EUFAULA CITY SCHOOLS

STUDENT SAFETY PLAN SUICIDE PROTOCOL

REQUEST FOR ASSISTANCE

- Once a student has expressed harm to self and/or others ideation, the **counselor** will be notified immediately.
- If the counselor is not available, the **nurse** will be contacted to complete the Student Safety Plan Protocol.
- The counselor/nurse notifies the Principal/Principal's Designee **IMMEDIATELY**. If the Principal is not available, it is the Principal's Designee's responsibility to notify the Principal.
- All school campus administrators will be trained to complete the ***Student Safety Plan Protocol*** in the event that the counselor/nurse is unavailable.
- All emergencies that require 911 assistance should be called in immediately to the Central Office – Assistant Superintendent at ***334-687-1100***. *Any serious injuries should be reported to your school nurse as soon as possible.*

PARENTAL NOTIFICATION

Note: *The counselor/nurse/principal/principal's designee will remain with the student until the parent/guardian arrives.*

1. The counselor/nurse/principal/principal's designee will contact and meet with the parent/guardian immediately. The purpose of the emergency conference is to discuss the student's immediate psychological and safety needs, including supervision. Topics to be discussed should include:
    a. current status of student.
    b. student's exact reference to harm self and/or others.
    c. importance of parental role in providing supervision.
    d. steps to be taken to supervise the student (to ensure safety): line-of-sight supervision, removing all means of harm (e.g. removal of weapons, pills, knives, belts, shoe strings etc.) from the student's access, importance of continuous observation, etc.
    e. assist the student/family in seeking medical/mental health services as needed.
2. If the counselor/nurse/principal's designee cannot reach a parent/guardian by phone, they will call the emergency contacts that were provided by the parent/guardian. If the parent/guardian is unable to be located, the counselor/nurse/principal/principal's designee will call the Student Resource (non-emergency police or Sheriff department) for assistance with locating parent/guardian.
3. If the student is taken to the hospital, the counselor/nurse/principal/principal's designee will accompany the child. Once the parent/guardian arrives, the counselor/nurse/principal/principal's designee may choose to remain but is no longer required.
4. Counselor/Nurse/Principal/Principal's Designee will ONLY provide the parent/guardian with a copy of the ***Parent Notification Letter***. The parent/guardian will be advised that the student needs be evaluated/assessed by a medical doctor/mental health professional before returning to school to ensure that he/she is no longer at risk of harming self or others.
5. If a student does not live with his/her legal guardian, the primary caregiver and/or adult in the household must also be contacted, notified of the student's status and asked to assist the student in seeking medical/mental health assistance.

6. Parent/guardian will be asked to sign th***e Parent Notification Letter***. This form acknowledges that the parent/guardian has been notified of his/her child's behaviors and the recommendations for treatment options. The form will be kept in a confidential file separate from the student's cumulative folder.
7. Student and parent/guardian will be notified that the student must participate in a mandatory readmit conference upon return to school.
8. If a student expresses thoughts of harm to self and/or others, and cannot be located in class or on campus, the counselor/nurse/principal/principal's designee will immediately be notified, and will make every effort to locate the student. The principal/available administrator and parent/guardian will, also, be notified immediately.
9. All phone calls/conferences/attempts to notify are to be documented on the **Parent/Guardian Notification Record.**
10. When the student returns to school, the counselor/nurse/principal/principal's designee will conduct a mandatory readmit conference with the student and parent/guardian. At that time, appropriate clearance documentation (i.e., discharge form, doctor's note, mental health clearance form, etc.) will be collected from the parent/guardian. A copy of this documentation should be attached to the school's copy of the *Student Safety Plan Protocol*.

ASSESSMENT

1. The student will be informed that their statements are not confidential and may be shared with a parent/ guardian and appropriate personnel when necessary.
2. Counselor/nurse/principal/principal's designee will complete the ***Assessment Interview Form.***
3. The ***Parent Notification Letter*** will be completed and reviewed with the student and the parent/guardian. Provide the parent/guardian with of this letter.
4. A copy of the ***Assessment Interview Form*** can be sent directly to the medical/mental health provider irequested.

