

Suicide Intervention Policy:
Name of School

Identify the Suicide Risk Response Coordinator(s). Clearly designate at least one individual and one alternate who will serve as the main point of contact for anyone in the building who is concerned that a student may be at risk for suicide.

Suicide Risk Response Coordinator: [Name]

Alternate Suicide Risk Response Coordinator: [Name]

The two individuals above are the designated points of contact for anyone in the building who is concerned that a student may be at risk for suicide and will be responsible for coordinating intervention efforts.

RISK-IDENTIFICATION RESPONSE PROTOCOL

- Anyone in the school community who is concerned that a student may be at risk for suicide should take immediate action to inform a school administrator.
- The school administrator will locate the Suicide Risk Response Coordinator or Alternate.
- Meanwhile, at least one staff member should stay with the student at-risk until the Suicide Risk Response Coordinator or Alternate arrives.
- The Suicide Risk Response Coordinator will initiate the Suicide Intervention Protocol.

School Suicide Intervention Protocol Checklist:

Actions	Staff Responsible	External Contacts	TASK COMPLETED
1. Suicide Risk Screening Appendix A	Who conducts the screening?		<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed Date/Time:
2. Notify student caregivers Appendix B Appendix C	Who notifies parents/guardians?	Caregiver contact info:	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed Date/Time:
3. Refer for services and safety plan if needed Appendix D Appendix E	Who facilitates referral?	Community mental health provider contact info:	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed Date/Time:
4. Document the process Appendix F	Who completes the documentation form(s)?		<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed Date/Time:

SCHOOL SUICIDE INTERVENTION PROTOCOL

ACTION 1: Suicide Risk Screening

This school district has identified the Columbia-Suicide Severity Rating Scale (C-SSRS) as the screening tool that will be utilized when warning signs for suicide are observed or suspected. The C-SSRS is the gold standard for suicide screening tools. Anyone can be trained to utilize this tool, it gathers critical information regarding suicidal ideation and suicidal behaviors, and it offers guidance/recommendations for next steps depending on the person's level of risk.

Appendix A includes the C-SSRS form with language for all ages and cognitive abilities. The school district will utilize this form to conduct any suicide risk screenings as necessary.

ACTION 2: Notify Student Caregivers

Any time a suicide risk screening is conducted, parents/guardians must be notified immediately after. This is true regardless of the outcome of the screening. While these conversations are often not easy, having specific school protocol for instances like these can help.

Utilize Appendix B to review and follow guidelines for notifying caregivers that their student is at-risk of suicide.

As part of the documentation process, it is considered best-practice to have a Parent Contact Acknowledgment Form. An example of this form can be found in Appendix C.

ACTION 3: Refer for Services and Create Collaborative Safety Plan

After completing the suicide screening and notifying caregivers, the school will work with the student and their caregivers to identify next steps. The C-SSRS makes specific, evidence-based recommendations for each level of risk. Those recommendations are outlined at the bottom of Appendix A.

Guidelines for making referrals to community-based services can be found in Appendix D.

If it is determined that a collaborative safety plan is needed, utilize the Stanley-Brown Safety Planning template in Appendix E.

ACTION 4: Complete Documentation

Having prepared documentation is critical to any suicide intervention policy. Each time a school staff engages in this Risk-Identification Protocol, they must complete thorough documentation in a timely manner. This documentation should not be stored on a student portal; rather, it should be kept in the student's private file.

Note: Documentation forms should be put on the school's letterhead.

Appendix F outlines the appropriate components of documentation that must be completed.

SCHOOL SUICIDE ATTEMPT RESPONSE PROTOCOL

If a student is threatening to attempt, is currently attempting, or has just attempted suicide at school, the following steps should be taken.

The first adult to reach the student should:

1. Stay with the student or designate one or more other adults to stay with the student.
Never leave the student alone.
2. Call 9-1-1 or the local emergency service provider.
3. Contact the Suicide Risk Response Coordinator.

