



ROBERTSON COUNTY SCHOOLS: SUICIDAL IDEATION PROTOCOL

The following protocol shall be followed in cases where a student displays at-risk behaviors or suspicion of risk of serious self-injury by indicating through actions, speech, or writings that he or she may be at risk of physically harming himself or herself:

1. Upon observing or learning that a student has displayed at-risk behaviors or is otherwise suspected of risk of suicide, the school staff member who receives the information shall immediately contact a school administrator.
2. The school administrator shall immediately notify the SRO and the school counselor. If a school psychologist or school nurse is available, the administrator shall seek his/her assistance as well.
3. The identified student shall not be left alone but shall be accompanied by an adult to the school counselor's office.
4. Prior to contacting the student's parent/guardian, the school administrator shall determine if there could be further risk of harm resulting from parent/guardian notification. If parent/guardian notification could result in further risk of harm or endanger the health or well-being of the student, then Department of Children's Services and the SRO shall be contacted. Extenuating circumstances such as these may result in a modification of protocol once approval has been obtained from The Office of Student Services.
5. If there is no risk of further harm resulting from parent/guardian notification, then the student's parent or guardian will be contacted and the parent/guardian will be asked to immediately pick up the student and to take the student to see an appropriate licensed medical or mental health provider (i.e., the child's pediatrician, psychotherapist, or mental health counselor) for evaluation and intervention.
6. The student shall be directly supervised by school personnel until the parent/guardian arrives to take responsibility for ensuring the student's safety. A school administrator/designee shall complete a Suicidal Ideation Release Form and obtain the parent or guardian's signature prior to the student's release.



The school district reserves the right to transport the student to the hospital for evaluation in the event the parent/guardian refuses to pick up the child or is unable to do so within a reasonable time period (please contact TriStar NorthCrest at 615-384- 1536 to let them know you are transporting a child). A representative from the school system shall accompany the student and remain with the student until the parent/ guardian arrives. DCS and local law enforcement shall be contacted in such a case.

7. Once a student has been transported notice must be given to the school nurse. If your school nurse is absent send email notification to The School Nurse Coordinator.

8. The student's re-entry to school should follow the Robertson County School's Re-Entry Protocol for Student's At Risk for Self-Injurious Behavior.



RCS Re-Entry Protocol For

Students At Risk

For Self-Injurious or Suicidal Behavior

The following protocol shall be followed in cases where a student displays at-risk behaviors or suspicion of risk of serious self-injury by indicating through actions, speech, or writings that he or she may be at risk of physically harming himself or herself:

1. All students are required to follow the re-entry protocol.
2. Prior to re-entry, the parent/ guardian must provide documentation to the school that the student has been assessed by an appropriate licensed medical or mental health provider (as defined in the suicide protocol) and is not presently expressing suicidal ideation and is not at risk for serious self-injurious behavior. The building principal/designee shall notify pupil transportation not to pick up the student if the school bus is the student's mode of transportation. The student may not return to school without documentation.
3. If the student has a treatment plan or discharge summary, the school requests that the parents/guardian share said plan and sign a release of information for the school to be able to talk to the attending health professional.
4. If the health provider or discharge information indicates that a safety plan is needed at the school level, principal/designee and school counselor shall develop a safety plan to be used at school. The plan will be shared with the student and the parent/ guardian, as well as necessary school personnel.
5. Such plans will be individualized to accommodate a particular set of needs; however, the following guidelines shall be considered during formulation of the plan:
 - a. The student should meet with the school counselor and/or other appropriate service providers on an agreed upon basis and for an agreed upon duration.
 - b. If the student feels at risk, he/she immediately will seek school personnel for assistance.



Suicidal Ideation Release

Form

To the Parent/Guardian of _____ (student).

Today, _____ (date), it was reported that your child has displayed at-risk behaviors or suspicion of committing serious bodily injury by indicating through actions, speech, or writings that he or she may be at risk of physically harming others.

Your child may not return to school until you present written verification that he/she has been evaluated by a licensed medical or mental health provider who has documented that it is safe for your child to return to school. Your family doctor, local mental health center or emergency services (listed below) can evaluate your child and assist you in finding support or treatment.

24 Hour Emergency Services Phone Numbers:

- TriStar NorthCrest: (615) 384-2411
- Youth Village Crisis Line: (866) 791-9221
- Mobile Crisis: Centerstone: (800) 681-7444 only for students 18 and older
- Robertson County Crisis Line: (877) 652-3069 By signing, you the guardian acknowledge the following:

a) I have been informed by the district that my child was showing signs/making statements that demonstrate suicidal ideation.

b) I have been informed that the district's protocol requires that my child undergo a medical/mental health assessment prior to his/her readmission to school.

c) I am aware that prior to my child's readmission, the school must receive documentation that my child has been assessed by a licensed medical or mental health provider and is not presently expressing suicidal ideation and is not at risk for serious self-injurious behavior. Days missed will accumulate toward truancy if proper documentation is not provided.

d) I am taking custody of my child and am responsible for his/her care at this time.

Parent/Guardian Signature: _____

Exit Time: _____

Administrator Signature: _____

Counselor: _____

School Name: _____

Copy to: Parent School Psychologist Guidance Counselor School Administrator School Nurse