



**STUDENT SAFETY PROTOCOL**

**SUICIDE & RISK OF HARM**

**AUGUST 2022**

# ALBERTVILLE CITY SCHOOLS

## STUDENT SAFETY PROTOCOL – SUICIDE & RISK OF HARM

### REQUEST FOR ASSISTANCE

- Once a student has been identified as being at risk for suicide or harm to others (verbal/nonverbal expression of suicide ideation or harm to self/others, engaging in self-harm behaviors, presence of multiple risk factors, etc), the **counselor** will be notified immediately.
- If the counselor is not available, administration will be contacted to complete the **Student Safety Protocol**.
- The counselor notifies the Principal/Principal's Designee **IMMEDIATELY**. If the Principal is not available, it is the Principal's Designee's responsibility to notify the principal.
- All school campus administrators will be trained to complete the **Student Safety Protocol** in the event that the counselor is unavailable. System social workers/personnel will be contacted **ONLY** if no one is available at the school to complete an assessment or if additional assistance is needed.
- All emergencies that require 911 assistance should be reported immediately to the school nurse AND the Mental Health Services Coordinator, Kristi Rains, at (256) 891-1183 x 226.
- The counselor/principal/principal's designee will remain with the student until the parent/guardian arrives.

### ASSESSMENT

1. The student will be informed that their thoughts cannot be treated as confidential **AND** will be shared with the student's parent/guardian and selected authorities.
2. Counselor/principal/principal's designee will complete the **Student Crisis Referral Form** and the **Assessment Form**.
3. The **Student Safety Plan** and the **Parent/Guardian Notification Letter** will be completed and reviewed with the student and the parent/guardian. Provide the parent/guardian with a copy of both forms.

**NOTE:** A copy of the **Student Crisis Referral Assessment Form** may be sent directly to the mental health provider, if requested and if a HIPAA authorization is signed. **However, please do NOT give this assessment form to the parent/guardian.**

### PARENTAL NOTIFICATION

1. The counselor/principal/principal's designee will contact and meet with the parent/guardian immediately. The purpose of the emergency conference is to discuss the student's immediate psychological and safety needs, including supervision. Topics to be discussed should include:
  1. current status of student.
  2. student's exact reference to harm self and/or others.
  3. importance of parental role in providing supervision.
  4. steps to be taken to supervise the student and ensure safety: line-of-sight supervision, removing all means of harm (e.g. removal of weapons, pills, knives, belts, shoe strings etc.) from the student's access, importance of continuous observation, etc.
  5. assist the student/family in seeking medical/mental health services as needed.
2. If the counselor/principal's designee cannot reach a parent/guardian by phone, they will call the emergency contacts that were provided by the parent/guardian. If the parent/guardian is unable to be located, the counselor/principal/principal's designee will call the school SRO for assistance with locating parent/guardian.

3. If the student is taken to the hospital, the counselor/principal/principal's designee will accompany the child. Once the parent/guardian arrives, the counselor/principal/principal's designee may choose to remain but is no longer required.
4. Counselor/Principal/Principal's Designee will ONLY provide the parent/guardian with a copy of the **Student Safety Plan** and the **Parent/Guardian Notification Letter**. The parent/guardian will be advised that it is in the student's best interest to be evaluated/assessed by a medical doctor/mental health professional before returning to school to ensure that he/she is no longer at risk of harming self or others (REQUIRED if repeat referral or if student has a plan and/or refuses to follow the safety plan).
5. If a student does not live with his/her legal guardian, the primary caregiver and/or adult in the household must also be contacted, notified of the student's status and asked to assist the student in seeking medical/mental health assistance.
6. The parent/guardian will be asked to sign the **Parent/Guardian Notification Letter**. The parent/guardian will also be asked to indicate whether they will seek medical/mental health assistance for their child. This form acknowledges that the parent/guardian has been notified of his/her child's behaviors and of mental health resources in the community.
7. If the parent/guardian agrees to seek medical/mental health assistance, the counselor/principal/principal's designee will assist parent/guardian with making an appointment BEFORE the student and parent/guardian leave the school campus (**make sure a HIPAA authorization is signed before contacting a mental health/medical provider**). In addition, student and parent/guardian will be notified that the school will follow-up with the student upon return to school. If it is a REPEAT referral or if the student has a plan and/or refuses to follow the safety plan, the parent/guardian will be required to seek medical/mental health assistance for the student before he/she is re-admitted on the school campus. During the mandatory re-admit conference that will be held with the school counselor, student, and parents, the parent must provide a mental health clearance letter of release which must be dated, signed and on letter head from a qualified medical doctor or licensed mental health professional.
8. If a student expresses thoughts of harm to self and/or others and cannot be located in class or on campus, the counselor/principal/principal's designee will immediately be notified and will make every effort to locate the student. The principal/available administrator and parent/guardian will, also, be notified immediately.
9. All phone calls/conferences/attempts to notify are to be documented on the **Parent/Guardian Notification Form**.
10. When the student returns to school, the counselor/principal/principal's designee will conduct a mandatory readmit conference with the student and parent/guardian to complete the **Student Re-entry Form**, regardless of evaluation requirement. At that time, appropriate clearance documentation (i.e., discharge form, doctor's note, mental health clearance form, etc.) will be collected from the parent/guardian, if required. A copy of this documentation should be attached to the **Student Re-entry Form** and be sent, along with ALL of the **Student Crisis Referral Protocol Forms**, to the Mental Health Services Coordinator, Kristi Rains, in an envelope marked "**CONFIDENTIAL**".

