UWC-USA Suicide Prevention and Intervention Policy
July, 2025

Table of Contents

I. Overview

UWC-USA is committed to supporting student wellbeing throughout their two-year experience, guided by a comprehensive suicide prevention and intervention policy. We recognize that ensuring student safety is a shared responsibility among the school, parents/guardians, and national committees as we work together in the education and care of our students. Implementation of this policy is dependent on the disclosure of mental health histories from students, patients, and their parents, including current and past treatments and medications. Despite our best efforts and supportive measures, we acknowledge that some students may experience a range of suicide risks, including suicidal thoughts and behaviors. Given the gravity of these situations, this overview provides a general summary of the school's response to them. More detailed procedures and guidance are outlined in the full policy.

All employees of UWC-USA, when concerned about a student struggling with suicidal ideation or intent, must not leave the student alone and immediately connect the student to a member of the Health Team, which includes the Dean of Student Life, Dean of Teaching and Learning, Director of Residential Life and Student Safety, Head Nurse, Nurse, and Clinical Supervisor of Mental Health. Students are also expected to report any concerns about themselves or a fellow student to a member of the Health Team or a trusted adult on campus. Concern on the part of any community member is sufficient reason for said referral.

A student observed to be struggling with suicidal ideation shall be accompanied by the observing employee, student, or trusted adult until the student is assessed by the Clinical Supervisor of Mental Health, a school Mental Health Counselor, or Nurse. These health professionals shall provide an initial formal assessment utilizing C-SSRS and the Stanley Brown Safety Plan Intervention for evidence-based decision making regarding suicide risk, safety and treatment steps. Based on the severity of the student's condition, the health professional shall determine next steps. As the Health Team implements these steps, it consults with other providers; continues to evaluate risk; and reports to the student's Residential Coordinator, Advisor, the Student Success Team and other trusted adults if known on REACH:

- If the assessment tools determine that a student presents low risk (passive suicidal ideation, no planning, no intent/behavior, and no history of suicidal behavior), the Health Team shall ensure they receive behavioral healthcare and establish a personal support and safety plan which will be uploaded to REACH Student Life Management System (REACH) and thereby made accessible to key employees who are involved in the care of the student. Based on a consideration of all factors at hand, the Health Team and Associate Head of School shall determine if the parent/guardian should be notified in coordination with the student.
- If the assessment tools determine that a student presents moderate risk (suicidal ideation, planning, no intent/behavior), the Health Team shall seek behavioral healthcare for further evaluation and support. A designated member of the Health Team or the Associate Head of School, in coordination with the student, shall communicate this

information to the parent/guardian. Should the student require inpatient care, upon re-entering campus life, a personal support and safety plan shall be implemented, and the student utilizes the plan for regular check-ins as long as needed.

- If the assessment tools determine that a student presents high risk (suicidal ideation, planning, intent/behavior), the Health Team shall arrange for the student to be transported to the hospital for further care and treatment. A designated member of the Health Team or the Associate Head of School, in coordination with the student, will communicate this information to the parent or guardian. If the student is to re-enter campus life, a personal support and safety plan shall be implemented, and the student utilizes the plan for regular check-ins as long as needed. Students returning home or to designated caregivers will share safety plans and next steps for continuing care with that responsible adult in conjunction with the transfer from school or hospital care.

II. Purpose

The purpose of this policy is to ensure that suicide assessment, intervention, prevention and related documentation are understood, promoted and practiced as a vital part of student wellbeing at UWC-USA. UWC-USA students come from a variety of backgrounds and geographies with differing understandings and experiences of wellbeing, mental health, depression, crisis, trauma, self-harm and suicidality. This document provides clear guidance to the Health Team and all employees, students and families regarding assessment, prevention, intervention and documentation steps to be utilized when a student expresses suicidal ideation, suicidal intent or behavior at UWC-USA. The school:

- recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation;
- 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;
- helps to foster positive youth development and resilience;
- acknowledges that comprehensive suicide prevention policies include prevention, intervention and postvention components.

III. Policy Development, Distribution and Review

This policy was developed in consultation with Dr. David B. Goldston[1]. This policy shall be distributed annually, included in employee, faculty and student handbooks; parents have access to the student handbook via the parent portal on the school website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

A review of this policy will take place every two years by the UWC-USA Health Team, Education Leadership Team, Strategic Leadership Team and Board of Trustees.

IV. 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 school-sponsored out-of-school events where school staff are present. This policy also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment. This policy applies to the entire school community, including educators, school staff, students, parents/guardians and volunteers. This policy is paired with other policies supporting the overall emotional and behavioral health of students.

