

#BeElite

Elite Academic Academy

Suicide

Prevention, Intervention and Postvention Handbook



Last updated July 2021



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Suicide Prevention, Intervention, and Post Intervention Protocol

Background

Suicide is the second leading cause of death in youth between the ages of 10 -19. Eleven percent of high school students have made at least one suicide attempt, while 40 percent have indicated serious suicidal thoughts. Schools are in a unique position to teach/reinforce resiliency skills, identify at risk students/adults, and provide appropriate intervention and postvention strategies. A plan that implements a systematic approach has the potential to increase both emotional and academic performance stability.

After reviewing current suicide protocols available from statewide educational entities, an adaptation of various protocols with relevant modifications was developed to meet the needs of Elite Academic Academy students and employees. This Protocol will serve as a uniform tool for school counselors, psychologists, mental health professionals, and directors when assessing a person for suicidal risk, intervention and continued safety.

The protocol component of the Elite Academic Academy youth suicide prevention plan should include systematic training for staff at each educational program.

The goals of this suicide protocol are to:

- Increase the knowledge of at-risk indicators.
- Provide strategies to increase and reinforce resiliency factors.
- Provide a user friendly and standardized concerned persons/referral protocol.
- Provide a standardized intervention/postvention protocol that includes cooperation and collaboration with outside agencies and a more overall, protective environment for potential existing, returning and recurring suicidal students.



General Guidelines

Definitions

Self-Injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Self-injury is an unhealthy way to cope with emotional pain, intense anger and/or frustration.

Warning Signs are behaviors that may signal the presence of suicidal thinking. They might be considered a "cry for help" or "invitations to intervene."

Warning signs may include (but are not limited to) the following:

- Joking about suicide frequently
- Sharing strong feelings of guilt, shame, that people would be better off without them, or seeing no way out of their problems
- Suicide notes and **plans**
- Prior suicidal behavior and/or attempts
- Making final arrangements or giving away possessions
- Preoccupation with death
- Dramatic and/or sudden changes in behaviors, appearance, thoughts and/or feelings (particularly unusual social isolation from loved ones).

Responsibilities of Elite Employees

All Elite employees are expected to:

- Inform the program director/assistant director immediately, or as soon as possible, of any concerns, reports, or behavior relating to student suicide or self-injury.
- Inform the school counselor or school social worker immediately, or as soon as possible, of any concerns, reports, or behaviors relating to student suicide or self injury.

Elite Director or Assistant Director must:

- Respond to reports of students at risk for suicide immediately or as soon as possible.
- Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
- Establish a safe, respectful and welcoming school environment.

Psychological and Pupil Services Staff must:

- Respond to reports of students at risk for suicide immediately or as soon as possible.
- Respond to Securly alerts immediately or as soon as possible.
- Support and assist educational programs with guidance & risk assessments.
- Provide suicide prevention information and resources to all school staff, families, and students.

Prevention

Suicide prevention involves a school-wide effort of activities and programs that enhance connectedness, contributes to a safe and nurturing environment, and strengthen protective factors that reduce risk for students. Preventions include:

- A. Promoting and reinforcing the development of desirable behavior such as help seeking behaviours and healthy problem-solving skills.
- B. Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- C. Monitoring and being involved in young people's lives by giving structure, guidance and consistent, fair discipline.
- D. Modeling and teaching desirable skills and behavior.
- E. Promoting access to school and community resources.



Intervention: Protocol For Responding To Students At Risk For Suicide And/Or Self-Injury

The following are general steps for responding to any reports of students at risk for suicide and/or exhibiting self-injury behaviors in schools, at Elite Academic Academy sponsored activities, and in all areas within Elite Academic Academy jurisdiction.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

A. Respond Immediately

- a. Report concerns or incidents to the program director/assistant director immediately or as soon as possible. Make direct contact with the program director/assistant director. For example, do not communicate through email, leaving notes, voicemail or wait until the end of the day the day to report about a student at risk for suicide.
- b. Ensure that any student who is sent for a risk assessment is accompanied by an Elite staff member at all times. Do not leave the student unsupervised.

