
HORIZON SCHOOL DIVISION

Policy Code:	IFCI
Policy Title:	Suicide and Threat Assessment Protocols
Cross Reference:	EBCE, IFCH, IFGA, IG, IGAA, IGD, IHF, Emergency Preparedness Procedures
Legal Reference:	Criminal Code, Sec. 25
Adoption Date:	June 19, 2003
Amendment or Re-affirmation Date:	December 8, 2005 February 27, 2019

POLICY HANDBOOK**POLICY**

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION IS COMMITTED TO CREATING AND MAINTAINING AN ENVIRONMENT IN SCHOOLS WHERE STUDENTS, STAFF, PARENTS, AND VISITORS FEEL SAFE. TO THIS END, THE BOARD SHALL ESTABLISH A PROTOCOL FOR RESPONDING TO WEAPONS ON SCHOOL PROPERTY, THREATS, AND HIGH-RISK BEHAVIOURS.

DEFINITIONS

High-risk behaviors include, but are not limited to, possession of weapons, bomb threats, and threats to kill or injure others. Threats may be written, verbal, posted on the Internet, or made by gesture. They may be direct, indirect, conditional, or veiled. High risk behaviors are those of students twelve years of age and older who are believed to have contravened Section 264.1 (1) of the Criminal Code of Canada which states that a student “who in any manner, knowingly utters, conveys, or causes any person to receive a threat ...to cause death or bodily harm” has committed an offense.

Immediate risk situations are those situations involving high-risk that require immediate police intervention, such as when a student is making a threat and is in possession of a weapon.

Threat Assessment Team (TAT) is composed of the Threat Assessment Team Leader (TATL), Clinical Team Leader), the principal, a police officer, Family-School Liaison Counsellor, and may also include the Classroom Support Teacher when involving a student with special needs. A larger TAT may be used in very serious cases and this team is expanded to include physicians, psychologists or psychiatrists, child welfare workers, mental health professionals, or criminal profilers.

Violence is harassing behavior that has as an element, the use, attempted use, or threatened use of physical force or substantial risk that physical force may be used against a person or property of another.

Violent Threat Risk Assessment A multidisciplinary team works together to make an actual determination of current risk of harm to self and others and plan a comprehensive data driven intervention based on the case specific data. The VTRA model is separate from any criminal investigation, which may run parallel to this protocol if needed.

Worrisome behaviors are those that cause concern for members of the school system that may indicate that a student is moving toward a greater risk of violent behavior. This may include drawing pictures, writing stories, or making vague statements that do not, of themselves, constitute “uttering threats” as defined by law but are causing concern for some members of the school community because of their violent content.

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GUIDELINES

1. For detailed information about specific types of critical incidents and the threat assessment protocol, refer to the red Emergency Preparedness Procedures duo-tang and the Horizon School Division Handbook for the Prevention and Management of Critical Incidents.
2. Formal training and maintained certification in the Violence and Threat Assessment Protocol is required for the Clinical Team Leader and school principals.
3. Formal training and maintained certification in the Suicide Risk Assessment Protocol is required for those authorized to conduct the Suicide Risk Assessment.

REGULATIONS

1. Students, staff, and other individuals (except Police Officers) are forbidden to use, possess, sell, or distribute a weapon or objects which are intended to or may be used to inflict or harm others, on school property, school buses, or at school sponsored activities.
 - 1.1. The Principal may, under exceptional circumstances, permit disabled weapons to be brought into school for instructional purposes.
2. **Reporting**
 - 2.1. Any person having knowledge of high risk behavior or having reasonable grounds to believe there is a potential for high risk behavior shall immediately report the information to the school principal and/or designate.
 - 2.2. The school administrator must then contact the Clinical Team Leader to discuss the nature of the threat.
 - 2.3. No action shall be taken against a person who makes a report unless it is made maliciously or without reasonable grounds.
 - 2.4. In cases where a report is made maliciously, the person shall be dealt with according to school division policy and the law, where applicable.
3. **Fair Notice**
 - 3.1. Prior to any threat assessment protocol being implemented, all students, staff, and parents shall be provided with information about the protocol and procedures so that “fair notice” is given that threat behavior will not be tolerated.
 - 3.1.1. The “fair notice” letter and pamphlet should be sent out by school to all families annually at the start of the year and provided to students new to the jurisdiction who register throughout the year (see attachment A).

