

PROTOCOL FOR ADDRESSING SUICIDAL IDEATIONS OR ATTEMPTS

This protocol is designed for the protection of students in crisis and the school employees who serve them. If a school employee has reason to believe that a student is at risk for suicide or will harm himself or herself, that person should take action in accordance with this procedure.

Pursuant to O.C.G.A. § 20-2-779.1, certified staff are required to view the Cobb County School District (District) Suicidal Awareness and Prevention training annually. In addition, principals are encouraged to arrange a briefing with staff on student behaviors which are considered self-destructive and indicative of the desire or intent to harm oneself or others. If needed, please contact the local school counselor, social worker, psychologist, or Prevention/Intervention Center for assistance in this area. The principal should also advise school employees of the necessity of reporting any occurrence of such behaviors to the principal, administrator, or school counselor or other designee (school official) immediately.

1. If the student has made an attempt that is life threatening or it is suspected the student may make an attempt on school property, the school official should immediately:

- **call 911 for any medical emergency situation**
- **contact Cobb County School District Public Safety (678-594-8620)**
- **if needed, contact Prevention/Intervention Center (770-429-5846)**
- **contact custodial parent or guardian**

2. When a student exhibits suicidal behaviors/ideations (thoughts) or threatens to harm others, the following steps are strongly recommended:

- a. The school official should be notified and the student involved should be:
- At an appropriate time, privately interviewed to determine the level of risk
 - Are you thinking of hurting/killing yourself?
 - How do you plan to do this? When? Where?
 - Do you have a weapon / lethal means?
 - Have you had previous attempt or thoughts?

For further explanation, see Attachment A

- Offered immediate assistance
 - Placed under constant adult observation
- b. The school official should contact the enrolling adult or emergency contact to apprise them of the situation. Once the enrolling adult has been notified of the situation, the school official is strongly recommended to select one or more of the options below:
- Ask the enrolling adult to come to campus due to the seriousness of the ideation or threats.
 - The school official is strongly recommended to encourage parent to take their student for a same day initial free assessment if deemed actively suicidal.
 - Provide the enrolling adult approximately three or four names from the

Prevention/Intervention coalition of treatment providers' resource list upon the enrolling adult's arrival. Inform the enrolling adult to ask for the "initial one free assessment" if he/she calls a coalition member.

- The enrolling adult should also be encouraged to sign the release of information to allow the facility/treatment provider to share relevant information with the school.

- Implement a safety plan

c. When a student exhibits ideations (thoughts) of suicide or harming himself/herself or others, and the enrolling adult is unwilling or unable to come to the school, the school official:

- Should place the enrolling adult on hold and consult with other administrators and/or professional colleagues
- Should determine if a Cobb County Department of Children and Family Services medical neglect call/report is warranted
- Is strongly encouraged to involve one or two additional professionals from the school in the conversation with the enrolling adult and document the results of their conversation.
- Discuss options with the enrolling adult for protecting the student. Below is a non-exhaustive list of examples:
 - The student returns to class and follows normal dismissal procedures
 - The enrolling adult contact the student's therapist (if applicable)
 - The student takes the bus home and the parent agrees to have an authorized adult meet the student at the bus stop
 - The school official, in collaboration with others, develops a safety plan

3. If the enrolling adult or emergency contact cannot be reached, the school official may seek assistance from the offices of school counseling, school social work, school psychology, the District police department and/or the Prevention/Intervention Center.
4. If the enrolling adult refuses to have their student assessed for suicidal ideations, the school shall have the option to file a neglect report with the Cobb County Department of Family and Children Services. The school officials may also involve the Cobb County Police's Crimes Against Children unit to provide protective custody.
5. The school official should complete the Intervention Summary on the Prevention/Intervention Center's web site to document the incident.
6. If the school has obtained a copy of the assessment results or received information about the assessment, the school official should keep the assessment results in a confidential location (not in the permanent record).
7. A student may not be kept out of school if the enrolling adult refuses to provide this information or to obtain the initial free assessment.

