

LL#1331229

Eight Step Response for Suicidal Ideation*

* This form must be used in conjunction with the JHF-E-1 Suicide Prevention Checklist For Children And Youth.

STEP 1: STUDENT INFORMATION Report Date: Name: Gender: Grade: DOB: Age: Address: Parent/Guardian Home Phone/Cell #: _____/ School:_____ Case Manager:____ Initial Disclosure Received by: Date of Incident/Disclosure: Hospitalization/ER Date(s): Student Assessed by: STEP 2: Suicide Risk Assessment Interview ☐ Asked questions for risk to self. Is the student a risk to self? ☐ Asked questions for risk to others. Is the student a risk to others? If so, consult with the principal about doing a threat assessment. STEP 3: Suicide Assessed Level of Risk ☐ Low Risk (Consult with counselling colleague and school principal) ☐ Medium Risk (Consult with Clinical Services Personnel and school principal) ☐ High Risk* (Consult with Clinical Services Personnel and school principal)

*For HIGH RISK, CALL 911 and DO NOT LEAVE THE STUDENT ALONE.

If the student is unwilling to promise to keep him/herself safe, contact the parent/guardian immediately. If necessary, arrange transportation to the hospital emergency ward by parent or ambulance.

Confirm that the student is going to the hospital. Prepare a list of information for medical personnel that includes the student's name, age, date of birth, address, parent's name, phone number (home/work/cell), any available information regarding medic alert, and any information pertaining to previous suicide ideation/attempts.

*DO NOT PERSONALLY TRANSPORT THE STUDENT

This personal information is collected under the authority of the Public Schools Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of maintaining student safety. If you have any questions about the collection contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, 204-888-7951.



STUDENT:	

If the student reports to have taken an overdose in the past few hours, contact the parents immediately and transfer the student to the hospital emergency by ambulance. Ask the school first aid attendant to attend to the student while waiting for the ambulance.

STE	P 4: Parent Notification and Information
	Notified the Parent/Guardian or □ Parent/guardian notified school staff. Date and time contact made with parent/guardian///am/pm.
	Advised parent to lock up anything that could be used by the child to hurt themselves (i.e. weapons, medications, poisons, ropes, razor blades). Advised parents to take the child to the hospital if s/he refuses to keep him/herself safe. If there is concern regarding parent reaction call ANCR (204-944-4200).
STE	P 5: Initial Safety Plan
STEI	If high or medium risk, the student is only released into the care of an adult who has been advised of all the information in Step 4. Identified supports that will be put into place. Had student make a list of support people s/he can reach out to (i.e. parent, grandparent, aunt, uncle, neighbour, etc.). Contacted student's current therapist or community agency. If they were not available, left a voice message to contact you. P.6: School Administrator Notification Informed the Principal and/or Vice Principal of the student at risk and steps
	taken.
STE	<u>P 7</u> : School Safety Plan and Follow up
	Informed referring person that the student at risk is receiving support. Informed key school staff of essential information to ensure support of safety plan.
	Followed-up with student's community agency (CFS). Made plans for short-term and long-term follow-up at school.



Follow-up details: (Use another page if necessary) STUDENT:
STED 9: Student Services Notification
STEP 8: Student Services Notification□ Original copy to be kept by school principal in separate file in principal's office
 Scan and email a PDF copy of all pages of this form to the Student Services Administrator at ESS
Additional Information

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