

Procedure #5101
Title: RESPONSE TO SUICIDE IDEATION
Category: Students
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Revision/Reauthorization Dates:
Reviewers: Instructional Leadership Team; Mental Health Team

I. PURPOSE

This procedure is to establish a clear and consistent response to students who display signs of suicide ideation. This procedure begins with a referral to the mental health team for crisis response and/or a suicide ideation risk intake interview based on indicators that a student may be considering harming themselves.

II. EMERGENCY CONTACTS

The process begins with a request for crisis response to suicide ideation – either through the mental health department, the MSA on-call supervisor, and/or the director/supervisor on site. Emergency contacts are listed in the crisis response plan posted in all classrooms/offices throughout the campus. If police support is necessary (non-emergency), call 507-334-4305. If the situation warrants, dial 911 to get emergency/immediate attention.

III. PROCESS

- A. If the suicide ideation manifests in an actual suicide attempt or physical harm to self, **dial 911** and immediately transport the student to the emergency room for evaluation and/or treatment.
- B. In situations where suicide ideation is noted or suspected, the mental health counselor, psychologist, or social worker assigned to the situation will conduct a suicide ideation risk assessment interview as soon as available. For some students, it may be beneficial (communication access, established relationship) to refer the interview to the student's primary counselor.

After the interview is complete and all necessary interventions/support are provided to the student, the responder must complete a summary of the interview (including observed indicators of risk) and a proposed plan of action, including proposed safety plans, monitoring plans, or any other follow-up actions. This summary must be shared with members of the students' support team (administrator, counselor, case manager, etc.) as soon as possible after the student is placed into a safe situation (i.e., admitted into hospital, picked up by parents).

If the mental health team is not available to do the assessment (i.e., during

the evenings, weekends, and/or trips off-campus), it may be necessary to transport the student to the closest emergency room for evaluation and/or treatment. Consult with the on-site director/supervisor or the on-call supervisor to obtain proper supports in those circumstances.

Utilize the following protocols for determining the best course of action to take in specific situations.

- C. In situations of crisis, or if the interview responses indicate concerns that cannot be managed on campus, the responder will follow steps outlined below:
1. Communicate with immediate supervisor, campus director, and/or on-call supervisor. For residential students/after school program students, also communicate with the student life director and assistant dorm program coordinator.
 2. Transport student to emergency medical services for further evaluation/treatment. Work with the administrator in charge to determine how the student will be transported (MSA vehicles or ambulance). Obtain and bring health information file (parent contact information, health history, mental health diagnoses, and current medication) from the health services clinic to the hospital. If needed, call the nurses at the Health Clinic for further support (MSAD: 507-384-6612; MSAB: 507-394-4826).
 3. Check with administrator(s) in charge for any specific directives to follow while the student is at the hospital. Establish a communication protocol with the administrator in charge to communicate updates and needs with the student's parents or guardians while at the hospital. Work with the director/supervisor and the on-call supervisor if the situation warrants an extended stay at the hospital past the end of the employee's work shift.
 4. Work with the administrator in charge to follow MSA Procedure #6301 for requesting interpreters to accompany the student and staff member to the hospital. Ensure interpreter services are available before psychiatric evaluation begins. If a Certified Deaf Interpreter (CDI) is necessary, work with the hospital to obtain one.
 5. Communicate with parents/guardians or ensure that a designated person will contact parents/guardians as soon as possible. Inform parents/guardians that they need to meet the student at the hospital and bring them home after medical treatment/services are provided. If the student is older than 18 and their own guardian, remind parents/guardians that some information may not be available to them, following HIPPA regulations. Remind them that

they should bring documentation from the hospital regarding the student's evaluation and release to the re-admission meeting.

6. Stay with the student at the hospital until the parent/guardian arrives. If the student is older than 18 and their own guardian, stay with the student until they are transferred to inpatient care and/or transported home. If parents/guardians are not willing/unable to pick their child up, work with the hospital's social worker to determine next steps.
- D. If the results of interview indicate lower-risk concerns that the responder feels can be managed on campus, the responder will follow steps outlined below:
1. Communicate with immediate supervisor, campus director, and/or on-call supervisor. For residential students/after school program students, also communicate with student life director and assistant dorm program coordinator.
 2. Communicate with parents/guardians or ensure that a designated person will contact parents/guardians. Work with parents/guardians to pick the student up and encourage them to take the student to be evaluated by a medical professional. Remind parents/guardians that the student should be examined and released by a medical professional before they can return to school. If they can do so, ask them to bring any doctor orders, supporting documents, and forms back to the re-admission meeting.
 3. Remain with student in a safe location until parents/guardians can come and pick them up. If parents/guardians are unwilling or unable to pick their child up, contact Child Protective Services and request assistance.
 4. Work with the student's support team (administrators, parents/guardians, teachers, support staff, instructional aides, residential educators, etc.) to develop and implement a safety plan prior to the student's return to campus. (i.e., close supervision; regular checks; follow-up counseling, etc.)
- E. If the results of interview indicate low or no suicide ideation, the responder will follow steps outlined below:
1. Communicate with immediate supervisor, campus director, and/or on-call supervisor. For residential students/after school program students, also communicate with student life director and assistant dorm programs coordinator.
 2. Communicate with parents/guardians about the comments or

behavior that initiated this process.

3. Follow up with student as necessary to monitor for further comments and/or indicators.

F. The administrator in charge is responsible for the following:

1. Communication with the Mental Health Team when information is received regarding a possible situation involving suicidal ideation.
2. Determining if an ambulance is necessary – at times, this may be safer and quicker than finding a state vehicle and driver/staff. If staff are transporting students, a team of two staff is required – one to drive and one to sit alongside the student.
3. If necessary, make the decision to call police for support.
4. Ensure that the mental health team member or staff member that accompanies the student to the hospital has access to text messages or video chat capabilities on a MSA provided phone to communicate with the administrator while at the hospital. Ensure that campus needs can be covered while the mental health team member or staff member is at the hospital.
5. Within 24 hours of suicide ideation incidents, the administrator in charge will set up a debrief meeting to review the process and ensure that all the necessary steps were taken as well as plan for the student's re-entry meeting. Debrief meetings should include the following individuals: the administrator in charge, mental health staff who responded to the situation, assigned counselor, case manager, and dorm director (if residential student).
6. Follow up with steps necessary for communication with parents, safety plans, and re-admission if the student ends up needing a mental health leave/treatment/hospitalization. If students need to be absent from school for an extended period of time, consult with the Director of Support Services to ensure that educational services and supports are provided according to the students' IEP.
7. Ensure that all documentation is completed and filed.

IV. READMISSION AND FOLLOW-UP

- A. Prior to re-entry to the school program and/or dormitory, it is critical that MSA determines whether the student is a danger to self or others. When students are ready to return after a suicidal ideation situation, they and their parents are required to meet with the campus director, student life director (if student is a residential student), and a representative from the

mental health team to discuss follow-up needs (i.e., safety plan, counseling sessions, check-ins). If students have been hospitalized and/or entered a mental health treatment facility, they should also bring a release and/or documentation from their doctor indicating that they are safe to return to school and any recommendations for follow-up actions/treatment. Steps outlined in the student's safety plan must be communicated with all staff members working with the student. Students will be readmitted only when school administrators have reasonable reassurance that the student is not a danger to self or others.

- B. If necessary, convene the student's IEP team to make changes to accommodations, supports, behavior intervention plan, etc. within the student's IEP to ensure safety and access to support services.