



Rachel Patterson Elementary School

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Principal

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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. District social workers/personnel will be contacted **ONLY** if no one is available at the school to complete an assessment or if additional assistance is needed.
- All emergencies that require 911 assistance should be called in immediately to the Central Office at 251-867-6251. 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 Escambia County Sheriff's Department (non-emergency police sheriff department) at 251-809-0848 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 **Student Safety Notice** and the **Notice of Emergency Conference Form**. The parent/guardian will be advised that it is in the best interest of the student to 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. The parent/guardian will be asked to sign the ***Student Safety Notice*** and the ***Notice of Emergency Conference Form***. The parent/guardian will also be asked to indicate whether they will seek medical/mental health assistance for their child. 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. If the parent/guardian agrees to seek medical/mental health assistance, the counselor/nurse/principal/principal's designee will assist parent/guardian with making an appointment BEFORE the student and parent/guardian leave the school campus. In addition, 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 ***Student Safety Plan Disposition Form***.
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* and be sent to Central Office, Student Support Services, Guidance Department, Attention: **David Lanier**, in an envelope marked "CONFIDENTIAL".

ASSESSMENT

1. The student will be informed that their thoughts cannot be treated as confidential AND will be shared with student's parent/guardian and selected authorities.
2. Counselor/nurse/principal/principal's designee will complete the ***Student Safety Plan Assessment Interview Form***.
3. The ***Notice of Emergency Conference Form*** and the ***Student Safety Notice*** will be completed and reviewed with the student and the parent/guardian. Provide the parent/guardian with a copy of both of these forms.
4. A copy of the ***Student Safety Plan Assessment Interview Form*** can be sent directly to the mental health provider, if requested. **However, please do NOT give this assessment interview form to the parent/guardian.**

FOLLOW-UP

1. The counselor/nurse/principal/principal's designee will send a copy of the completed packet (including clearance documentation) to Central Office, Student Support Services, Guidance Department, Attention: **David Lanier** in an envelope marked "CONFIDENTIAL".
2. 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.
3. 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.
4. The counselor will continue to monitor the student once a week for four weeks and as needed through contact with student/teacher and/or observation.

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 judgmental.
- Laugh it off.

STUDENT SAFETY PLAN EMERGENCY GUIDANCE REFERRAL

| GENERAL INFORMATION | | |
|---|---|----------------|
| Student Name: | Birthdate: | |
| School Name: | Grade: | |
| Referring Person: | Title/Position: | |
| Referral Date: | Referral Time: | |
| NATURE OF REFERRAL | | |
| <input type="checkbox"/> Verbal threat of intent to harm self and/or others <input type="checkbox"/> Written threat of intent to harm self and/or others <input type="checkbox"/> Graphic (drawing)/Pictorial of intent to harm self and/or others | | |
| COMMENTS | | |
| | | |
| OTHER WARNING SIGNS (Check ALL that APPLY) | | |
| <input type="checkbox"/> Gives away personal items <input type="checkbox"/> Is very moody <input type="checkbox"/> Family problems <input type="checkbox"/> Physical/sexual abuse <input type="checkbox"/> Loss of energy <input type="checkbox"/> Peer rejection <input type="checkbox"/> Drug use/abuse | <input type="checkbox"/> Neglect of appearance <input type="checkbox"/> Sudden change (in anything) <input type="checkbox"/> Asks legal questions about death <input type="checkbox"/> Poor grades <input type="checkbox"/> Talks of life after death <input type="checkbox"/> Ends a relationship <input type="checkbox"/> Death of friend/family member | |
| ACKNOWLEDGEMENT OF RECEIPT | | |
| Referral Received By: | Date Received: | Time Received: |
| | | |

STUDENT SAFETY NOTICE

STUDENT NAME

PERSONAL RESOURCES

If I am having thoughts of harming myself and/or others, I will get assistance from a trusted adult(s).

Please provide names and phone numbers for two adults you trust:

| | |
|------------------------|---------------|
| Name of Trusted Adult: | Phone Number: |
| | |
| Name of Trusted Adult: | Phone Number: |
| | |

AGENCY RESOURCES

AGENCIES THAT PROVIDE ASSISTANCE:

Agency Name:

Agency Telephone Number:

| | |
|--|---|
| [Insert Local Mental Health Program below] | [Insert Local Phone Number below] |
| Community Resources | Dial 211 for local community resources |
| National Suicide Prevention Lifeline | 1-800-273-TALK (8255) |
| [Insert Local Hospital Emergency Room below] | [Insert Local Phone Number below] |

