



Suicide and Self-Harm Risk Policy

HBB-POL-02 | Academic Year 2026–27

Policy reference	HBB-POL-02
Version	2026–27 v1.0
Policy date	October 2026
Date of next review	August 2027
Policy owner	Headmaster
Policy lead	Designated Safeguarding Lead (DSL)
Reviewed by	Leadership Team (LT) and Education and Safeguarding Committee
Approved by	Board of Governors
Intended audience	All staff, especially boarding, pastoral and medical staff
Location	Staff Portal, Governor Portal and School website
Related policies	Safeguarding and Child Protection Policy (HBB-POL-01); Boarding Policy (HBB-POL-04); Behaviour Policy; Medical Centre Procedures; Staff Code of Conduct; Crisis Management Plan

1. Purpose

- 1.1 This policy and standard operating procedure (SOP) gives staff, especially boarding staff, a clear procedure for responding safely, consistently and promptly when a pupil:
- expresses suicidal thoughts;
 - discloses thoughts of self-harm;
 - attempts suicide;
 - is found actively self-harming; or
 - is believed to be at immediate risk of suicide.
- 1.2 It should be read alongside the Safeguarding and Child Protection Policy (in particular the section on pupils who self-harm), the Behaviour Policy, Medical Centre Procedures, the Boarding Policy, the Staff Code of Conduct and the Crisis Management Plan.

2. Scope

- 2.1 This policy applies to:
- Housemasters and Housemistresses (HMs) and Assistant HMs
 - Resident Tutors and all residential boarding staff
 - the School Doctor and nurses
 - the Designated Safeguarding Lead (DSL) and Deputy DSLs
 - the School Counsellor
 - the Leadership Team

- any other member of staff who becomes aware of a concern.

3. Guiding principles

- 3.1 Every disclosure must be taken seriously.
- 3.2 Never assume a pupil is "attention seeking".
- 3.3 The pupil's immediate safety takes priority over confidentiality. Boarding staff provide support, not clinical assessment.
- 3.4 No pupil expressing suicidal intent should be left alone until an appropriate handover has taken place.

4. Indicators

- 4.1 Examples include:
 - saying they wish to die, or talking about suicide;
 - writing goodbye messages;
 - searching for suicide methods, or engaging with harmful online content or communities (including through AI chatbots or social media);
 - giving away possessions;
 - withdrawing from peers;
 - significant emotional distress;
 - previous self-harm;
 - possession of stockpiled medication, ligatures or other dangerous items.

5. Immediate response

- 5.1 The first adult to become aware must:

Stay calm

- 5.2 Remain calm and reassuring. Avoid expressing shock. Listen without judgement.

Stay with the pupil

- 5.3 Do not leave the pupil alone. Move to a quiet but observable area where possible, and ask another trusted adult to attend.

Listen

- 5.4 Allow the pupil to speak. Avoid interrogation. Do not promise confidentiality. Say: *"I'm really glad you've told me. My priority is keeping you safe."*

6. Immediate risk assessment

- 6.1 Boarding staff are not expected to make a clinical suicide assessment. They should simply establish:
 - Is there an immediate medical emergency?
 - Has the pupil already harmed themselves?
 - Have they taken medication or another substance?
 - Are they holding anything dangerous?
 - Are they saying they intend to end their life now?

7. Emergency response

- 7.1 If there is immediate danger:
 - call the Medical Centre immediately;
 - contact emergency medical services (999) if required;

- notify the HM;
- notify the DSL immediately;
- notify the Headmaster (or delegated member of the Leadership Team);
- remove other pupils from the area;
- preserve the pupil's dignity and privacy.

7.2 If necessary:

- remove obvious means of self-harm where it is safe to do so;
- never place yourself at unnecessary risk;
- never physically restrain a pupil except where necessary to prevent immediate serious injury, and only using approved School procedures.

8. Notification chain

8.1 The HM must make sure the following are notified immediately:

- 1) the Medical Centre;
- 2) the Designated Safeguarding Lead;
- 3) the Headmaster (and Head of Boarding, where applicable);
- 4) parents or guardians (unless safeguarding concerns indicate otherwise);
- 5) external agencies where required.

9. Medical assessment

9.1 Every pupil expressing suicidal intent should receive an urgent medical assessment. Medical professionals decide on:

- physical treatment;
- emergency referral;
- psychiatric assessment;
- hospital admission;
- ongoing treatment.

