Shoreline School District Response Protocol for Suicidal Ideation

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WHO: Counselors, School Psychologists, School Administrators

WHEN: 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.

Once completed, send an email to inform the Director of Student Services. Counselor will keep all documentation, make copies, and disseminate according to instructions on the bottom of specific pages.
When a Student Verbalizes Suicidal Thoughts at School
(To be used by school counselors, school psychologist and school administrators.)

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

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<th>HIGH RISK</th>
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<tr>
<td>If risk is high/there is immediate suicide risk, do the following:</td>
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<td>- Do not leave student alone.</td>
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<td>- Escort to a secure location where student can be monitored and away from other students.</td>
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<td>- Notify administrator and call parent/guardian</td>
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<td>- If parent can’t be reached, call 911 (if attempt at school) or outside resource (CCORS, student’s therapist, hospital etc.)</td>
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<td>- Do not send student home unless released to a parent or medical practitioner.</td>
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<td>- Document date of risk assessment, person/agency contacted and resulting plan.</td>
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<tr>
<td>- Follow Re-Entry Procedure and complete/implement School Safety Plan upon student’s return</td>
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<th>MEDIUM RISK</th>
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<td>If risk is medium, do the following:</td>
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<td>- Notify administrator and call parent/guardian</td>
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<td>- Refer family to resources (CCORS, counseling resource list, medical provider)</td>
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<td>- Document date of risk assessment, person/agency contacted and resulting plan.</td>
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<tr>
<td>- Follow Re-Entry Procedure, if student left school after incident, and complete a School Safety Plan. Or Coping at School Plan (optional)</td>
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<th>LOW RISK</th>
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<td>If risk is low, CONSIDER the following:</td>
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<td>- Contact parent/guardian</td>
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<td>- Refer family to resources</td>
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<tr>
<td>- Complete Safety Plan if necessary. Or Coping at School Plan (optional)</td>
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SAFETY PLAN:
- Collaboratively complete Safety Plan with student or student’s medical provider.
- Notify teachers/staff of plan using Instructions for Teachers form—include causes, warning signs and coping strategies on the form or in an email.
- Inform parent/guardian of plan, and review plan periodically.
Suicide Risk Screening Form

Student Name: Date:

Staff Name:

Reason referred:

Consulted with:

What is the level of distress? Why today? What has changed? 1-10 response?

How prepared is the student? Is there a plan? Is there access to means (firearm, medication, accident)?

What is the past history regarding suicidal ideation and/or attempts? Has this student attempted suicide before? Rehearsed any part of the plan previously? Researched any potential plans?

How vulnerable is the student? Are there mental health diagnoses/concerns, drug/alcohol concerns, family concerns etc.)?

How isolated does the student feel? Who has he/she talked to about how he/she is feeling, about suicide? Who does the student spend time with?

Next Steps?
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 Re-entry meeting notes form. Meeting scheduled in partnership with counselor and admin.

Family and School personnel who must participate are:
- Student
- Parent/Guardian
- School Counselor
- Administrator

Optional Attendees:
- Nurse
- Family Advocate
- School Psychologist

Purpose of the re-entry meeting:
- Review steps taken by family and student to follow up on suicidal ideation or attempt.
- Discuss resources in place or connect to additional resources.
  - Family is encouraged to bring ROIs
  - Family is encouraged to bring assessment/appointment notes
- Share recommendations by student’s medical practitioner and/or therapist.
- Address questions/concerns about missed work, credits, absences etc.
- 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 (when a student is sent home and with whom)
Re-entry Meeting Notes

Student Name: __________________________ Date: _____________
Incident Date: __________________________ Absence Date(s) 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. (ROI, Assessment/Appointment notes)

☐ Recommendations by student’s medical practitioner and/or therapist.

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

☐ School safety plan. (Restrictions during lunch/passing periods. Supervision during after school activities/sports. When to notify teachers/coaches/after school activity supervisors and by whom. Duration of safety plan and check in/review process.)

☐ 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)_____________________________           Today’s Date ________________

Causes: Things that tend to set me off (make me feel mad, sad, upset):

Warning signs that I am mad, sad or upset (how can I/others tell?):

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:____________________________________________ Phone: ____________________________
Name:____________________________________________ Phone: ____________________________

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

Parent contact made by: ________________________________
Parent Name/Number: ____________________________________

Copy to student, counselor, admin, and confidential/central location (tbd by building)
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 at x_________ 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 at x_________ and send him/her to talk with the psychologist, counselor or administrator. **Always request an office escort and call the office so we know the student is on their way.**

☐ Make sure this document is included with your sub notes when you are absent.

☐

☐

Contact the student’s counselor if you have any questions or concerns.

Counselor: ______________________________ x_________

Copy to teachers, counselor, admin, security, nurse, dean
Suicide Prevention Steps for Parent/Guardians

1.) Show you care – Listen carefully and talk openly with your student about their thoughts and feelings (specifically about suicide and/or self-harm). And take care of yourself too – crisis lines/websites are also great resources for parents.

2.) Contact your medical care provider for an appointment and/or referral for treatment. Complete release of information document (ROI) for communication with school and provide school’s risk assessment information to your medical provider.

3.) Contact CCORS (Children’s Crisis Outreach Response) /Crisis Line at 1(866) 427-4747/(206) 461-3222 or 1(800) 273-TALK for more immediate risk assessment and mental health counseling.

4.) Remove potential threats to safety, for example: weapons, medications, sharps, toxic household substances (e.g. bleach), belts, etc.

5.) Supervise and monitor – Avoid leaving your student alone or letting them isolate themselves behind closed doors.

6.) Schedule a re-entry meeting with your student’s school counselor and administrator before your student returns to school. This meeting is required before your student returns to classes.

Counselor: ________________________________

Phone #: __________________________