## FOLLOW-UP

1. During the **mandatory** readmit conference with the parent/guardian, The counselor/ principal/principal's designee should obtain a copy of the release/discharge paperwork/medical clearance document showing that the student has been assessed by a medical/mental health provider, if required. If an evaluation is not required, school staff should focus on ways that the school can support the student, requests from parent, and planned mental health follow-up (upcoming appointment, additional assistance needed in seeking care, etc).

2. The counselor/principal/principal's designee will send a copy of the completed **Student Safety Protocol** packet to the Mental Health Services Coordinator, Kristi Rains, in an envelope marked "**CONFIDENTIAL**". Do not put in permanent record.
3. If a designee, rather than the counselor, meets with the student and parent/guardian in the mandatory readmit conference, the counselor will conduct a follow-up conference with the student as soon as the counselor returns to campus.
4. The counselor will continue to monitor the student once a week for four weeks and as needed through contact with student/teacher and/or observation.

## SUICIDE PREVENTION

### Suicidal Risk Factors

- Is very moody
- Family problems
- Physical/sexual abuse
- Loss of energy
- Peer rejection
- Drug abuse
- Neglect of appearance
- Sudden change (in anything)
- Talks of life after death
- Ends a relationship
- Death of friend/family member

### Suicide Warning Signs

- Previous suicide attempt
- Current talk of suicide or making a plan
- Strong wish to die, preoccupation with death
- Asks legal questions about death
- Recent suicide attempt by a friend/family member
- Impulsiveness and taking unnecessary risks (recent onset not explained by other causes)
- Gives away personal items

### Ways to Respond:

#### DO

- Listen (not lecture). Listening will decrease the probability of going through with suicide.
  - Assess suicide potential. Ask specific questions.
  - Do you have a plan?
  - Are the means available?
  - Have you attempted suicide in the past? How? What happened?
- How do you see yourself in the future? (shows hope)
- Be supportive. Let student know you care and that help can be sought.
- Talk openly and honestly about any statements the student has made.

#### DON'T

- Ignore the problem (it won't just "go away")
- Keep the information secret. Verbal threats and plans are signals for help.
- Believe that if suicide is talked about the threat won't be carried out. Suicide is very often talked about before it is committed.
- Be judgmental.
- Laugh it off.

# **STUDENT SAFETY PROTOCOL FORMS**

# Student Crisis Referral Form



Referral Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person Completing SCRF: \_\_\_\_\_ Title: \_\_\_\_\_

Additional School Personnel: \_\_\_\_\_

Student Referred by:

- Self
- Student
- Parent
- Teacher
- Counselor
- Other: \_\_\_\_\_

## ACTION STEPS:

- ✓ Remain with student and assess situation
- ✓ Notify school personnel: Principal, Counselor, Nurse, SRO
- ✓ Notify school district designee
- ✓ Contact parent to come to school
- ✓ Complete Student Safety Plan & Agreement
- ✓ Parent Notification Letter & Mental Health Resource List to parent
- ✓ Assist with referral, if desired
- ✓ Determine if there are impacted students and contact – complete Crisis Form for them if necessary
- ✓ If REPEAT REFERRAL – Mandatory Re-Admit Conference with Student Re-Entry & Support Form



Through conversation with the student ask the following questions:

Are you experiencing feelings of helplessness?  **Yes**  **No**

Do you feel overwhelmed by life?  **Yes**  **No**

I care about you and would like for you to share with me about these feelings?