9.2 Boarding staff do not decide medical fitness.

10. Supervision

10.1 Until cleared by appropriate professionals, the pupil must never be left alone.

10.2 The level of observation is decided by the Medical Centre, the DSL and the Leadership Team. It may include:

- constant supervision;
- regular welfare checks;
- room changes;
- temporary relocation to the Medical Centre.

11. Safe environment and means restriction

11.1 All medication in boarding Houses is stored securely and given out by the Medical Centre or trained staff in line with Medical Centre Procedures. Pupils may not keep stocks of medication.

11.2 HMs carry out regular checks of the boarding environment. Where a pupil is assessed as at risk, their room and belongings are checked for items that could be used for self-harm, sensitively and with the pupil's dignity in mind.

12. Communication with parents

12.1 Parents should normally be informed as soon as practicable. Communication should:

- be factual;
- remain calm;
- explain the actions already taken;
- outline next steps.

12.2 If informing parents may place the child at greater risk, the DSL will decide the appropriate course of action in line with safeguarding procedures.

13. Documentation

13.1 Records should be completed before the end of duty whenever possible, and must include:

- the exact words spoken by the pupil;
- observations;
- actions taken;
- timings;
- people informed;
- medical advice received;
- follow-up arrangements.

13.2 Do not include assumptions or opinions. Records must be uploaded to **CPOMS**.

14. Return to boarding

14.1 Before a pupil returns to boarding accommodation there should normally be:

- medical clearance where appropriate;
- a review by the DSL;
- a discussion with parents;
- an individual safety plan;
- agreed supervision arrangements;
- academic adjustments if required.

15. Individual safety plan

15.1 The plan is prepared jointly by the pupil, parents, School Counsellor, HM and DSL. It should include:

- warning signs;
- coping strategies;
- trusted adults;
- emergency contacts;
- supervision arrangements;
- medication management;
- review dates.

16. Confidentiality

16.1 Information is shared strictly on a need-to-know basis. Pupils should be told: *"I cannot keep this confidential because your safety is my priority."*

17. Support for other pupils

17.1 Following a serious incident:

- provide factual information;
- avoid speculation;
- monitor close friends;

- offer counselling;
- watch for copycat behaviour, including online.

18. Staff debrief

18.1 Following every serious incident there will be:

- an operational debrief;
- a safeguarding review;
- wellbeing support for staff;
- identification of lessons learned;
- an update to risk assessments where necessary.

19. Training

19.1 All boarding staff receive annual training covering:

- recognising warning signs;
- responding to disclosures;
- safeguarding responsibilities;
- documentation;
- emergency procedures;
- confidentiality;
- referral pathways.

19.2 New boarding staff must complete induction before working unsupervised.

20. Quick reference (red card)

20.1 If a pupil says they want to die:

- 1) Stay calm.
- 2) Stay with them.
- 3) Never promise secrecy.
- 4) Call the Medical Centre.
- 5) Inform the HM.
- 6) Inform the DSL immediately.
- 7) Remove immediate hazards where safe.
- 8) Do not leave the pupil alone.
- 9) Record exactly what happened on CPOMS.
- 10) Take part in follow-up planning.

21. Review

21.1 This policy is reviewed annually, and after any significant safeguarding or mental health incident.

22. Review record

Summary of changes (October 2026 review)

Area	Change made
Title	Retitled "Suicide and Self-Harm Risk Policy" (full title: Managing Pupils' Suicidal Thoughts, Self-Harm or Suicide Risk); moved to the standard policy template.

Area	Change made
Dates	Policy date October 2026; next review August 2027, aligned with the annual Safeguarding and Child Protection Policy review.
Roles	"Principal" replaced with Headmaster. "House Parents", "Assistant House Parents" and "Boarding Tutors" replaced with the School's titles: HM (Housemaster/Housemistress), Assistant HM and Resident Tutor.
Terminology	"Medical Centre" used consistently (previously "Medical Centre" and "Health Centre"). Recording system named as CPOMS.
Content	Added: safe storage of medication and means-restriction in boarding Houses; online and AI-related risks (harmful content and communities); emergency number 999; links to the Safeguarding policy self-harm section.
Structure	The "This SOP should be read alongside" list, which had merged into the indicators list, has been separated out.

Version history

Date	Version	Reviewed by	Notes
August 2026	2026-27 draft	Headmaster	Original SOP: Managing Students' Suicidal Thoughts, Self-Harm or Suicide Risk
October 2026	2026–27 v1.0	Headmaster (SOG)	Full review: dates, statutory references, roles and consistent Haileybury Bhaluka policy format

Approved by the Board of Governors	
Signed (Chair of Governors)	
Date	