

## **Emergency Procedure: Suicide/ Self Harm Reporting**

Any attempt or discussion of intent to complete suicide or action of self-harm is a strong indication of the existence of a serious situation and should not be ignored. Suicide is the third leading cause of death among adolescents ages 15-19 in the United States, and the second leading cause of death in the 10-14 age range. (EP 10 SDUSD)

### **Procedures:**

#### **I. Counselor/Admin responsibility for students who threaten of suicide or self-harm while on campus.**

- When talking to a student who may be experiencing suicidal/ self-harm ideations, use risk assessment as a guide to determine whether outside services are required (see attachment).
- Never leave the student alone, an adult must have eyes on students at all times once student exhibits high threat behaviors or actions.
- Keep student away from any dangerous materials.
- Do not try to move student off campus.
- If the student is showing immediate signs of danger or is harming themselves, immediately call "911"
- If the student needs immediate referral, staff must call parents of students, and cannot leave until picked up by an adult.
- The parent/ guardian must sign notification release form before leaving campus, which means that it is strongly suggested by the school to get psychological assistance for the student before returning back to school (see attachment).
- If the student is unable to be picked up by a parent/ guardian, staff must call SD PERT team to come pick up the child and take them to a mental health facility. Call San Diego Police Department and request PERT team (858)565-5200.
- School site must keep copies of risk assessment, and parental notification of release in students confidential file.
- Staff may recommend the parent/guardian to seek appropriate professional help (physician, mental health, professional, or psychologist) before returning to campus.
- Staff should follow up with the parent/ guardian to determine what help, if any, has been arranged.
- If the parent/ guardian refuses to gain help for their suicidal/ at risk student, and suspects neglect, the staff member must make a referral to child protective services.
- If the student does require outside services, the school must receive a release form regarding the student's readiness to return back to school.
- If a release of information is not provided, then the parent/guardian must write a statement affirming their child's readiness to return to campus.
- A parent/guardian conference is required with school counselor/admin before returning to school. Results of conference and next steps will be shared with teachers and any staff who has contact with the student during the school day.
- Upon return to school, the student will be assigned an adult to monitor follow-up services.

**Student Risk Assessment**

- \_\_\_\_\_ Motivation
- \_\_\_\_\_ Verbal warnings – overly stated or indirectly shown
- \_\_\_\_\_ History of previous attempts
- \_\_\_\_\_ Level of hostility, hopelessness, helplessness
- \_\_\_\_\_ Level of awareness of alternatives and of consequences of act of suicide
- \_\_\_\_\_ Assessment of effect – how characterized? Flat, labile?
- \_\_\_\_\_ Relationship – family; friends; quality
- \_\_\_\_\_ Capacity for reality testing
- \_\_\_\_\_ Judgment – enact or absent
- \_\_\_\_\_ Plan – method, how available are tools
- \_\_\_\_\_ Level of distress, agitation
- \_\_\_\_\_ Pessimism
- \_\_\_\_\_ Situation – what are elements of person's situation at the time of risk
- \_\_\_\_\_ Self-image
- \_\_\_\_\_ Stress level – available or not, what kinds – for protection and concern
- \_\_\_\_\_ Support – available or not, what kinds – for protection and concern
- \_\_\_\_\_ Impulsivity
- \_\_\_\_\_ Lethality – a suicidal gesture or successful completion likely?

**Risk Assessment Questions**

1. Has the person recently withdrawn from therapeutic help?
2. Has the person been abusing alcohol or other drugs recently?
3. Is there a history of suicide in the person's family?
4. Is the person exhibiting marked hostility to those around him or her?
5. Has the person's life become disorganized recently?
6. Does the person drop in and out of school?
7. Has the person become unusually depressed or anxious recently?
8. Has a friend committed suicide recently?
9. Has a relative committed suicide recently?
10. Has the person threatened suicide or spoken about it with friends or teachers?
11. Is the person preoccupied with themes of death or dying?
12. Has the person made previous suicide attempts?
13. Does the person have trouble holding onto friends?
14. Does the person have a "plan" for suicide, and has the person made preliminary arrangements?
15. Has the person made "final arrangements" (given away possessions, said good-bye)?

# CITY HEIGHTS PREP

CHARTER SCHOOL

## Parent Acknowledgement Form

Student Name: \_\_\_\_\_

This is to verify that I have spoken with school staff member,  
\_\_\_\_\_ on \_\_\_\_\_(date),

concerning my child's suicidal ideations. I have been advised to seek the services  
of a mental health agency or therapist immediately.

I understand a follow up check by this staff person \_\_\_\_\_

will be made with my child, the treating agency, and me within two weeks of this  
date.

### Parental Signature

\_\_\_\_\_ Date \_\_\_\_\_

### Faculty Member

\_\_\_\_\_ Date \_\_\_\_\_

## Suicide/Self- Harm Reporting Action Taken

Student Name: _____	Name of School: _____	Grade _____	<input type="checkbox"/> Male <input type="checkbox"/> Female					
<b>Who Initiated the referral?</b> <input type="checkbox"/> Friend/Student _____ <input type="checkbox"/> Parent _____ <input type="checkbox"/> Teacher _____ <input type="checkbox"/> Other School Personnel _____ <input type="checkbox"/> Administrator _____ <input type="checkbox"/> Self Referral _____ <input type="checkbox"/> Other _____								
<b>Reason for Referral</b>								
Category of Suicidal Behavior: (check one) <input type="checkbox"/> Suicide Attempt – having taken action with intent to die <input type="checkbox"/> Suicide Threat – saying or doing something that indicates self-destructive desires <input type="checkbox"/> Suicide Ideation – having thoughts about killing oneself								
<b>Action Taken (check those that apply)</b>								
<input type="checkbox"/> Student seen by school personnel <input type="checkbox"/> Student referred by agency <input type="checkbox"/> Student referred to private professional <input type="checkbox"/> Student transported to a hospital/other <input type="checkbox"/> Student referred to Crisis Services	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Name / Agency</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> </tr> </tbody> </table>			Name / Agency	_____	_____	_____	_____
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