B. Secure the Safety of the student

- a. Supervise the student at all times.
- b. For immediate, life threatening situations call 911
- c. If a student is agitated, unable to be contained, or for immediate assistance, call 911 or local police department dispatch.
 - i. If in San Diego county, ask for PERT (Psychiatric Emergency Response Team) when calling 911 or the local law enforcement agency. If they are not available, defer to standard dispatch.
- d. Elite employees should not transport any student exhibiting the behaviors noted above.
- e. Contact law enforcement to conduct a welfare check, as appropriate.

C. Assess for Suicide Risk

- a. The Elite Director/Assistant Director/Director Designee collaborates with a designated school crisis team member to determine level of risk.
- b. The student should be supervised at all times by another designated staff member.
- c. The Elite Director/Assistant Director/Director Designee or school counselor should gather essential background information that will help with assessing the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings or drawings).
- d. Phone call for consultation should be made in a confidential setting and not in the presence of the student of concern.
- e. The Elite Director/Assistant Director, school social worker or the school counselor should meet with the student to complete a risk assessment using the Columbia



Suicide Severity Rating Scale (C-SSRS). Follow the directions on the C-SSRS, including asking the questions directly as printed.

- f. For assistance and consultation contact the school social worker or counselor.

The privacy of all students should be protected at ALL times, disclose information only on a need to know basis.

Table 1. Level of Suicide Risk

| Levels | Definitions | Indicators |
|---------------|---|---|
| Low Risk | Does not pose imminent danger to self; insufficient evidence for suicide potential. | Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system is in place; no alcohol/substance abuse; some depressed mood/affect. |
| Moderate Risk | May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm. | Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible/current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization). |
| High Risk | Poses imminent danger to self. There is a viable plan to do harm; exhibits extreme and/or persistent inappropriate behavior; sufficient evidence for violence potential; qualifies for immediate hospitalization. | Current thought of suicide; having a plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g., giving away prized possessions, goodbye messages in writing, text, on social media sites); isolation and withdrawn; current sense of hopelessness; previous attempt; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic events, or bullying. |

D. Suspected Child Abuse or Neglect

If you suspect child abuse by a parent/guardian, or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the Child Abuse and Reporting Requirements. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by the child protective service agency personnel.

E. Determine Appropriate Action Plan

1. The Elite Director/Assistant Director should collaborate with the school social worker or counselor to determine appropriate actions based on level of risk (see Table 2 below).
2. If law enforcement determines that the student will be transported to an emergency mental health hospital, the school site administrator should immediately contact the student's legal parent/guardian to accompany the student and emergency services.
3. The Elite Director/Assistant Director, school social worker or school counselor should contact the parent/guardian or consult the emergency card for an appropriate third party. Communication with parent/guardian should include:
 - a. Communicating concerns and making recommendations for safety in the home (e.g, securing or removing firearms, medications, cleaning supplies, cutlery, razor blades, etc).
 - b. Providing school and/or local community mental health resources. Students with private health insurance should be referred to their provider.
 - c. Facilitating contact with community agencies and following-up to ensure access to services.
 - d. Providing a copy of documents and handouts.
 - e. Obtaining parent/guardian permission to release and exchange information with community agency staff.
 - f. Prior to releasing the child, the parent/guardian must sign the "Parent/Guardian Emergency Notification" form to acknowledge that they have been informed regarding the concerns for their child's safety and that they have been given appropriate resources for follow-up regarding their child's needs.

