



**BOARD OF EDUCATION OF
SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)**

**EDUCATION COMMITTEE
AGENDA**

Friday, March 16, 2018 from 9:00-10:30 am
School Board Office – Gibsons, BC

- 1) Goal 1.e. – Mental and Physical Health
- 2) Goal 3.g. – Capilano University and Post-Secondary
- 3) Regulation 1740 – Responding to Suicidal Behaviour
- 4) Curriculum (standing item)
- 5) Parent Engagement (standing item)



Mental and Physical Health

Report to the Board – March 2018



Our focus this past year Training!

- Zones of Regulation training in Sept 2017
- Trauma Informed practice training
 - KES Sept 2017
 - EA's on NID day 
 - More training coming in Spring
- Mental Health First Aid training – continued
- Violent Threat Risk Assessment training – April 2018
- Budget request has gone in for funds to provide more training to general education staff



BASC Assessment training

- Behaviour Assessment Scales for Children
- All counsellors trained March 2018
- Can now administer, score and interpret our own BASC's



Focus on self-care for staff

- Heart-Mind conference well attended by a variety of staff
- Mindfulness-Based Stress Reduction SMART course for teachers
 - 37 people attended the Taste of SMART on the Pro-D day





Principals and Vice-principals

- Presentation from Dr. Grant Wood on the impact of screen time on children's developing eyes
- Ongoing wellness sessions monthly



Provincial Connections and Partnerships

- McCreary Survey
 - done every 5 years, completing next month
 - In partnership with Vancouver Coastal Health/Public Health
- MDI
 - Grade 4's and 7's
 - Results just came back for 2017 survey
 - Touchback session with Grade 7's planned at WSES





Local partnerships

- New Joint use agreement making access for classes easier and more economical – many thanks!
- New resources from VCH – Tamara Staley, Tobacco Reduction/Vaping
 - ▀ Joined our Healthy Schools Committee
- ▀ CYMHSU Collaborative continuing to meet
 - ▀ School District is taking over the organization of the panels next year
 - ▀ Doc in Schools program up and running



Exciting Events!

- ▀ Balancing Our Minds Summit
 - ▀ May 7th – Youth Mental Health Day
 - ▀ Sechelt Arena
 - ▀ 160 students – Grade 11
 - ▀ Received a \$5000 grant
 - ▀ Keynote speaker and a breakout session



Girls Day – Sept 2018

- Elementary Sports Committee planning
- A day in September for a select group of grades 6-8 girls
- Focus on Fitness, Health/Wellness, and Leadership.
- Emily Davies, counselor, supporting so the girls have a chance to hear about important issues pertaining to their age group



Olympic Fever!

- Several schools held a celebration of the Olympics with their own mini-Olympics events
- Stations and games paralleling the Winter games events
- Medal ceremony highlighting Kindness, Collaboration and Cooperation
- Tied in with learning about the different countries



Regulations updated

- AIDS/HIV modified to include general disease prevention and treatment of staff and students with any communicable disease
- Suicide reg updated to include Self-Harm



Thanks and Happy Spring Break!

- Questions?



Title: **Responding to Suicidal Behaviour and/or Self-Harm**
 Category: **Administration**
 Number: **1740**

I. Rationale

This protocol is designed to guide school personnel in responding effectively to suicidal behaviour in troubled students, in those who threaten or attempt suicide, and in others potentially at risk in the aftermath of a death by suicide. Protocols clarify for school personnel their role in suicide prevention and crisis intervention and lessen the burden on individual school employees.

II. Response to Suicidal Behaviour

A. Prevention

1. Principals and teachers shall strive to ensure that all students receive instruction that promotes suicide prevention education, [through the teaching of responsible decision-making, positive self-esteem, overall good emotional health, well-being and interpersonal connectedness](#).
2. Principals and teachers shall remain aware of current scientific knowledge and instructional techniques related to child and youth suicide prevention education. [Principals will ensure teachers are given information on recognizing the warning signs of suicidal behaviour through an annual in-service with school counsellors](#).
3. Principals and teachers shall remain aware of the Child and Youth Suicide Prevention guide.
4. Students and parents shall be made aware of available counseling services and other support services outside of the school, as identified by the Child and Youth Suicide Prevention guide.
5. Encouragement and support shall be offered to those student organizations and activities that, in the opinion of the administrator, help to develop a positive peer influence in the area of child and youth suicide prevention.
6. The District **Student** Support Services will facilitate annual training of district protocols and procedures to respond to suicidal behaviour.
7. To be qualified to administer a suicide risk assessment, examiners will participate in [bi-annual](#) training of protocols and procedures to respond to suicidal behaviour.