FOLLOW-UP

1. During the **mandatory** readmit conference with the parent/guardian, the counselor/nurse/principal/principal's designee needs to obtain a copy of the release/discharge paperwork/medical clearance document showing that the student has been assessed by a medical/mental health provider.
2. If a designee, rather than the counselor, meets with the student and parent/guardian in the mandatory readmit conference, the counselor will conduct a follow-up conference with the student as soon as the counselor returns to campus.

SUICIDE PREVENTION

Suicidal Warning Signs

- Gives away personal items
- Is very moody
- Family problems
- Physical/sexual abuse
- Loss of energy
- Peer rejection
- Drug abuse
- Neglect of appearance
- Sudden change (in anything)
- Asks legal questions about death
- Talks of life after death
- Ends a relationship
- Death of friend/family member

Major Warning Signs

- Previous suicide attempt
- Current talk of suicide or making a plan
- Strong wish to die, preoccupation with death
- Recent suicide attempt by a friend/family member
- Impulsiveness and taking unnecessary risks

Ways to Respond:

DO

- Listen (not lecture). Listening will decrease the probability of going through with suicide.
    - Assess suicide potential. Ask specific questions.
    - Do you have a plan?
    - Are the means available?
    - Have you attempted suicide in the past? How? What happened?
- How do you see yourself in the future? (shows hope)
- Be supportive. Let student know you care and help can be sought.
- Talk openly and honestly about any statements the student has made.

DON'T

- Ignore the problem (it won't just "go away")
- Keep the information secret. Verbal threats and plans are signals for help.
- Believe that if suicide is talked of, the threat won't be carried out. Suicide is very often talked about before it is committed.
- Be judgemental.
- Laugh it off.

Eufaula City Schools
Student Crisis Referral Form

Referral Date: _____

Student's Name: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent/Guardian:_____ Phone Number: _____

Person Completing SCRF:_____ Title:_____

Additional School Personnel: _____

Student Referred by:

- □ Self
- □ Student
- □ Parent
- □ Teacher
- □ Counselor
- □ Other: _____

ACTION STEPS:

- Remain with student and assess situation
- Notify school personnel: Principal, Counselor, Nurse, SRO
- Notify school district designee and Crisis Team
- Contact parent to come to school
- Parent Notification Letter & Mental Health Resource List to parent
- Assist with referral, if desired
- Determine if there are impacted students and contact – complete Crisis Form for them if necessary
- Mandatory Re-Admit Conference with Student Re-Entry & Support Form

Assessment:

Through conversation with the student ask the following questions:

Are you experiencing feelings of helplessness? ☐ **Yes** ☐ **No**

Do you feel overwhelmed by life? ☐ **Yes** ☐ **No**
I care about you and would like for you to share with me about these feelings?
☐ **Shared** ☐ **Would Not Share**
In the past few weeks, have you felt that you or your family would be better off if you were dead?
☐ **Yes** ☐ **No**
Have you wished you were dead? ☐ **Yes** ☐ **No**
In the past week, have you been having thoughts about hurting or killing yourself? ☐**Yes** ☐ **No**

Have you ever tried to hurt or kill yourself? ☐ **Yes** ☐ **No**
Do you think you can keep yourself safe? ☐**Yes** ☐ **No**

_____

_____

_____

_____

_____

Inquire about the parent relationship/home environment in case there is abuse.
Should the parent or guardian be contacted? ☐ **YES** ☐ **NO**

NOTE: Parents/Home life may be not be appropriate to notify; therefore, DHR and law enforcement may need to be contacted to ensure the student is safe.

CONCERNING BEHAVIORS & RISKS (MARK ALL THAT APPLY)

These may have been shared during the assessment or from the person who made the referral. Mark with an "R" if from Referral or an "A" if from Assessment.

