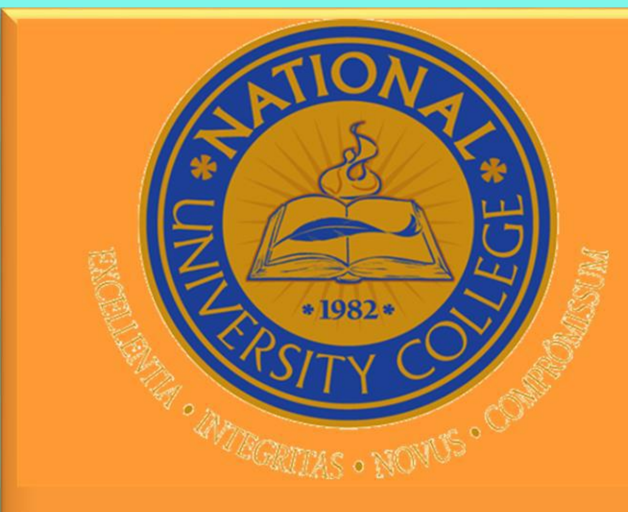

Protocol

Suicide Prevention

National University College

VICE PRESIDENT OF EFFECTIVENESS AND STUDENT AFFAIRS

PROTOCOL FOR SUICIDE PREVENTION

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VICE PRESIDENT OF EFFECTIVENESS AND STUDENT AFFAIRS

PROTOCOL FOR SUICIDE PREVENTION
NATIONAL UNIVERSITY COLLEGE

Dr. Gloria E. Baquero

President

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I. Introduction

Suicide, according to Durkheim, (2012) has been defined as the voluntary motivation in which a person takes action to end his or her life because of a personal desire. According to the World Health Organization "Every destructive act, self-inflicted, fatal, performed with the implicit or explicit intention to die."Suicide is among the 20 most important causes of death in all ages worldwide. Nearly one million people commit suicide each year and this is the second leading cause of death among people aged 15 to 29 years (OMS, 2016).

Within the typology of violence, suicide is conceptualized as a form of self-inflicted violence. The following diagram presents the typology of violence and its nature.

This document focuses on self-inflicted violence, where aggression is directed towards oneself. This violence can include everything from self-mutilation to consummated suicide. According to the Puerto Rico Commission for Suicide Prevention, suicide was the fifteenth (15) cause of death (Department of Health, 2012). From 2000 to 2014, an annual average of 313 suicides was observed: 8.3 deaths by suicide per 100,000 inhabitants. The most recent suicide rate (2014) suggests that 6.2 deaths from suicide occur per 100,000 inhabitants.

The Commission for Suicide Prevention, attached to the Department of Health, publishes, on its website, preliminary statistics of suicide cases until September 2018. These statistics are collected monthly and are intended to demonstrate the magnitude of the problem in Puerto Rico. Such data was obtained from the Bureau of Forensic Sciences of Puerto Rico.

According to these statistics, during the past 5 years (2013 to 2017), men presented an 80% suicide mortality trend. Between January and September of 2018, 89% of suicide deaths were consummated by men and 11% by women. Likewise, during that same period, the highest suicide mortality rate was among the 40 to 44 year-old group. The method most used to consummate suicide has been hanging. During the period from January to September 2018, the Aguadilla region presented the highest suicide rate.

There are also the statistics of suicidal ideation and attempt, which are derived from the PAS Line of the Administration of Mental Health and Addiction Services (ASSMCA) and the Puerto Rico Poison Control Center. The latter data correspond only to those who have resorted to seeking help and do not constitute figures representative of all suicide attempts in Puerto Rico. According to the latest statistics, as of July 2018, 4,775 people with suicidal attempts have been treated.

II. Legal Basis

a. **Law Number 227 of 1999**, known as "Law for the implementation of public policy in suicide prevention", recognizes suicide as a social and public health problem.

b. **Article 3 of Law Number 227 of 1999**, establishes the creation of a Commission for the Implementation of Public Policy regarding Suicide Prevention, its duties, responsibilities, and the fiscal resources with which it will count. In 2006, this law was amended so that the issue of suicide, its causes, and prevention is addressed in the area of the continuing education of health professionals.

   i. In 2010, articles 5(h) and 5(i) were amended to achieve uniformity in the suicide protocol. This includes government agencies, private educational institutions and any entity that receives funds from the Government of Puerto Rico.
   ii. In 2012, the law was amended to include Municipalities in the Commission for Suicide Prevention. Specifically, the Federation and Association of Puerto Rico Mayors were included.
   iii. Finally, in 2015, they established the period from August 10 to September 10 as Suicide Prevention Month.

c. It is necessary to point out that **Law Number 14 of 2018**, establishes a mandate to the Secretary of the Department of Education to integrate the necessary education aimed at suicide prevention in the teaching modules.

d. In addition, **Law Number 408 of 2000**, in Chapter II, articles 2.18 and 2.19, establishes the duty of mental health professionals such as psychiatrists, clinical psychologists, and social workers, to warn relatives of mental health patients on the possibility of a suicide attempt.