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- 3.2. The Threat Assessment Team Leader (Clinical Team Leader) shall take the lead to ensure that students, staff, and parents are aware of the protocol and that a consistent message is given regarding the use of the protocol.

4. Duty to Respond

- 4.1. Schools shall respond to all high risk/threat related behaviors
 - 4.1.1. All high-risk behaviors shall be taken seriously and assessed accordingly.

5. Immediate Risk Procedures

- 5.1. The school principal or designate shall contact the police immediately and take steps to ensure the safety of all those in the school by activating established procedures such as school evacuation or school security (lock down).
 - 5.1.1. Staff attempting to remove weapons or taking action against a person possessing a weapon shall exercise due care for their safety as well as the safety of others.
 - 5.1.2. Any weapons confiscated shall be disposed of forthwith as follows:
 - 5.1.2.1. Weapons taken from students or other individuals shall be immediately turned over to the Principal.
 - 5.1.2.2. The Principal is advised to contact the police with respect to the disposition of seized knives, guns, or other weapons.
 - 5.1.2.3. Possession of a weapon may, depending on specific circumstances, be grounds for suspension and/or expulsion.
 - 5.1.3. The student exhibiting the behavior shall be escorted to a safe, supervised area. When this is not possible, the safety of others (staff and students) shall be ensured.
- 5.2. School principal shall notify the TAT leader (Clinical Team Leader), as soon as possible, following initial police contact.
 - 5.2.1. When the student poses imminent risk (i.e. they have a weapon or are physically acting out in a manner that jeopardizes immediate safety in the school) the police shall be responsible to determine, in consultation with the TAT leader, whether to arrest and charge the student under the Criminal Code/Youth Criminal Justice Act or to transport to the Threat Assessment Team Physician for evaluation under the Mental Health Act. The Threat Assessment Team Child Welfare Worker shall be called where the Child Welfare Act may be utilized to obtain a secure treatment order.
- 5.3. The Clinical Team Leader shall keep the Superintendent or designate updated regarding immediate risk incidents.

6. Moderate Risk Behaviour

- 6.1. The TAT leader and the police, if involved, shall determine a course of action.
 - 6.1.1. If there does not appear to be imminent risk the TAT leader shall proceed with an initial risk assessment.

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- 6.1.2. If the student is assessed as imminent risk the police shall become involved and action shall proceed as in (5).
- 6.1.3. If the TAT leader assesses the student as moderate risk arrangements shall be made for a comprehensive mental health evaluation by a psychiatrist.
- 6.1.4. To ensure a safe and caring environment for students and staff, the TAT leader, in consultation with the administrator, parents and others as appropriate shall develop a short term plan that may include suspension of the student from school until the mental health evaluation is completed.
 - 6.1.4.1. Results of the mental health evaluation shall need to be released by the parents to the school prior to the student returning.
 - 6.1.4.2. Prior to a return to school the TATL, in consultation with the administrator, parents, and appropriate others shall determine further interventions, if necessary.
 - 6.1.4.3. Conditions for re-admission to school shall be formalized in an intervention plan and that shall be signed by the student, parents, and appropriate school division representatives.
 - 6.1.4.4. At least one follow-up meeting shall be held subsequent to a VTRA having been completed.