Table 2. Action Plan

| LEVEL OF RISK | ACTION PLAN |
|-----------------------|---|
| Low Risk | Reassure and supervise student; communicate concerns with parent/guardian; assist in connection with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, coping skills, and crisis supports; establish a follow-up and monitor, as needed. |
| Moderate or High Risk | Supervise student at all times (including restroom); if imminent risk, call local law enforcement, PERT, or 911, and parent/guardian to notify and coordinate; if not imminent, notify and hand off student to parent/guardian who commits to seek immediate mental health assessment; develop a safety plan that identifies caring adults, coping skills, and crisis supports; establish a follow-up and/or re-entry plan and monitor, as needed. |

F. Determine Appropriate Follow-up Plan

The follow-up plan will be based upon severity and potential risk. There are circumstances that might increase a student's suicide risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender bias.

The follow-up plan determined by the team should be documented and managed by the program director/designee. Actions may include:

Develop a safety plan.

- School counselor or social worker will complete the Safety Plan with the student to identify caring adults in school, home, and community environment, identify helpful coping skills, and provide after hours resource numbers.
- Review safety plan with the parent/guardian and have the student, supporting Elite staff, and parent/guardian sign and date the plan.

Mobilize a support system and provide resources.

- Connect student and family with social, school and community supports.
- For mental/physical health services, refer the student to their county's department of mental health, community resources provider, or their own health care provider.

Monitor and manage.

- The program director should monitor and manage the case as it develops and until it has been determined that the individual no longer poses an immediate threat to self.
- Maintain consistent communication with appropriate parties on a need to know basis.
- Plan for re-entry, as needed.

G. Student Re-entry Guidelines

- a. A student returning to school following hospitalization, including psychiatric and drug or alcohol inpatient treatment, must have written permission by the health care provider in order to attend school.
- b. If the student has been out of school for any length of time, including mental health hospitalization, the program site director should hold a re-entry meeting with key support staff, parents, and student to facilitate a successful transition.
- c. As appropriate, consider an assessment for special education or a 504 plan for a student whose behavior and emotional needs affect their ability to benefit from their educational program.
- d. If the student is transferred to another school or location, the program director should communicate with the receiving school to assist with the transition and ensure continued support services are provided.

H. Document All Actions

- a. Program director shall maintain confidential records and documentation of actions taken for each case.
- b. If the student is assessed by the program director, school psychologist, social worker, or counselor, this individual should complete and submit the Suicide Risk Assessment Form within 24 hours or by the end of the next school day.
- c. Notes, documents and records related to the incident are considered confidential information and separate and apart from the student's cumulative records.
- d. If the student transfers to another educational program within Elite or outside the school, the sending school program may contact the receiving program/school to share information and concerns, as appropriate, to facilitate a successful supportive transition.

Responding to students who self-injure

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself, in order to cope with psychological pain. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who exhibit self-injurious behaviors for suicidal ideation.

A. Indicators of Self-Injury

- Frequent or unexplained bruises, scars, cuts, scratches or burns.
- Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtle necks, especially in hot weather; bracelets to cover the wrist).
- Possession of sharp implements (e.g., razor blades, shards of glass, thumb tacks).
- Evidence of self-injury (e.g., journals, drawings, social networking sites) .

B. Protocol for Responding to a Student who Self-Injures

- Respond immediately or as soon as possible.
- Supervise the student.
- Follow the SRA1 - Suicide Risk Assessment Procedures/Checklist Form.
- Assess for suicide risk using the SRA2- Suicide Assessment Form (C-SSRS).
- Communicate with and involve the parent/guardian, even if the student is not suicidal, so that the behavior may be addressed as soon as possible. Fill out the SRA3 - Parent/Guardian Emergency Notification Form.
- Encourage appropriate coping and problem-solving skills; do not discourage self-injury.
- Listen with calm and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behavior.
- Provide resources.
- Identify a support system at home and at school.
- Create a safety plan using SRA4 - Safety Plan with the student and have the student, parent/guardian, and involved Elite staff sign it.
- Document all actions using the Suicide Assessment Forms 1-5.