This law provides for exempting these professionals from the imposition of civil liability for their actions as long as there is no negligence on their part.

III. Working Groups and Areas Identified for Case Management

The designated areas for handling cases in each campus will be the Orientation and Counseling Offices. The counseling staff will be in charge of guarding the records and, their supervisors, the Directors of Student Affairs, will have access to them.

A. Rapid Response Team in Suicide Situations (ERRSS): Their main responsibility is to develop and implement strategies for primary and secondary prevention. Primary prevention strategies refer to those aimed at influencing the university community before suicidal behavior occurs. Secondary prevention is directed towards case management at the time when some type of suicidal behavior occurs.

Campus **ERRSS** will be composed of:

- Campus Dean
- Director of Student Affairs (**will be the Coordinators of the EERRSS Committee and be in charge of sending the semiannual reports to the Commission for Suicide Prevention and anual Simulation to be carried out**).

Eneida Ocasio	Director of Student Affairs **Arecibo Campus**	787-879-5044, ext. 5256	eocasio@nuc.edu
Lisa Ortega	Director of Student Affairs **Bayamón Campus**	787-780-5134, ext. 4171	lortega@nuc.edu
Carmen Dávila	Director of Student Affairs **Caguas Campus**	787-653-4733, ext. 4513	cdavila1@nuc.edu
Teresa Dávila	Rector **Campus Ponce**	787-840-4474, ext. 7010	fvazquez@nuc.edu
Alan Gierbolini	Director of Student Affairs **Río Grande Campus**	787-809-5105, ext. 6322	agierbolini@nuc.edu

- Counselor
- Security Officer

B. Support Committee (CA): This committee will consist of campus and institutional staff that will offer support in primary and secondary prevention.

Campus CA will consist of:

- Institutional Director of Human Resources
- Vice President of Effectiveness and Student Affairs
- Director or Coordinator of Operations / Night Coordinator (if situation occurs at night or during Saturday hours)
- Special Services Coordinator
- Campus Psychologist
- Campus Dean of Academics

The Campus Directors of Student Affairs will be the ERRSS Committee Coordinators and will be in charge of sending the semiannual reports (Form 02 and 03) to the Commission for Suicide Prevention in the months of December and June respectively. These committees will meet at least 2 times a year. The meetings shall increase depending on the situations that occur in each Campus. Annex III contains the names of the personnel that constitute the committees in each campus.

IV. Primary Prevention

Student Affairs will coordinate and develop activities aimed at fulfilling institutional and federal policies. Its aim will be to promote healthy lifestyles within the university community. Some of them may be:

- Talks on the identification of risk indicators and support systems. (September)
- Annual training for the ESSRR and CA (based on availability of resources)
- Institutional booklet with relevant information regarding definitions and prevention strategies within the campus. It will also briefly explain how to seek help inside and outside the institution (Available throughout the year at the Counseling Office of each campus.)
- Quarterly dissemination of booklet to the new student population at the beginning of each academic term. (August, November, and March)
- Annual disclosure of the suicide prevention protocol to the entire university community (September)
- Annual simulation, in all campuses, coordinated by the ***Director of Student Affairs*** (September)
- Massive campaign in all the campuses, during the first week of December, on suicide prevention during Christmas time.

V. Secondary Prevention

Secondary prevention strategies are aimed at detecting suicide indicators or situations in their initial states, in order to prevent suicide intentions and ideations from progressing. These

strategies consist of screening, detection, and treatment of conditions (in their early stages) that cause hazards.

We recommend the following steps, depending on the situation being treated:

A. When faced with SUICIDE IDEATION OR THREAT

1. Any employee of National University College, hereinafter NUC, who identifies a suicidal risk situation, shall immediately contact the ERRSS, or in their absence, the CA. Two people from these committees shall be activated to address the situation. The person who identifies the situation will remain with the person who presents the suicidal ideation or threat, until the members of the ERRSS or the CA arrive to take charge of the situation. While the ERRSS or CA member arrives, the person who identifies the situation should:
   a. Accompany the person presenting a suicidal risk at all times.
   b. Ensure that the person does not have access to lethal means (ropes or any other object with which they could hang themselves, medicines or chemicals that can poison, firearms, sharp objects, etc.).
   c. Let the person at risk know that you want to help without going into an interrogation.
   d. Listen with empathy, without showing signs of surprise or disapproval.

