Response Procedures for Student at Suicide Risk

The following check-list is meant to serve as a planning guide and reference for school teams. This list is an overview of best practices, please note that in certain situations, there may be additional steps or supports needed that are not included below. Teams are encouraged to review the 2020 Suicide Prevention Guidelines and/or Virginia Department of Education’s [Suicide Prevention Webpage](http://www.doe.virginia.gov/support/prevention/suicide/index.shtml) for detailed procedures.

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| **Important Phone Numbers:** | *Directions: Add these numbers for your locality and include in all distributed copies.* |
| Child Protective Services: |       |
| Community Service Board:  |       |
| CSB Crisis/Emergency: |       |
| Non-Emergency Police Phone Line: |       |
| Cell Phone Numbers of Threat Assessment Team Members: |       |

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|  | **Initial Steps** | **Designated Staff** |
| [ ]  | Student is escorted to designated first point of contact for assessment. (Direct supervision is maintained). |       |
| [ ]  | Threat assessment team members are notified (confidentially) that a threat assessment for suicide is necessary. |       |
| [ ]  | Designated mental health professionals (e.g. school counselors, school psychologist, school social worker, or school nurse) meet with student to conduct interview. *Questions are to help determine the student’s risk factors, intent, planning, and history of attempts. This may include use of the* ***Columbia-SSRS*** *or other suicide risk questionnaire.*  |       |
| [ ]  | Trained threat assessment team members interview relevant staff and/or students to obtain additional information. |       |
| [ ]  | Trained threat assessment team member reviews cumulative file and clinic record for any relevant information.  |       |
| [ ]  | Trained threat assessment team member (preferably the mental health professional conducting the student interview) contacts parent/guardian to inform and obtain additional information. *\*If suicide risk is related to parental abuse or neglect, do not notify parent and instead contact the local department of social services.* |       |
| [ ]  | Debrief with staff involved. |       |
| [ ]  | Document steps taken. If there is **any** suicide risk (low, medium or high) continue to the following section. |       |
|  | **If a risk is present…** | **Designated Staff** |
| [ ]  | Assign a case manager to monitor any plans created by the team. |       |
| [ ]  | Develop safety plan with student and parent/guardian (if possible). |       |
| [ ]  | If student is currently receiving mental health support outside of the school, request that the parent/guardian sign a release of information form for the provider to share information with the school. |       |
| [ ]  | Within the safety plan, have student identify at least two adults (one at school and one at home) they can talk to in the future should they have suicidal thoughts. |       |
| [ ]  | Within the safety plan, identify supports (at home/school) to foster resilience and build protective factors. |       |
| [ ]  | Provide student and family with community resource information, awareness materials (such as the [Virginia Department of Health’s brochure for parents](http://www.vdh.virginia.gov/content/uploads/sites/53/2016/11/Every-Parent.pdf)), and crisis hotline numbers, 1-800-273-TALK (8255). |       |
| [ ]  | Within safety plan, determine follow-up date(s) for the team to meet or reconnect with student/parent/guardian. |       |
| [ ]  | **If risk level warrants, ensure that student is referred for immediate crisis intervention and/or community mental health services.** |       |
| [ ]  | If appropriate, discuss removing or reducing student’s access to lethal means (i.e. guns, pills, etc.). |       |
| [ ]  | Connect with staff members that interact with the student regularly to share relevant information about the safety plan (including the school nurse). |       |
| [ ]  | If any students were directly involved in the situation the team *should* consider the need to contact those parents/guardians to share **relevant** information as it pertains to their child, the name(s) of the other student(s) involved should not be shared. |       |
|  | **If student receives outside treatment resulting in school absence…** | **Designated Staff** |
| [ ]  | Get medical release signed with facility providing treatment. |       |
| [ ]  | Case manager should follow-up with outside provider to discuss supports needed when student returns. |       |
| [ ]  | Discuss classwork make-up plan and what will be shared with the student’s teachers. |       |
| [ ]  | Identify a team member to follow-up with student/parent/guardian during absence and is whom the parent/guardian should contact to share information and notify of the student’s return to school. |       |
| [ ]  | Determine who will be present during the re-entry meeting. |       |
|  | **Student Re-entry** | **Designated Staff** |
| [ ]  | Re-entry meeting should occur (preferably prior to the student’s return to school). |       |
| [ ]  | Revise or update safety plan to determine additional supports. |       |
| [ ]  | Develop a plan for making up classwork. |       |
| [ ]  | Debrief staff members who interact with the student about the student’s return and plan for support (discuss with student/family what they wish to have shared and with whom). |       |
| [ ]  | Debrief school nurse, school counselors, and administrators not present at re-entry meeting.  |       |