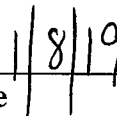


**Superintendent's Regulation 1400-R  
THREAT ASSESSMENT**



\_\_\_\_\_  
**Approved Upon Superintendent's Initials**



\_\_\_\_\_  
**Date**

This Regulation is intended to implement the provisions of the District's Code of Conduct that concern potential threats to the safety of our schools. It is applicable to all students, parents, teachers, support staff and administrators. And it is to enhance a supportive and positive school environment, whether during school hours, before and after school while on District premises, while traveling on RCSD-provided vehicles, during all school-sponsored events, and off school grounds or outside regular school hours where there is a potential disruption to the educational process or a danger to the health, safety or welfare of the school community.

**Threats Defined**

For purposes of this Regulation:

"Threat" means a communicated intent to inflict harm or loss on another or another's property, especially one that might diminish a person's freedom to act voluntarily or with lawful consent. For example, a student's threat to "shoot up" a school, or a kidnapper's threat of violence for ransom, or an extortionist's threat of violence to influence another to act involuntarily.

"Terroristic Threat" means a communicated threat to commit mass violence with the purpose of inflicting terror.

"Imminent Danger" means an immediate, real threat to one's safety that justifies the use of force by a reasonable person in self-defense.

**The Procedure**

In cases of imminent danger, the principal, program director or other responsible administrator will contact the Rochester Police Department and the District's Director of Security.

Upon receipt of a threat, the principal, program director or other responsible administrator should telephone his/her Chief of Schools and convene the building initial Threat Assessment Team, consisting at a minimum of a building-based administrator, a social worker or psychologist, a security officer and an attorney. To the extent necessary, the Chief of Schools will arrange for the presence of needed personnel to staff the Threat Assessment Team.

**Rochester City School District  
THREAT ASSESMENT**

**Exhibit 1400-E**

The building Threat Assessment Team should initiate a Threat Assessment when a *student or other individual poses a threat, makes a threat, or if there is concern that s/he may be about to act out violently*. This document does not need to be completed for student discipline issues involving threats between students that occur in the heat-of-the-moment. This document addresses the cases in which there is a concern about or there appears to be a plan for targeted violence. If there is a concern about a student being homicidal or at risk for self-harm, a District social worker, psychologist or nurse should complete the attached Mental Health Emergency Protocol.

**Instructions:** Assemble a meeting of the building Threat Assessment Team and all other faculty and staff who have information about the student and/or situation being reviewed. This meeting must be facilitated by an employee who has been trained to facilitate the completion of this protocol.

This Threat Assessment protocol will guide your inquiry, document concerns, and help you develop an Intervention Plan to maximize student safety. *Actively seek* information from any of the following as appropriate:

- |                                                                                                                            |                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Current and <i>previous</i> school/discipline records                                             | <input type="checkbox"/> Searches of the student(s), lockers, and cars                                                            |
| <input type="checkbox"/> Law Enforcement, Probation, Diversion, etc.                                                       | <input type="checkbox"/> Other agencies: mental health, human services, etc.                                                      |
| <input type="checkbox"/> Interviews with school staff, students, parents, the target of the threat, the student of concern | <input type="checkbox"/> Activities: internet histories, diaries, notebooks                                                       |
|                                                                                                                            | <input type="checkbox"/> Parent interview: offer support, seek their help in understanding, clarify interest in/access to weapons |

Print this protocol and fill it out. Have all team members print and sign their names. Follow Step 8 for routing.

Today's Date: \_\_\_\_\_ Student: \_\_\_\_\_ School: \_\_\_\_\_  
DOB: \_\_\_\_\_ Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

**Step 1: Make Sure All Students Are Safe**

- ☐ Appropriately detain the student(s)/employee(s) being assessed until this protocol is completed.
- ☐ Do not allow access to coats, backpacks, or lockers.
- ☐ If there is imminent danger, call RCSD Safety and Security Director at 298-0323, and the Rochester Police Department at 911.

**Step 2: Complete Incident Report**

- ☐ Prepare brief statement of incident.
- ☐ Email it to applicable School Chief.

