SUICIDE PROTOCOL
RESPONSE PROCEDURE

1. The staff member who learns of the threat/attempt will provide constant adult supervision and immediately inform the principal/designee verbally or in person (no email).

   NOTE: DO NOT LEAVE STUDENT ALONE AT ANY TIME.

2. The Principal/Designee will immediately contact, in order of accessibility, the appropriate Response Team Member:
   1. School Counselor
   2. School Nurse / Health Services Coordinator
   3. School Social Worker
   4. Coordinator of Social Emotional Health

3. The Response Team Member will utilize the “Columbia Suicide Severity Rating Scale-Screen Version-Recent” in order to determine risk level and appropriate intervention.

4. The Response Team Member will contact parent/guardian to inform them of the situation and screener results.
   - Request parent/guardian (or designee as determined by parent) to come to school and/or hospital, if necessary. (Be mindful of confidentiality requirements)

5. The following documentation and information MUST be provided to the parent:
   - Parent Conference Summary Form (requiring parent signature)
   - Clinician Referral Letter
   - Copy of Columbia Suicide screener form
   - HIPAA/Medical Update forms for appropriate treatment providers (note: parent should be strongly encouraged, but is not required to sign HIPAA)
   - Community Counseling Resource List

6. If the parent does not cooperate with the school by failing to accept the seriousness of the self harm threat, they should be informed that DFCS will be notified and asked to intervene. DFCS will be notified, if necessary.

*The School Counselor MUST be notified and document all incidents on approved forms. Copies of all documentation should be maintained in the Counselor’s Office.*
COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Schools

<table>
<thead>
<tr>
<th>Question</th>
<th>Past month</th>
<th>Lifetime</th>
<th>Past 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions that are in bold and underlined.</td>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td><strong>Ask Questions 1 and 2</strong></td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td>2) Have you had any actual thoughts of killing yourself?</td>
<td>NO</td>
<td></td>
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<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
<td>YES</td>
<td></td>
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<tr>
<td>3) Have you been thinking about how you might do this?</td>
<td>NO</td>
<td></td>
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<tr>
<td>e.g. &quot;I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.&quot;</td>
<td>YES</td>
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<tr>
<td>4) Have you had these thoughts and had some intention of acting on them?</td>
<td>NO</td>
<td></td>
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<tr>
<td>as opposed to &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
<td>YES</td>
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<tr>
<td>5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?</td>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td>YES</td>
<td></td>
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<tr>
<td>If YES, ask: Was this within the past 3 months?</td>
<td>NO</td>
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Response Protocol to C-SSRS Screening

- Item 1 and 2 Behavioral Health Referral
- Item 3- Behavioral Health Referral and School Safety Plan
- Item 4 and 5- Behavioral Health Referral, School Safety Plan, and Medical Clearance strongly encouraged
- Item 6- Behavioral Health Referral and School Safety Plan
- Item 6- 3 months ago or less: Behavioral Health Referral, School Safety Plan, and Medical Clearance Necessary

Signature of Person completing Form

Signature of Parent/Guardian (indicating that Parent/Guardian has received copy of this form)
Parent Conference Summary Related to Self-Harm Event

Student Information:
Student Name: ________________________ Grade: ______ Age: ______
Date of Incident: ________________ Time of incident: ______ Date of Report: ________________
Response Team Member reporting: ____________________
Student expressed suicidal thoughts: Verbally In writing In Art Other: ________________

Current Concerns:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendarions:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parent Statements: Please read, check, and sign off on the parent statements.
I have been notified of the following:
☐ My child has made suicidal/ self-harm statements.
☐ The school has advised me that outside services may be beneficial for my child's mental health and safety.
☐ I have been provided a list of community service providers.
☐ A School Safety Plan may be developed for my child.
☐ Depending upon the severity of the threat, medical release to return may be required.