2. The ERRSS representative or CA will take the person at risk to the Guidance and Counseling Office. He/She should not be left alone at any time.

3. If the situation of suicidal behavior is occurring outside the premises of the Guidance and Counseling Office and the identified behavior makes it difficult to reach said situation, the nearest office will be enabled, respecting the privacy and security of the affected person.

4. One of the members of the ERRSS, preferably the team's behavioral professional, should always offer psychological first aid in the company of another member, either from ERRSS or CA. The representative must:
   a. Identify themselves and explain why they are there.
   b. Ask questions based on the situation that the person at risk has indicated as especially conflictive or worrisome, in order to assess the level of risk and provide a space for the person to let out steam, if desired.
   c. Keep silent and allow the person to say everything they want. You should not show signs of surprise or disapproval.
   d. Explore the severity of the suicidal ideation, for example:
      i. Frequency: if they have had previous attempts or ideas and how many times in the last days have they had ideas of death.
      ii. Method: evaluate if they have a way to self-inflict damage. Explore the reasons this person has for living and the alternatives (perhaps not being evaluated) that can help handle the situation that led them to consider suicide. The following

may be asked: "What has kept you alive so far?"; "Who are the people important to you?"

e. Establish a help plan and reach an agreement with the person at risk. You should explain to the person what the help plan will consist of.

5. ERRSS staff must identify and call, along with the person at risk, a relative or contact of the person (friend, neighbor, teacher, church member, psychologist, psychiatrist, support groups, etc.) so they can go to the office and accompany the person at risk in order for them to receive the services they need. If it is a minor or a senior citizen, and if there is suspicion of abuse in the home, ERRSS staff should first contact the Social Emergencies line of the Department of Family by calling 1-800-981- 8333, to determine what actions will be taken to safeguard the welfare and protection of that person.

6. Another member of the ERRSS will coordinate an evaluation and psychological or psychiatric services. If the person at risk already has a psychological or psychiatric service provider with whom they feel comfortable, you should first try to contact this professional so they can tend to their patient immediately. If this person is not available, then help should be channeled through the ASSMCA PAS Line, by calling 1-800-981-0023. The importance of going to the office or hospital identified so the person at risk can be evaluated and receive help on the same day should be explained to both the person at risk and their family members.

7. If the person refuses to receive the services recommended by the PAS Line staff or their psychological or psychiatric services provider, the relative will be asked to request a "Law 408" in the nearest court so that, in this way, they can proceed with the management of the person at risk. (See annex IV). If no family member appears, the process of "Law 408" must be carried out by a member of the institution's ERRSS.

8. In the event that the person becomes aggressive, a member of the ERRSS should contact the police so they can assist in handling the situation.

9. The ERRSS staff will deliver to the person with suicidal ideation or threats, the Responsibility Relief Form (See form ERRSS 04). The content of this form must be fully explained.

10. The ERRSS staff will deliver the Family, Friend, or Acquaintance Responsibility Relief Form to the relative or contact person of the person at risk (see form ERRSS 05). The content of this form must be fully explained.

11. ERRSS staff will complete the Form to Document Cases Presenting Suicidal Behavior. (See form ERRSS 02).

B. SUICIDE ATTEMPT (when a person is threatening to commit suicide at that precise moment or has made a suicide attempt, but is still alive).

1. The person who identifies the risk situation will immediately contact 911 and then the ERRSS or CA staff. Do not leave the person at risk alone until the ERRSS or CA staff who will be responsible for handling the situation arrives. While waiting for the ERRSS or CA members to arrive, the person who identified the situation should do the following:
   a. If there are doctors or nurses in the office or nearby, you should request that they be called immediately.
   b. Let the person at risk know that you want to help.
   c. Do not show signs of surprise or disapproval.
   d. If the attempt has not yet been made, you should ask the person at risk to postpone their intention to attempt against their life and give you the opportunity to help them.

2. The first member of the ERRSS who appears will evaluate the situation of the person who has attempted or is threatening to commit suicide. Depending on the situation, you must perform the following actions:
   a. If the person is seriously injured, do not move them from where they are and proceed to call 911 immediately. The 911 staff will activate Medical Emergencies and the Police. If there is a health professional (psychologist, counselor, nurse, doctor) nearby, you should immediately ask them to come to your location.
   b. If the person is in the process of attempting suicide, ERRSS staff should call 911 immediately (if it has not been done already). You should express to the person at risk that you want to help and ask that they give you the opportunity to do so. You should ask them to postpone their decision to attempt against their life and that they give you the opportunity to help. You must show empathy and true interest in the person at risk. The ERRSS member should not leave the person at risk alone at any time, unless their own life is in danger. You should also call the PAS line (1-800-981-0023) to request assistance.
   c. In case of poisoning, one of the members of the ERRSS or the CA should call 911, while another of the members contacts the Poison Control Center at 1-800-222-1222 for guidance on what to do.
   d. If the person is not injured and does not require emergency medical care, the ERRSS must perform the same procedure that they would in a situation of suicide ideation or threat.
   e. If there is no family member present, or there is no time to wait for the family member, one of the members of the ERRSS will accompany the person at risk to the nearest hospital emergency room so they can receive medical help or an emergency psychiatric evaluation, depending on the situation. In this case, while the person is transferred to the emergency room, ERRSS staff will notify the situation to family members or a contact of the person.