V. Definitions

Health Team: The UWC-USA Health Team includes the Dean of Student Life, Dean of Teaching and Learning, Director of Residential Life and Student Safety, Head Nurse, Nurse, and Clinical Supervisor of Mental Health. Other employees or providers, such as Mental Health Counselors, consulting Physicians, and consulting Psychiatric Nurse Practitioners, may be consulted or invited to participate in meetings as needed.

Mental Health: *A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. There is a wide variety of mental health conditions, including depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders.* Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genetic predisposition.

Personal Support and Safety Plan: A suicide prevention safety plan is a personalized, written plan developed collaboratively with a student who is experiencing suicidal thoughts or behaviors. It outlines specific strategies to help the student recognize warning signs, identify strengths and coping skills, access supportive individuals or resources, and limit access to means of self-harm. The goal of the safety plan is to promote the student's safety by providing

[1] Professor of Psychology and Neuroscience, Child & Family Mental Health & Community Psychiatry Division, Duke University School of Medicine.

clear, practical steps they can follow during times of crisis. Safety plans are designed to empower students with tools to manage distress while ensuring that school staff, mental health professionals, parents, and guardians can provide appropriate support.

Postvention: *Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss.* This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Risk Assessment: An evaluation of a student who may be experiencing suicide risks, including suicidal thoughts and behaviors, conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor, or in some cases, trained school administrator). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide: Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Risk Management Committee: A multidisciplinary team of administrative staff, health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response and recovery. These professionals have been specifically trained in areas of crisis preparedness and take a leadership role in developing crisis plans, organizing emergency operation groups (EOGs) for specific emergencies and ensuring school staff can effectively execute various crisis protocols. Team members who are mental health professionals may provide crisis intervention and recovery services.

Self-Harm: *Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal.* Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

Suicide: *Death caused by self-directed injurious behavior with the intent to die as a result of the behavior.* NOTE: The coroner's or medical examiner's office must first confirm that the death

was a suicide before any school official may state this as the cause of death. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior: Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

Suicide Contagion: *The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others.* Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Suicidal Ideation: *Thinking about, considering, or planning for self-injurious behavior that may result in death.* A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

VI. Prevention

Policy Implementation

The Dean of Student Life, who is the Designated Safeguarding Lead (DSL), shall be responsible for planning and coordinating the implementation of this policy. The Dean of Teaching and Learning serves as the Deputy DSL and will act as a proxy in the event the DSL is unavailable. The Clinical Supervisor of Mental Health serves as the school's Suicide Prevention Coordinator and supports the planning and implementation of this policy. All employees and students shall report students they believe to be at-risk for suicidal thoughts or behaviors to the Dean of Student Life, or the Clinical Supervisor of Mental Health, the Head Nurse, or Nurse if the Dean of Student Life is unavailable. Other members of the Health Team, including the Dean of Teaching and Learning and Director of Residential Life and Student Safety, or any trusted adult on campus can also receive these reports if needed. Immediately upon determination that coordination is required, the Dean of Student Life shall notify the Associate Head of School and keep them apprised throughout the coordination. Any suicide attempt will be reported immediately by the Associate Head of School to the President.

Annual Universal Screenings

At the start of the school year, all students shall be administered a universal behavioral health screening designed to assess for depression, anxiety, and risk of suicide. Screening employs evidence-based instruments with the acknowledgement that students may deny mental health issues to avoid intervention, or because of mental health stigma. The screening shall also identify individual strengths, interests and protective factors to support student empowerment and relationship-building, recognizing that trusted relationships increase the likelihood of honest disclosure. Selected repeat screenings are conducted upon returning from winter break. Any positive screens are followed by a coordinated response:

- Referral to Mental Health Counselors
- Counselor to conduct a biopsychosocial intake with risk assessment
- Develop a plan for individual and/or group counseling and other interventions, such as psychiatric consultation, as appropriate

Any suspicion or disclosure of suicide risk, including thoughts or behaviors identified during screen is followed by the appropriate risk-level response, summarized in Section VII.

Training Program

UWC-USA's primary suicide prevention program teaches employees and students to be aware of the seriousness of suicidal comments and how to ask for help promptly if they have such thoughts or know of someone else who is having such thoughts, and to avoid displaying shock, judgment, or disapproval if someone discloses suicidal thoughts.

Employees and students are taught to "ACT" (Acknowledge, Care and Tell) when suicidal thoughts are disclosed. Employees and students should show any identified individual true concern that his/her disclosure is taken seriously and tell the individual that suicidal intent or thoughts cannot be kept confidential and that it is necessary to seek help from others. Employees and students should remind the individual that this is because they are cared for and that needed help is being accessed.