_________________________________________  _________________________
Parent/Guardian Signature  Date

_________________________________________  _________________________
School Staff Member and Title  Date
Date: ______________

To the Attending Physician/Mental Health Professional/Psychologist:

________________________ has been referred to you for a mental health evaluation for the

(Name of Student)

following reasons:

☐ Self Harm/ Suicidal Ideology
☐ Threats of Harm to Others
☐ Other: ____________________________

Description of incident requiring referral:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

If you have any questions or need collateral information before assessing this student, please call

________________________ at _______________________.

(School Contact Person) (Phone)

Please sign this to indicate that you are aware of the reasons for the referral and complete the
recommendations on the back of this form.
Parents/Guardians must return this form to the school.

Recommendations:

☐ Student is safe to return to school.
☐ Student is in need of further treatment and is referred to an inpatient facility.
☐ Student is safe to return to school with a safety plan and will need the following supports:

________________________________________________________________________________
________________________________________________________________________________

Mental Health Professional Signature __________________________ Date ______________

Printed Name and Title __________________________ Phone Number ______________

2018-19 School Year
SCHOOL SAFETY PLAN

Date: __________________________

Name: ___________________________ School: ___________________________
D.O.B: __________________________ Grade: ______

Part 1: Student Plan

1. **Triggers** that tell you a crisis may be starting (situations, thoughts, images, mood, behavior):

   - [ ] not being listened to
   - [ ] being stared at
   - [ ] feeling I have no control
   - [ ] feeling lonely
   - [ ] being yelled at
   - [ ] other: __________________________

   - [ ] people yelling
   - [ ] feeling pressured
   - [ ] being teased or picked on
   - [ ] being isolated
   - [ ] arguments
   - [ ] loud noises
   - [ ] when privacy is invaded
   - [ ] being in trouble

2. **Warning Signs** (your behavior signals) that show you are growing more and more at risk:

   - [ ] sweating
   - [ ] restless/can't stay still
   - [ ] breathing hard
   - [ ] Bouncing leg(s)
   - [ ] crying
   - [ ] clenching teeth
   - [ ] Other: __________________________

   - [ ] clenched fists
   - [ ] isolate from others
   - [ ] yelling
   - [ ] cursing
   - [ ] cutting self
   - [ ] pacing
   - [ ] blank stare
   - [ ] threatening comments
   - [ ] red faced
   - [ ] wringing hands
   - [ ] vomiting
   - [ ] loud voice

3. My **coping strategies** (things you can do to calm down and stay safe without contacting another person such as relaxation technique, physical activity etc):

   - [ ] Drawing
   - [ ] Walking outside with someone
   - [ ] Deep breathing exercises
   - [ ] Go to a quiet or "cool down" location
   - [ ] Mental counting (count to 10, 15, 20 etc)
   - [ ] other: __________________________

   - [ ] Journaling
   - [ ] Use a fidget item (i.e. ball, spinner, stress ball)
   - [ ] Meditate/Yoga
   - [ ] Complete a “think” sheet
   - [ ] Listen to music

4. Name of **people** you can ask for help if the coping strategies above do not work:

   ____________________________________________

   ____________________________________________

Rev. 5/2018

Safety Plan
[Student Name] [Date]
5. What are some things you can do to keep yourself safe and healthy? (take medications, keep aftercare appointments, report concerns to parent, teacher, counselor, doctor etc.)

1.  
2.  
3.  
4.  
5.  

Part 2: School Plan

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Time Frame</th>
<th>Person Responsible</th>
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Part 3: Emergency/agency contacts (people to call):

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<thead>
<tr>
<th>Phone Number</th>
<th>Contact Person</th>
<th>Relationship</th>
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Part 4: Participants:

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<tbody>
<tr>
<td></td>
<td>Administrator</td>
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<tr>
<td></td>
<td>Counselor</td>
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<tr>
<td></td>
<td>Parent</td>
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<tr>
<td></td>
<td>Student</td>
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<tr>
<td></td>
<td>Other Staff (specify)</td>
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<td>Other Staff (specify)</td>
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<td>Last Name</td>
<td>First Name</td>
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