

Wortham Independent School District

Response Protocol for Suicide Ideation

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Crisis Management Team:

- School Administrators
- Counselor
- Academic Advisor
- Nurse
- Secretary
- Police (if necessary)
- Student (with suicidal thoughts)
- Parent/Guardian of Student

This is to be used in situations when:

- A student reports suicidal ideation
- A student attempts suicide
- A safety plan is needed
- A student is transitioning back to school after suicidal ideation or an attempt

*****ALL** reports of suicidal ideations/attempts/etc. are to be reported to the counselor, school administrators, and parents - immediately.

When a Student Verbalizes Suicidal Thoughts at School

If a student communicates thoughts of suicide you must document using the risk assessment screening form on page 3 of this handbook. Always consult and err on the side of caution.

Low Risk	Medium Risk	High Risk
If risk is low, consider the following:	If risk is medium, consider the following:	If risk is high, consider the following:
<ul style="list-style-type: none"> → Document date of risk → Notify counselor → Contact parent/guardian → Refer family to resources → Complete Safety Plan if necessary. <ul style="list-style-type: none"> ◆ Collaboratively complete Safety Plan with Crisis Team and student. ◆ Notify teachers/staff of plan using Instructions for Teachers form. ◆ Inform parents/guardian of plan and review plan periodically. 	<ul style="list-style-type: none"> → Document date of risk → Notify counselor → Notify administrator → Contact parent/guardian → Refer family to resources → Complete Safety Plan (see low risk column) → Complete & follow Re-Entry Procedure (if student left school). 	<ul style="list-style-type: none"> → Do not leave student alone. → Escort student to a secure location where student can be monitored and away from other students (ie counselor's office or nurses office) → Notify counselor (document date) → Notify administrator (document date) → Contact parent/guardian → Student will not be sent home unless released to a parent/guardian or medical practitioner. → Complete Safety Plan on this date or upon students return depending upon the severity of the situation (see low risk column) → Complete & follow & implement Re-Entry Procedure upon student return.

Suicide Risk Screening Form

Date: _____

Student Name: _____

Staff Member Conducting Screening: _____

1. Have you wished you were dead or wished you could go to sleep and not wake up? **YES** or **NO**
2. Have you actually had any thoughts about killing yourself?
YES or **NO**

If YES to 2, answer questions 3, 4, 5, and 6.
If NO to 2, go directly to question 6.

3. Have you thought about how you might do this? **YES** or **NO**
4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have had the thoughts but you definitely would not act on them? **YES** or **NO**
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? **YES** or **NO**

Always ask question 6.

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (example: collected pills, obtained a gun, given away your valuables, wrote a note or will, procured a gun, cut yourself, tried to hang yourself - or planned to do any thing else or any of the above) **YES** or **NO**

Re-Entry Protocol

Re-entry meetings will take place after suicidal ideation or a suicide attempt and before the student returns to school. Re-entry meetings will be documented using the Re-Entry Meeting Notes form. Meetings will be scheduled in partnership with administrator, counselor, nurse, parent/guardian and possible outside medical professional.

Family and School personnel who must participate:

- Student
- Parent/Guardian
- School Counselor
- Administrator
- Academic Advisor (for HS students)

Optional Attendees:

- Nurse
- Outside counselor
- Medical Personnel
- Family/Student Advocate

Purpose of the re-entry meeting:

- Review steps taken by family and students to follow up on suicidal ideation or attempt.
- Discuss resources in place or connect to additional resources.
 - Family is encouraged to bring ROIs (release of information)
 - Family is encouraged to bring assessment/appointment notes/dates
- Share recommendations by student's medical practitioner and/or therapist.
- Create or discuss school safety plan. Include in discussion:
 - Open or closed lunch/passing periods.
 - Access to bathrooms and nurse.
 - Notification of teachers/coaches/after school activity supervisors.
 - Supervision during/after school activities/sports.
 - Duration of safety plan.
- Next steps in case of continued safety concern.

Re-entry Meeting Notes

Date: _____
Student Name: _____
Incident Date: _____
Absence Dates From/To: _____

Re-entry meeting participants:

_____	_____
_____	_____
_____	_____
_____	_____

Steps taken by family and student to follow up on suicidal ideation or attempt. Discuss resources in place or connect to additional resources.

Recommendations by student's medical practitioner and/or therapist.

Questions/concerns about missed work, credits, absences etc.

Next steps in case of continued safety concern. (When student needs to go home and with whom?)

Student: _____	Date: _____
Parent: _____	Date: _____
Counselor: _____	Date: _____
Administrator: _____	Date: _____

School Safety Plan

Name: _____

Completed By (Staff): _____ Date: _____

Causes: Things that tend to set me off...

Warning signs: That I am upset, mad, sad etc...

I am responsible for my behavior and if life becomes overwhelming, I'm upset, and I want to harm myself in any way, I will do the following:

Coping Strategies: Things or activities I can do to help me calm myself at school...

1. _____
2. _____
3. _____
4. _____

While at school, the adults I can contact for support are:

Name: _____ Location: _____

Name: _____ Location: _____

While at home, or away from home, the adults I can contact for support are:

Name: _____ Location: _____

Name: _____ Location: _____

If I feel suicidal, I can/will call Teen Link at 206-296-4990 or the Crisis Hotline at 206-461-3222 or 1-800-273-TALK. I can also text the Crisis line #741741 or Teen Line #839863.

Committee Members Signature:

Instructions for Teachers/Support Staff

Date: _____

Our student _____ is on a Safety Plan at school. While the student is in your classroom please follow the procedures checked below. **Keep this confidential at all times and follow this plan until further notice.**

If the student has left class to use the bathroom, please monitor the time the student is gone. Call the office or notify the administrator/counselor if you are concerned that the student has been gone too long.

If he/she is visibly upset or expressing thoughts of unsafe behavior, call the office/administrator/counselor immediately. Send him or her to the office to speak with the counselor or an administrator. **Always request an office escort and call the office so we know the student is on their way.**

This is the safety plan that will be implemented for _____:

Contact the counselor if you have any questions or concerns.

Counselor: _____