3. If possible, ERRSS staff will complete, together with the person who made the attempt, the Responsibility Relief Form for the Person at Risk. (See form ERRSS 04). If a family member is present, he or she must also complete the Family, Friend, or Acquaintance Relief Form. (See form ERRSS 05). ERRSS staff will complete the Form to Document Cases Presenting Suicidal Behavior. (See form ERRSS 02).
4. ERRSS and CA staff will offer guidance and instruct family members, co-workers, or people who have witnessed the suicide attempt, to call PAS Line or seek help services if necessary.

C. Threat of suicide during a PHONE CALL (when a phone call is received and it is identified that a person is at risk of committing suicide)

1. The person receiving the call must secure the communication.
   a. The call should not be interrupted at any time.
   b. As soon as possible, ask the person who calls for their full name and phone number to call them back in case the call is cut or the person hangs up.
   c. Ask them where they are (address) and who, if anyone, is with them. If possible, you should ask to contact that person so they can provide immediate help.
   d. Ask the nearest coworker to notify an ERRSS member or CA member that you are responding to a suicide risk emergency call.
   e. The ERRSS or CA will take over the call and ensure that the person who originally answered the call stays by their side. This person must keep you company throughout the conversation and have an additional telephone to make all necessary calls.
   f. Have paper and pen on hand to write down all relevant information.

2. Offer psychological first aid (member of ERRSS or CA)
   a. Use a soft and deliberate tone of voice that conveys calm and tranquility.
   b. Identify yourself with your full name. Ask the caller for his/her name.
   c. Ask the reason for the call.
   d. Let the caller know that you are listening and will help. You can use phrases like the following: “I can hear that you are going through a very difficult situation, but I can assure you that we will do our best to help you;” “we are here to support you.” “It must be difficult to put those feelings into words.” “I can imagine how hard this situation has been for you.”
   e. Identify the location of the person at risk. For example: “If you tell me where you are at the moment, we can begin to help you” (if you do not have this data yet; if you have it you must validate that the address is correct). If the person is on the agency's premises, another member of the ERRSS or the CA should be asked to go to the place where the person at risk is located, but should not hang up the call.

3. Allow the person at risk to vent.
   a. Don’t get nervous.

b. Keep silent and let the person say everything they want. Do not show surprise or disapproval.
c. Do not interrupt.
d. Show understanding by repeating in your own words what the caller says.
e. Ask specific questions about the person's situation. Do not assume anything. For example: “What do you mean when you say you feel tired of fighting?”

4. Ask about the possibility of suicidal ideation.
   a. Examples: “I am going to ask you a delicate and personal question: Have all these problems led you to think about suicide?”; “Some people who find themselves in a situation similar to yours usually think about taking their own lives. Have you thought about it?”; “Have you thought about taking your own life?”; “Are you thinking about killing yourself?”

5. Explore the severity of suicidal ideation. It should be borne in mind that, the higher the level of planning, the greater the risk that the person will imminently carry out a suicide attempt.
   a. Method: "In what way have you thought about taking your life?”
   b. Availability: "Do you have that method (weapon, rope, pills, etc.) that you have mentioned to me at your disposal? “Where?”
   c. Frequency: “When was the last time you thought about hurting yourself?” “How often do you have these thoughts: every hour; every day; several days a week; sometimes a month?”
   d. Moment: “When do you plan to carry out this action?”
   e. Previous attempts: "Have you ever tried to take your own life?”; “How long ago?”; “What happened then?”

6. Evaluate the level of risk.
   a. (See annex VII).

7. Explore their reasons for living and help them visualize alternatives.
   a. The following questions can be asked: “What has kept you alive so far?”; “Who are the people important to you?”; “Before this situation, what were your plans and goals in the short and long term?”; “At what other times in your life have you had a crisis? How did you get over it?”; “What makes you smile?”

