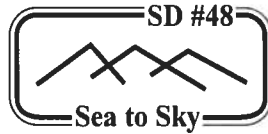


ASSESSMENT OF RISK LOCAL PROTOCOL AGREEMENT



Draft

BETWEEN

School District No. 48 (Sea to Sky), Ministry of Children and Family Development (MCFD), Vancouver Coastal Health Authority (VCHA), Medical Advisory Committees.

REGARDING

Students who present as at risk for suicide.

PURPOSE

The purpose of this protocol is:

1. To aid school personnel in recognizing, responding and referring students who are potentially suicidal.
2. To clarify roles and responsibilities of school personnel, other professionals, parents and caregivers in relation to assisting potentially suicidal students.

GUIDING PRINCIPLES

1. The safety and well-being of children and youth is the primary consideration.
2. Educators and health professionals have a responsibility to intervene to protect children and youth from imminent harm, including self-harm.
3. When a student discloses suicidal thoughts or there is perceived risk for suicide or self-harm, exceptions to the normal requirements of confidentiality arise (FOIPPA and CFCSA).
4. Information related to suicide risk should be shared with relevant professionals, caregivers and parents/guardians, solely for the purpose of keeping the student at perceived risk alive and safe.
5. Collaboration – between school staff, CYMH and other professionals, the child's/youth's parents and caregivers, significant peers and in most cases the child/youth – is the most effective way to prevent suicide.

NOTE:

1. **SCHOOL-BASED PERSONNEL HAVE A RESPONSIBILITY TO TAKE PROMPT AND EFFECTIVE ACTION WHEN FACED WITH A STUDENT AT RISK FOR HARM, INCLUDING SELF-HARM**
2. **CLINICAL ASSESSMENTS AND THE DEVELOPMENT OF TREATMENT PLANS ARE THE RESPONSIBILITY OF PROFESSIONAL MENTAL HEALTH PRACTITIONERS.**