**Step 3: Notify the Subject Student's Parent(s) or Guardian(s) or Human Resources if employee is the Subject**

- ☐ Parents/guardians have been notified of the situation and this screening.
- ☐ Parents/guardians have NOT been notified because \_\_\_\_\_
- ☐ HR has been notified of the situation.
- ☐ HR has not been notified of the situation because \_\_\_\_\_

**Step 4: Initiate the Threat Assessment Process**

The following warning signs are offered to guide the threat assessment process. The purpose of this process is to determine whether a student *poses* a threat to the safety of others. Does the student/other appear to have the resources, intent, and motivation to carry out the threat? Is there evidence of attack-related behaviors that suggest movement from thought to violent action? Document and discuss all warning signs that apply. The answers to many of the following questions will require input from a District social worker, psychologist or other health care professional. See Attachment 1 – Mental Health Emergency Protocol.

Who are the targets of the threat? \_\_\_\_\_

Describe the incident or concern. Who was present? Where did the incident occur? What happened?

\_\_\_\_\_  
\_\_\_\_\_

## Assess and Discuss All Items: Provide narrative of discussion

---

- ☐ Is there evidence of a plan to hurt *self* or *others*? Is the threat vague, or specific, plausible and detailed? \_\_\_\_\_
- ☐ Violent ideation or threats conveyed in stories, diary entries, essays, letters, songs, drawings, or videos? Subtle threats, boasts, innuendos, or predictions? \_\_\_\_\_
- ☐ Homicidal ideation? Suicidal ideation? Obsessive thoughts? \_\_\_\_\_
- ☐ *Motives* for the student's/other's threat or behavior? \_\_\_\_\_
- ☐ Has the student/other engaged in behaviors relevant to carrying out the threat? "Practice sessions"? \_\_\_\_\_
- ☐ Access to firearms in home or home of extended family or friends? (Confirm with parent/guardian) \_\_\_\_\_
- ☐ Interest in weapons or acts of violence? Weapon-seeking? \_\_\_\_\_
- ☐ Violence seen as a way to solve problems? \_\_\_\_\_
- ☐ Difficulty controlling impulses or emotions? Are emotional reactions extreme or disproportionate to the situation? \_\_\_\_\_
- ☐ History of disruptive behavior? Aggressive behavior? Suspension? Other discipline? \_\_\_\_\_
- ☐ Nature of the student's achievement/academic progress? \_\_\_\_\_
- ☐ Irrational beliefs or ideas? Mental health concerns? \_\_\_\_\_
- ☐ Student accepts responsibility for actions? Denials? \_\_\_\_\_
- ☐ Are peers fearful of the student/other? Staff fearful of the student/other? \_\_\_\_\_
- ☐ Drug or alcohol concerns? Nature of substance use/abuse? \_\_\_\_\_
- ☐ Initiator or victim of harassment or bullying? \_\_\_\_\_
- ☐ Student/Other experiencing hopelessness, personal failure, desperation, depression? \_\_\_\_\_
- ☐ History of violence toward others, objects or property (e.g., fights, vandalism, fire setting)? \_\_\_\_\_
- ☐ Student/Other feels treated unfairly? Grievances, grudges? Against whom? Result of attempts to solve these problems? \_\_\_\_\_
- ☐ Recent loss or emotional trauma? Loss of status: Shame, rejection, humiliation, failed love relationship? \_\_\_\_\_
- ☐ Member of a closed peer group? Does the student's/other's peer group reinforce antisocial attitudes? \_\_\_\_\_
- ☐ Quality of support? Quality of the student's/other's relationships with peers/adults at school? \_\_\_\_\_
- ☐ What support will parents provide? Lack of supervision? \_\_\_\_\_
- ☐ How will the student/other react to discipline in the current situation? Student's/Employee's reaction to recent or past disciplinary incidents? \_\_\_\_\_

## Step 5: Review Findings of this Threat Assessment process

As a team, ask the question: "To what extent does the student pose a threat to school/student safety?"