**Shared**  **Would Not Share**

In the past few weeks, have you felt that you or your family would be better off if you were dead?

**Yes**  **No**

Have you wished you were dead?  **Yes**  **No**

In the past week, have you been having thoughts about hurting or killing yourself?  **Yes**  **No**

Have you ever tried to hurt or kill yourself?  **Yes**  **No**

Do you think you can keep yourself safe?  **Yes**  **No**

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Inquire about the parent relationship/home environment in case there is abuse.

Should the parent or guardian be contacted?  **YES**  **NO**

NOTE: Parents/Home life may be not be appropriate to notify; therefore, DHR and law enforcement may need to be contacted to ensure the student is safe.

### CONCERNING BEHAVIORS & RISKS (MARK ALL THAT APPLY)

These may have been shared during the assessment or from the person who made the referral. Mark with an "R" if from Referral or an "A" if from Assessment.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Suicidal Behaviors/Threats     | <input type="checkbox"/> Alcohol or Drug Use, Medication Mis-use | <input type="checkbox"/> Reports Fears/Phobias           |
| <input type="checkbox"/> Previous Suicide Attempt(s)    | <input type="checkbox"/> Giving Away Possessions                 | <input type="checkbox"/> Reports Being Told to do Things |
| <input type="checkbox"/> Self-Injurious Behavior        | <input type="checkbox"/> Truancy/Running Away                    | <input type="checkbox"/> High Risk Behaviors             |
| <input type="checkbox"/> Sudden Change in Behavior      | <input type="checkbox"/> Changes in Grades                       | <input type="checkbox"/> Recent Traumatic Event          |
| <input type="checkbox"/> Signs of Depression            | <input type="checkbox"/> Bullying (Perp./Victim)                 | <input type="checkbox"/> Reports Abuse                   |
| <input type="checkbox"/> Unusual Changes in Mood        | <input type="checkbox"/> Angry/Agitated                          | <input type="checkbox"/> Victim of Crime/Violence        |
| <input type="checkbox"/> Withdrawn/Depression           | <input type="checkbox"/> Violent Outbursts                       | <input type="checkbox"/> Legal/Court Problems            |
| <input type="checkbox"/> Excessive Crying/Sadness       | <input type="checkbox"/> Resistant to Authority                  | <input type="checkbox"/> Peer/Social Problems            |
| <input type="checkbox"/> Inattentive/Hyperactive        | <input type="checkbox"/> Fighting/Destroying Property            | <input type="checkbox"/> Recent Loss or Separation       |
| <input type="checkbox"/> Frequent Complaints of Illness | <input type="checkbox"/> Reports Sleep Problems                  | <input type="checkbox"/> Parent/Child Conflict           |

# Student Safety Plan



If I experience any of the following thoughts, feelings, or behaviors:

Feelings	Thoughts	Behaviors

Or any event that causes excessive stress, I promise to follow this plan:

**STEP 1:** Use my Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STEP 2:** Make my environment safe:

1. \_\_\_\_\_
2. \_\_\_\_\_

**STEP 3:** Contact People or go to a social setting that provides distraction and security:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Place \_\_\_\_\_  
 Place \_\_\_\_\_

**STEP 4:** Contact a person whom I can ask for help:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Clinician Emergency Contact # \_\_\_\_\_  
 Prevention Lifeline Phone: 1-800-273-TALK (8255)

**If I am in a crisis, I will contact 911. I will ask the dispatcher to send an officer to conduct a welfare check to keep me safe.**

The one thing that is most important to me and worth living for is \_\_\_\_\_.