8. Establish a help plan.
   a. Faced with a moderate or high level of risk, the colleague who initially answered the call or a member of the ERRSS or CA should call 911 and provide all available information. You should also call the PAS Line: 1-800-981-0023 and provide all available information. If the person has a low level of risk, ask them if they are receiving psychological or psychiatric treatment, with whom, and how we can contact this mental health professional. Give this information to the coworker or member of

the ERRSS or CA so they can contact this resource and ask them to speak with the person at risk immediately. If the resource is not available or the person at risk is not currently receiving psychological or psychiatric treatment, psychiatric or psychological evaluation services should be channeled immediately through the PAS Line: 1-800-981-0023.

b. Ask the person at risk for information to contact a family member or trusted person. Say for example: “It is important to share this information with someone you trust. Who can I call to tell them how you feel and ask them to go to where you are?”Give the information to the coworker or member of the ERRSS or CA and have them contact this person and ask them to go immediately to where the person at risk is located.

c. Maintain communication with the person at risk, until help staff or a family member arrives and takes over of the situation.

9. Wrap-up (this will be done when there is already another responsible person physically accompanying the person at risk).
   a. Summarize the issues discussed in the call.
   b. Summarize the steps that were carried out and the actions to be performed.
   c. Thank the person at risk for their confidence and the opportunity to help.
   d. Agree to re-contact the person at risk the next day to see how they are doing.
   e. Say goodbye with a hopeful and supportive message.

D. Threat of suicide during a PHONE CALL FROM A THIRD PERSON (when someone calls to report that a family member or acquaintance exhibits suicidal behavior).

1. Get the information of the person making the call.
   a. Full Name
   b. Phone Number
   c. Address

2. Request details of the situation to identify the level of risk.
   a. (See annex VII).

3. In a case of high or moderate risk:
   a. Advice the person making the call to not leave the person at risk alone, judge, or lecture them.
   b. Explain that they should call the PAS Line: 1-800-981-0023 and provide all available information so they can channel the emergency psychiatric evaluation or advice them to take the person at risk to the nearest hospital emergency room immediately. If the person at risk refuses to receive services or is threatening to commit suicide at that precise time, call 911 immediately.

4. In case of low risk:

a. Advice the caller about psychological first aid (providing space for relief, empathic listening, not criticizing or lecturing, and helping the person at risk identify reasons for living).
b. Explain that they should call the PAS Line: 1-800-981-0023 and provide all available information.
c. Let the caller know that the person at risk needs to receive psychological or psychiatric services immediately, either through a private service provider or through a referral from the PAS line and should not remain alone until the person at risk receives professional help and is stable.

5. Wrap-up:
   a. Summarize the issues discussed during the call.
   b. Summarize the steps taken and the actions to be performed.
   c. Thank the caller for trusting you.
   d. Agree to re-contact the person who generated the call the next day to find out how the person at risk is doing.
   e. Say goodbye with a hopeful and supportive message.

All calls will be documented through the Form to Document Cases Presenting Suicidal Behavior (See form ERRSS 02).

E. Threat of suicide using electronic mechanisms such as text message, email, or social networks.

1. The person who receives the text message, email or social network threat should secure the communication and do the following:
   a. At no time should the text or message be ignored.
   b. Have paper and pen on hand to write down all relevant information.
   c. As soon as possible, ask the person at risk to write their full name and telephone number so you can call them and have a more effective communication channel. If communication by telephone call is achieved, the protocol for ***handling telephone calls will be activated.***
   d. Ask them where they are (address) and who, if anyone, is with them. If possible, you should ask to contact that person so they can provide immediate help. If the person is alone, you should ask for information about a relative who can be called in as a resource.
   e. Ask the nearest coworker to notify an ERRSS or CA member that you are responding to an emergency suicide risk message. If the person indicates that he or she is on NUC premises, ask a colleague to notify an ERRSS or CA member to arrive at the location. If the person is identified, the ***protocol for ideation, threat, or attempt,*** will be activated, as per the situation.

f. If it is not possible to improve the communication channel with the person, one of the members of ERRSS or CA will call 911 while continuing the crisis intervention through the communication format used.
g. The intervention will continue until the arrival of personnel offering the necessary assistance is assured; meaning police, medical or family emergency services.

VI. Tertiary Prevention: After a suicide attempt or consummated suicide

ERRSS will handle death by suicide situations within the premises of the institution and provide services to people who have suffered the loss of a family member, co-worker, or friend due to suicide and to people who have survived a suicide attempt.

Procedure: Perform the following steps depending on the situation

A. Handling of a death by suicide:

a. **Do not touch or move the body**.
b. **Restrict access to people who are not** participating in the handling of the scene.
c. **Call 911**. They will call the police and the Institute of Forensic Sciences (ICF) personnel. Contact with family members will be handled by the Puerto Rico Police personnel.
d. **In the event that a family member comes to the scene and has an emotional crisis, the ERRSS or CA should immediately coordinate psychological or psychiatric services** through the PAS Line or a private service provider.
e. **In the event that a co-worker requires emotional support, the ERRSS or CA should immediately coordinate mental health services** through the Human Resources Office.
f. **ERRSS staff must complete the *Form to Document Cases Presenting Suicidal Behavior* (See ERRSS 02 form)**.