7. High Risk Behaviors

- 7.1. Upon receiving a report of high-risk behavior, the principal or designate shall initiate the protocol for the response of the TAT composed of the principal, clinical team leader, and police in order to assess the high-risk behavior.
 - 7.1.1. The Clinical Team Leader shall keep the Superintendent or designate updated regarding high-risk incidents.
- 7.2. In cases where it is believed a Criminal Code violation has occurred, the police officer assigned to the Threat Assessment Team has the “first call” as to whether or not charges will be laid.
- 7.3. If the police choose not to lay initial charges, the TAT shall continue to conduct a risk assessment and determine follow-up recommendations.
- 7.4. Although there is ongoing collaboration among TAT members, each team member has his/her own “jurisdiction”.
- 7.5. The school principal shall notify the parent(s) of the student making the threat at the earliest opportunity as well as the parents of those students against whom the threat was made.
 - 7.5.1. Parents shall be kept informed of the assessment process.
- 7.6. When information suggests that a student who has displayed high-risk behavior poses a threat, other members of the larger TAT may become involved in the comprehensive assessment phase.
- 7.7. In order to protect others and/or the threat maker, students may be suspended from school by the principal during the assessment period (a suspension may create the necessary context for the high-risk student who is already struggling with suicidal or homicidal ideation. When a suspension occurs a key question beyond “when to suspend” is “where to suspend”. The isolation and disconnection

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felt by high-risk students during a suspension may be exacerbated if steps are not taken to keep the student connected to healthy supports).

- 7.8. The TAT (Clinical Team Leader) shall guide the process from initial assessment, to planning interventions to decrease risk, to plans for re-entry to school where a suspension has occurred.
- 7.9. If circumstances warrant and following the completion of necessary assessments, team members may work with the student and their parent(s) to develop a signed agreement to remain in or return to school.

8. Duty to Victims and Others

- 8.1. The TAT leader (Clinical Team Leader) shall ensure that appropriate support is provided to those against whom threats have been made.
- 8.2. Parents shall be informed immediately when their children are involved in more serious incidences such as physical attacks, fighting or the use of a weapon by a student or a group of students while on school division property or during a school sponsored activity.
- 8.3. The principal may notify all school staff, and parents, if necessary, within a reasonable time period, when the protocol has been activated as a result of high-risk behavior.
- 8.4. The principal (Clinical Team Leader) shall notify the Horizon School Division Transportation Coordinator if activation of the protocol effects transportation of students (eg. Management of students, restrictions pertaining to students or transported articles such as backpacks).

9. Students Requiring Special Consideration

- 9.1. When dealing with students under twelve years of age, students with special needs, or other exceptional students, accountability/maturation issues and cognitive abilities shall be taken into consideration.
- 9.2. Since these students can still pose a risk, the TAT leader (Clinical Team Leader) shall be consulted.
- 9.3. The school principal and the TAT leader (Clinical Team Leader) shall determine police involvement. (some of these students may benefit from police involvement as a way to provide a “teaching moment” for the child).

10. Worrisome Behaviors

- 10.1. The school shall communicate all worrisome behaviors (e.g. generalized threats with no specific target) to the TAT leader (Clinical Team Leader) for consultation.
- 10.2. The school principal shall consult with the TAT leader (Clinical Team Leader) and other appropriate staff as to whether or not a threat assessment needs to be conducted.
- 10.3. The police may be consulted but it is generally not done as a formal complaint.

Policy IFCI – Threat Assessment Protocol, Cont’d.

11. Threat Assessment Incident Report

- 11.1. The TAT leader (Clinical Team Leader) shall be responsible for completing a Threat Assessment Incident Report (see attachment B).
- 11.2. One copy shall remain in the Clinical Team Leader’s records. A second copy shall remain in the administrator’s Threat Assessment file at the school.
- 11.3. Threat Incident Reports shall be destroyed on the date indicated in the report.

12. Discipline

- 12.1. Incidences involving physical attacks, fighting or the use of a weapon by a student or a group of students while on school division property, school bus, or during a school sponsored activity may result in either:
 - 12.1.1. suspension of the student(s) from one (1) to five (5) days; or
 - 12.1.2. making a recommendation to the Board for expulsion of the student(s) engaged in the violent incident.
- 12.2. Prior to re-admittance to school following a suspension or expulsion resulting from an incidence involving physical attacks, fighting or the use of a weapon by a student or a group of students while on school division property, school bus, or during a school sponsored activity, the principal shall communicate and enforce conditions for re-admittance such as:
 - 12.2.1. Positive behavior support plan,
 - 12.2.2. counselling, or
 - 12.2.3. any other conditions consistent with the circumstances and nature of the violent act(s).

