

SUICIDE CRISIS PROTOCOL

A suicide risk assessment should be initiated immediately whenever a student talks about harming himself/herself, or if there is a concern that a student has thoughts about hurting himself/herself.

Do not leave the student unattended by an adult.

Do not allow the student to leave the building until this protocol is completed.

The Site Administrator/ Principal must be informed.

This Protocol will guide your evaluation, document your concerns and help you develop a student safety plan.

For further guidance contact: Kevin Bott 512-556-6224
Karen Turner 512-556-8213

Cover Sheet/Check List

Student Name _____	ID# _____	Grade _____
School _____	Principal _____	
Interviewer Signature/Title _____		
2 nd assessor Signature/Title _____		

Imminent Danger <input type="checkbox"/> Call 911 if needed <input type="checkbox"/> Supervise student at all times <input type="checkbox"/> Notify campus admin/nursing <input type="checkbox"/> Parent notified of emergent situation <input type="checkbox"/> Parent conference, if situation allows <input type="checkbox"/> Student released to care of parent for immediate medical intervention <input type="checkbox"/> Require student to check in with staff person prior to re-entry to school <input type="checkbox"/> Note follow-up documentation that will be needed: student safety plan, parent conference
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Suicide Threat or Ideation <input type="checkbox"/> Supervise student at all times <input type="checkbox"/> Identify 2 nd support person to assist with risk assessment (counselor, school psychologist, nurse) <input type="checkbox"/> Complete risk assessment protocol <input type="checkbox"/> Notify campus administration <input type="checkbox"/> Initiate student safety plan <input type="checkbox"/> Conduct parent conference <input type="checkbox"/> Give medical release of information to parent <input type="checkbox"/> Copy risk assessment, student safety plan and give to parent <input type="checkbox"/> Require student to check in with staff person prior to re-entry to school <input type="checkbox"/> Follow-up as needed
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Follow-up required: <input type="checkbox"/> Student safety plan <input type="checkbox"/> Exchange of information with medical provider <input type="checkbox"/> Parent conference
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Suicide Risk Assessment Protocol

Note: Risk assessments cannot be performed with complete accuracy, and do not predict with certainty the future behavior of this student. The findings and recommendations contained in this assessment represent the best professional judgment of the examiner/s based on information provided.

Describe what the student did and said to indicate risk of harm to self, include the words, action or behaviors that initiated this process. Indicate date, time and information source.

High	Mod	Low	
Specific with intent	Specific no intent	Nonspecific	1. Have you ever thought about hurting yourself?
Method and access	Method	Nonspecific	2. Have you thought about how you would hurt yourself?
Hours, days	Few days/week	Nonspecific	3. What is your timeframe for this plan?
Multiple	Single	None	4. Have you ever tried to hurt or kill yourself?
Many	Few	None	5. Have you told or shown anyone what you are thinking about?
Hopeless	Ambivalent	Mild	6. Do you see hope for your future?
Frequently	Seldom	Never	7. Have you been using drugs or alcohol?
Major changes	Minor changes	None	8. Tell me about any big changes or losses you have experienced.
Severe	Moderate	Mild	9. Have you been irritable or depressed lately?

Consider Chronic Risk Factors such as: Prior history of hospitalization, history of abuse or neglect, significant changes in environment, severe loss, etc.

Consider Warning Signs such as: notes, making final arrangements, giving away possessions, sexual identity issues, social isolations, increased risk taking, family history of suicide, friend has attempted suicide, etc.

Other important factors, if any, in the determination of risk include the following:

Analyze all available data and categorize the potential risk to the student. Each assessor should initial the box beside their perceived level of risk. In the event two assessors do not agree, follow the protocol for the highest level of risk.

High Level of Risk-

The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.

Moderate Level of Risk-

The student is in distress. There is suicidal thinking but the student does not seem intent on harming himself/herself. The problem situation can be resolved and the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support, or already has sufficient support. There is a need for parent involvement and referral to outside sources.

Low Level of Risk-

The student appears to be at a low risk for harming himself/herself based on information provided at this time. The student is in distress but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself nor have they thought seriously about a means to do so.
 Communication with parents and relevant staff is warranted.

Assessor Name/Title

Date/Time

Assessor Name/Title

Date/Time

Copy to parent, original with district.

PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Names: _____

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe. I have been advised to take the following steps: (Please initial in agreement)

- _____ **In case of emergency, I should: Call 911**
- _____ **I will provide supervision for my child at all times and safety proof my home.**
- _____ **I will not allow my child to be left alone at this time or allow them access to weapons, drugs or medications.**
- _____ **I have been advised that I should seek psychological/psychiatric assistance for my child today.**
- _____ **I have been provided a list of emergency contacts and telephone numbers. I may obtain the advised psychological/psychiatric assistance through my child's current provider, a mental health agency, a hospital, or private practitioners. I may also seek help from the following:**

1. Central Texas Youth Services, Emergency Shelter and 24-Hour Crisis Care: 800-421-8336 (24 hours/day, 7 days/week)
2. Rollins Brook Hospital Emergency Services: 512-556-3682
3. Metroplex Hospital in Killeen: 254-526-7523
4. MHMR of Lampasas County, Crisis & Intake: 800-888-4036 (24 hours/day, 7 days/week) or Temple Office: 254-298-7000
5. Crisis Suicide/Prevention 1-800-841-1255
6. Hotline to Help 1-512-472-4375
7. Hopeline Network 1-800-784-2433

_____ **I understand that the school district is not responsible for the provision of payment of these services. The school district is alerting me to this critical situation just as they would inform me of any health issue concerning my child which might need immediate treatment.**

_____ **I will share with the school the names of other professionals helping my child.**
Sign a release of information form so that school staff and other professionals may share information to benefit my child.

Parent Signature

School Staff Signature

Date

Date

Copy to parent, original with district

Student Safety Plan

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

I have expressed thoughts about hurting myself. School staff members are concerned and want to support me. I understand that I have a part in keeping myself safe, and I am making this agreement to stay safe. I, _____, agree that I will not try to hurt myself or attempt suicide. If I think about hurting myself, I will help myself in the following ways:

Get help from an adult immediately:

At school I will talk to:

1. _____, or
2. _____, or
3. _____

Outside of school, I will talk to:

1. _____, or
2. _____, or
3. _____

Call 911 or a Crisis Hotline that is open 24 hours per day:

- ✓ Central Texas Youth Services, 1-800-421-8336
- ✓ MHMR of Lampasas County, 1-800-888-4036
- ✓ National Youth Crisis Hotline, 1-800-448-4663
- ✓ Hopeline Network, 1-800-784-2433
- ✓ Hotline to Help, 512-472-4357
- ✓ Crisis/Suicide Prevention, 1-800-841-1255

If I cannot reach anyone, I will call 911 to get help for myself.

Not take any alcohol or drugs

I could also do this: _____

I need help with: _____

Student Signature / Date

School Staff Signature / Date

Copy to student, parent, original with district

Parent Refusal to Participate in Student Crisis Situation Potential Suicide Risk

Under the Texas Family Code 32.004, a minor can consent to services when suicide is an issue. The law restricts services only when court ordered.

In the event that a parent / legal guardian specifically refuses to participate in or respond to the concerns of school personnel, the school will take the following actions:

- Document all contact with the legal guardian/parent and/or emergency contacts.
Include times of calls and responses:

- Require the legal guardian to pick the student up from school immediately (specify within one hour) and to assume responsibility for the student's supervision and care.

- Maintain contact with campus administration

- Monitor the student while waiting for the legal guardian and/or emergency contacts.

- Consider contacting CPS for their recommendation 512-556-8269:

Name of CPS Contact: _____

CPS Recommendations: _____

- Administration/Nursing staff to assess if student needs to be taken for emergency medical treatment.

Student Health Services Authorization for Disclosure of Confidential Information

Student Name: _____	DOB: _____
School: _____	

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above named student to assist in meeting the student's health needs while at school.

_____ AND _____

Name and Position of School Staff

Address: _____

Lampasas, TX 76550

Fax: _____

Phone: _____

Records to be Released/Disclosed	Purpose of Release/Disclosure
<input type="checkbox"/> Written records pertaining to the student's health to include copies of physician's notes, lab results, and plan of care. <input type="checkbox"/> I allow verbal communication between these two entities to assist in the care of my child. Other: _____	<input type="checkbox"/> To develop and maintain a Student Safety Plan to provide care while the child is at school. <input type="checkbox"/> To assist in the management of an acute or chronic health condition. <input type="checkbox"/> To manage an emergency situation <input type="checkbox"/> To assist in parent/student education of a health related topic

I have been fully informed in my native language or other mode of communication and understand the school's request for authorization, as described above. This information will be disclosed upon receipt of my written consent.

I understand that my consent is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked.)

I give my permission for the identified records to be released/disclosed to the above named person(s)/agency(ies).

Signature of Parent/Guardian, Surrogate Parent or Adult Student Date

Signature of Interpreter, if used Date