### ☐ **Low Level of Concern**

Risk to the target(s), students, staff, and school safety is minimal. Example: In the heat of the moment, a student/other becomes angry and makes a statement such as, "I am going to blow you all up!"

- Threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible or lacks detail; threat lacks realism.
- Available information suggests that the person is unlikely to carry out the threat or become violent.

### ☐ **Medium Level of Concern**

The threat could be carried out, although it may not appear entirely realistic. Violent action is possible. Example: A student/other with history of inadequate anger management makes a statement to a peer that he is going to pull the fire alarm and shoot people as they come out of the building. Call to family indicates no weapons in the home.

- Threat is more plausible and concrete than a low level threat. Wording in the threat and information gathered suggests that some thought has been given to how the threat will be carried out (e.g., possible place and time).
- No clear indication that the student of concern has taken preparatory steps (e.g., seeking weapon), although there may be an ambiguous or inconclusive references pointing to that possibility. There may be a specific statement seeking to convey that the threat is not empty: "My uncle has a knife collection!"
- Moderate or lingering concerns about the student's/other's potential to act violently.

### ☐ **High Level of Concern**

The threat or situation of concern appears to pose an imminent and serious danger to the safety of others. Example: A student/other shares parts of a plan with his or her friends to target specific students/others in their schools. He has more thoroughly explained plans for targeted violence in a Language Arts essay. When family is contacted, it is discovered that there are handguns in the home.

- Threat is specific and *plausible*. There is an identified target. Student/Other has the *capacity* to act on the threat.
- Information suggests concrete steps have been taken toward acting on threat. For example, information indicates that the student/other has acquired or practiced with a weapon or has had a victim under surveillance.
- Information suggests strong concern about the student's/other's potential to act violently.

## Step 6: Decide on a Course of Action

Using the Level of Concern from above, decide between the two following courses of action.

### ☐ **Low to Medium Level of Concern**

- Complete the Step 7 Action and Intervention Plan on page 4. (*Most students can be managed at school with increased support and interventions.*)

### ☐ **Medium to High Level of Concern**

- Immediately notify **Director of Safety and Security at 298-0323** for advice on whether to contact the Rochester Police Department.
- *If there is a terroristic threat or imminent danger, call the Rochester Police Department at 911 and the Director of Safety and Security at 298-0323 (e.g., a gun is found).*
- Complete the Step 7 Action and Intervention Plan on page 4 and use it to provide for student safety. Document all interim steps taken by the Building Team.

The results of this screening do not predict specific episodes of violence, nor are they a foolproof method of assessing an individual's potential to harm others. The purpose of this screening is to identify circumstances that may increase the risk for potential violence and to assist school staff in developing a safety and intervention plan.

This Threat Appraisal Screening is guided by findings and recommendations published in the *Safe School Initiative, Threat Appraisal in Schools* (U.S. Department of Education, U.S. Secret Service, 2002), *Threat Appraisal: An Approach to Prevent Targeted Violence* (National Institute of Justice, 1995), and *The School Shooter: A Threat Appraisal Perspective* (Federal Bureau of Investigation, U.S. Department of Justice, 1999) in addition to other sources.

### Step 7: Develop an Action and Intervention Plan

Use the following Plan to address all concerns identified during this Threat Assessment process.