___ Suicidal Behaviors/Threats

___ Previous Suicide Attempt(s)

___ Self-Injurious Behavior

___ Sudden Change in Behavior

___ Signs of Depression

___ Unusual Changes in Mood

___ Withdrawn/Depression

___ Excessive Crying/Sadness

___ Inattentive/Hyperactive

___ Frequent Complaints of Illness

___ Alcohol or Drug Use, Medication Mis-use

___ Giving Away Possessions

___ Truancy/Running Away

___ Changes in Grades

___ Bullying (Perp./Victim)

___ Angry/Agitated

___ Violent Outbursts

___ Resistant to Authority

___ Fighting/Destroying Property

___ Reports Sleep Problems

___ Reports Fears/Phobias

___ Reports Being Told to do Things

___ High Risk Behaviors

___ Recent Traumatic Event

___ Reports Abuse

___ Victim of Crime/Violence

___ Legal/Court Problems

___ Peer/Social Problems

___ Recent Loss or Separation

___ Parent/Child Conflict

Parent/Guardian Notification Record:

An effort was made to contact the parent/guardian/emergency contact by telephone at the following times:

Date Time	Results (Please Check Accordingly)	
		□ No Answer ☐ Left Message ☐ Contacted _____
		□ No Answer ☐ Left Message ☐ Contacted _____
		□ No Answer ☐ Left Message ☐ Contacted _____
		□ No Answer ☐ Left Message ☐ Contacted _____

The parent/guardian could not be reached OR refused to come get his/her student. Consequently, the student was not allowed to leave school or to go home unescorted, so the following action was taken:

- □ Contacted local Police Department
- □ Contacted Sheriff's Department
- □ Contacted attendance officer, At Risk Cooridnator or Mental Health Services Coordinator in order to conduct a home visit to notify the parent/guardian
- □ Contacted the Department of Human Resources (DHR)
- □ Contacted emergency services, i.e., hospital, paramedics, mental health, etc.
- □ Other (Explain): _____

Parent Notification Letter

Date _____

I, _____, have been notified that my child
(Parent's name)
_____ has verbalized, or through other activities, has manifested a suicidal
(Student's name)
threat. Consequently, I have been asked to carefully monitor my child and to also seek medical/mental health consultation immediately.

I have been told that the school will follow-up with my child once he/she returns to school in order to provide support for his/her emotional well-being and safety. Not only have I been given a copy of my child's safety plan and a mental health resource list, but I have also been given the opportunity to ask questions regarding my child's needs and the types of support/resources available for my child from community agencies.

I understand that I will be **required** to seek medical/mental health assistance for my child before he/she is readmitted on the school campus. During the **mandatory re-admit conference** that will be held with the school counselor, my child, and me, I will be asked to provide a mental health clearance letter of release which must be dated, signed and on letter head from a medical/mental health professional.

_____

Parent/Guardian's Signature

_____Parent refused to sign (Check if applicable)

_____

Counselor's Signature

Additional Comments:_____

_____

AGENCIES THAT PROVIDE ASSISTANCE:

Agency Name:	Agency Telephone Number:
Arch Counseling	1-334-714-6494
SpectraCare	1-800-951-HELP (4357)
Laurel Oaks	1-866-320-3613
Beacon's Children Hospital	1-334-335-5040
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Eufaula-Barbour Medical Center	1-334-688-7000

Student Re-Entry & Support Form

Date: _____

Student: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent Present: _____

□ Provided Mental Health Clearance Letter of Release from a qualified medical/mental health professional. (attach to this form)

Does a medication form need to be complete with the nurse? ☐ Yes ☐ No

How can the school support the student?

_____

_____

_____

Any tips or advice from the mental health professional?

_____

_____

_____

Any requests made by the parent?

_____

_____

_____

Does the school have permission to consult with the students mental health professional if questions regarding student support arise?

□ No ☐ Yes If Yes – Professional's Name:_____

Professional's Phone Number: _____

Additional Notes:

_____

_____

_____

Completed by: _____