

THREAT ASSESSMENT

Code **ECAA-R** Issued **MODEL/24**

The behavior threat assessment management (BTAM) process is designed to allow district and school administration to make informed decisions based upon objective data when assessing and addressing threats of targeted school violence. This administrative rule provides a brief outline of the district's BTAM process. Expanded procedures can be found in the following publication: *South Carolina Department of Education's School-Based Behavioral Threat Assessment and Management: Best Practices Guide for South Carolina K-12 Schools 2nd Edition*.

Definitions

Transient threat. Threat that does not pose a safety concern and can be resolved through problem-solving process or existing supports.

Substantive threat. The content and meaning of the threat support a legitimate safety concern.

Threat Assessment Team(s)

The superintendent or his/her designee will appoint school-level threat assessment teams.

The threat assessment team will consist of a core team including an administrator, at least one school mental health professional, and law enforcement. Additional members can include educators, coaches, mentors, special education staff, behavioral specialists, human resource professionals, legal counsel, and external consultants, as appropriate.

Threat Assessment Process

Initial screening

When a threat is reported, an administrator and at least one school mental health professional will screen relevant records to determine if the threat is transient or substantive using the screening tool provided by the South Carolina Department of Education (SCDE) and to determine the necessity of a full behavioral threat assessment.

If there is any weapon involvement or a threat with specificity, a full behavioral threat assessment will be initiated, and SRO/law enforcement will be immediately involved.

Full threat assessment

In accordance with SCDE guidance, and following the flowchart in Exhibit 2, *Behavioral Threat Assessment and Management Procedures*, a full threat assessment will be conducted on all substantive threats. A full threat assessment will be conducted using the STEP approach, which recognizes that targeted violence stems from an interaction among the Subject(s), Target(s), Environment, and Precipitating incidents.

Compile data

Data will be gathered from the following sources to determine the imminence and intent of the threat using the STEP approach (Subjects, Targets, Environment and Precipitating Incidents):

- Current school academic and discipline records; including previous threat and suicide assessments
- Previous school academic and discipline records
- Law enforcement records of the student
- Search of student, locker, car (if applicable) on school property, according to district policy
- Search (or search warrant) of room/home/vehicle with law enforcement, if appropriate
- Interview with student of concern
- Parent/Guardian interview
- Interview with school staff and/or classroom teacher(s)
- Interview with target individual(s) of threat
- Interview with other student(s)
- Internet histories/activities; written and artistic material, etc.
- Social media history/activity
- Information from probation, juvenile diversion, social services, and/or other involved agencies
- Additional information determined necessary/helpful

Data will also be gathered to assess for risk factors and warning signs.

Answer key investigative questions

The threat assessment team will answer the Secret Service's Key Investigative Questions. The team will examine all evidence for behaviors and conditions that suggest the individual of concern poses a threat by planning and preparing for an act of violence or to cause harm to self or others.

Determine level of risk and take appropriate action

The threat assessment team will consider all data, including risk and protective factors, to determine the level of risk/concern. See Exhibit 1, *Levels for Consideration*. The higher the level of risk/concern, the more directive and intensive the interventions and supports that will be put in place.

With the level of concern in mind, the team will determine how to address the threat using the following guidelines:

1. Does the subject pose a threat of violence, whether to others, to self, or to both (i.e., moderate, high, imminent risk)?
2. Does the student need additional interventions and on-going supports and engagement for a period of time to mitigate risk, decrease stressors, and build protective factors?

If the subject poses a potential threat to self, a suicide risk assessment must also be completed.

If the team answers “no” to both questions (i.e., low risk), then:

- Document the BTAM process followed, and actions taken to resolve the concern (e.g., conflict resolution, problem solving, restorative approach)
- If the subject shows a need for help or intervention, such as mental health care or monitoring, then provide the subject/subject’s family with appropriate referrals and document
- Close the case

If the team answers “yes” to one or both, then:

- Take appropriate actions
- Develop an intervention and monitoring plan appropriate for the level of concern, utilizing guidance from SCDE
- Provide the subject/subject’s family with appropriate mental health/support referrals
- Document the case, including referrals made
- Assign a case manager for progress monitoring, accountability, and follow-up

Documentation

All threats of which district staff are aware will undergo the BTAM process. All threat assessment teams will document actions taken to support their good faith efforts to identify, inquire/investigate, assess, and manage threatening situations. Such documentation will be recorded fairly, objectively, reasonably, and timely and will be provided to the district office for inclusion in the centralized threat assessment database.

All BTAM records will be confidential and maintained in accordance with policy JRA, *Student Records*. Retention of such records for longer periods of time may be advisable as individuals may pose an ongoing threat after leaving school, graduating, or losing employment.

