

<b>TENNESSEE PUBLIC CHARTER SCHOOL COMMISSION</b>		
<b>STUDENT WELLNESS AND HEALTH SERVICES</b>		<b>6400</b>
<b>ADOPTED:</b> <b>April 9, 2021</b>	<b>REVISED:</b>	<b>MONITORING:</b> <b>Review: Annually</b>

Each authorized charter school shall address student wellness and the primary health concerns of its students by adopting policies that:<sup>1</sup>

- (1) Highlight the guidelines for its health services program;
- (2) Detail the social services provided to students;
- (3) Highlight the standards for its guidance services program; and
- (4) Detail all available psychological services.

### **SUICIDE PREVENTION**

The Commission is committed to protecting the health and well-being of all students and understands that physical, behavioral, and emotional health are integral components of student achievement. Faculty and staff of all schools are expected to be proactive in maintaining a safe and supportive learning environment and to immediately report to the school leader any indications that a student may be in danger of harming self or others. Students are strongly encouraged to report if they, or a friend, are feeling suicidal or are in need of help. The school shall provide students with information regarding The National Suicide Prevention Lifeline – 1-800-273-8255 (TALK).

**Prevention.**<sup>2</sup> The school shall provide either an annual in-service training in suicide prevention or participate in other equivalent trainings approved by the school leader. The training shall include, but not be limited to, identification of risk factors, warning signs, intervention and response procedures, referrals, and postvention strategies.

The school leader shall identify a school suicide prevention coordinator responsible for planning and coordinating the implementation of this policy. The school leader shall designate a suicide prevention coordinator to act as a point of contact in the school for issues relating to suicide prevention and policy implementation.

**Intervention.**<sup>2</sup> Any employee who has reason to believe that a student is at imminent risk of suicide shall report such belief to the school leader or designee. Belief that a student is at imminent risk of suicide shall include, but not be limited to, the student verbalizing the desire to commit suicide, evidence of self-harm, or a student self-refers.

Upon notification, the school leader or designee shall ensure the student is placed under adult supervision. Emergency medical services shall be contacted immediately if an in-school suicide attempt occurs. The school leader or designee shall contact the Director of Schools or designee as soon as practicable.

Prior to contacting the student's parent/guardian, the school leader or designee shall determine if there could be further risk of harm resulting from parent/guardian notification. If parent/guardian notification could result in further risk of harm or endanger the health or well-being of the student, then local law enforcement and the Department of Children's Services shall be contacted.<sup>3</sup>

If appropriate, the school leader or designee shall contact the student's parent/guardian and:

- (1) Inform the parent/guardian that there is reason to believe the student is at risk of suicide;
- (2) Inform the parent/guardian that emergency medical services were contacted;
- (3) Ask the parent/guardian whether he/she wishes to obtain or has obtained mental health counseling for the student; and
- (4) Provide the names of community mental health counseling resources.

The school leader or designee will seek parental permission to communicate with outside mental health care providers regarding a student. If the student is under the age of 18 and the parent/guardian refuses to seek appropriate assistance, the Director of Schools or designee shall contact the Department of Children's Services.<sup>3</sup>

The school leader or designee shall document the incident, including contact with the parent/guardian, by recording:

- (1) The time, date, and circumstances which resulted in the student coming to the attention of school officials;
- (2) A timeline of the specific actions taken by school officials;
- (3) The parent/guardian contacted, including attempts;
- (4) The parent/guardian's response;
- (5) Time and date of release of student to authorized individual; and
- (6) Anticipated follow-up and safety plan.

Prior to a student returning to school, the school leader or designee shall meet with the student's parent/guardian, and student if appropriate. The parent/guardian shall provide documentation from a mental health care provider stating that the student has received care and is no longer a danger to self or others. The school leader will identify an employee to periodically check in with the student to ensure the student's safety and address any problems with re-entry.

**Postvention.**<sup>2</sup> Immediately following a student suicide death, the school shall meet and implement a postvention plan. At a minimum, the postvention plan shall address the following:

- (1) Verification of death;
- (2) Preparation of postvention response to include support services;
- (3) Informing faculty and staff of a student death;
- (4) Informing students that a death has occurred; and
- (5) Providing information on the resources available to students.

The school shall work with teachers to identify the students most likely to be impacted by the death in order to provide additional assistance and counseling if needed. Additionally, staff and faculty will immediately review suicide warning signs and reporting requirements. The school leader or designee shall be responsible for all media inquiries.

## **FOOD ALLERGIES**

Each authorized charter school shall develop and implement a plan based on guidelines developed by the Department of Education for the management of students with life-threatening food allergies.<sup>4</sup>

## **ADMINISTRATION OF MEDICATION<sup>5</sup>**

The administration of any medication at school, including student self-administration or employee assistance with student self-administration, shall comply with state laws and Commission rules and policies. An authorized charter school may adopt policies or procedures regarding the administration of medication at school.

**Students with Diabetes, Pancreatic Insufficiency, or Cystic Fibrosis.** Authorized charter schools shall comply with state law and State Board rules and policies regarding the care of students with diabetes<sup>6</sup> and students with pancreatic insufficiency or cystic fibrosis.<sup>7</sup>

**Opioid Antagonist.**<sup>8</sup> An authorized charter school may choose to adopt a policy providing for the maintenance of an opioid antagonist. Any policy adopted by the school shall include a provision for parental notification and shall be in compliance with the Guidelines for Use of Health Care Professionals and Health Care Procedures in a School setting produced by the Tennessee Department of Education and Tennessee Department of Health.

**Students with Adrenal Insufficiency.**<sup>9</sup> The parent/guardian of a student diagnosed with adrenal insufficiency shall notify the school of the student's diagnosis. Once notified, the school shall observe the following procedure:

- (1) The school shall train school personnel who will be responsible for administering the medication for the treatment of adrenal insufficiency and any who volunteer to administer the medication.
- (2) The school shall maintain a record of all school personnel who have completed this training.
- (3) If a student is suffering from an adrenal crisis, a school nurse or other licensed health care professional may administer the prescribed medication to the student. If a school nurse or other licensed health care professional is not immediately available, trained school personnel may administer the prescribed medication.

The school shall develop procedures on the administration of medications that treat adrenal insufficiency and recordkeeping per rules and policies set forth by the Commission.

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Legal References:

<sup>1</sup> TRR/MS 0520-01-03-.08(1)

<sup>2</sup> T.C.A. § 49-6-1902

<sup>3</sup> T.C.A. § 37-1-403

<sup>4</sup> T.C.A. § 49-50-1602(f)(2); TN Dept. of Education and TN Dept. of Health, *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting*

<sup>5</sup> T.C.A. §§ 49-50-1602 – 1605; State Board 4.205

<sup>6</sup> T.C.A. § 49-50-1602(d)(7)

<sup>7</sup> T.C.A. § 49-50-1601; State Board 4.205

<sup>8</sup> T.C.A. § 49-50-1603

<sup>9</sup> T.C.A. § 49-50-1603; TRR/MS 0520-01-13

Cross References:

LEA Policy 1801 Special Education

LEA Policy 1802 ADA and Section 504