Employee Training

All employees shall receive, at minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. Faculty receive additional training in risk factors and mental health care. The professional development shall include additional information regarding groups of students at elevated risk for suicide. Additional professional development in risk assessment and crisis intervention shall be provided to school-employed mental health professionals and school nurses. Trainings include:

- PREPaRE (National Association of School Psychologists): members of the Risk Management Team participate in this required training annually (most recently provided August, 2024).

- Question, Persuade, Refer: all employees receive this required training annually (most recently provided January, 2025).
- Youth Mental Health First Aid: Residential Coordinators and Assistant Residential Coordinators receive this required training; other employees are encouraged to participate in this training during their time at UWC-USA (most recently provided April, 2025).
- "Lighthouse" (Columbia-Suicide Severity Rating Scale) training is required of all faculty on an annual basis (most recently provided February, 2025).

Student Suicide Prevention Training

Developmentally appropriate, student-centered education materials shall be integrated into wellness education as part of the two-year plan for monitoring student wellbeing at UWC-USA. 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. In addition, UWC-USA provides supplemental small-group suicide prevention programming for students:

- Child Mind Institute Teen Mental Health Training will be provided to incoming students during their first and/or second trimester in a 6-session class format
- Question, Persuade, Refer: all students receive this required training annually (available virtually or in person)
- Youth Mental Health First Aid: student Residential Assistants aged 18 years and over receive this required training; other students are encouraged to participate in this training during their time at UWC-USA
- "Lighthouse" (Columbia-Suicide Severity Rating Scale) training is offered to students annually but is not required

The Residential Assistant Student Wellness Education and Empowerment Team (SWEET) members receive additional training, provided by the Clinical Supervisor of Mental Health to enhance member capacity to identify warning signs and support peers to connect with a Health Team member or trusted adult when suicide risk is disclosed or observed. Training also emphasises self-care.

Student Awareness Raising

As part of UWC-USA's commitment to wellness and suicide prevention, several postings (i.e., You Are Not Alone posters) are included in key areas of campus to inform community members on suicide prevention. In addition, SWEET (Student Wellness Education and Empowerment Team), Nurses and Mental Health Counselors are introduced during Orientation, and annual

workshops are held to emphasize importance of mental health, wellness, and whom to ask for help.

VII. Intervention

Collaboration and coordination between community members in identifying students at risk for suicide are crucial. Collaboration and coordination between the school and community agencies and regional hospitals are critical and essential for a youth suicide response policy to be effective. Considering access to care issues for any follow-up plan means identifying both primary care and behavioral health care service providers in close proximity. The first line of treatment for high risk is the Emergency Department, with follow-up available in-house, at Community Based Services, and through telehealth services.

Indicators for Assessing Suicide Risk

No individual or other school professional should feel responsible for or decide alone how to proceed with a potentially suicidal student. At the same time, every school employee and student should learn how to notice signs of mental distress and who to go to in response to a student's request for help or presentation of suicidality. The following are indicators that a student may need assessment:

When you hear or see <u>any one</u> of these behaviors:

- Someone threatening to hurt or kill themselves.
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means.
- Someone talking or writing about death, dying, or suicide.
- Changes in a student's behavior such as absenteeism, lack of friends, poor hygiene, sadness, despair

OR:

If you witness, hear, or see anyone exhibiting <u>one or more</u> of these behaviors:

- Hopelessness—expresses no reason for living, no sense of purpose in life,
- Rage, anger, seeking revenge,
- Recklessness or risky behavior, seemingly without thinking,
- Expressions of feeling trapped—like there's no way out,
- Increased alcohol or drug use,
- Withdrawal from friends, family, or society,
- Anxiety, agitation, inability to sleep, or constant sleep,
- Dramatic mood changes,
- Saying goodbye, giving away important items

- No reason for living, no sense of purpose in life.

Anonymous of Confidential Reporting

If a student is worried about suicide risk in another student and wishes to remain confidential in their report for whatever reason, the staff or faculty taking the report can note this to protect this information. Getting and relaying information in a timely manner can save lives, we don't want to hinder this because of a student's fear of being named.

Assessment and Referral

When a student is identified by a peer, employee or other source as potentially suicidal — i.e., 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 the Clinical Supervisor for Mental Health or a school Mental Health Counselor as soon as possible 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 incidents require immediate referral to the school Mental Health Counselor. If there is no mental health professional available, another member of the Health Team or any trusted adult shall address the situation until the Clinical Supervisor for Mental Health or a school Mental Health Counselor is available or a decision is made to transfer the student to the Emergency Department. The Dean of Student Life or Administrator on Duty (AOD) shall be notified as soon as practicable.

