T C S S

Troup County School System

Your Future Starts Today

SUICIDE PROTOCOL
RESPONSE PROCEDURE

1. The staff member who learns of the threat/attempt will provide constant **adult** supervision and immediately inform the principal/designee verbally or in person **(no email).**

   NOTE: DO NOT LEAVE STUDENT ALONE AT ANY TIME.

2. The Principal/Designee will immediately contact, in order of accessibility, the appropriate Response Team Member:
   1. School Counselor
   2. School Nurse / Health Services Coordinator
   3. School Social Worker
   4. Coordinator of Social Emotional Health

3. The Response Team Member will utilize the "Columbia Suicide Severity Rating Scale-*Screen Version-Recent"* in order to determine risk level and appropriate intervention.

4. The Response Team Member will contact parent/guardian to inform them of the situation and screener results.
   - Request parent/guardian *(or designee as determined by parent)* to come to school and/or hospital, if necessary. *(Be mindful of confidentiality requirements)*

5. The following documentation and information **MUST** be provided to the parent:
   - Parent Conference Summary Form (requiring parent signature)
   - Clinician Referral Letter
   - Copy of Columbia Suicide screener form
   - HIPAA/Medical Update forms for appropriate treatment providers *(note: parent should be strongly encouraged, but is not required to sign HIPAA)*
   - Community Counseling Resource List

6. If the parent does not cooperate with the school by failing to accept the seriousness of the self harm threat, they should be informed that DFCS will be notified and asked to intervene. DFCS will be notified, if necessary.

The School Counselor MUST be notified and document all incidents on approved forms. Copies of all documentation should be maintained in the Counselor's Office.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

Student Name: _____ ID: _____ DOB: _____

School: _____ Grade: _____

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you had any actual thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* 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."*		
4) *Have you had these thoughts and had some intention of acting on them?* as opposed to *"I have the thoughts but I definitely will not do anything about them."*		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* 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.	**Lifetime**	
		Past 3 Months
If YES, ask: *Was this within the past 3 months?*		

Response Protocol to C-SSRS Screening

Item 1 and 2 Behavioral Health Referral

Item 3- Behavioral Health Referral and School Safety Plan

Item 4 and 5- Behavioral Health Referral, School Safety Plan, and Medical Clearance strongly encouraged

Item 6- Behavioral Health Referral and School Safety Plan

Item 6- 3 months ago or less: Behavioral Health Referral, School Safety Plan, and Medical Clearance Necessary

Signature of Person completing Form _____

Signature of Parent/Guardian _____

(indicating that Parent/Guardian has received copy of this form)

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Rev. Allen Simpson, Vice Chair
Ted Alford
Brandon Brooks
Joe Franklin
Cathy Hunt
Alfred McNair

Parent Conference Summary Related to Self-Harm Event

Student Information:

Student Name: _____ Grade: _____Age:_____

Date of Incident: _____Time of incident: _____Date of Report: _____

Response Team Member reporting:_____

Student expressed suicidal thoughts: Verbally In writing In Art Other:_____

Current Concerns:

_____

_____

_____

_____

Recommendations:

_____

_____

_____

_____

Parent Statements: Please read, check, and sign off on the parent statements.

I have been notified of the following:

- ❑ My child has made suicidal/ self-harm statements.
- ❑ The school has advised me that outside services may be beneficial for my child's mental health and safety.
- ❑ I have been provided a list of community service providers.
- ❑ A School Safety Plan may be developed for my child.
- ❑ Depending upon the severity of the threat, medical release to return may be required.

_____ _____

Parent/Guardian Signature Date

_____ _____

School Staff Member and Title Date

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Date:_____

To the Attending Physician/Mental Health Professional/Psychologist:

_____has been referred to you for a mental health evaluation for the
(Name of Student)

following reasons:

- ❑ Self Harm/ Suicidal Ideology
- ❑ Threats of Harm to Others
- ❑ Other: _____

Description of incident requiring referral:

_____

_____

_____

_____

If you have any questions or need collateral information before assessing this student, please call

_____ at _____.
(School Contact Person) *(Phone)*

Please sign this to indicate that you are aware of the reasons for the referral and complete the recommendations on the back of this form.
Parents/Guardians must return this form to the school.

Recommendations:

- ☐ Student is safe to return to school.
- ☐ Student is in need of further treatment and is referred to an inpatient facility.
- ☐ Student is safe to return to school with a safety plan and will need the following supports:

_____

_____

_____ _____
Mental Health Professional Signature *Date*

_____ _____
Printed Name and Title *Phone Number*

Troup County School System

SCHOOL SAFETY PLAN

Date: _____

Name: _____ School: _____

D.O.B: _____ Grade: _____

Part 1: Student Plan

1. **Triggers** that tell you a crisis may be starting (situations, thoughts, images, mood, behavior):

☐not being listened to ☐people yelling ☐arguments
☐being stared at ☐feeling pressured ☐loud noises
☐feeling I have no control ☐being teased or picked on ☐when privacy is invaded
☐feeling lonely ☐being isolated ☐being in trouble
☐being yelled at
☐other: _____

2. **Warning Signs** (your behavior signals) that show you are growing more and more at risk:

☐sweating ☐clenched fists ☐blank stare
☐restless/can't stay still ☐isolate from others ☐threatening comments
☐breathing hard ☐yelling ☐red faced
☐Bouncing leg(s) ☐cursing ☐wringing hands
☐crying ☐cutting self ☐vomiting
☐clenching teeth ☐pacing ☐loud voice
☐Other: _____

3. My **coping strategies** (things you can do to calm down and stay safe without contacting another person such as relaxation technique, physical activity etc):

☐Drawing ☐Journaling
☐Walking outside with someone ☐Use a fidget item (i.e. ball, spinner, stress ball)
☐Deep breathing exercises ☐Meditate/Yoga
☐Go to a quiet or "cool down" location ☐Complete a "think" sheet
☐Mental counting (count to 10, 15, 20 etc) ☐Listen to music
(other) _____

4. Name of **people** you can ask for help if the coping strategies above do not work:

_____

_____

5. What are some things you can do to keep yourself safe and healthy? (take medications, keep aftercare appointments, report concerns to parent, teacher, counselor, doctor etc.)

1._____

2._____

3._____

4._____

5._____

Part 2: School Plan

Strategies	Time Frame	Person Responsible

Part 3: Emergency/agency contacts (people to call):

Phone Number	Contact Person	Relationship

Part 4: Participants:

Name	Relationship
	Administrator
	Counselor
	Parent
	Student
	Other Staff (specify)
	Other Staff (specify)

Long Cane Middle School
School Level Self Harm Threat Log

Last Name	First Name	ID	Grade	Age	Incident Date	Date Counselor Notified	Admin Notified	Assessment Tool Utilized	Risk Level	Parent Notified in Writing?	Referred to Medical Professional needed?	Was student hospitalized?	HIPPA on file?	Medical Update form on file or medical documentation provided? (Yes/No)	Safety Plan Developed?	Student referred to Tier?	Additional Interventions provided?	Additional Notes/Commentary