C. Self-Injury and Contagion

While generally an individual maladaptive coping strategy, self-injurious behavior may be imitated by other students and can spread across grade levels, and peer groups. The following are guidelines for addressing self-injurious behavior among a group of students:

- Respond immediately or as soon as possible.
- Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behavior.
- As students are identified, they should be supervised in separate locations.
- Each student should be assessed for suicidal risk individually using the Suicide Risk Assessment Form.



- If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behavior of others. This behavior may be indicative of more complex mental health issues for this particular student.

D. Other Considerations for Response to Self-Injury and Contagion

The following are guidelines for how to respond as a school community when addressing self-injurious behavior among a group of students:

- Self-injury should be addressed with students individually and never in settings, such as students assemblies, public announcements, parent newsletter, or even in a group.
- When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information parent meeting at the school site. Considerations should be made for supervising students and children during this time; the meeting should be reserved for parent(s)/Guardian(s).
- For consultation and assistance with parent information meetings, contact the counseling department.



Postvention: Protocol for responding to a student's death by suicide

The following are general procedures for the director/assistant director in the event of losing a student to suicide.

A. Gather Pertinent Information

1. Confirm cause of death is the result of suicide, if information is available.
2. The program director/assistant director should assign a certificated staff member to be point of contact with the family of the deceased. Information about the cause of death should not be disclosed to the school community until the family has been consulted and has consented to disclosure.

B. Notify on a Need to Know Basis Only

1. Chief Academic Officer.
2. School Psychologist, Counselor, and/or Social Worker.
3. Elites Communication and Public Relations designee.

C. Contact the Elite Crisis Team Leader to determine initial response procedures and obtain consultation regarding the number of personnel needed for initial response. It is helpful to have the following information available for consultation:

1. Demographic Information.
2. Siblings (if any) whom are Elite Academic Academy students.
3. Known friends/groups.

D. Work with the Elite Crisis Team Leader to mobilize the School Crisis Team. The concerns and wishes of family members regarding disclosure of the death and cause of death should always be prioritized when providing facts to students, staff and parents. Do not disclose the means of the suicide (gun, hanging, etc) when notifying staff, students, and parents/guardians, as this can contribute to suicide contagion.

1. Assess the extent and degree of psychological trauma and impact to the school community.
2. Develop an action plan and assign responsibilities.
3. Establish a plan to notify staff of the death, once consent is obtained by the family of the deceased.
 - Notification of staff is recommended as soon as possible (e.g., emergency meeting before students arrive on site or begin their day virtually).
 - To dispel rumors, share accurate information and all known facts about the death. Be clear that this information is for staff only until the Crisis Team establishes the plan for notifying others.

- Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music and/or school.
 - Allow staff to express their own reaction and grief: Identify staff members who may need additional support and provide them with resources.
4. Establish a plan to notify students of the death, once consent is obtained from the family of the deceased.
 - Discuss plan for notification of students in small group settings. Do not notify students using a public announcement system.
 - Provide staff with a scripted notification of death of students, include possible reactions, questions and activities students may engage in (e.g., writing, drawing, referral to the counseling department).
 - Review student support plan, making sure to clarify procedures and location for crisis counseling.
 5. Establish a plan to notify other parents/guardians of the death, once consent is obtained from the family of the deceased. Prepare and disseminate a death notification letter for parents. Only include as much information as the family of the deceased approves.
 6. Define triage procedures for students and staff who may need additional support in coping with the death. Some actions to consider:
 - Identify a lead crisis response staff member to assist with coordination of crisis counseling and support services.
 - Identify locations at program sites to provide crisis counseling to students, staff and parents, as needed.
 - Provide coverage for teachers needing extra support, as needed.
 - Maintain sign-in sheets and documentation on individuals serviced for follow-up, as needed.
 - Provide students, staff, or parents with after hour resources numbers such as the 24/7 Suicide Prevention Crisis Line.
 7. Refer students or staff who require a higher level of care for additional services such as a community mental health provider, or their health care provider. Indicators of students and staff in need of additional support and/or referral may include the following:
 - Persons with close relationship to the deceased (e.g., siblings, relatives, teacher).
 - Persons who experienced a loss over the past six months to a year, a traumatic event, have witnessed acts of violence, or have a history of suicide (self or family member).
 - Persons who appear emotionally over-controlled (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when the majority are expressing sadness.
 - Persons unable to control crying.