#### **SCHOOL (attach additional pages as needed)**

- ☐ Adult supervision is needed and will be conducted by: \_\_\_\_\_
- ☐ If suspended, student/employee will return on: \_\_\_\_\_
- ☐ Intended victim warned and/or parents or guardian notified.
- ☐ Suicide assessment initiated on: \_\_\_\_\_ by \_\_\_\_\_
- ☐ Contract not to harm self or others created (please attach).
- ☐ Alert staff and teachers on a need-to-know basis.
- ☐ Daily or ☐ Weekly check-in with (Title/Name): \_\_\_\_\_
- ☐ Travel card to hold accountable for whereabouts and on-time arrival to destinations.
- ☐ Backpack, coat, and other belongings check-in and check-out by: \_\_\_\_\_
- ☐ Late Arrival and/or Early Dismissal: \_\_\_\_\_
- ☐ Increased supervision in these settings: \_\_\_\_\_
- ☐ Modifications to daily schedule: \_\_\_\_\_
- ☐ Behavior plan (attach a copy to this Threat Assessment Screening).
- ☐ Intervention by support staff (Psychologist, Social Worker, Counselor). Staff \_\_\_\_\_ Contact # \_\_\_\_\_
- ☐ Identify precipitating/aggravating circumstances, and intervene to alleviate tension. Describe: \_\_\_\_\_
- ☐ Drug and/or alcohol intervention with: \_\_\_\_\_
- ☐ Referral to IEP team to consider possible Special Education assessment.
- ☐ If Special Education or 504 student, review goals and placement options.
- ☐ If Special Education student, refer to your CASE for consideration of change in placement.
- ☐ Review community-based resources and interventions with parents or caretakers.
- ☐ Name and phone # of probation or parole officer: \_\_\_\_\_
- ☐ Intervention Plan case manager: \_\_\_\_\_  
Review date: \_\_\_\_\_

#### **PARENTS/GUARDIANS**

- ☐ Parents will provide the following supervision and/or intervention: \_\_\_\_\_
- ☐ Parent signatures: \_\_\_\_\_

Print and sign all participant names:

Administrator \_\_\_\_\_

Discipline Faculty Member \_\_\_\_\_

Support Services \_\_\_\_\_

Classroom Teachers \_\_\_\_\_

School Safety Officer \_\_\_\_\_

Rochester Police Department Officer \_\_\_\_\_

Additional Team Members \_\_\_\_\_

- Step 8:**
- Part 1: Email this completed screening to School Chief.**
  - Part 2: Maintain one copy of this protocol in a secure file at the school.**

## ATTACHMENT 1

### Rochester City School District Mental Health Emergency Protocol

Mental Health Emergency is defined as: Student exhibits any behavior, verbal communication, and/or written communication that suggests that they will harm themselves or others.

Behaviorally, a student may cut themselves, withdraw, shut down and may not respond to verbal communication. A student may also charge towards others students/staff with the intention to harm them. Stalking behavior is also considered a mental health emergency. Verbally, a student may make self-injurious statements or threaten to harm other students and/or staff.

Mental Health Emergency (MHE) Team includes: School Social Worker, School Psychologist, School Nurse, School Counselors and School Administrator.

- ☐ Staff person (including outside agencies and RPD) will first notify the Mental Health Emergency Team members or main office.
- ☐ If the main office is contacted first, they will notify Mental Health Emergency Team members.
- ☐ In order to maintain safety, the student must be separated from peers and supervised by an adult at all times.
- ☐ Mental Health Emergency Team member will conduct student interview/risk assessment. If a student has identified a preferred person, every effort will be made to include the individual during the assessment process.

#### Initial Assessment

Have you ever physically hurt yourself on purpose in any way?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes,