SIGNATURES OF AGREEMENT

I acknowledge that I have received the names and phone numbers of professional organizations that can be reached 24 hours a day.

| | | |
|---|-------|-------|
| Student Signature (Grades 6 – 12) | Date: | Time: |
| | | |
| Parent/Guardian Signature: | Date: | Time: |
| | | |
| Counselor/Nurse/Principal Designee Signature: | Date: | Time: |
| | | |

DOCUMENTATION OF REFUSAL TO SIGN SAFETY PLAN AGREEMENT (If applicable)

- Student refused to sign Student Safety Notice (Grades 6 – 12)
- Parent refused to sign and/or allow student to sign Student Safety Notice

STUDENT SAFETY PLAN DISPOSITION FORM

| GENERAL INFORMATION | | |
|--|--------------------|---|
| Student Name: | Date: | Time: |
| School Name: | Referred By: | |
| Parent/Guardian Name: | Home Phone Number: | Cell Phone Number: |
| Counselor/Nurse/Principal's Designee: | | |
| State the nature of the student's threat to harm self and/or others: | | |
| | | |
| DISPOSITION OF SERVICES | | |
| <p>Check all of the procedures used in this crisis situation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Police/Sheriff contacted (as needed – in case of dire emergency) <input type="checkbox"/> Teacher/Counselor/Administrator was with the student at all times (i.e. line-of-sight supervision) <input type="checkbox"/> Student is not to be sent to the office or left alone <input type="checkbox"/> Student was interviewed privately (Student Safety Plan Assessment Interview Form) <input type="checkbox"/> Student signs Student Safety Notice (Grades 6 – 12) <input type="checkbox"/> Principal, Counselor, and other appropriate school/district personnel were contacted and consulted as needed <input type="checkbox"/> Attempts to contact parent/guardian by telephone was (circle one) successful/unsuccessful <input type="checkbox"/> Request made for parent/guardian to come to school to participate in Emergency Conference <input type="checkbox"/> Home visit conducted to notify parent/guardian <input type="checkbox"/> Contacted non-emergency law enforcement agency for parental/guardian notification <input type="checkbox"/> Parent/guardian advised that their child exhibits at risk personal behavior <input type="checkbox"/> Parent/guardian signs and is given a copy of the Notice of Emergency Conference Form & Student Safety Notice <input type="checkbox"/> Professional therapy for student advised and parent/guardian assisted in making arrangements for prompt assessment of student prior to student and parent/guardian leaving campus <input type="checkbox"/> Referral made to outside agency or hospital – Agency/hospital name Click here to enter text. <input type="checkbox"/> Student Safety Plan Assessment Interview Form sent to outside agency or hospital <input type="checkbox"/> Agency alerted to expect arrival of parent/guardian and student <input type="checkbox"/> Follow-up call was made to agency/hospital to verify arrival of parent/guardian and student to facility <input type="checkbox"/> Follow-up call was made to parent/guardian to determine disposition of services provided Date of call/Outcome Click here to enter text. <input type="checkbox"/> Date mandatory re-admit conference held Click here to enter text._____ <input type="checkbox"/> Copy of entire STUDENT SAFETY PLAN PROTOCOL Package sent to Central Office (Guidance Department) Attention: <u>[Insert Name]</u> Date sent: Click here to enter text. <input type="checkbox"/> Other Click here to enter text. | | |
| DOCUMENTATION: An effort was made to contact the parent/guardian by phone at the following times: | | |
| Date: | Time: | Results: (Please check one) |
| | | <input type="checkbox"/> No answer <input type="checkbox"/> Left message <input type="checkbox"/> Contacted Parent/Guardian |
| | | <input type="checkbox"/> No answer <input type="checkbox"/> Left message <input type="checkbox"/> Contacted Parent/Guardian |
| | | <input type="checkbox"/> No answer <input type="checkbox"/> Left message <input type="checkbox"/> Contacted Parent/Guardian |
| _____ Counselor/Nurse/Principal's Signature | | _____ Date |

STUDENT SAFETY PLAN ASSESSMENT Interview Form

| | | |
|---------------------|----------------|-------|
| Student Name: First | Last | Date: |
| School: | | Time: |
| Grade: | Date of Birth: | Age: |

*****Introduce yourself, your role, and reason for meeting with the student*****

"I'm <NAME> and I was asked to talk with you because things might not be going well for you. I was told <SUMMARIZE REASON FOR REFERRAL>."

- *Would you tell me in your own way what is going on or what happened?*

- *Do you think things will get better or are you worried/afraid things will stay the same or get worse?*

What makes you say that?

- *What, if anything,*
 - could make the situation better?*

 - would make it worse?*