- Persons with multiple traumatic experiences may have strong reactions that require additional assistance.

Document

The program director/assistant director shall maintain records and documentation of actions taken at the school.

Monitor and manage

1. The program director/assistant director, with support from Elite Academic Academy crisis team, should monitor and manage the situation as it develops to determine follow up actions .
2. Maintain consistent communication with appropriate parties.

Important Consideration

- Memorials
Memorials of dedications to a student who has died by suicide should not be glamorized or romanticized. If students initiate a memorial, the program director/assistant director should offer guidelines for a meaningful, safe approach to acknowledge the loss. Some considerations may include:
 - Memorials should not be disruptive to the daily school routine.
 - Monitor memorials for content.
 - Placement of memorials should be limited. For example, they may be kept in place until the services, after which the memorial items may be offered to the family.
 - In allowing the memorials, be sensitive to the impact of acknowledging the death of one student may affect future acknowledgement and memorials. Consider this: would we do the same for tragedies that happen in the future?
- Social Networking
Students may often turn to social media as a way to communicate information about the death; this information may be accurate or rumored. Many also use social media as an opportunity to express their thoughts, positive or negative, about the death and/or about their own feelings regarding suicide. Some considerations in regard to social media include:
 - Encourage parents/guardians to monitor internet postings regarding the death, including the deceased's social media wall or personal profile pages.
 - Social media sites may contain rumors, derogatory messages about the deceased, or messages that bully students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents and/or law enforcement.



- **Suicide Contagion**

Suicide contagion is the process by which one suicide may contribute to another. Some considerations for preventing suicide contagion are:

- Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death, are friends with or related to the deceased.
 - Provide mental health resources.
 - Monitor media coverage. Consult with Chief Academic Officer for dissemination of information, as needed.
 - Do not disclose easily sensationalized details surrounding the death like means of the suicide or a suicide note. Consult with the crisis response team before sharing information widely.
- **School Culture and Events**
It is important to acknowledge that the school community may experience a heightened sense of loss in the aftermath of a death by suicide, as significant events transpire, that the deceased student would have been a part of, such as graduation, prom, school sponsored trips. Depending on the impact, such triggering events may require planning additional support services and resources.

Confidentiality

All student matters are confidential and may not be shared, except with those persons who need to know. Personnel with the need to know shall not re-disclose students' information without appropriate legal authorization. Information sharing should be within the confines of the reporting procedures set by Elite Academic Academy.



SRA1: Suicide Risk Assessment Procedures

Note: Links should automatically make a copy of the needed document. Please store all completed copies separately in a confidential, secure location.

Action Plan:

- ☐ Notify a program director.
- ☐ Conduct a Risk Assessment with the student ([SRA2](#)).
- ☐ Contact Parent/Guardian and Complete ([SRA3](#)) Parent/Guardian Emergency Notification Form.
- ☐ Complete a ([SRA4](#)) Safety Plan with student.
- ☐ Fill out the ([SRA5](#)) Form: Action Plan, Immediate Outcomes, Follow-up.
- ☐ Contact Police Department Dispatch, PERT, or call 911, if necessary.
- ☐ Document Risk Assessment in SIS.
 - Student notes
 - Description: Personal Social Assessment
 - Enter:
 1. Referred by:
 2. Date:
 3. Staff Name:
 4. Comments: Risk Assessment - Contact Admissions for Details
- ☐ Follow up with teacher(s) as appropriate.
- ☐ Scan and email a copy of all SRA documents to:

Melissa Schulze
School Social Worker
mschulze@eliteacademic.com

Documents will be stored in a closed drive. Once Melissa has confirmed receipt of all needed forms, please delete any confidential information from your computer, including cloud storage like google suite tools.