Information sharing will only occur with school officials with a legitimate educational interest in the information or in a health or safety emergency (i.e., when there is an actual, impending, or imminent emergency, such as an articulable and significant threat) in accordance with the Family Educational Rights and Privacy Act (FERPA).

Progress Monitoring

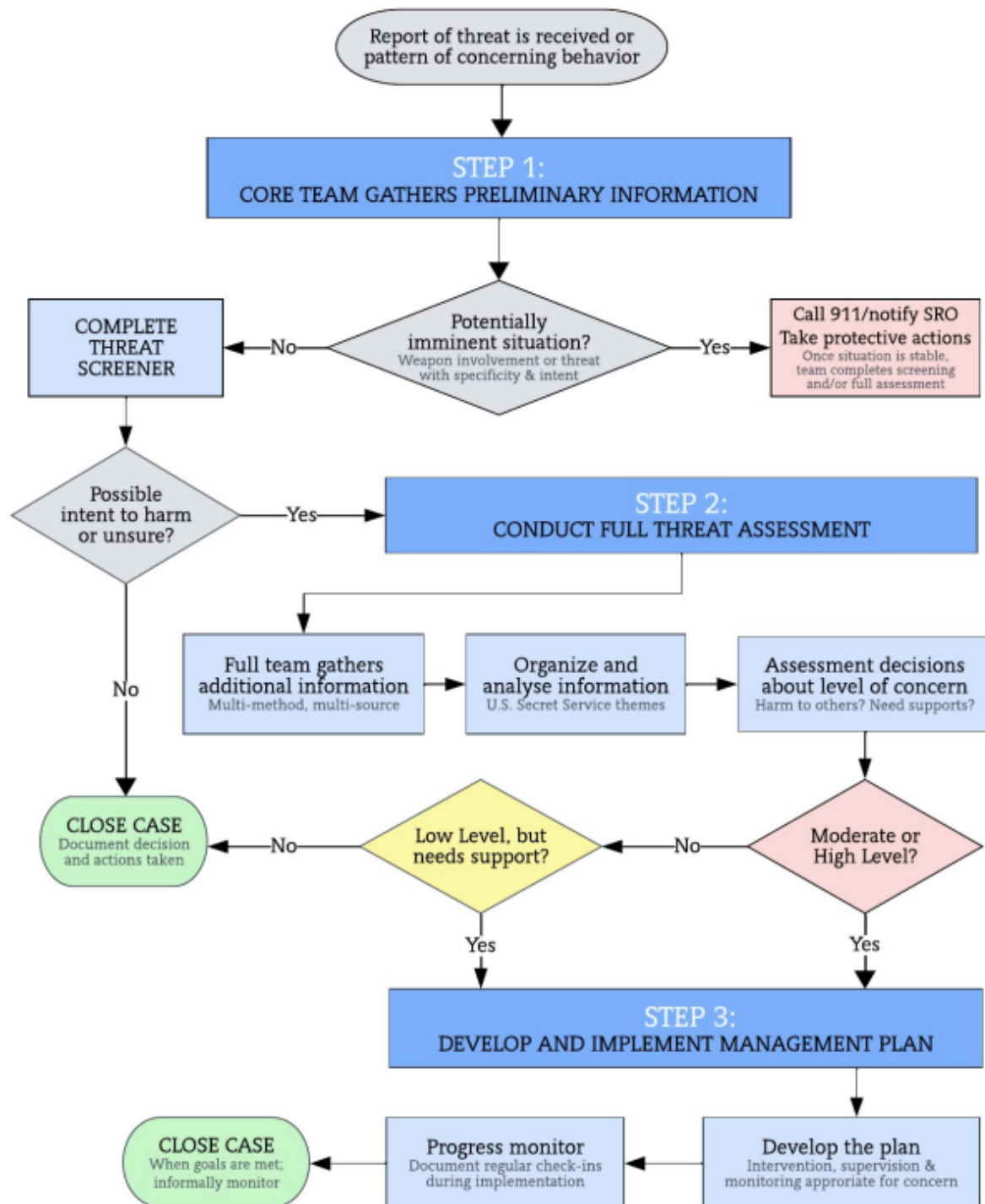
If a subject is identified as low risk, informal monitoring may be sufficient. For those subjects determined to be moderate, high, or imminent risk, more formalized monitoring will be implemented. A follow-up meeting will be scheduled to review progress and responsiveness to interventions and supports. The intervention and monitoring plan will be reevaluated, and adjustments will be made, as needed. Cases should only be closed or placed on “in-active” status when the threat assessment team feels that formal monitoring is no longer needed, and the subject has responded well to intervention and is on a more positive pathway.

