

STUDENT SUICIDE PREVENTION PROTOCOL

REQUEST FOR ASSISTANCE

- Once a student has expressed harm to self and/or others ideation, the **counselor** will be notified immediately.
- If the counselor is unavailable, the **nurse** will be contacted to complete a *Student Suicide Prevention Protocol*.
- The counselor/nurse notifies the Principal/Principal's Designee **IMMEDIATELY**. If the Principal is not available, it is the Principal's Designee's responsibility to notify the Principal.
- All school campus administrators will be trained to complete the *Student Suicide Prevention Protocol* in the event that the counselor/nurse is unavailable.

PARENTAL NOTIFICATION

Note: The counselor/nurse/principal/principal's designee will remain with the student until the parent/guardian arrives.

1. The counselor/nurse/principal/principal's designee will contact and meet with the parent/guardian immediately. The purpose of the emergency conference is to discuss the student's immediate psychological and safety needs, including supervision. Topics to be discussed should include:
 - a. current status of student.
 - b. student's exact reference to harm self and/or others.
 - c. importance of parental role in providing supervision.
 - d. steps to be taken to supervise the student (to insure safety): line-of-sight supervision, removing all means of harm (e.g. removal of weapons, pills, knives, belts, shoe strings, etc...) from the student's access, importance of continuous observation, etc...
 - e. assist the student/family in seeking medical/mental health services as needed.
2. If the counselor/nurse/principal/principal's designee cannot reach a parent/guardian by phone, they will call the emergency contacts that were provided by the parent/guardian. If the parent/guardian is unable to be located, the counselor/nurse/principal/principal's designee will call **Marengo DHR (334-295-2000)** for assistance with locating parent/guardian.
3. If the student is taken to the hospital, the counselor/nurse/principal/principal's designee will accompany the child. Once the parent/guardian arrives, the counselor/nurse/principal/principal's designee may choose to remain, but is no longer required.
4. Counselor/Nurse/Principal/Principal's Designee will **ONLY** provide the parent/guardian with a copy of the ***Student Safety Notice*** and the ***Notice of Emergency Conference Form***. The parent/guardian will be advised that it is in the best interest of the student to be evaluated/assessed by a medical doctor/mental health professional before returning to school to ensure that he/she is no longer at risk of harming self or others.
5. If a student does not live with his/her legal guardian, the primary caregiver and/or adult in the household must also be contacted, notified of the student's status and asked to assist the student in seeking medical/mental health assistance.
6. The parent/guardian will be asked to sign the ***Student Safety Notice*** and the ***Notice of Emergency Conference Form***. The parent/guardian will also be asked to indicate whether they will seek medical/mental health assistance for their child. This form acknowledges that the parent/guardian has been notified of his/her child's behaviors and the recommendations for treatment options. The form will be kept in a confidential file separate from the student's cumulative folder.
7. If the parent/guardian agrees to seek medical/mental health assistance, the counselor/nurse/principal/principal's designee will assist parent/guardian with making an appointment **BEFORE** the student and parent/guardian leave the school campus. In addition, student and parent/guardian will be notified that the student must participate in a mandatory readmit conference upon return to school.
8. If a student expresses thoughts of harm to self and/or others, and cannot be located in class or on campus, the counselor/nurse/principal/principal's designee will immediately be notified, and will make every effort to locate the student. The principal/available administrator and parent/guardian will, also, be notified immediately

9. When the student returns to school, the counselor/nurse/principal/principal's designee will conduct a mandatory readmit conference with the student and parent/guardian. At that time, appropriate clearance documentation (i.e., discharge form, doctor's note, mental health clearance form, etc...) will be collected from the parent/guardian. A copy of this documentation should be attached to the school's copy of the *Student Suicide Prevention Plan Protocol* and be sent to the *Central Office, Attention: Mrs. Gina Johnston*, in an envelope marked "**CONFIDENTIAL**".

