

SUICIDE/CRISIS INTERVENTION PROCEDURE

This procedure has been developed as a proactive guideline to assist our staff. Also, under ORC 3319.073, staff members who work as a nurse, teacher, counselor, school psychologist or licensed administrator must take Suicide Prevention Training.

The Superintendent directs all school personnel to be alert to the student who exhibits signs of unusual depression or who threatens or attempts suicide. Any such signs or the report of such signs from another student or staff member should be taken with the utmost seriousness and should be reported immediately to the building principal. (See Warning Signs and Resource page 4). The principal may, if the circumstances so warrant, appoint a school counselor or other staff member to remain with the student. If, in the opinion of the principal, the student requires professional intervention, the student may be referred to appropriate mental health services. If a student is already receiving services, the referral should be made to his/her current provider, if the student has no current provider, the referral should be made to FRC for crisis intervention.

The student's parent or guardian shall be notified of any referral to mental health services and of any recommendation for therapy. In the event that the student's parent or guardian objects to the recommended treatment or indicates an unwillingness to cooperate in the best interest of the student, the principal may contact an appropriate public or private agency. In the event parents/guardians are unavailable, the principal will act in loco parentis (in place of the parent) and make decisions in the best interest of the student.

SUICIDE INTERVENTION PROCESS

Any time a staff member encounters a situation in which a student appears to be contemplating suicide the following process should be followed.

Step One- Stabilize the Situation

- A. Under no circumstances is a suicidal student to be left alone.
- B. Converse with the student immediately to determine if s/he has any dangerous instrument (weapon, substance, or other material capable of inflicting a mortal wound) on or nearby his/her person.
- C. If the student will allow, immediately remove any dangerous instrument from the student and the student's environment.
- D. If the student will agree, accompany him/her to a prearranged, nonthreatening place away from other students and other people but where there is another adult and a telephone close by. If the principal can be notified without leaving the student, do so as quickly as possible. If the student will not agree, stay calm and remain with him/her until someone comes.

Either the principal (if available) or the staff member should proceed to Step Two without delay.

Step Two – Assess the Risk

- A. Stay relaxed and talk calmly to the student to assess the risk of the student harming himself/herself. Listen intently to what the student is saying and avoid giving advice. Keep questions nonjudgmental.
- B. If the student will not relinquish a dangerous instrument, use EXTREME RISK PROCEDURE. (Step Three A)
Indicators of extreme risk include: possession of a weapon; brandishing a weapon; already inflicted self-harm.
- C. If the student is in imminent danger of harming himself/herself, use SEVERE RISK PROCEDURE (Step Three B).
Indicators of severe risk include: recent crisis or loss; symptoms of depression and: high level of agitation; delusions or hallucinations; substance abuse; thoughts of suicide; has access to means; previous attempts; no support system; feelings of hopelessness; impulsivity; unwilling to receive help.
- D. If the student is not in imminent danger of harming himself/herself, use MODERATE RISK PROCEDURE (Step Three C). Indicators of moderate risk include: recent crisis or loss; symptoms of depression; no specific plan; no access to means; no known previous attempt; support system present; future plans/hopefulness; willing to accept help.

Step Three-Take Appropriate Action

- A. EXTREME RISK PROCEDURE
 - 1. Contact the police or 911.
 - 2. Keep the student engaged in conversation as well as reassuring him/her until the police arrive.
 - 3. After the police arrive, and if good rapport has been established with the student, remain present to provide continuity and support as the police attempt to get the student to relinquish the dangerous instrument.
 - 4. Contact the student's parents and inform them of what has transpired and of the actions being taken.
- B. SEVERE RISK PROCEDURE
 - 1. Determine if the student's distress is the result of parental abuse, neglect, or exploitation. If so, notify Children's Services immediately, give them the facts, request them to intervene, and follow their instructions. If not, call the Family Resource Center (or Century Health or other private vendor) immediately, give them the facts, request them to intervene, and follow instructions.

