



3209 SUICIDE PREVENTION AND INTERVENTION GUIDELINES

Policy Type: Human Resources
Applies To: All Staff, Students, Volunteers, Visitors
Approved By: LCS Head of Schools
Policy Reviewed: every 2 years
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1. RESPONSIBILITY, SCOPE AND DUTY OF CARE

- (a) **ADMINISTRATIVE ACCOUNTABILITY:** The Principal (or designate) holds the ultimate authority and responsibility for managing student safety and assessing risk. While school staff play a critical role in early identification, the decision-making process regarding intervention and parental contact is reserved for Administration.
- (b) **MANDATORY COMPLIANCE:** All staff, coaches, and volunteers must review and sign these guidelines annually. Failure to follow the administrative protocol in a timely manner is a breach of professional duty.
- (c) **DUTY OF CARE:** Staff and volunteers must understand that students exhibiting warning signs are communicating distress. A compassionate, non-judgmental response is required, but staff are not responsible for performing clinical risk assessments. Their role is to identify and report to school Administration immediately.

2. PRINCIPLES

The school is committed to:

- (a) Protecting the safety and well-being of students.
- (b) Responding to suicide concerns using a trauma-informed and compassionate approach.
- (c) Treating all students with dignity and respect.
- (d) Providing timely intervention and referral to appropriate mental health services.
- (e) Working collaboratively with parents/guardians and community supports.

3. PROTOCOL FOR IDENTIFICATION AND REPORTING

- (a) **IMMEDIATE IDENTIFICATION:** If a staff member suspects a student is at risk, they must present their concerns to a School Administrator immediately. Do not delay; an assessment may be required within the hour.
- (b) **THE "NEVER ALONE" RULE:** If the risk of suicide is perceived as imminent, the student must not be left unsupervised under any circumstances.
- (c) **EMERGENCY RESPONSE:** If a student has accessed lethal means (e.g., overdose, weapon), follow the Medical Emergency Protocol:
 - Contact 911 or the school's first aid attendant immediately.
 - Once emergency services are engaged, notify Administration.
- (d) **REPORTING EXPECTATIONS:** When reporting to Administration, provide all available evidence (notes, communications, observed self-harming behavior, or witness statements). Do not sanitize or omit information.
- (e) **STUDENT INTERACTION:** When a student discloses suicidal ideation:
 - Listen without judgment or debate.
 - Do not offer clinical advice or personal opinions.
- (f) **CRUCIAL DISCLOSURE:** You must be transparent with the student: "I am concerned for your safety and I cannot keep this a secret. I am going to get help for you from the administration to ensure you stay safe.."
- (g) **ASK DIRECT QUESTIONS:** Asking a student directly about suicide does not increase suicide risk and may reduce distress by providing an opportunity for support. Staff may ask:
 - "Are you thinking about suicide?"
 - "Are you thinking about killing yourself?"
 - "Have you thought about how you would do it?"
 - "Do you have a plan?"

4. ADMINISTRATIVE ASSESSMENT

- (a) The Principal or designate will assume control of the situation and conduct a formal **SUICIDE RISK ASSESSMENT**. Designated school personnel will conduct an initial suicide concern assessment to determine immediacy of risk and appropriate next steps. Where clinical assessment is required, referrals will be made to appropriately trained mental health professionals and emergency services.
- (b) **RISK LEVELS:** Administration will classify the situation into one of the following categories:
 - **LOW/MILD:** Behavioral concerns, no clear intent or plan. Requires monitoring and parent contact.
 - **MODERATE/HIGH:** Clear ideation, vague intent, or known stressors. Immediate parental notification and safety planning required.

- IMMINENT/ACUTE: Specific plan, access to means, or immediate danger. Requires immediate emergency services intervention and parental custody transfer.

5. PARENTAL NOTIFICATION AND LIABILITY TRANSFER

- (a) DUTY TO INFORM: Parents/guardians must be notified of all suicide-related concerns unless there is a specific, documented legal reason to withhold this information (e.g., suspected abuse by the parent).
- (b) THE HANDOFF: Once the school has notified the parent/guardian of the student's risk, the school must facilitate a formal "transfer of care." The student should not be released to go home unsupervised if the risk is deemed elevated.
- (c) DOCUMENTATION: A formal incident report must be generated by the Administration within 24 hours of the incident, including:
 - Timestamp of discovery.
 - Record of staff reports.
 - Timestamp of parent/guardian contact.
 - The outcome of the Administrative Risk Assessment.