B. Returning to work after a suicide threat or attempt:

a. **The Human Resources Office will determine the processes to follow** in the reinstatement of the employee who had suicidal behavior, according to the agency's rules and the medical recommendation. ERRSS and CA staff must be available to assist in this process, offering emotional support.
b. **Require evidence** that the person presenting a suicidal risk was evaluated and received the recommended services.

C. After a death by suicide:

a. **ERRSS staff will refer the co-workers of the person who died**, or those affected by the event, to PAE, PAS Line, or private mental health professionals if necessary.
b. **The ERRSS staff along with the CA will coordinate an activity** with a mental health professional for all employees affected by the suicide event. This activity should focus on providing a safe space for venting.

c. **ERRSS staff along with the CA must provide a directory of mental health services** that exist in Puerto Rico to co-workers who require it. **(See annex X)**.

VII. Confidentiality

At NUC we will maintain strict confidentiality of the cases handled. The assigned personnel will be responsible for the initial management of the situations that arise, however, the counseling staff will keep custody of the records, providing access to the Directors of Student Affairs who coordinate the work teams.

VIII. Glossary

1. Suicidal threat - It is the verbal or written expression of the desire to die or kill oneself. It has the peculiarity of communicating something that is about to happen (suicidal act).

2. Self-mutilation - An act by which a person cuts, tears, or hurts any part of their body, harming themselves, although it does not necessarily have to be with the objective of committing suicide. Three important categories of self-mutilation have been identified:

   a. Major self-mutilation: includes hurting yourself to become blind and amputation of fingers, hands, arms, feet, or genitals.
   b. Atypical mutilation: hitting your head, physically punishing yourself, hitting your arms, squeezing your eyes or throat with your thumb, or tearing out your hair.
   c. Superficial to moderate self-mutilation: cutting, scratching, burning, introducing sharp objects in the skin, or compulsive hair-pulling.

3. Support Committee (CA) - It is made up of 6 employees of each entity, who will offer support in different suicide prevention activities and interventions in situations of suicide risk.

4. Suicidal Circumstances - Are those particularities or details that accompany the suicidal act, including: the location or place where it occurred, the possibility of being discovered, the accessibility for rescue, the time needed to be discovered, and the probability of receiving medical attention.

5. Suicidal Crisis - An imbalance situation in which, once the adaptive and compensatory mechanisms of the subject are exhausted, suicidal intentions arise as the only solution envisaged to end the situation or problem.

6. Direct verbal suicide communication - Occurs when the person explicitly expresses the desire to end their life, example: "I'm going to kill myself"; "I'm going to commit suicide"; "What I have to do is end this once and for all."

7. Direct nonverbal suicide communication - Actions or signs that indicate the possibility of a short-term suicidal act such as: accessing methods, leaving farewell notes, distributing valuable possessions, etc.

8. Indirect verbal suicide communication - Communication with phrases that do not explicitly express suicidal intentions, but are implicit in the message, for example: "We may not see each other again"; "I want to be remembered as a person who in spite of everything wasn't bad"; "Don't worry, I won't bother you anymore."

9. Indirect nonverbal suicide communication - Performing acts that, although they do not indicate the imminent possibility of suicide, are related to a possible premature death: Making a will, planning the funeral, a preference for suicide issues, etc.
10. Self-destructive behavior - A group of conscious or unconscious acts that result in self harm. For example: putting oneself in risk situations, using alcohol or illicit drugs, driving a vehicle recklessly, hurting or mutilating body parts, exposing yourself to constant accidents or performing suicidal acts.

11. Suicidal Behavior - Acts that include suicidal thoughts, threats, suicide attempts, and consummated suicide.

12. Non-suicidal contract - It is a pact made by the person at risk of suicide to a help professional, in which it is agreed that they will not expose themselves to a situation of greater vulnerability and will not attempt against their own lives. The main objective of this contract is to establish a commitment so that the person desists from harming themselves. This does not guarantee that the person will not commit suicide, but according to the literature, it usually has a deterrent effect.

13. Rapid Response Team in Suicide Situations (ERRSS) - It is made up of a minimum of 3 employees per entity and is responsible for the implementation of the Uniform Protocol for Suicide Prevention.

14. Suicidal gesture - Suicidal threat by accessing the means available for its realization, but without carrying it out. This constitutes a suicide attempt.