The Suicide Risk Response Coordinator should:

1. Contact additional personnel as necessary. These may include community crisis service providers, law enforcement, the school superintendent and other administrators, the school nurse, guidance counselor, social worker, psychologist, and other school staff.
2. Contact the student's parents or guardians to tell them what has occurred with their child. Make arrangements to meet at the appropriate location; for example, the school social worker's office or the emergency room of the local hospital.
3. Contact emergency medical services if needed.
4. After the immediate crisis, make a plan to follow up with the parents or guardians and the student regarding arrangements for medical and/or mental health services.

After the immediate emergency is handled, the school will begin coordinating the student's return to school. Appendix G outlines guidelines for facilitating a student's return to school.

APPENDIX A

Suicide Intervention Policy:
School Suicide Intervention Protocol
Suicide Risk Screening & Next Steps

COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen with Triage Points for Schools <i>*Includes adapted language for elementary-age and/or cognitively impaired students.</i>	Past Month	
Ask questions that are bolded and underlined.	YES	NO
Ask Questions 1 and 2.		
<p>1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p> <p>If yes, describe:</p> <p><i>*Adapted language:</i> <i>Have you thought about being dead or what it would be like to be dead?</i> <i>Have you wished you were dead or wished you could go to sleep and never wake up?</i> <i>Do you wish you weren't alive anymore?</i></p> <p>If yes, describe:</p>		
<p>2) <u>Have you had any actual thoughts of killing yourself?</u></p> <p>If yes, describe:</p> <p><i>*Adapted language:</i> <i>Have you thought about doing something to make yourself not alive anymore?</i> <i>Have you had any thoughts about killing yourself?</i></p> <p>If yes, describe:</p>		
If YES to question 2, ask questions 3, 4, 5 and 6. If NO to question 2, go directly to question 6.		

<p align="center">COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen with Triage Points for Schools <i>*Includes adapted language for elementary-age and/or cognitively impaired students.</i></p>	<p align="center">Past Month</p>	
<p>Ask questions that are bolded and underlined.</p>	<p align="center">YES</p>	<p align="center">NO</p>
<p>3) <u>Have you been thinking about how you might do this?</u></p> <p><i>e.g. "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."</i></p> <p>If yes, describe:</p> <p><i>*Adapted language:</i> <i>Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?</i></p> <p>If yes, describe:</p>		
<p>4) <u>Have you had these thoughts and had some intention of acting on them?</u></p> <p><i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i></p> <p>If yes, describe:</p> <p><i>*Adapted language:</i> <i>When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?</i></p> <p><i>This is different from having these thoughts but knowing you wouldn't do anything about them.</i></p> <p>If yes, describe:</p>		
<p>5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p> <p>If yes, describe:</p> <p><i>*Adapted language:</i> <i>Have you decided how or when you would make yourself not alive anymore (kill yourself)?</i> <i>Have you planned out how you would do it? What was your plan?</i> <i>When you made this plan, was any part of you thinking about actually doing it?</i></p> <p>If yes, describe:</p>		

COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen with Triage Points for Schools		Past Month	
<p><i>*Includes adapted language for elementary-age and/or cognitively impaired students.</i></p>			
<p>Ask questions that are bolded and underlined.</p>		YES	NO
<p>6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p><i>Examples: collected pills, obtained a gun, gave away valuables, wrote a will or a 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.</i></p> <p>If YES, ask: <u>Was this within the past 3 months?</u></p> <p>If yes, describe behaviors:</p> <p><i>*Adapted language:</i> Did you do anything to try to kill yourself or make yourself not alive anymore? What did you do?</p> <p>Did you hurt yourself on purpose? Why did you do that?</p> <ul style="list-style-type: none"> • Did you _____ as a way to end your life? • Did you want to die (even a little) when you _____? • Were you trying to make yourself not alive anymore when you _____? • Did you think it was possible you could have died from _____? <p>If yes, describe behaviors and intentions:</p>		Lifetime	
		Past 3 Months	

Once the screening is complete, consult the chart on the following page to determine the appropriate next steps for the student's safety.

APPENDIX A (cont.)

Suicide Intervention Policy:
School Suicide Intervention Protocol
Suicide Risk Screening & Next Steps

Determine Risk Level & Response	
Risk Stratification	Response Protocol
<p style="text-align: center;"><u>Low Suicide Risk</u></p> <p><input type="checkbox"/> Wish to die or thoughts of suicide WITHOUT method, intent, plan, or behavior</p> <p>(Student answers yes to question #1 and/or #2)</p>	<p style="text-align: center;"><u>Behavioral Health Referral</u></p> <p><input type="checkbox"/> Inform parents/guardians of student's low risk for suicide</p> <p><input type="checkbox"/> Provide resources and referrals for outpatient services in the community</p>
<p style="text-align: center;"><u>Moderate Suicide Risk</u></p> <p><input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent, or behavior</p> <p>(Student answers yes to question #3)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago</p> <p>(Student answers yes to question #6 re: lifetime)</p>	<p style="text-align: center;"><u>Utilize Stanley-Brown Safety Plan</u></p> <p><input type="checkbox"/> Inform parents/guardians of student's moderate risk for suicide</p> <p><input type="checkbox"/> Create collaborative safety plan with considerations made for safety at home and at school</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed</p>
<p style="text-align: center;"><u>High Suicide Risk</u></p> <p><input type="checkbox"/> Suicidal ideation with intent or with a plan</p> <p>(Student answer yes to question #4 or #5)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Suicidal behavior in the past 3 months</p> <p>(Student answers yes to question #6 re: past 3 months)</p>	<p style="text-align: center;"><u>Initiate Psychiatric Screening Process</u></p> <p><input type="checkbox"/> Stay with student until parent/guardian arrives</p> <p><input type="checkbox"/> Inform parent/guardian of student's high risk for suicide</p> <p><input type="checkbox"/> Explain need for immediate further assessment</p> <p><input type="checkbox"/> Provide referral options (local hospital)</p> <p><input type="checkbox"/> Discuss plan for follow-up</p>

Appendix B

Suicide Intervention Policy: School Suicide Intervention Protocol Notifying Parents and Guardians

Parents and/or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you screened the student for suicidality and the outcome of that screening.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgment Form confirming that they were notified of their child's risk and received referrals to treatment.
6. If the student does not need to be hospitalized, release the student to the parents.
7. Tell the parents that you will follow up with them in a few days. If this follow-up conversation reveals that the parent has not contacted the mental health provider:
 - a. Stress the importance of getting the child help
 - b. Discuss why they have not contacted a provider and offer to assist with the process
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm and/or suicide, you may need to notify child protective services that the child is being neglected.
9. Document **all** contacts with the parents and child.

Supporting Parents through Their Child's Suicidal Crisis

Family Support is Critical: When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

- 1) The family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help - they don't know where to turn.
- 2) Informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

APPENDIX B (cont.)

Suicide Intervention Policy: School Suicide Intervention Protocol Notifying Parents and Guardians

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

The following steps can help support and engage parents:

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Acknowledge that no one can do this alone - appreciate their presence.
6. Listen for myths of suicide that may be blocking the parent from taking action.
7. Explore reluctance to accept a mental health referral, address those issues, explain what they can expect.
8. Align yourself with the parent if possible - explore how and where youth get this idea without in any way minimizing the behavior.

Appendix C

Suicide Intervention Policy:
School Suicide Intervention Protocol
Parent Contact Acknowledgment Form

Parent/Guardian/Caregiver(s) Contact Acknowledgment and Plan of Action Form

Student Name/ID#: _____

Date of Birth: _____

School: _____

Grade: _____

This form is to verify that I have spoken with school staff member _____
on _____ (date), concerning my child's suicidal risk.

I understand that:

- My child was screened by a qualified school staff member for possible risk of suicide; **AND**
- The screening did not indicate risk factors that require further assessment by an outside mental health entity.
- My child is demonstrating the need for further assessment by an outside mental health entity.

I further understand that:

- I am responsible for taking actions necessary to ensure my child's continued safety.

I agree to:

- Take my child immediately to our local emergency room or mental health clinic for further assessment. ***recommended for high suicide risk***
- Contact my child's current mental health professional (therapist, case manager, etc.).
- Provide a signed, current Release of Information to the school so that communication can occur between the school staff and mental health provider.
- Attend a re-entry/follow-up support meeting with school personnel to develop a safety plan and discuss any needs for my child.
- Other: _____

I understand that _____ (staff name) will follow up with me and my child by
_____ (date).

Parent/Guardian Signature: _____

Date: _____

Staff Member Signature: _____

Date: _____

APPENDIX D

Suicide Intervention Policy: School Suicide Intervention Protocol Guidelines for Student Referrals

Schools should be prepared to give the following information to providers.

Note: Parents' permission may be required to share this information.

1. Basic student information (age, grade, race/ethnicity, and parents' or guardians' names, addresses and phone numbers).
2. How the school first become aware of the student's potential risk for suicide.*
3. Why the referral is being made by the school.
4. The student's current mental status.
5. Whether or not the student and parents/guardian are willing or reluctant to meet with a mental health service provider.
6. Other agencies that are involved (names and information).
7. Who will pay for the referral and possible treatment.
8. The best place to meet with the student (e.g., school, student's home, therapist's office, emergency room).

*Be sure that the parental consent meets the requirements of FERPA as follows:

1. Specify the records that may be disclosed.
2. State the purpose of the disclosure.
3. Identify the party or class of parties to whom the disclosure may be made.

Note: You can alter your school's Release of Information form to reflect the guidelines above and embed it into this document for easy accessibility. **Add ROI here**

APPENDIX E

Suicide Intervention Policy:
School Suicide Intervention Protocol
Stanley-Brown Safety Plan

STEP 1. Thoughts, feelings, situations, or behaviors that indicate a crisis may be developing:	
School:	Home:
STEP 2. Activities that soothe me or provide distraction that I can do alone:	
School:	Home:
STEP 3. People and social settings that provide distraction (include contact information):	
School:	Home:
STEP 4. People whom I can ask for help (include contact information):	
School:	Home:
STEP 5. Professionals or agencies I can contact during a crisis (include contact information):	
<ul style="list-style-type: none">• National Suicide Prevention Lifeline: 1-800-273-8255• Crisis Text Line: Text "HOME" to 741741	
STEP 6. Ways to make my environment safe and calm:	
School:	Home:

The one thing that is most important to me and worth living for is:

APPENDIX F

Suicide Intervention Policy:
School Suicide Intervention Protocol
Student Suicide Risk Documentation Form

Student Suicide Intervention Documentation Form

STUDENT INFORMATION

Date student was identified as possible at risk: _____

Name of Student: _____

If Native American, tribal status: _____

Name of School: _____

Date of Birth: _____

Gender Identity: _____

Grade Level: _____

Name of Parent/Guardian/Tribal Court-Appointed Guardian: _____

Parent/Guardian Contact Information: _____

Tribal Court-Appointed Guardian Contact Information: _____

OR

Directions to Residence: _____

IDENTIFICATION OF RISK

Who identified the student as being at risk?

- Student (Self)
- Parent/Guardian
- Teacher
- Other Staff: _____
- Student (Peer)
- Other: _____

Reason for concern:

SUICIDE RISK SCREENING AND ASSESSMENT

Action taken by school to screen for suicide risk:

- School staff conducted screening

Name of staff person: _____

Date of screening: _____

Type of screening conducted: **Columbia-Suicide Severity Rating Scale (C-SSRS) Screener**

Results of screening: _____

Action taken by outside provider(s) to further assess the student's risk of suicide:

- Outside provider conducted suicide risk assessment

Name of outside provider: _____

- Other:

Date of assessment: _____

Type of assessment conducted: _____

Results of assessment: _____

NOTIFICATION OF PARENT/GUARDIAN

School staff who notified parent/guardian/Tribal Court-appointed guardian: _____

Date notified: _____

Parent acknowledgment form signed: YES ___ NO ___ If no, reason: _____

REFERRAL

Type of referral:

- School personnel: _____

- Outside provider: _____

- Hospital: _____

- Other: _____

Date of referral: _____

Follow-up scheduled: _____

APPENDIX G

Suicide Intervention Policy: School Suicide Attempt Response Protocol Guidelines for Facilitating a Student's Return to School

These guidelines will help staff plan for a student's return to school after a suicide attempt or mental health crisis. In addition to meeting regularly with the student, the staff member facilitating the student's return should do the following:

1. Become familiar with the basic information about the case, including:
 - a. How the student's risk status was identified
 - b. What precipitated the student's high-risk status or suicide attempt
 - c. What medication(s) the student is taking
2. With the family's agreement, serve as the school's primary link to the parents and maintain regular contact with the family:
 - a. Call or meet frequently with the family.
 - b. Facilitate referral of the family for family counseling if appropriate.
 - c. Meet with the student and his or her family and relevant school staff (e.g., the school psychologist or social worker) about what services the student will need upon returning to school.
3. Serve as liaison to other teachers and staff members, with permission of the family, regarding the student, which could involve the following:
 - a. Ask the student about his or her academic concerns and discuss potential options.
 - b. Educate teachers and other relevant staff members about warning signs of another suicide crisis.
 - c. Meet with appropriate staff to create an individualized reentry plan prior to the student's return and discuss possible arrangements for services the student needs.
 - d. Modify the student's schedule and course load to relieve stress, if necessary.
 - e. Arrange tutoring from peers or teachers, if necessary.
 - f. Work with teachers to allow makeup work to be extended without penalty.
 - g. Monitor the student's progress.
 - h. Inform teachers and other relevant staff members about the possible side effects of the medication(s) being taken by the student and the procedures for notifying the appropriate staff member (e.g., the school nurse, psychologist, or social worker) if these side effects are observed. When sharing information about medical treatment, you need to comply with FERPA and HIPAA (which protects release of an individual's health information).

APPENDIX G (cont.)

Suicide Intervention Policy: School Suicide Attempt Response Protocol Guidelines for Facilitating a Student's Return to School

4. Follow up behavioral and/or attendance problems of the student by:
 - a. Meet with teachers to help them understand appropriate limits and consequences of behavior
 - b. Discuss concerns and options with the student
 - c. Consult with the school's discipline administrator
 - d. Consult with the student's mental health service provider to understand whether, for example, these behaviors could be associated with medication being taken by the student
 - e. Monitor daily attendance by placing the student on a sign-in/sign-out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day
 - f. Make home visits or have regularly scheduled parent conferences to review attendance and discipline record
 - g. Facilitate counseling for the student specific to these problems at school
5. If the student is hospitalized, obtain the family's agreement to consult with the hospital staff regarding issues such as:
 - a. Deliver classwork assignments to be completed in the hospital or at home, as appropriate
 - b. Allow a representative from school to visit the student in the hospital or at home with the permission of the parents
 - c. Attend treatment planning meetings and the hospital discharge conference with the permission of the parents
6. Establish a plan for periodic contact with the student while he or she is away from school
7. If the student is unable to attend school for an extended period of time, determine how to help them complete course requirements

Still missing:

- Emergency and community mental health resource list
- Potentially combining all suicide related policies to one document
- Do we need a documentation form for reintegration?
 - What information is going to be shared with teachers? Classmates? Office staff?
- How do we communicate safety plans with a student's teachers in general?
- Do we want to make a suicide intervention documentation packet?