be included as necessary according to the following lethality - based guidelines:

## **FOLLOW-UP**

Counselor will:

1. Organize a re-entry meeting with student, family, and appropriate school personnel
2. Coordinate follow-up between the school and community services providers, and between school and family
3. Assess the effectiveness of the safety plan, if in place, and coordinate changes, as needed

## **RESOURCES**

Riverbend Emergency Services	226-0817
Concord Regional Hospital	225-2711
Suicide Prevention Lifeline	1 800-273-TALK (8255)
Pittsfield Police, Fire & Rescue	911
Pittsfield Police Department	435-7211
Pittsfield Youth Workshop	435-8272
Division of Children, Youth, and Families	800-894-5533

Revised 05.07.09

Revised 12.15.15