13. Suicide Risk Assessments

- 13.1. If a Family School Liaison Counselor/Child and Youth Care Worker suspects a student is suicidal:
 - 13.1.1. All Family School Liaison Counselor/Child and Youth Care Worker should be trained to conduct an Initial Suicide Assessment.
 - 13.1.2. If a Family School Liaison Counselor/Child and Youth Care Worker is certified in Suicide Intervention and suspects that a student is suicidal, a Suicide Risk Assessment should be completed.
 - 13.1.2.1. For junior/senior high students, the Adult Suicide Risk Assessment should be used.
 - 13.1.2.2. For younger children, the Child’s Suicide Risk Assessment should be used.
 - 13.1.3. If a Family School Liaison Counselor/Child and Youth Care Worker is not certified in Suicide Intervention and suspects that a student is suicidal, an Initial Suicide Assessment should be completed.

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- 13.1.3.1. This may involve asking the questions and evaluating if there is a need for peer support to facilitate a Suicide Risk Assessment, consulting with the Clinical Team Leader, and properly documenting the initial assessment/consultations.
- 13.2. The Family School Liaison Counselor/Child and Youth Care Worker shall consult with the Clinical Team Leader (CTL):
 - 13.2.1. Consultation with the CTL should follow after every Suicide Risk Assessment regardless of level of risk, to inform the CTL an assessment has been completed and inquire about additional recommendations.
- 13.3. The Family School Liaison Counselor/Child and Youth Care Worker shall contact parents/guardians:
 - 13.3.1. Parents/Guardians shall be contacted, informed that a formal Suicide Risk Assessment has been completed and provided with recommendations.
 - 13.3.1.1. Principals shall be informed that a formal Suicide Risk Assessment occurred when the harm to self is considered mid/high risk.
 - 13.3.2. If Family School Liaison Counselor/Child and Youth Care Worker is unable to contact the parents/guardians, a consultation with the CTL is necessary to determine how to proceed.
- 13.4. The Family School Liaison Counselor/Child and Youth Care Worker shall document and file the assessment:

Policy IFCI – Threat Assessment Protocol, Cont’d.

Attachment A

Fair Notice Letter

VTRA Parent Notification Letter

Date:

Dear Parent/Guardian:

Horizon School Division is committed to providing safe learning environments for all students, staff, school visitors and community members.

When students’ behaviours pose a potential threat to safety or serious harm, the Southwest Alberta Regional Violence Risk Threat Assessment (VTRA) Protocol helps Principals take steps to protect students’ well-being. The protocol helps schools respond quickly to worrisome behaviours and/or threatening incidents such as: possession of a weapon or a replica weapon, bomb threats or plans, verbal, written or electronic (internet, text) threats to kill or injure oneself or others or other threats of violence, fire setting.

The Southwest Alberta Regional VTRA Protocol outlines how a school responds immediately to threatening behaviour. The purpose of the VTRA protocol is to support students and their families in addressing these worrisome behaviours. We believe that students demonstrating such behaviours require a team to support them. Principals may first bring together a School Threat Assessment Team, which ideally includes the Principal/Vice-Principal, a school-based clinician/jurisdictional lead, and police. If the situation is serious, the Principal may also consult with the Superintendent of Schools, and call in members of the Community Threat Assessment Team. This community team may include representatives of community agencies who work with us to keep our schools safer such as local police, children’s mental health organizations or Human Services. Parents and guardians will be notified as soon as possible in the Stage I-VTRA process. If parents/guardians cannot be reached, or if they choose not to provide consent, but a concern for safety still exists due to threatening behaviour, the threat assessment may still proceed. Personal information shared throughout this process will respect and balance each individual’s right to privacy with the need to ensure the safety of all.

As always, student safety is our first priority. If you have any questions regarding Horizon School Division, Southwest Alberta Regional VTRA Protocol, please contact Angela Miller at 403-634-9767 or angela.miller@horizon.ab.ca

Sincerely,

School Administrator’s Name
School Name