Any student presenting low, moderate or high suicide risk as observed by an employee or peer at UWC-USA shall be accompanied by the employee, student or trusted adult until the student is assessed by a school-employed health professional. The school's Clinical Supervisor for Mental Health, Mental Health Counselors and Nurses utilize C-SSRS and the Stanley Brown Safety Plan Intervention for evidence-based decision making regarding suicide risk, safety and treatment steps. Based on the severity, the health professionals determine next steps.

General procedures the school follows in responding to a student who presents a suicide risk:

1. Stay with the individual until they can be assessed for risk and a safety plan is in place.
2. Once a suicide concern presents, it becomes the priority and other tasks should be delegated or set aside to maintain student safety.
3. Immediately intervene one-on-one to address directly and empathetically the student's self-report of stressors.
4. Provide positive reinforcement to the student for seeking assistance and/or accepting assistance.
5. Continue to assess the lethality of the suicide risk and assess the concreteness of a plan and means of implementing the plan. Note that if a student denies having a plan, it does not necessarily indicate reduced risk; a student may act on suicidal thoughts or urges impulsively, without a well-though-out plan.

6. Staff ask the student for written permission to discuss the student's health with outside care providers, if appropriate.
7. Health staff set up an outpatient mental health or primary care appointment and convey 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.
8. Inform and educate the student of the need to develop a collaborative support and safety plan based on the student's strengths, resources, and coping skills.
9. Move to the safety planning process, using the information learned during the initial intervention to create an individualized safety plan.
10. Do not hesitate to seek additional consultation services during or after the crisis.
11. Referrals regarding concerns and assessments should be noted in REACH with a pastoral note to create real time communication to Health Team, Student Success Team, Advisor, Resident Coordinator and, if known, other trusted adults, with safety plans uploaded when available in response to referral.
12. Notify the Associate Head of School and Designated Safeguarding Lead as soon as reasonably possible.
13. A designated member of the Health Team or Associate Head of School contacts the student's parent or guardian, as described in the Parental Notification section and in compliance with existing state law/school policy (if applicable).
14. Security may also be notified for additional support.

Safety Plan for Low and Moderate Risk Levels

- UWC-USA utilizes the Stanley Brown Safety Planning Intervention. The safety plan includes possible ways the parent/guardian will be notified, unless the clinician determines this would increase danger to the student.
- The student should be informed of the need for the clinician to act on identified information and to follow school protocol, and the clinician should assist the student in understanding this process. If the clinician determines the suicide risk is low and referral to emergency services is not indicated, he/she should begin the next intervention with the anticipation of parent/guardian involvement.
- In collaboration with the student, both informal (family, friends, other staff, etc.) and formal (doctor, other treatment providers, 24-hour crisis lines, nearest emergency room, etc.) resources should be identified as safety contacts should the risk for suicide persist or increase. Contact information for these supports should be provided to the student.
- The student should be helped to identify coping resources and personal strengths.
- The safety plan should include removing potentially lethal means of pursuing suicide and plans for formal follow-up (e.g., next appointment with clinician or another provider).
- The safety plan should be formalized into a written document ensuring 24-hour, 7-day week supervision until follow up assessment occurs; assessment should be scheduled as soon as possible, utilizing a hospital ED if needed.

- Lack of willingness to adhere to a safety plan would place the student at a higher risk level.
- Medication access should be restricted except to rescue meds like inhalers. Staff will also seek permission, in the form of a Release of Information form, to communicate with outside mental health care providers regarding the student's safety plan and access to lethal means.

Safety Plan for High to Severe Risk Levels

- The safety plan should follow administrative procedures regarding communication and protocols established for an individual in suicide crisis. It should include the way the parent/guardian will be notified, unless the clinician determines this would increase danger to the student. The student should be informed of the need for the clinician to act on identified information and to follow school protocol, and the clinician should assist the student in understanding this process.
- If the clinician has determined that the student needs immediate medical or psychiatric evaluation and/or hospitalization, steps to facilitate this process should be outlined in formal agreements with acute crisis service providers for referral services.
- Transportation arrangements for the student according to established and approved policies covering emergency transportation.
- The accompanying employee ensures the student is taken to a safe environment or until care is transferred to another caregiver that is another professional or a parent/guardian.

Crisis Response

UWC-USA's Health Team, Residential staff, Security staff, AOD, and other community resources are available to deal with suicidal students and other crisis situations. In the case of a suicidal student, employees carry a mandatory reporting obligation and should seek immediate help from one of these staff members. Seeking immediate help ensures that the student is promptly evaluated by a school Mental Health Counselor or Nurse in the interest of completing an initial risk assessment.