    1. Suicidal Ideation - Thoughts pertaining to ending one's existence. Suicidal ideation is not always verbalized directly.

        a. Without a certain method - It is the desire to die without a certain method, example: when the subject wishes to commit suicide and when asked how, they answer that they do not know.
        b. With an undetermined method - When the subject wishes to commit suicide and expresses some methods without preference, for example: when asked how they will do it, the answer is “in any way”.
        c. With a specific method - Without planning; the subject expresses suicidal intentions by means of a specific method, but without having developed an adequate plan.
        d. Planned suicidal idea - The subject knows how, when, where, why, and for what reason they will perform a suicide act and usually takes the necessary precautions so as not to be discovered.

15. Incitement to suicide - Encouraging another person or persons to perform a suicidal act. This act is subject to penalization by local laws for being considered a crime against the integrity of people.

16. Suicidal Attempt - Any destructive act, self-inflicted, non fatal, performed with the implicit or explicit intention to die.
17. Levels of prevention - The World Health Organization defines three levels of prevention to be considered when working with any type of disease or situation that threatens public health. Each of these levels entails different objectives and techniques. These are:
    a. Primary Prevention - Strategies aimed at preventing illness or harm in healthy people. It includes elements such as disseminating information and prevention strategies on the subject, offering informative talks, among others.
    b. Secondary Prevention - It is aimed at detecting a disease or situation in its initial stages, when establishing appropriate measures can prevent it from progressing. It consists of the screening, detection, and treatment of the disease or danger situation in its early stages.
    c. Tertiary Prevention - Includes those measures aimed at the treatment and rehabilitation of a disease or risk situation to prevent its progress, aggravation, and/or complication. This level also includes the implementation of strategies to improve the quality of life of the people affected. It involves the rehabilitation and recovery of the people involved.

18. Means for committing suicide (lethal means) - Refers to the method chosen to commit suicide and the objects used for it. For example: a rope in cases of hanging, drugs in case of poisoning, among others.

19. Myth - Beliefs or explanations commonly formulated to explain phenomena in a given cultural context. They have the particularity of sustaining the meanings conferred in the popular context.

20. Death by Suicide - Any destructive act, self-inflicted, fatal, performed with the implicit or explicit intention to die.

21. Suicidal Profile - Psychological features, but not exclusive that could characterize a suicidal person, such as: impulsivity, poor interpersonal relationships, hopelessness, mental health history, suicide of a family member, rigidity, negativity, diagnosis of mental illness, age, civil status, personality traits, and hostility, among others. A unique profile that is common to all has not been found.

22. People at risk of suicide - People who have persistent suicidal thoughts or who have attempted against their own lives recently or in previous years.

23. Suicidal Plan - Suicidal thought or idea in some detail regarding how or when to end one's life. It could include a specific method, at a certain time, for a specific reason, and the precautions for not to being discovered.

24. Suicidal Potential - Set of suicide risk factors that can predispose, precipitate, or perpetuate self-destructive behavior in a person, at any time.

25. Postvention- according to Shneidman, these are the appropriate and helpful actions that come after a suicide event. The activities help reduce post traumatic effects on the mind and life of survivors.

26. Protocol - Document or regulation that establishes how to act in certain situations. It includes behaviors, actions, and techniques that are considered adequate.

27. Suicidal Risk - Level of probability of a person to carry out a suicide attempt regardless of the results. The risk can be high, moderate, or low.

28. Survivors - Family, friends, and co-workers of the suicidal person.

29. A Suicide - Term with multiple meanings, including: the one who has ended his life by suicide, the one who has made suicide attempts of a serious nature with danger to life, and the one who performs reckless acts that endanger their own life or their physical or psychological integrity.

30. Suicide - It is the deliberate act of taking one's own life.

IX. References

Commission for Suicide Prevention/PR Department of Health (2015). Guide for the Development of a Uniform Protocol for Suicide Prevention

Preliminary Statistics of Suicide Cases in Puerto Rico, September 2018.

Durkheim, E. (2012) *El Suicidio*. Ediciones Akal, S. A.

National Institute of Mental Heath (2011) Suicide in the United States of America.

Villardón, L. (1993) *El pensamiento de suicidio en la adolescencia.* Publicación Bilbao

