



Jefferson City Schools

Suicidal Ideation and Self-harm Reporting Protocol



NOTE: Students that exhibit or communicate risk factors/warning signs for suicide, regardless of the level of warning signs or suicide ideation, should be referred immediately to the school principal and school counselor for screening and further action if warranted. Please see attached list for risk factors. If administrator(s) or counselor(s) are not available, contact Holly McShane, Counseling Services Coordinator or Megan Cushman, Student Services Coordinator.

1. Once a staff member becomes aware of a suicidal ideation/threat/attempt by a student, the staff member will provide constant adult supervision of the student while **immediately** informing the administrator/counselor verbally in person or via phone (no email).
2. School staff should continuously supervise the student to ensure his or her safety until the parents/guardians arrive. Under no circumstances should the student be left alone, sent back to class, or sent home on the bus without constant adult supervision.
3. The counselor or designated response team member will conduct the Columbia Suicide Severity Rating Scale to determine risk level and appropriate intervention. The additional information obtained from the screener will be helpful in conversations with family members and referral agencies.
4. The response team member will contact the student's parent/guardian to inform them of the situation, including screener results, and request them to come to the school (or hospital pending the case).
5. Provide the following documents to the parent:
 - * Parent Conference Summary Form which includes summary for healthcare provider. This form requires parent signature acknowledging receipt of form.
 - * Copy of Columbia Suicide Severity Rating Scale
 - * Community Counseling Resource list
 - * FERPA/HIPAA Consent form as an *optional* support to communicate with healthcare providers, especially when developing reintegration plans if applicable.
6. If the student is under the age of 18 and the parent or guardian refuses to seek appropriate assistance, the school shall have the option to contact and file a neglect report with the Department of Family and Children Services (DFCS). The school may also involve the appropriate law enforcement agency, if necessary.
7. The counselor will complete the google reporting form and provide a copy of the Parent Conference Summary Sheet to both Holly McShane and Megan Cushman. Counselors will retain the original confidential record.
8. Counselors may opt to utilize a school safety plan document to assist in planning support for the student during the crisis or in reintegration planning meetings. A copy should be provided to the student and parent/guardian. Reintegration meetings may be scheduled as early as possible upon the student's return to school after healthcare intervention.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

Student Name:	DOB:
School:	Grade:

	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>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
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."		
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."		
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>		
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.	Lifetime	
	Past 3 Months	
If YES, ask: <u>Was this within the past 3 months?</u>		

Possible Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Referral
- Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
- Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
- Item 6 Behavioral Health Referral
- Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Signature of school personnel completing form and date

Signature of parent/guardian receiving copy of this form



Jefferson City Schools

Parent Conference Summary of Student Self-harm Event

Student Name: _____ **Grade:** _____ **Age:** _____

Date of Incident: _____ **Time of Incident:** _____ **Date of Report:** _____

Response Team Member completing report and Title: _____

Method of student's self-harm/suicidal ideation expression:

Verbal Written Communication Art Social Media Other: (Specify)

Description of concern (include specific thoughts/statements made by student): _____

Response team Recommendations to Parent/Guardian: _____

Parent Statements: The following ensures the parent/guardian has been notified of the following:

- _____ My child has made suicidal or self-harm statements, which were brought to the school's attention.
- _____ The school advised me of outside services/resources available that may be beneficial to my child.
- _____ I have been provided a list of community service providers as well as a website listing such providers.
- _____ A school safety plan is available for my child to assist in a supportive reentry to the school environment.
- _____ Should hospitalization occur, a reintegration plan to support my child is available upon reentry. The team may consist of whomever the parent/student feel can assist in supportive reentry care. School Counselor(s), Student Support Coordinator and administrator(s) usually make up the team.

Parent/Guardian Signature

Date

Response Team Member/Title

Date



Jefferson City Schools
Suicide Intervention Protocol
Area Community Resources



National Suicide Prevention Lifeline: 1-800-273-TALK (8225)

You will be connected with a skilled, trained counselor at a crisis center in your area. This service is available at any time of day, 7 days a week.

Suicide Crisis Hotline: 1-800-SUICIDE (1-800-784-2433) or Text 988 or chat 988lifeline.org

Advantage Behavioral Health: 706-367-5258

383 General Jackson Drive
Jefferson, GA 30549

Northeast Georgia Health Systems and Medical Center (Laurelwood): 770-219-3800

783 Spring Street NE
Gainesville, GA 30501

Athens Regional Medical Center: 706-475-7000

1199 Prince Avenue
Athens, GA 30606

Barrow Regional Medical Center: 770-867-3400

316 N Broad Street
Winder, GA 30680

Peachford Hospital: 770-455-3200

2151 Peachford Rd
Atlanta, GA 30338

CHOA (Children's Healthcare of Atlanta) 404-785-5437

Georgia Crisis & Access Line: 1-800-715-4225

To access routine or crisis services. Available 24 hours a day 7 days a week.

