

Escambia County School District

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: **Cheryl L. Jones**, 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: **Cheryl L. Jones** 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

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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

Check all of the procedures used in this crisis situation:

- Police/Sheriff contacted (as needed – in case of dire emergency)
- Teacher/Counselor/Administrator was with the student at all times (i.e. line-of-sight supervision)
- Student is not to be sent to the office or left alone**
- Student was interviewed privately (**Student Safety Plan Assessment Interview Form**)
- Student signs **Student Safety Notice** (Grades 6 – 12)
- Principal, Counselor, and other appropriate school/district personnel were contacted and consulted as needed
- Attempts to contact parent/guardian by telephone was (circle one) successful/unsuccessful
- Request made for parent/guardian to come to school to participate in Emergency Conference
- Home visit conducted to notify parent/guardian
- Contacted non-emergency law enforcement agency for parental/guardian notification
- Parent/guardian advised that their child exhibits at risk personal behavior
- Parent/guardian signs and is given a copy of the **Notice of Emergency Conference Form & Student Safety Notice**
- 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
- Referral made to outside agency or hospital – Agency/hospital name [Click here to enter text.](#)
- Student Safety Plan Assessment Interview Form** sent to outside agency or hospital
- Agency alerted to expect arrival of parent/guardian and student
- Follow-up call was made to agency/hospital to verify arrival of parent/guardian and student to facility
- Follow-up call was made to parent/guardian to determine disposition of services provided
Date of call/Outcome [Click here to enter text.](#)
- Date **mandatory** re-admit conference held [Click here to enter text.](#) _____
- Copy of entire **STUDENT SAFETY PLAN PROTOCOL Package** sent to Central Office (Guidance Department)

Attention: **[Insert Name]** Date sent: [Click here to enter text.](#)

Other [Click here to enter text.](#)

DOCUMENTATION: An effort was made to contact the parent/guardian by phone at the following times:		
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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
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STUDENT SAFETY PLAN NOTICE OF EMERGENCY CONFERENCE

I, _____, the parent/guardian of _____, attended a conference with school personnel on (date) _____. I have been notified that based on the available information, my child appears to pose the risk of harm to self and/or others.

I have been further advised that I should seek medical/mental health consultation immediately from community agencies. I understand that the school district is not responsible for the provision of these services, but is alerting me to this emergency just as they would inform me of any other health issue. School personnel have clarified the school district’s response and role. I have been told that the school will follow-up with my child after the mandatory re-admit conference to support his/her transition back to the classroom. I have been given an opportunity to ask questions regarding my child’s needs and the types of support/resources available for my child from community agencies.

_____ Parent/Guardian _____ Counselor/Nurse/Principal's Designee _____ Date

_____ Parent/Guardian refused to sign (check if applicable)

DOCUMENTATION OF PARENT/GUARDIAN CONTACT:

An effort was made to contact the parent/emergency contact 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

The emergency conference could not be conducted because parent/guardian could not be reached OR refused to come get his/her student. The student was not allowed to leave or go home unescorted and the following action was taken:

(Check the appropriate option)

- Conducted home visit to notify parent/guardian

- Contacted law-enforcement agency _____

- Contacted emergency services (e.g. mental health, hospital, paramedics)

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?*