Levels for Consideration

FILE: ECAA-E(1)

LEVEL OF RISK/CONCERN	DEFINITION
<i>Low Concern</i>	<p>Individual/Situation does not appear to pose a threat of violence or serious harm to self/others, and any exhibited issues/concerns can be resolved easily.</p> <ul style="list-style-type: none"> • Threat is vague, indirect, inconsistent, and implausible. • Information contained within the threat lacks detail or realism; no “true” threat. • Misunderstanding of what was communicated. • Taken out of context. • Student lacks developmental understanding. • Available information suggests that the person is unlikely to carry out the threat or become violent. • No identified grievances; thought was in passing to a specific circumstance/made in heat of the moment. • Subject is remorseful. • Supports are available and accessible. • Can be resolved with clarification, explanation, retraction, and/or an apology. • Managed through existing educational programming already in place.
<i>Moderate Concern</i>	<p>Person/Situation does not appear to pose a threat of violence, or serious harm to self/others at this time but exhibits behaviors that indicate potential intent for future violence or serious harm to self/others; and/or exhibits other concerning behavior that requires intervention.</p> <ul style="list-style-type: none"> • Threat is plausible but lacks specifics. • No clear indication the student has taken preparatory steps, although there may be ambiguous or inconclusive references pointing to that possibility. • Some grievances but does not view situation as helpless. • Moderate or lingering concerns about a student’s potential to act violently but willing to access supports, open to help. • Has at least some protective factors present.
<i>High Concern</i>	<p>Person/Situation appears to pose a threat of violence, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan; and maybe also exhibit other concerning behavior that require intervention.</p> <ul style="list-style-type: none"> • Threat is specific and plausible. There is an identified target or strong indication of target(s). • Information suggests concrete steps have been taken to act on the threat and has means (e.g., acquired or practiced with weapon, has victim under surveillance) but no plans for immediate execution of plan. • Information suggests a strong concern about a student’s potential to act violently in absence of interventions. • Strong grievances; intent on violence as only solution. • Minimal to no supports; resistive to problem solving/interventions
<i>Imminent threat</i>	<p>Person/Situation appears to pose a clear and immediate threat of serious violence toward others that requires containment and action to protect identified or identifiable target(s); and may also exhibit other concerning behavior that require intervention.</p> <ul style="list-style-type: none"> • Same indicators as high risk but immediate containment is needed to address safety and/or mental health issues. • Notify law enforcement immediately.

Behavioral Threat Assessment and Management (BTAM) Procedures



INDIVIDUAL HEALTHCARE PLANS (IHPs)

Code **JLCDA** Adopted: **10/20/1988** Latest Review: **8/15/2024** Latest Revision: **8/15/2024**

Definitions

Emergency action plan is a plan for handling emergency situations that may occur due to a student's medical diagnosis during the school day or at school sponsored functions.

Individual healthcare plan is a plan of care designed specifically for an individual student to provide for meeting the health monitoring and care of the student during the school day or at school sponsored functions.

Seizure action plan is an emergency action plan signed by the student's health care provider that supplements the individualized health plan provided by the parent or legal guardian of a student diagnosed with a seizure disorder.

The district will provide certain students with special healthcare needs an individual healthcare plan (IHP) when a student's healthcare provider deems it appropriate and with written authorization for the parent/legal guardian. The IHP may include an emergency action plan (EAP) and a seizure plan (SAP) and will meet the student's needs. ~~This plan will meet the needs of the student~~ for health monitoring and care during the school day or at school-sponsored events.

The parent/legal guardian will sign a statement acknowledging that the district will incur no liability as a result of any injury arising from the development, coordination, or implementation of the IHP and that the parent/legal guardian will indemnify and hold harmless the district and its staff members and agents against any claims arising from the development, coordination, or implementation of the IHP.

The IHP and any associated authorizations from the student's parent/legal guardian and healthcare practitioner must be kept on file in the office of the school administrator or school nurse.

At the beginning of the school year, the district will send a notice developed by the South Carolina Department of Education to all parents/legal guardians that notifies them of available services and rights pursuant to Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, and medical homebound regulations. Any of these services for which a student is eligible will be provided in addition to and in conjunction with the IHP and any associated action plans.

Student Self-Administration of Medication

In accordance with an individual healthcare plan, students may be authorized to self-monitor and self-administer medication as prescribed by the student's healthcare provider with written authorization from the parent/legal guardian for the student to self-monitor or self-administer medication. A written statement from the student's healthcare provider verifying that the student has a medical condition and has been instructed and demonstrates competency in self-monitoring or self-administration of medication will also be required.

Receipt of the above will authorize a student to possess and administer medication while in the classroom or on school grounds, at a school-sponsored activity, in transit to and from school or school-sponsored activities, or during, before-, or after-school activities on school-operated property. The authorization will remain in effect for the school year in which it is granted and must be renewed each school year thereafter.

All students who will be self-administering medication should have an up-to-date IHP on file.

The district may revoke a student's permission to self-monitor or self-administer medication if the student endangers himself/herself or others through misuse of the monitoring device or medication or if unsupervised self-monitoring or self-medicating would seriously jeopardize the safety of the student or others.