Jefferson City Schools Counseling Services Resource Page:

<https://www.jeffersoncityschs.ga.schools.bz/Content2/counseling-services>



Jefferson City Schools School Safety Plan



Student Name: _____ Grade: _____ DOB: _____

Date: _____ School: _____

Part I: Student Plan

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Not being listened to | <input type="checkbox"/> People yelling | <input type="checkbox"/> Arguments |
| <input type="checkbox"/> Being stared at | <input type="checkbox"/> Feeling pressured | <input type="checkbox"/> Loud noises |
| <input type="checkbox"/> Feeling I have no control | <input type="checkbox"/> Being teased or picked on | <input type="checkbox"/> When privacy is invaded |
| <input type="checkbox"/> Feeling lonely | <input type="checkbox"/> Being isolated | <input type="checkbox"/> Being in trouble |
| <input type="checkbox"/> Being yelled at | | |
| <input type="checkbox"/> Other: | | |

2. Warning signs (your behavior signals) that show you are growing higher at risk:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Clenched fists | <input type="checkbox"/> Blank Stare |
| <input type="checkbox"/> Restless/can't stay still | <input type="checkbox"/> Isolate from others | <input type="checkbox"/> Threatening comments |
| <input type="checkbox"/> Breathing hard | <input type="checkbox"/> Yelling | <input type="checkbox"/> Red faced |
| <input type="checkbox"/> Bouncing leg(s) | <input type="checkbox"/> Cursing | <input type="checkbox"/> Wringing hands |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Cutting self | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Clenching teeth | <input type="checkbox"/> Pacing | <input type="checkbox"/> Loud voice |
| <input type="checkbox"/> Other: | | |

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

- | | |
|--|--|
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Journaling |
| <input type="checkbox"/> Walking outside with someone | <input type="checkbox"/> Fidget Item |
| <input type="checkbox"/> Deep breathing exercises | <input type="checkbox"/> Meditate/Yoga |
| <input type="checkbox"/> Go to a quiet place or cool down location | <input type="checkbox"/> Complete a "think" sheet |
| <input type="checkbox"/> Mental counting (count 1-10) | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Coloring therapy/doodling |

4. Name of person(s) you can ask for help if the coping strategies above are not successful:



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5. What are some things you can do to keep yourself safe and healthy? Ex: take Rx's according to directions, keep aftercare appointments, report concerns to parent, teacher, counselor, physician?

1. _____
2. _____
3. _____
4. _____
5. _____

Part II: School Plan

Strategies	Time Frame	Person Responsible

PART III: Emergency Contacts (people to call)

Phone Number	Contact Person	Relationship

PART IV: Participants:

Name	Relationship
	Parent
	Student
	Administrator
	Counselor
	Other Staff: Specify
	Other Staff: Specify

Notes:



Jefferson City Schools Student Reintegration Plan



Student Name: _____ Grade: _____ DOB: _____

Date: _____ School: _____

Dates of hospitalization:	
Name of Hospital:	
Reason for Hospitalization:	
Rx Currently Prescribed:	
School Received Copy of Discharge Paperwork: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO, please explain:	
TRIGGERS	
List any triggers for the student. (Ex: being singled out, poor grades, conflict)	
WARNING SIGNS	
List any warning signs that the student is going into crisis. (Ex. heavy breathing, upset stomach, isolating, self-pacing, crying)	
COPING SKILLS	
List coping skills that the student can utilize to manage thoughts & feelings. (Ex. breathing techniques, muscle relaxation, journaling)	
SCHOOL SUPPORT SYSTEM	
Adults/Peers the student views as supportive within the school setting.	
OTHER: List any other information that may be helpful for those assisting the student during a crisis such as: family information, significant people, goals, hobbies, interests, etc.	
Name of Resource	Contact Number
Psychiatrist	
Counselor/Therapist	
Family Physician	
Date of Follow-up Appointment:	Appointment Provider:
Response Team Members Present:	
Notes: Provide Copies to parent, behavioral health specialist, student services coordinator, school counselor, nurse, administrator, and if applicable, 504 or SpEd case manager.	