The Agency may advise the school to have the family take the child to either the behavioral health agency or emergency department at Blanchard Valley Regional Health Center for a more thorough assessment to determine need for hospitalization.
 - 2. If neither agency will intervene before the end of the school day, call the emergency squad.
 - 3. Make sure the student's parents have been contacted and request that they come to the school to discuss safety concerns. (This may include the behavioral health provider with parent consent.)

C. MODERATE RISK PROCEDURE

1. Try to determine the reason(s) for the student's distress. Contact the parents, give them the facts, and ask them to come to the school right away.
2. Assist the parents in making contact with an agency or resource person who can provide appropriate intervention.

Step Four-Communicate

- A. Inform the appropriate members of the District staff of the facts and the actions being taken. Alert them that they need to observe the District's confidentiality requirements, although the occurrence was not something that developed during counseling.
- B. If the parents request, inform the student's close friends of the facts and the actions being taken.
- C. Keep good notes of the situation on 9.24aF1.

Step Five- Follow-up

- A. Determine the extent to which emergency or short-term procedures were completed properly.
- B. Find out if arrangements have been made for long-term clinical and/or support services.
- C. If neither short-term procedures nor long-term services were properly conducted or pursued, consult with your immediate supervisor, Assistant Superintendent or the Superintendent to determine appropriate action.
- D. Maintain continuing contact with the student to communicate interest in his/her welfare and support of the long-term services being provided.
- E. Remain alert to the possibility of "copy-cat" suicide attempts by others students.
- F. Evaluate Steps A-E.

SUICIDE POSTVENTION PROCESS

If, in spite of all intervention efforts, a suicide should occur, implement the Building Crisis Intervention. Complete the suicide report form and return to building principal.

At the request of the School, and in collaboration with the Agency, a CISM (Critical Incident Stress Management Team) may be deployed to assist the school with the incident.

If additional guidance is needed contact the Crisis Hotline at 1-888-936-7116 or the American Association of Suicidality, 4201 Connecticut Ave., Washington, D.C. 20008. (202) 237-2280.

Warning Signs and Resources

Warning signs are the changes in a person’s behaviors, feelings, and beliefs about oneself that indicate risk.

Indirect Verbal Cues

- “You’d be better off without me”
- “I’m so tired of it all”
- “What’s the point in living?”
- “I won’t need this anymore”
- “Who cares if I’m dead anyway?”

Direct Verbal Cues

- “I wish I were dead”
- “I’m going to end it all”
- “I believe in suicide”
- “If ‘such and such’ doesn’t happen, I’ll kill myself”
- “I’m afraid of doing something stupid”

Early Warning Signs

- Difficulties in school
- Feeling sad, angry
- Eating/sleeping disturbance
- Restlessness, agitation, anxiety
- Feeling like a failure, self-criticism
- Pessimism
- Difficulty concentrating
- Preoccupation with death
- Personality change
- Substance use/ abuse
- Family member died by suicide

Late Warning Signs

- Actual talk of suicide, death
- Dropping out of usual activities
- Isolating from family and peers
- Refusing help, feeling “beyond help”
- Making a last will and testament
- Giving away favorite possessions
- Offering verbal clues about the wish to die

**At no time should the youth that presents with a safety concern be sent home without parent contact or evaluation deemed necessary by the school counselor/principal. The at-risk student should not be left unattended until released to the appropriate person.

**Children Services is not the appropriate contact for this type of safety concern as this is not an abuse/neglect issue

Resources:

- Family Resource Center.....Melissa Meyer, Chief Clinical Officer 419-422-8616**
Day time office number 419-422-8616 After Hours 7 pm M-Th, 5pm Fri-8am Monday 419-420-5842
- Century Health.....Nancy Stephani, Director of Emergency Services 419-425-5050**
- Crisis Hotline (24/7).....1-800-936-7116**
- Critical Incident/Stress Management.....Rick Skilliter, CISM Coordinator 419-235-9546**
- Children’s Protective Services.....Carey Clifford, Intake Supervisor 419-429-8008**
Jill Stonebraker, Director 419-429-8081

Adopted 1/2004
Revised 10/27/2014
Revised 7/7/17