6. RE-ENTRY

- (a) RETURN TO SCHOOL PROTOCOL: For students deemed "Moderate" or "High" risk, a formal Re-Entry Plan must be signed by the Administration and the parent/guardian prior to the student's return to class.
- (b) ONGOING OVERSIGHT: Administration retains the oversight of the student's safety plan, delegating tasks to staff as needed for monitoring.
- (c) SAFETY PLANNING

Where appropriate, a safety plan should be developed and may include:

- Warning signs
- Coping strategies
- Trusted adults
- Emergency contacts
- Crisis resources
- Means restriction strategies
- School accommodations
- Follow-up and monitoring plan

7. INDICATORS OF RISK

- (a) Staff are expected to remain vigilant for changes in student behavior that may indicate distress. While staff are not required to diagnose, they must understand that suicide risk often presents as a marked change in behavior.
- (b) Experiences such as bullying, victimization, family rejection, social isolation, identity-related distress, and unresolved interpersonal conflict may increase suicide risk among some youth populations. Staff should avoid assumptions and respond to each student's individual circumstances and needs.
- (c) VERBAL AND WRITTEN INDICATORS
 - Direct or indirect statements about suicide, death, or "not being around" anymore.
 - Joking about suicide or death.
 - Expressions of hopelessness ("There's no point," "It won't matter soon").
 - Preoccupation with death and suicide in creative work (e.g., writing assignments, drawings, social media posts).
 - A despairing attitude or statements of extreme self-loathing.
- (d) BEHAVIORAL AND LIFESTYLE CHANGES
 - Final Arrangements: Giving away prized possessions, saying goodbye to friends or staff, or getting personal affairs in order.
 - Substance Use: Increased or heavy use of alcohol or other drugs.
 - Risk-Taking: Engaging in dangerous, impulsive, or reckless behavior.
 - Self-Harm: Evidence of non-suicidal self-injury (e.g., cutting, burning), which, while not always indicative of suicidality, is a significant marker of emotional pain.
 - Changes in Health/Care: Noticeable decline in personal hygiene, grooming, or appearance; persistent sleep disturbances (insomnia or excessive sleeping); significant changes in appetite.
- (e) ACADEMIC AND SOCIAL INDICATORS
 - Attendance: Unexplained absences or truancy.
 - Performance: A sudden, sharp decline in academic work or inability to concentrate on assignments.
 - Engagement: Lack of interest in previously enjoyed activities, school clubs, or sports.
 - Relationships: Withdrawal from friends and classmates; loss of interest in previously important relationships; conflict with peers.
 - Mood/Affect: Sudden or wide mood swings; unexpected displays of emotion (e.g., outbursts); increased irritability or aggressiveness.
- (f) CONTEXTUAL RISK FACTORS
 - Staff should be particularly attentive when a student is experiencing:
 - Interpersonal Crisis: Recent humiliation, rejection, bullying, or conflict with family/peers.
 - Trauma: A history of physical or sexual abuse, or family issues (e.g., conflict, mental illness).

- Peer Contagion: Exposure to a peer's suicide or death.
- Vulnerability: Stressful life events (e.g., academic failure, loss of a significant relationship) occurring for a student with existing mental health challenges.

8. POST-CRISIS RESPONSE

Any response following a suicide death or significant suicide-related event impacting the school community shall be coordinated and directed by the Head of Schools or designate. Actions may include communication with families, provision of support services, and implementation of other appropriate measures as determined by school leadership.

9. CRISIS RESOURCES & COMMUNITY SUPPORTS

The school maintains active partnerships with local health authorities to ensure students and families have immediate access to specialized care. While the school manages the internal protocol, Administration will refer students to the following resources based on the assessed level of risk.

(a) Immediate Emergency Services

- Emergency Services: Call 9-1-1 immediately if there is an imminent threat to life, access to lethal means, or if a student's safety cannot be guaranteed.
- Hospitalization: For acute psychiatric crises, the student should be taken to the nearest emergency department (e.g., Surrey Memorial Hospital Pediatric Emergency or BC Children's Hospital) for a formal psychiatric evaluation.

(b) 24/7 Crisis Support (Immediate Access)

- 988 Suicide Crisis Helpline: Call or text 988 for free, confidential, 24/7 support.
- BC Suicide Line: Call 1-800-SUICIDE (1-800-784-2433) for immediate, confidential crisis support across British Columbia.

(c) Local & Specialized Mental Health Services

- Langley Child & Youth Mental Health (CYMH) Clinic: For ongoing, community-based clinical support, stabilization, and psychiatric follow-up following a crisis event.
- Foundry Langley: Provides integrated health and wellness services for young people aged 12–24, including mental health counselling and peer support.

(d) Anonymous Reporting

- Erase | Report It: A provincial, confidential tool used to report safety concerns, including self-harm or worrisome peer behavior. Students and families are encouraged to use this tool if they have concerns about a peer but wish to remain anonymous.

10. REVISIONS

- (a) These guidelines are to be reviewed annually.
- (b) Any changes to these guidelines will be reviewed to ensure they meet requirements of the Ministry of Education and Childcare independent school inspection requirements.

RELATED POLICIES

3202 STUDENT SUPERVISION POLICY

3203 CHILD ABUSE & REPORTING PROTOCOL

3204 HARASSMENT & BULLYING PREVENTION

3205 VIOLENCE & THREAT RISK ASSESSMENT

Reviewed: 06 2026