ASSESSING LEVEL OF SUICIDE RISK

	LOW	MEDIUM	HIGH
IDEATION	<input type="checkbox"/> Has periodic, mildly intense thoughts of death or not wanting to live that last a short while.	<input type="checkbox"/> Regularly occurring, intense thoughts of death &/or wanting to die that are difficult to get rid of.	<input type="checkbox"/> Thoughts of death &/or wanting to die are very intense, occur continuously & seem impossible to banish
IMMEDIACY OF PLAN	<input type="checkbox"/> no immediate suicide plan <input type="checkbox"/> no threats <input type="checkbox"/> does not want to die	<input type="checkbox"/> not sure when, but soon <input type="checkbox"/> indirect threats <input type="checkbox"/> ambivalent about dying	<input type="checkbox"/> has imminent date, time in mind <input type="checkbox"/> clear threats <input type="checkbox"/> doesn't want to live <input type="checkbox"/> wants to die
METHOD	<input type="checkbox"/> weapon not available, unrealistic or not thought of	<input type="checkbox"/> lethality left to chance with some likelihood of intervention	<input type="checkbox"/> lethal, available method with little chance for intervention
EMOTIONAL STATE OF MOOD	<input type="checkbox"/> sad, cries easily <input type="checkbox"/> irritable	<input type="checkbox"/> pattern of up & down mood swings <input type="checkbox"/> rarely expresses any feelings	<input type="checkbox"/> no vitality, emotionally numb <input type="checkbox"/> emotional turmoil
LEVEL OF PAIN	<input type="checkbox"/> mild emotional hurt	<input type="checkbox"/> moderately intense	<input type="checkbox"/> unbearable emotional pain and despair
SUPPORT	<input type="checkbox"/> feels cared for by family, peers &/or other adults	<input type="checkbox"/> minimal or fragile support <input type="checkbox"/> moderate conflicts with <input type="checkbox"/> parents &/or <input type="checkbox"/> peers	<input type="checkbox"/> feels rejected &/or unconnected, with no support <input type="checkbox"/> in intense conflict with <input type="checkbox"/> parents &/or <input type="checkbox"/> peers
PREVIOUS ATTEMPTS	<input type="checkbox"/> None	<input type="checkbox"/> 1 previous attempt <input type="checkbox"/> some self-harm	<input type="checkbox"/> previous attempts <input type="checkbox"/> severe self-mutilation
REASONS TO LIVE – HOPE	<input type="checkbox"/> wants things to change & has hope <input type="checkbox"/> some future plans	<input type="checkbox"/> pessimistic hope <input type="checkbox"/> vague, negative future plans	<input type="checkbox"/> feels hopeless, helpless, powerless <input type="checkbox"/> sees future as empty, meaningless
SIGNS OF DEPRESSION	<input type="checkbox"/> down &/or <input type="checkbox"/> no motivation <input type="checkbox"/> eats too little or <input type="checkbox"/> feels worthless	<input type="checkbox"/> irritable mood <input type="checkbox"/> hyper or <input type="checkbox"/> eats too much <input type="checkbox"/> feels extreme guilt	<input type="checkbox"/> loss of interests & joy <input type="checkbox"/> slowed down <input type="checkbox"/> eats not enough <input type="checkbox"/> loss of energy <input type="checkbox"/> too much sleep <input type="checkbox"/> can't concentrate
OTHER RISK FACTORS	<input type="checkbox"/> family history of suicidal behaviour <input type="checkbox"/> current loss <input type="checkbox"/> recent criminal charges <input type="checkbox"/> is very impulsive <input type="checkbox"/> parent(s) &/or	<input type="checkbox"/> suicidal friends <input type="checkbox"/> previous losses <input type="checkbox"/> has diagnosed mental health disorder <input type="checkbox"/> has negative attitudes re: seeking help	<input type="checkbox"/> substance misuse <input type="checkbox"/> current school problems
OVERALL RISK	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Child: _____ Age: _____ Assessed By: _____ Date: _____

INDICATORS OF LOW/MODERATE RISK

- recent crisis or loss
- symptoms of depression (e.g., sleep and appetite disturbances, diminished concentration, loss of interest and energy, feelings of guilt or worthlessness)
- infrequent, vague or no thoughts of suicide
- no specific plans for suicide
- no access to the means for suicide
- no known previous attempts
- has some interpersonal support
- evidence of hope or plans for the future
- willing to accept help

INDICATORS OF HIGH/IMMINENT RISK

- recent crisis or loss
- symptoms of depression (e.g., sleep and appetite disturbances, diminished concentration, loss of interest and energy, feelings of guilt or worthlessness)
- high level of agitation
- delusions or hallucinations
- substance abuse
- specific and/or persistent thoughts of suicide
- has a plan for suicide
- has access to the means for suicide
- known previous attempts
- no or little interpersonal support
- hopelessness
- impulsive
- unwilling to seek or receive further help
- has already initiated self-harming action (e.g., swallowed pills, cut wrists). **If this is the case call 911 and arrange for student to be taken to hospital.**

PROCEDURES FOR INTERVENING WITH SUICIDAL YOUTH/CHILDREN

Using the 'ASSESSING LEVEL OF SUICIDE RISK' form as a guide, school personnel who believe a student is suicidal should engage in the following actions:

If initial assessment suggests LOW RISK, the following should be done:

- Provide support and reassurance to the student.
- With a student's knowledge, ensure that the Principal or Vice-Principal is informed as well as the School Counsellor and the student's parents/caregivers. ** (Elementary only)
- Give the student and parents the key phone numbers for after-hours support (see below).
- Document decision-making and actions taken.