Please note:

This completed document is confidential.

It should not be released without the consent from: Parent/Guardian or Adult student.

SRA2: Suicide Risk Assessment (C-SSRS)

| | | Past month | | | | | | | | | |
|--|--|--|----|----------|--|--|--|---------------|--|--|--|
| Ask questions that are in bold and underlined. | | YES | NO | | | | | | | | |
| Ask Questions 1 and 2 | | | | | | | | | | | |
| 1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> Notes: | | | | | | | | | | | |
| 2) <u>Have you actually had any thoughts of killing yourself?</u> Notes: | | | | | | | | | | | |
| If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. | | | | | | | | | | | |
| 3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it....and I would never go through with it." Notes: | | | | | | | | | | | |
| 4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them." Notes: | | | | | | | | | | | |
| 5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> Notes: | | | | | | | | | | | |
| 6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u> Notes: | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Lifetime</td> </tr> <tr> <td style="background-color: orange;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Past 3 Months</td> </tr> <tr> <td style="background-color: pink;"></td> <td></td> </tr> </table> | | Lifetime | | | | Past 3 Months | | | |
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| Past 3 Months | | | | | | | | | | | |
| | | | | | | | | | | | |

Response Protocol to C-SSRS Screening

Item 1 Low risk, see below
 Item 2 Low risk, see below
 Item 3 Moderate risk, see below
 Item 4 High risk, see below
 Item 5 High risk, see below
 Item 6 Moderate risk, see below
 Item 6 3 months ago or less: High risk, see below

| LEVEL OF RISK | ACTION PLAN |
|-----------------------|---|
| Low Risk | Reassure and supervise student; communicate concerns with parent/guardian; assist in connection with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, coping skills, and crisis supports; establish a follow-up and monitor, as needed. |
| Moderate or High Risk | Supervise student at all times (including restroom); if imminent risk, call local law enforcement, PERT, or 911, and parent/guardian to notify and coordinate; if not imminent, notify and hand off student to parent/guardian who commits to seek immediate mental health assessment; develop a safety plan that identifies caring adults, coping skills, and crisis supports; establish a follow-up and/or re-entry plan and monitor, as needed. |



SRA3: Parent/Guardian Emergency Notification

Students Name: _____ DOB: _____ Gender: _____
EAA Program: _____ Grade: _____
Parent/Guardian: _____

Initial where appropriate:

_____ I have been informed that my child has expressed 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 not allow my child to be left alone at this time and not allow my child access to weapons, drugs or medications.

_____ I have been advised that I should immediately take my child to the hospital to be evaluated.

_____ I have been advised to seek the services of a mental health agency or therapist.

_____ I have been provided with the following numbers to provide me with support if needed:

- a. National Suicide Prevention Lifeline: 1-800-273-8255
- b. Text CONNECT to 741741

Parent/Guardian Signature

Date

School Staff Signature/Position

Date

School Staff Signature Witness/Position
(if necessary)

Date



Padre/Tutor Notificación De Urgencia

| | | | | | |
|-----------------------|-------|--------|-------|---------|-------|
| Nombre de estudiante: | _____ | FDN: | _____ | Genero: | _____ |
| Programa EAA: | _____ | Grado: | _____ | | _____ |
| Padre/Tutor: | _____ | | _____ | | _____ |

Inicial donde sea apropiado:

_____ Se me ha informado que mi hijo/a ha expresado pensamientos de suicidio. El personal escolar está preocupado y desea ayudar a mi hijo/a. Yo entiendo que yo tengo parte en mantener a mi hijo/a a salvo.