ASSESSMENT

1. The student will be informed that their thoughts cannot be treated as confidential **AND** will be shared with student's parent/guardian and selected authorities.
2. Counselor/Nurse/Principal/Principal's Designee will complete the ***Student Safety Plan Assessment Interview Form***.
3. The ***Notice of Emergency Conference Form*** and the ***Student Safety Notice*** will be completed and reviewed with the student and the parent/guardian. Provide the parent/guardian with a copy of both of these forms.
4. A copy of the ***Student Safety Plan Assessment Interview Form*** can be sent directly to the mental health provider, if requested. **However, please do NOT give this assessment interview form to the parent/guardian.**

FOLLOW-UP

1. The counselor /nurse/principal/principal's designee will send a copy of the completed packet (including clearance documentation) to *Central Office, Attention: Mrs. Gina Johnston*, in an envelope marked, "**CONFIDENTIAL**".
2. During the **mandatory** readmit conference with the parent/guardian, the counselor/nurse/principal/principal's designee needs to obtain a copy of the release/discharge paperwork/medical clearance document showing that the student has been assessed by a medical/mental health provider.
3. If a designee, rather than the counselor, meets with the student and parent/guardian in the mandatory readmit conference, the counselor will conduct a follow-up conference with the student as soon as the counselor returns to campus.
4. The counselor will continue to monitor the student once a week for four weeks and as needed through contact with student/teacher and/or observation.

SUICIDE PREVENTION

Suicidal Warning Signs

- Gives away personal items
- Is very moody
- Family problems
- Physical/sexual abuse
- Loss of energy
- Peer rejection
- Drug abuse
- Neglect of appearance
- Sudden change (in anything)
- Asks legal questions about death
- Talks of life after death
- Ends a relationship
- Death of friend/family member

Major Warning Signs

- Previous suicide attempt
- Current talk of suicide or making a plan
- Strong wish to die, preoccupation with death
- Recent suicide attempt by a friend/family member
- Impulsiveness and taking unnecessary risks

Ways to Respond

DO

- Listen (not lecture). Listening will decrease the probability of going through with suicide.
 - Access suicide potential. Ask specific questions.
 - Do you have a plan?
 - Are the means available?
 - Have you attempted suicide in the past? How? What happened?
- How do you see yourself in the future? (shows hope)
- Be supportive. Let student know you care and help can be sought.
- Talk openly and honestly about any statements the student has made.

DON'T

- Ignore the problem (it won't just "go away")
- Keep the information secret. Verbal threats and plans are signals for help.
- Believe that if suicide is talked of, the threat won't be carried out. Suicide is very often talked about before it is committed.
- Be judgmental.
- Laugh it off.

STUDENT SUICIDE PREVENTION EMERGENCY GUIDANCE REFERRAL

GENERAL INFORMATION				
Student Name:	Birthdate			
School Name:	Grade:			
Referring Person:	Title/Position:			
Referral Date:	Referral Time:			
NATURE OF REFERRAL				
<input type="checkbox"/> Verbal threat of intent to harm self and/or others <input type="checkbox"/> Written threat of intent to harm self and/or others <input type="checkbox"/> Graphic (drawing)/pictorial of intent to harm self and/or others				
COMMENTS				
OTHER WARNING SIGNS (Check ALL that APPLY)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Gives away personal items <input type="checkbox"/> Is very moody <input type="checkbox"/> Family problems <input type="checkbox"/> Physical/sexual abuse <input type="checkbox"/> Loss of energy <input type="checkbox"/> Peer rejection <input type="checkbox"/> Drug use/abuse </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Neglect of appearance <input type="checkbox"/> Sudden change (in anything) <input type="checkbox"/> Asks legal questions about death <input type="checkbox"/> Poor grades <input type="checkbox"/> Talks of life after death <input type="checkbox"/> Ends a relationship <input type="checkbox"/> Death of friend/family member </td> </tr> </table>			<input type="checkbox"/> Gives away personal items <input type="checkbox"/> Is very moody <input type="checkbox"/> Family problems <input type="checkbox"/> Physical/sexual abuse <input type="checkbox"/> Loss of energy <input type="checkbox"/> Peer rejection <input type="checkbox"/> Drug use/abuse	<input type="checkbox"/> Neglect of appearance <input type="checkbox"/> Sudden change (in anything) <input type="checkbox"/> Asks legal questions about death <input type="checkbox"/> Poor grades <input type="checkbox"/> Talks of life after death <input type="checkbox"/> Ends a relationship <input type="checkbox"/> Death of friend/family member
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ACKNOWLEDGEMENT OF RECEIPT				
Referral Received By:	Date Received:	Time Received:		