I, \_\_\_\_\_, promise to not engage in any behavior that will or may cause myself bodily injury. Should I have any thoughts or feelings about hurting or killing myself, I promise to follow the steps in my safety plan.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Student Name:** \_\_\_\_\_





## Parent/Guardian Notification Record:

An effort was made to contact the parent/guardian/emergency contact by telephone at the following times:

Date	Time	Results (Please Check Accordingly)
		<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Contacted _____
		<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Contacted _____
		<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Contacted _____
		<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Contacted _____

The parent/guardian could not be reached OR refused to come get his/her student. Consequently, the student was not allowed to leave school or to go home unescorted, so the following action was taken:

- Contacted local Police Department
- Contacted Sheriff's Department
- Contacted attendance officer or school social worker in order to conduct a home visit to notify the parent/guardian
- Contacted the Department of Human Resources (DHR)
- Contacted emergency services, i.e., hospital, paramedics, mental health, etc.
- Other (Explain): \_\_\_\_\_

# Parent Notification Letter



Date \_\_\_\_\_

I, \_\_\_\_\_, have been notified that my child  
(Parent's name)

\_\_\_\_\_ has verbalized, or through other activities, has manifested a suicidal  
(Student's name)

threat. Consequently, I have been asked to carefully monitor my child and to also seek medical/mental health consultation immediately.

I have been told that the school will follow-up with my child once he/she returns to school in order to provide support for his/her emotional well-being and safety. Not only have I been given a copy of my child's safety plan and a mental health resource list, but I have also been given the opportunity to ask questions regarding my child's needs and the types of support/resources available for my child from community agencies.

In the event that I am notified **again** during the current school year that my child has expressed suicidal ideations or behavior, I understand that I will be **required** to seek medical/mental health assistance for my child before he/she is re-admitted on the school campus. During the **mandatory re-admit conference** that will be held with the school counselor, my child, and me, I will be asked to provide a mental health clearance letter of release which must be dated, signed and on letter head from a qualified medical doctor or licensed mental health professional.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_ Parent refused to sign (Check if applicable)



Date: \_\_\_\_\_

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Present: \_\_\_\_\_

Provided Mental Health Clearance Letter of Release from a qualified medical doctor or licensed mental health professional. (attach to this form)

Does a medication form need to be complete with the nurse?  Yes  No

How can the school support the student?

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Any tips or advise from the mental health professional?

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Any requests made by the parent?

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Does the school have permission to consult with the students mental health professional if questions regarding student support arise?

No  Yes If Yes – Professional’s Name: \_\_\_\_\_

Professional’s Phone Number: \_\_\_\_\_

Additional Notes:

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Completed by: \_\_\_\_\_

**ALBERTVILLE CITY SCHOOLS**

8379 US Hwy 431

Albertville, Alabama 35950

Telephone: 256-891-1183 x 226

Teacher Requesting:

SPED  504  GenEd

**FERPA/HIPAA AUTHORIZATION FOR RELEASE OF INFORMATION**

<b>STUDENT NAME:</b>	
<b>DATE OF BIRTH:</b>	<b>GRADE:</b>

I hereby authorize Albertville City Schools to release/receive my child's information/records to/from:

<b>Name:</b>	
<b>Relationship:</b>	
<b>Street Address:</b>	
<b>City, State, Zip</b>	
<b>Phone:</b>	
<b>Fax:</b>	

- Official student academic/administrative records (including but not limited to: identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results).
- Medical and/or related records
- Psychological evaluations or social work reports
- IEP, 504, ELL or PST evaluations and related reports
- Appropriate agency reports
- Extracurricular activity participation
- Classroom observation/evaluation
- Verbal Communications
- Other Information about student safety concerns

**AUTHORIZATION**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care and/or educational services.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Student Signature:</b> (If student is 18 or older)	<b>Date:</b>

**ALBERTVILLE CITY SCHOOLS**

8379 US Hwy 431

Albertville, Alabama 35950

Telephone: 256-891-1183 x 226

Teacher Requesting:

SPED  504  GenEd

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<b>STUDENT NAME:</b>	
<b>DATE OF BIRTH:</b>	<b>GRADE:</b>

I hereby authorize Albertville City Schools to release/receive my child's information/records to/from:

<b>Name:</b>	<b>Mt. Lakes Behavioral Healthcare</b>
<b>Relationship:</b>	<b>Mental Health Care Provider</b>
<b>Street Address:</b>	<b>2409 Homer Clayton Dr.</b>
<b>City, State, Zip</b>	<b>Guntersville, AL 35976</b>
<b>Phone:</b>	<b>(256) 582-3203</b>
<b>Fax:</b>	<b>(256) 582-3216</b>

- Official student academic/administrative records (including but not limited to: identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results).
- Medical and/or related records
- Psychological evaluations or social work reports
- IEP, 504, ELL or PST evaluations and related reports
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