The parent/legal guardian will sign a statement acknowledging that the district will incur no liability as a result of any injury arising from taking or using medications or self-monitoring devices by the student and that the parent/legal guardian will indemnify and hold harmless the district and its staff members and agents against any claims arising out of the self-monitoring or self-administration of medication by the student.

Adopted 10/20/88; Revised 9/17/98, 5/16/02, 4/19/12, 4/20/17, 2/11/20, 3/10/22, 8/15/24

Legal References:

- A. United States Code of Laws, as amended:
 - 1. Individuals with Disabilities Education Act, 20 U.S.C.A. Section 1400, *et seq.*
 - 2. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. Section 701, *et seq.*
- B. S.C. Code of Laws, 1976, as amended:
 - 1. Section 15-78-60 – Immunity from liability for districts and employees.
 - 2. Section 59-63-80, *et seq.* – Requires board to develop policy for individual healthcare plans for certain students
- C. Other:
 - 1. South Carolina Department of Education, Office of Nutrition Programs, Frequently Asked Questions about Individual Health Care Plans (March 2019).

USE OF LIFESAVING MEDICATIONS

Code **JLCDB** Adopted: **3/17/2022** Latest Review: **8/15/2024** Latest Revision: **8/15/2024**

The board recognizes that on occasion an emergency situation may arise when a school nurse or other designated school staff member believes in good faith that a student or an individual on school premises is experiencing a medical emergency **and requires the administration of a lifesaving medication**. State law permits physicians and certain **licensed** medical personnel ~~licensed~~ to prescribe **lifesaving** medications to ~~prescribe lifesaving medications maintained in the name of a school~~ for use in schools. A lifesaving medication is any prescription medication that ~~can be administered to a person experiencing a medical emergency~~ **authorized by the South Carolina Department of Public Health (DPH) and can be administered to a person experiencing a medical emergency, including naloxone (Narcan), nasal spray, albuterol inhalers, and epinephrine auto-injectors (EpiPen).**

A school may maintain a stock supply of lifesaving medications in accordance with a prescription issued pursuant to state law.

Also, pursuant to state law and in accordance with this policy, the board authorizes school nurses and other designated school staff to utilize lifesaving medications in the following circumstances:

- provide a lifesaving medication to a student to self-administer in accordance with a prescription specific to the student that is on file with the school
- administer a lifesaving medication to a student in accordance with a prescription specific to the student that is on file with the school
- administer a lifesaving medication to a student or other individual on school premises whom the school nurse or other designated school staff member believes in good faith is experiencing a medical emergency in accordance with a standing protocol of a physician, an advanced practice registered nurse, or physician assistant licensed to prescribe medication pursuant to state law regardless of whether the student or other individual has a prescription for a lifesaving medication

The superintendent or his/her designee, in consultation ~~with the South Carolina Department of Education and the South Carolina Department of Health and Environmental Control~~ **South Carolina Department of Public Health**, will develop and implement a plan to authorize the district schools to maintain a supply of undesignated lifesaving medications and to provide and administer lifesaving medications to students and other people. The plan will provide for the management of students with life- threatening allergies or medical emergencies enrolled in the schools of the district and must include, but need not be limited to, the following:

- education and training for school staff on the management of students with life- threatening allergies or medical emergencies, including training related to the administration of a lifesaving medication; techniques on how to recognize symptoms of severe allergic reactions or medical emergencies, including anaphylaxis; and the standards and procedures for the storage and administration of lifesaving medications
- procedures for responding to life-threatening allergic reactions and medical emergencies including emergency follow-up procedures
- a process for the development of individualized health care and allergy action plans for every student with a known life-threatening allergy

The superintendent or his/her designee will make the plan available to the public on the district's website or by other means as determined by the superintendent.

No one, including without limitation parents/legal guardians of students, should rely on a school of this district for the availability of a lifesaving medication. This policy does not guarantee the

availability of a lifesaving medication; students and their parents/legal guardians should consult their own physician regarding this medication.

State law provides school boards, districts, schools, school nurses, and/or other designated school staff immunity from liability for damages caused by injuries to a student or another person resulting from the administration or self-administration of a lifesaving medication, and/or plan development and implementation as allowed and set forth under the Act. This immunity does not apply to acts or omissions constituting gross negligence or willful, wanton, or reckless conduct.

The district will provide a student with a known life-threatening allergy, an individual healthcare and allergy action plan pursuant to policy JLCD, Assisting Students with Medications, and its accompanying administrative rule.

Cf. JLCD

Adopted 3/17/22; Revised 8/15/24

Legal References:

- A. S.C. Code of Laws, 1976, as amended:
 - 1. Section 59-63-95 - Administration of lifesaving medication in schools.