B. Intervention

1. When there is a concern regarding suicide, the procedure (see attached or see section: Suicidal Behaviour Intervention Procedure) for a Suicide Risk Assessment will be initiated by qualified and trained personnel.



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2. In making decisions about suicide intervention procedures, the administrator shall be guided by the concept of “in loco parentis” and shall consider what is best for the individual student as well as the health, safety and well being of other students and staff members.

3. If a youth’s life is in danger, the usual rules of confidentiality must be broken and the legal guardian must be informed. However, if informing the legal guardian is perceived to increase the level of risk to the youth, the Ministry of Children and Family Development must be notified immediately.

4. School staff involved with the student will connect the student and his/her parents to available counseling services and other supports outside of the school, as identified by the Child and Youth Suicide Prevention guide.

C. Postvention

1. Postvention is a term used to describe support interventions following a death by suicide.

2. In the case of a death by suicide, the principal will initiate the District’s Critical Incident Response Team.

3. [Refer to the District document “Response to Loss of Life”.](#)

D. Suicidal Behaviour Intervention Procedure

1. If a concern arises regarding the suicide risk of a child or youth the principal will be informed as soon as possible. Time shall be of the essence and priority given to expedite interventions and assistance.

2. The principal will facilitate the initiation of a suicide risk assessment by a person qualified to conduct a Suicide Risk Assessment as soon as possible.

3. The qualified examiner will conduct the Suicide Risk Assessment (See **ASK** the Questions in the Child and Youth Suicide Prevention guide).

4. The qualified examiner in consultation with the school principal and another qualified examiner, if available, will **ASSESS** the level of risk as defined in the Child & Youth Suicide Prevention Guide.

5. The qualified examiner in consultation with the school principal and another qualified examiner, if available, will **ACT** on information and observations by following the action identified in the Child & Youth Suicide Prevention Guide.

6. If the risk is assessed as **HIGH**, provide one-to-one supervision of the child or youth at all times, until qualified suicide prevention supports and a plan are clearly in place including safe transport to the hospital emergency

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department.

7. If the risk is assessed as **MEDIUM**, provide one-to-one supervision for the child or youth at all times, until the parents have been informed, have a safety plan in place, and in person, take responsibility for the physical care of the child.

8. The qualified examiner will file a report of the incident with the Board Office.

III. **RESPONSE TO SELF-HARM**

Definition: Self-harm is the act of purposefully causing harm to oneself, typically without the intent of suicide.

A. **Prevention and Intervention**

While self-harm behaviours typically do not involve suicidal intent, there is an increased risk of suicide and/or serious bodily harm to students who engage in this behaviour; therefore it is important for school personnel to understand and recognize the signs of a student at risk and to follow the same Prevention and Intervention steps as listed in Part 1 of this regulation to determine risk level.

B. **Self-harm Intervention Procedure**

It is important that a student engaging in self-harm behaviour be referred to personnel trained in how to deal with this situation.

1. If a concern arises regarding the suicide risk of a child or youth the principal will be informed as soon as possible. Time shall be of the essence and priority given to expedite interventions and assistance.

2. The principal will facilitate the initiation of a suicide risk assessment by a person qualified to conduct a Suicide Risk Assessment as soon as possible.

3. The qualified personnel will conduct a Suicide Risk Assessment and follow steps II.D. 3-8 as necessary.

4. If the student is not deemed to be at medium or high risk for suicide, the qualified personnel will engage in a therapeutic manner to develop a plan for the student based on best practice and current training. This may include a referral to Child and Youth Mental Health, a physician or other external counsellor.

5. While only qualified personnel should be involved in the intervention procedure, it is important that all staff have a general knowledge and understanding of the signs of suicide and/or self-harm and how to interact with

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the student until qualified personnel can be engaged. It is recommended that school staff receive a short in-service each year for an overview of the risk factors, signs, and best practices in responding to students engaging in self-harm. This in-service should be completed by the school counsellor at a staff meeting.

FORM (attached):

Suicide Behaviour Assessment Report

Received:

References:

