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Highline Public Schools

Suicide Risk Protocol

Completed by school counselor, social worker or nurse

****If student is in immediate risk contact your administrator or 911.

Guidelines: This tool is intended for use by school staff who are responsible for intervening with youth at risk of suicide. The tool presumes that the school staff knows what behavioral, emotional, and situational signs to look for and when observed, is able to ask directly about suicide. If the answer is "yes" (or anything other than a definitive "no") this tool should help to make some determination as to the level of concern/risk for the student's safety and what to do.

Step 1: Gather Information

- Talk to the student directly
- Screen for suicide ideation
- Contact mental health providers if applicable
- Interviews with parents and/or other (being mindful of confidentiality)

Screening Questions- **If "yes" or anything but a definitive "no" to the below questions complete an assessment.

- Do you ever wish you were not alive anymore?
- Have you ever had thoughts of killing yourself?
 - No assessment needed if there is no suicide ideation, however explore the situation further and provide supportive resources

Step 2: Assessment and Formulation of Risk

- Identify long-term risk factors, impulsivity/self-control, past and present suicide behavior, identifiable stressors, clinical presentation, and rater's subjective assessment of level of engagement and reliability
- Use sample questions to help gather information
- Consult/collaborate with counselor, nurse, social worker or Crisis Line 206-461-3222
- Assess level of risk and rationale
- Summarize risk level and rationale

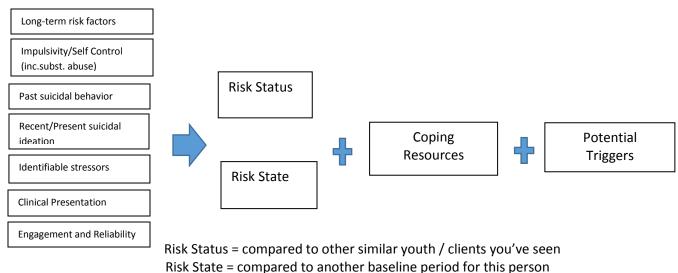
Step 3: Intervention Plan and Document:

- Plan Intervention according to level of risk
- Develop safety plan (Appendix A) with the student (student gets a copy and one goes in a locked file cabinet)
- Complete action plan to reduce risk, consultation received and from whom, response from screening (if used) and parent involvement and plans to follow up

Step 4: Follow up/Re-entry Plan (Appendix B)

• In some situations students will need to have a re-entry meeting. People you may include-student, parent, counselor, administrator, social worker/nurse, teacher, mental health provider

Step 2 Assessment & Formulation of Risk



Background

Long term risk factors: (ie. Hx of trauma/abuse, suicide, homelessness, poverty, diagnosis of mental health)

Impulsivity/self-control: (ie. Substance use pattern, risk-taking behavior Q: Does it work?)

Past suicide behavior: (ie. Previous attempts, thoughts Q: What ways have you tried to kill yourself?)

Recent/Present Suicidal ideation (ie. Current thoughts or plans Q: How have you thought about killing yourself...)

Identifiable stressor: (ie. Bully victim, new stressor, Q: How have things gotten better or worse than...)

Clinical presentation: (ie. Increased withdrawal, agitation)

Engagement/reliability: (ie. Engagement with you, willingness to talk? Student's reliability)

In light of these factors...

Risk Status: (ie. (Student name's) risk is less than, similar, or greater than other students I see for soc/emot support

Risk State: (ie (Student name) risk is less than, similar, or greater than previous times I've worked with this student)

Coping resources: (ie. strong social support, good insight)

Potential triggers or changes that could increase risk: (ie. disciplinary action in school)

Step 3

Intervention Plan

Level of Risk: Depending on the answers you obtain, you need to decide the level of risk and what to do. The purpose of formulating risk is not to predict the likelihood of a suicide attempt - but it is for planning what to do.

LOW risk is defined a student who identifies thoughts of suicide/death, but has no intent, no plan and					
no suic	cidal behavior and/or the student who is experiencing some stressors but also has strong				
supports.					
What d	do I do?				
	Connect with behavioral health services before ideation becomes more serious				
	Involve parent/guardian where possible/desirable				
	Complete a Safety Plan				
	RATE risk is defined as a student who is thinking about suicide and has identified a plan, but				
	intention of following through on the plan.				
What o	do I do?				
	Keep student safe and supervised until school based evaluation is completed				
	Ensure appropriate referral to mental health provider or connect with current mental health provider				
	Complete or update Safety Plan				
	Keep parent/guardian informed and engaged where possible/desirable				
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HIGH r	isk is defined as a student who is in severe distress due to mental health symptoms and/or				
	ut who has identified a realistic suicide plan with the intervention to follow through on it, but no				
attemp	,				
	do I do?				
	Keep student safe/supervised until outside evaluation can occur (CCORS or current mental				
	health provider) and/or transfer to hospital				
	Keep guardian informed and engaged				
	Complete or update Safety Plan				
	The second of th				
IMMIN	VENT risk is defined as immediate danger to student's self or others.				
For exa	ample, possible presence of a weapon or other means the student intends to use to harm self				
or others, or there is a suicide attempt in progress such as a drug or medication overdose.					
What do I do?					
	Keep student safe and supervised				
	Protect student body and staff, if appropriate				
	, , , ,				
	Activate emergency response systems				
	Keep guardian informed and engaged				

Notes:

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Date:	School:	
Student Name:	Referral source:	
Name of Completing Staff:	Name of Consulting Staff:	

Action Plan

Action	Yes/ No	Who will complete	When/Notes
Contact Parents/Guardians			
Contact School Administrator			
Provide Crisis/Suicide Hotline			
Phone Numbers 800-273-8255			
Develop Safety Plan (attach copy)			
Was (CCORS) contacted (crisis line			
206-461-3222)			
Were Emergency Services			
contacted? SRO/Police/Local ER			
Was there a referral to provider or			
contact with existing provider?			
Were steps made to reduce access			
to lethal means?			
Follow-up			
Re-entry form			

Notes:

Safety Plan (Appendix A)

SAFETY PLAN FOR _____

Step 1:	Warning signs:		
1.			
			_
3.			-
	Internal coping strategies-Things I can do to take m		– another person:
- don		.,	and the personn
			-
			-
3.			-
Step 3:	People and social settings that provide distraction	:	
1.	Name	Phone	
2.	Name	Phone	
3.	Place		
	Place		
Step 4:	People I can ask for help:		
1.	Name	Phone	
	Name		
	Name		
4.	Name	_Phone	
Profess	sionals or agencies I can contact during a crisis:		
1.	Clinician name:	Phone:	
	Pages or Emergency Contact #		
2.	Clinician name:		
	Pages or Emergency Contact #		
3.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)		
4.	Local Emergency Help:		
Making	g the environment safe:		
1.			
2.			
Other:			
	an Contact:		
Guardi	an next steps:		
1.			
			-
			_

Re-Entry Form

It is necessary to follow-up with a student /family when he or she has been suicidal, goes to an emergency room for suicidal ideation or has been hospitalized for suicidal ideation or attempt.

1.	Was the student sent to an emergency room for evaluation?		
	yesno		
2.	If yes, what was the outcome of the ER visit:hospitalizedsent home and ER staff arranged a next day or counseling appointmentsent home with a list of resources for parent to callgiven no resources: if checked, (HPS staff should provide resources for student/family)Release of Information signed?Social Worker contact		
3.	Was the student hospitalized?		
	yesno		
	If yes, what is the discharge plan?		
	family to arrange for counseling at a community mental health agency		
	was there a safety plan developed for student?		
	were medications prescribed?		
	If yes: Name and dosage		
4.	School Plan		
	aEmail message to staff-Decide with student what should be shared with teachers		
	b. 504 accommodations?		