If initial assessment suggests MEDIUM RISK, the following should be done:

- Provide support and reassurance to the student.
- With a student's knowledge, ensure that the Principal or Vice-Principal is informed as well as the School Counsellor and the student's parents/caregivers. **
- Give the student and parents the key phone numbers for after-hours support (see below).
- Refer to Child/Youth Mental Health as soon as you become aware of a potential risk:
 - 604-892-1400 (Squamish)
 - 604-894-2091 (Whistler/Squamish)
- Document decision-making and actions taken.

If initial assessment suggests HIGH OR IMMINENT RISK, proceed as follows:

- Never leave a suicidal student alone.
- With a student's knowledge, ensure that the Principal or Vice-Principal is informed as well as the School Counsellor and the student's parents/caregivers. **
- In collaboration with School Counsellor, District Psychologist, ensure the student is taken to the local hospital emergency department.
- Refer to Child/Youth Mental Health as soon as you become aware of a potential risk:
 - 604-892-1400 (Squamish)
 - 604- 894-2091 (Whistler/Pemberton)
- Stay with the student until a parent or guardian arrives and/or until they are seen by an emergency room physician.
- Give the student and parents the key phone numbers for after-hours support (see next page).
- Document decision-making and actions taken.

** If you believe that parent(s)/caregiver(s) are unable, for whatever reason, to ensure the safety of their potentially suicidal child/youth, then a MCFD Protection Intake Worker must be informed (CFCSA section 14 reporting requirement).

KEY PHONE NUMBERS

Emergency Numbers		
Squamish General Hospital 604-892-5211	Whistler Health Care Centre 604-932-3202	Pemberton Health Care Centre 604-894-6633
	1-800-SUICIDE	
Non-Emergency Numbers		
Child & Youth Mental Health Services (Squamish) 604-892-1400	Child & Youth Mental Health Services (Whistler/Pemberton) 604-894-2091	
After Hours Vancouver Coastal Health/ Mental Health 1-866-892-6400		

“HIGH RISK” During Office Hours? (e.g. 8:00 – 4:30)

Squamish (604-892-1400)

- ❖ **If the risk level is “HIGH”:**
 1. Inform administrator
 2. Inform youth that parent and family doctor needs to be contacted*
 3. Take youth to emergency department and stay with youth until help arrives
 4. Establish a follow-up plan
 5. Document your actions, stay with the person and ensure that someone takes the person to emergency

*if informing legal guardian increases level of risk, involve child protection (604-892-1400)

“HIGH RISK” During Office Hours? (e.g. 8:00 – 4:30)

Pemberton/Whistler (604-894-2091)

- ❖ **If the risk level is “HIGH”:**
 1. Inform administrator
 2. Inform youth that parent and family doctor needs to be contacted*
 3. Take youth to emergency department and stay with youth until help arrives
 4. Establish a follow-up plan
 5. Document your actions, stay with the person and ensure that someone takes the person to emergency

*if informing legal guardian increases level of risk, involve child protection (604-894-2091)

TERMS AND SIGN-OFF

(Modify partners as appropriate to community)

Regardless of the date of execution and delivery of the agreement, the term of this Agreement starts on the _____ day of _____, 20 ____ and continues until a Party has given to the other Parties at least _____ days written notice that this agreement is to end and the period of notices has elapsed.

The Parties have signed this Agreement as follows:

Signed on behalf of the Ministry of Children and Family Development by its authorized representative on the _____ day of _____, 20 ____.

Signed: _____

Print Name: _____

Print Title: _____

Signed on behalf of the Board of School Trustees of School District No. 48 (Sea to Sky) by its authorized signatory on the _____ day of _____, of 20 ____.

Signed: _____

Print Name: _____

Print Title: _____

Signed on behalf of the Vancouver Coastal Authority by its authorized representative on the _____ day of _____, 20 ____.

Signed: _____

Print Name: _____

Print Title: _____

Signed on behalf of the Medical Advisory Committee by its authorized representative on the _____ day of _____, 20 ____.

Signed: _____

Print Name: _____

Print Title: _____