- Frequency \_\_\_\_\_
- Severity \_\_\_\_\_

**Social Worker Lethality Assessment Tool\***  
**(Suicide/Homicide)**

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ **self-harm/suicide**

☐ **assault/homicide**

|                                                                   | present                  | past                     | n/a                      |
|-------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b><u>Nature of Plan</u></b>                                      |                          |                          |                          |
| Vague idea with no weapon                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A weak plan                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some specific, realistic details                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complete plan with some details available                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complete plan with lethal details and weapons included            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Prior Attempts</u></b>                                      |                          |                          |                          |
| None, is only talking about the present time                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some past attempts. How often? _____                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Numerous past attempts, but ineffective                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None, but threatens lethal attempt                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has made lethal attempts                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assaultive behavior                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Mood</u></b>                                                |                          |                          |                          |
| Not healthy, but improves while talking                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Controlled, but depressed                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partially controlled, but has bursts of extreme mood              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Little control of mood, but only moderates ups and downs          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme depression, with bursts of screaming or resigned and calm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Method</u></b>                                              |                          |                          |                          |
| Mentions suicide/homicide, but cannot explain                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specifies a suicide method, but does not have the means available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a barely adequate idea with the available means               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific plan _____ and has the means/weapons                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wants to harm/kill another and has means/weapons                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Has Access to (Pills, knives, gun, other)</u></b>           |                          |                          |                          |
| Specify: _____                                                    |                          |                          |                          |
| <b><u>Interpersonal Contacts</u></b>                              |                          |                          |                          |
| Has a family, friend(s) and school/job presently                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a family and school/job but no friend(s)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has friend(s) and a school/job but no family                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has only family or friend(s)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is isolated                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Loss: personal or situational</u></b>                       |                          |                          |                          |
| No loss incurred or upcoming                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Possibility of a lost (job, loved one, financial)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss has occurred or anticipated and person is upset about it     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                                          |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Medical Problems</u></b><br>None, in good health<br>General or vague physical complaints<br>Has serious complaints and is hopeful/managing symptoms<br>Has serious medical symptoms/problems                                                                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| <b><u>Chemical/Alcohol Use</u></b><br>None<br>Occasional or social use<br>Tends to self-medicate, uses drugs/alcohol or cope<br>Drug/alcohol use interferes with day-to-day functioning                                                                                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| <b><u>Medications</u></b><br>Type/Dosage: _____<br>Compliant: yes    no                                                                                                                                                                                                  | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     |
| <b><u>Psychiatric History</u></b><br>No psychiatric history noted<br>History of psychiatric problems<br>History of psychiatric issues in family<br>History of hospitalization: Date: _____<br>Successful suicide in family<br>More than one successful suicide in family | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

Assessment: Note date and time of incident; date and time of evaluation. Describe actions and rationale taken to assure safety of student and/or others. Detail all notifications made.

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

\*Remember: Lethality is when a person is capable of causing death. The term can apply to thoughts of homicide or suicide. The symptoms can include feelings of depression and/or hopelessness. These emotions can be because of the loss of a loved one, health issues or the lack of support of a family member.

## Suicide Questions

### Initial Questions:

Have you ever thought that life was not worth living?

---

Ever wish you were dead?

---

Do you have a plan to hurt or kill yourself?

---

When was the last time you thought about killing yourself?

---

Have you ever tried to kill yourself in the past?

---

Have you taken anything (medication) to hurt you now?

---

Have any of your friends or family members ever committed suicide?

---

What do you mean when you say "kill yourself/commit suicide"?

---

What's your plan? How? When? Does anyone else know?

---

Why now?

---

### Hopes

What do you hope will happen to you?

---

How do you think others will react?

---

What do you want me to do now?

---

**Chronology**

When did these thoughts start (15, 30, 60 minutes ago; yesterday; last week; etc.)?

---

What was happening then?

---

Have you ever heard voices?

---

**Mood**

Does anyone know how badly you are feeling?

---

Who do you think loves you?

---

Who do you love the most?

---

How do you feel now?

---

**Other**

Are lethal objects (guns, knives, medication, drugs, etc.) available?

---

Once it is clear that the student has no plan of suicide or does not feel like self-injurious behavior, you should begin developing a safety plan with the student. (See sample below)

\*\*\*\*\*

### **Maria Smith Safety Plan**

**4/15/11**

- Maria cannot be left alone at any time.
- Maria will contact an adult if she feels that she cannot cope with auditory and visual hallucinations.
- She shall be brought to the office and find an administrator, social worker or psychologist.
- She will be assessed for self-harm risk.
- If necessary, the Crisis Unit at Rochester Mental Health will be called at 922-2500.
- If not, call 911 for a mental health arrest.
- Hospital of preference: Rochester General
- Call mom: xxx-xxxx or grandma: xxx-xxxx
- If you need to contact Maria in order to avoid self-harm, we have mom's permission.

This plan was created with the permission and approval from Parent and Administrator.

Supply copies to all teachers and staff that have contact with student.

\*\*\*\*\*

If the safety plan is unsuccessful, call 911 to request that the student be taken to the hospital. Nurse will gather any necessary medical and psychological records for EMT.

Mental Health Emergency Team member will follow-up with family and student within 24 hours and modify the safety plan. Debriefing with Mental Health Emergency Team and appropriate staff regarding situation and action plan will take place.