**PROTOCOL FOR ADDRESSING
SUICIDAL IDEATIONS OR ATTEMPTS**

THE PLAN

One important criterion for determining suicide potential is the plan. If you think a student is considering suicide, you should ask him tactfully, carefully, and privately the following:

1. Are you thinking of hurting yourself?
2. How do you plan to do this? When? Where?
3. Do you have a weapon?

If a plan involves using a gun, hanging, or jumping, the lethality is much higher than if the person has thought of taking pills because there is less opportunity for rescue.

Does the person have the means available to carry out the plan? (A person who has access to a loaded gun should be considered in more immediate danger than someone who has decided to overdose but has no pills available.)

How carefully has the person thought out the method, and how much planning has been done? (A person who describes how and where he or she plans to die is at higher risk than someone who is very vague and seems to have no specific plan. However, any threat is serious enough to warrant the need for immediate attention.)

Direct or indirect threats to commit suicide should never be ignored.

PROTOCOL FOR ADDRESSING SUICIDAL IDEATIONS OR ATTEMPTS**SIGNS OF DEPRESSION OR SEVERE EMOTIONAL DISTRESS****LOW SELF-ESTEEM; A POOR SELF-CONCEPT**

May make self-critical remarks like, "I'm no good, or I'm just a burden." Considers self a failure; guilty of some wrong
Says, "I can never do anything right." A series of crisis events may have happened, which leads to feelings of haplessness.

SENSE OF HOPELESSNESS AND HELPLESSNESS

Cannot think of any way to make things better; perceives no hope in sight (tunnel vision) even when alternatives exist; despondent about the future.

SHAME, HUMILIATION, OR EMBARRASSMENT

Loss of face among peers is a critical problem for youth to cope with. May think that others dislike him/her or are talking about him/her.

LISTLESSNESS, TENSION, IRRITABILITY

May react impulsively or be upset about seemingly small events; quick anger.

SELF-DESTRUCTIVE THOUGHTS MAY BE EXPRESSED

Intensity and frequency may vary as well as direct or indirect expression.

OVERT SADNESS AND DEPRESSION

May often appear sad and depressed or show signs of tension and extreme anxiety.

ACTING OUT BEHAVIORS THAT MAY MASK DEPRESSION

Chemical use, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, delinquency, preoccupation with hostility or revenge.

UNUSUAL CHANGES IN EATING OR SLEEPING PATTERNS

Noticeable decrease or increase in appetite with significant weight change. Anorexia or bulimia are extreme examples.

SUDDEN PERSONALITY CHANGES

Shy, reserved persons may become aggressive or impulsive. Cautious persons may engage in risk-taking or fighting. Generally inactive persons may become hyperactive. Normally gregarious persons may become shy, withdrawn, or isolated.

NEGLECT OF PERSONAL APPEARANCE

Formerly well-groomed person may become apathetic about personal appearance and hygiene.

ISOLATION AND SOCIAL WITHDRAWAL

Withdrawal from friends, family, and activities formerly enjoyed. May stay in room listening to music with depressing or suicidal themes that intensify mood.

UNCHARACTERISTIC DECLINE IN ACADEMIC PERFORMANCE

May suddenly appear disinterested in school or in future goals. May make remarks like, “Don’t bother to grade my final, I won’t be around,” or “It’s just not worth it.” An unusual decline in grades may be an indication that something is troubling a student.

REVERSAL IN VALUATION

Sudden change from loving to hating someone, from self-respect to self-hate.

DIFFICULTY IN CONCENTRATING; PERSISTENT BOREDOM

Difficulty in completing tasks or in following through on assignments. May be consistently unable to keep mind on tasks at hand. May appear to think and act very slowly. Simple, everyday decisions may become difficult.

VAGUE OR UNEXPLAINABLE PHYSICAL COMPLAINTS

Headaches or stomachaches that visits to a physician do not solve; frequent desire to visit a physician.

LOSS OF TOUCH WITH REALITY

May be symptomatic of mental illness or chemical use. May also be indicative of a preoccupation with fantasy role-playing games.

PREOCCUPATION WITH FATALISTIC OR MORBID THOUGHT

Excessive thoughts about death or suicide, which may show up in written assignments, drawings, choice of music, literature, or other activities.

EXPERIMENTATION WITH SELF-DESTRUCTIVE ACTS

Very dangerous sign. May make superficial cuts on wrists, drive fast and recklessly, burn or otherwise mutilate body, may become very “accident-prone”.