Students should also seek immediate help from one of these staff members or another trusted adult on campus.

The following resources may also be helpful in crisis:

- New Mexico Crisis and Access Line 1-855-662-7474
- National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- 988

In an emergency, call 911.

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 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 suicidal emotionally disturbed person, or "suicidal EDP", to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

VIII. Documentation

Responses to suicidal concern and crisis interventions should always be documented; such documentation should include (but is not limited to):

- REACH reports, which will include: signs of crisis, student's response to intervention
- C-SSRS (Health Clinic)
- Health records: Magnus Health (medical) and Therapy Notes (counseling)
- Communication with school employees, parents and other providers, etc.
- Plans for follow-up
- A copy of the support and safety plan in its entirety should be kept in the student's chart along with all other documentation.

The Head Nurse is responsible for coordination of documentation according to NM privacy standards. Depending on the incident, documentation may include communication with the NM Department of Health (see Adverse Event Form).

IX. Parental Notification

If the assessment tools determine that a student presents low risk (i.e., passive suicidal ideation, no planning, no intent/behavior, and no history of suicidal behavior), the Health Team and Associate Head of School shall consider all factors at hand in determining if the parent/guardian should be notified in coordination with the student. If the assessment tools determine that a student presents moderate risk (i.e., suicidal ideation, planning, no intent/behavior), a designated member of the Health Team or the Associate Head of School, in coordination with the student, shall communicate this information and the student's support and safety plan to the parent/guardian. If the assessment tools determine that a student presents high risk (i.e., suicidal ideation, planning, intent/behavior), a designated member of the Health Team or the Associate Head of School, in coordination with the student, shall communicate this information to the parent/guardian.

If a student receives off-campus care for moderate to high suicide risk and they then re-enter campus life, a designated member of the Health Team or the Associate Head of School and the student shall review with the parent/guardian the student' personal support and safety plan. Any time a student is admitted to a hospital – a point at which care of the student is transferred from

the school to the hospital – a designated member of the Health Team or the Associate Head of School shall notify the parent/guardian.

In all cases, the Clinical Supervisor for Mental Health, Head Nurse, Dean of Student Life, and Director of Residential Life and Student Safety shall review the student's personal support and safety plan with the student's Residential Coordinator, Advisor, and other trusted adults, if identified by the student, as long as signs and/or symptoms of suicidality exist and/or as professional concerns remain.

These protocols for parental notification apply to all relevant situations regardless of the student's age.

X. Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. As UWC-USA is a boarding school, multiple employees, and administrators specifically, might be called upon to handle a situation arising from a suicide attempt. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be received, following 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. Staff shall immediately notify AOD, Dean of Student Life, or Associate Head of School regarding the incident.
5. The Associate Head of School shall notify the President.
6. The President, Associate Head of School, Dean of Student Life, or AOD shall contact the student's parent or guardian.
7. The President, Associate Head of School, Dean of Student Life or AOD shall engage the designated Emergency Operations Group 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.

XI. Re-Entry

Following a suicide attempt or ED treatment or hospitalization for suicidality, a team meeting will be held to assess whether or not the student should return to school. If medical professionals clear the student to return to school, a team meeting will be held with the student to address a support and safety plan. Team members will include: Clinical Supervisor of Mental Health, Nurse, Dean of Student Life, Director of Residential Life and Student Safety, Advisor, additional nominated trusted adult and Residential Coordinator. The team will meet again a week after return or sooner if needed to support the student and manage additional needs and again a month after and three months after return to school. The parent/guardian will be engaged as a condition of re-entry.

XII. Postvention: After a Suicide Death

UWC-USA will follow the best practices for Postvention as outlined in the Model Suicide Prevention Policy. In summary, the Associate Head of School, Dean of Student Life, and Suicide Prevention Coordinator will convene with the Risk Management Committee and members of the Emergency Operations Group to:

1. Verify cause of death
2. Assess situation
3. Share information respectfully and appropriately
4. Avoid contagion
5. Initiate support services
6. Develop memorial plans

UWC-USA will conduct an internal audit related to any student death and partner with the NM Department of Health as appropriate.

XIII. Reference Documents

1. NM School Health Manual
2. Model Suicide Prevention Policy
3. Trevor Project

Additional Resources

- National Institutes of Mental Health (NIMH)
- American Academy of Pediatrics (AAP)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Suicide Prevention Lifeline (NSPL)
- American Foundation for Suicide Prevention (AFSP)
- National Association for School Psychologists (NASP)