_____ Se me ha informado no dejar a mi hijo/a solo/a por ahora y no permitir a acceso a armas, drogas o medicamentos.

_____ Se me ha informado que debo llevar a mi hijo/a inmediatamente a un hospital para ser evaluado/a.

_____ Se me ha informado buscar los servicios de una agencia de salud mental o terapeuta.

_____ Se me han proporcionados los siguientes números de teléfonos para darme apoyo si es necesario:

c. National Suicide Prevention Lifeline: 1-800-273-8255

d. Text CONNECT to 741741

Firma de Padre/Tutor

Fecha

Firma de Personal Escolar/ Posición

Fecha

Firma Del Testigo Personal Escolar/ Posición
(si es necesario)

Fecha



SRA4: Safety Plan

If I am having thoughts of hurting myself, I will help myself in the following ways:

Things I can do to distract & care for myself:

1. _____
2. _____
3. _____

A social setting I can go to for distraction is: _____

Positive people in my life I can go to for support or distraction:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Trusted adults I can reach out to if I am feeling unsafe:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

I can make my environment safer by (check all that you will do):

- ☐ Removing anything I could use to harm myself (or asking a trusted adult to do it for me)
- ☐ Not using alcohol or drugs
- ☐ Moving to a different location where I feel safer
- ☐ Staying with a safe person
- ☐ _____

I can also seek help from the following hotlines:

- ☐ National Suicide Prevention Lifeline: 1-800-273-8255
- ☐ Crisis Text Line: Text CONNECT to 741-741
- ☐ 911 for immediate help

The thing(s) most important to me and worth living for are:

Student signature and date

Parent signature and date

Staff signature and date



SRA5: Suicide Response Form - Action Plan, Immediate Outcomes, & Follow Up

| <u>Date</u> | <u>Initials</u> | X | |
|--------------------|------------------------|--------------------------|--|
| _____ | _____ | <input type="checkbox"/> | Notify the Program Director |
| _____ | _____ | <input type="checkbox"/> | Conduct Risk Assessment (SRA2) |
| _____ | _____ | <input type="checkbox"/> | Contact Parent/Guardian & Complete Parent/Guardian Emergency Notification Form (SRA3) |
| _____ | _____ | <input type="checkbox"/> | Contact Police Department Dispatch or Call 911, if necessary |
| _____ | _____ | <input type="checkbox"/> | Complete a Safety Plan (SRA4), if necessary |
| _____ | _____ | <input type="checkbox"/> | Document Risk Assessment in SIS |
| | | | <u>Enter:</u> Referred by: Date: Staff Name: Comments: Risk Assessment - Contact Admissions for Details |
| _____ | _____ | <input type="checkbox"/> | Follow up with teacher(s), as appropriate |
| _____ | _____ | <input type="checkbox"/> | Scan/Email copy of all SRA forms (this form [SRA5], Suicide Risk Assessment Procedures Checklist [SRA1], Risk Assessment [SRA2], Parent/Guardian Emergency Notification [SRA], and Safety Plan [SRA4]) to: Melissa Schulze School Social Worker mschulze@eliteacademic.com Document will be stored in a close drive. Once Melissa has confirmed receipt of all needed forms, please delete any confidential information from your computer, including cloud storage like google suite tools. |

Immediate Outcomes:

| <u>Date</u> | <u>Initial:</u> | <u>X</u> | |
|--------------------|------------------------|--------------------------|--|
| _____ | _____ | <input type="checkbox"/> | Student was deemed low or no risk, completed safety plan, and returned to class |
| _____ | _____ | <input type="checkbox"/> | Released to Parent/Guardian committed to seeking immediate mental health assessment: _____ |
| _____ | _____ | <input type="checkbox"/> | Student was transported by law enforcement to: |
| | | | Location: |
| _____ | _____ | <input type="checkbox"/> | Other: |

Follow Up Support:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Student/Parent referred to Mental Health Services |
| <input type="checkbox"/> | Identify adults at school and at home that student can talk to for support |
| <input type="checkbox"/> | Follow-up support at school to be conducted by counselor/social worker/psych immediately upon return to school |
| <input type="checkbox"/> | Student referred for an IEP |
| <input type="checkbox"/> | Special Education Only: Student needs more intensive services (ermhs/dis counseling). |
| <input type="checkbox"/> | Other Actions: |

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