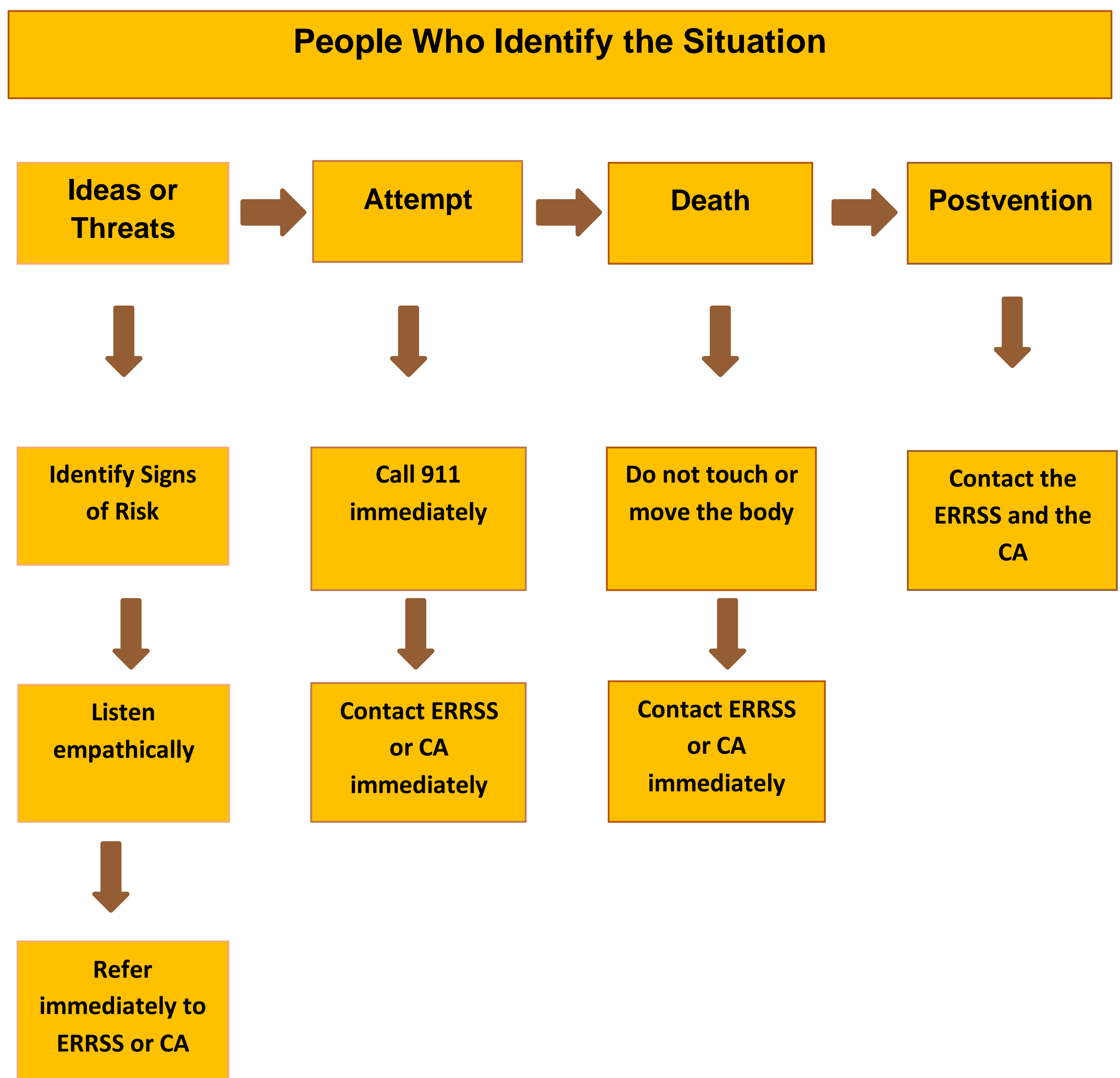
X. ANNEXES

A. Flowcharts for the Management of Suicidal Behavior

Below, two flowcharts present, in summary form, the steps to be followed in cases of suicidal behavior by any member of the university community; meaning students, employees, or campus visitors.

The first flowchart applies to those who initially identify the situation. The second flowchart applies to ERRSS or CA personnel.

Suicidal Behavior Management



Rapid Response Team in Suicide Situations
or Support Committee
Ideas or Threats
Attempt
Death
Postvention
Interview the person and offer psychological first aid
Listen empathically
Provide space for venting
Explore suicidal ideation and level of risk
Communicate with family or contact person
Refer to PAS Line 1-800-981-0023 or other mental health professional
Document the intervention
Call 911 and then the PAS Line 1-800-981-0023
If there's poisoning, call the Poison Control Center 1-800-222-1222
Offer psychological first aid
Communicate with family or contact person
Accompany the person to the Emergency Room if there is no family available
Document the intervention
Avoid access to the scene of people outside the investigation
Call 911
Document the intervention
Refer the PAS Line or other psychological assistance services to family members or co-workers affected by the death
Coordinate bereavement activities or conversations
Provide a list of mental health services available in PR
Document the intervention

B. Criteria for Measuring the Level of Suicidal Risk

Risk Low

Presence of sporadic thoughts of death or suicide, without a plan to commit the suicidal act or a history of previous attempts.

Risk Moderate

Recurring ideations and suicidal plans, with thoughts on possible method(s) for carrying it out, but without a structured plan (that is, without having the method to be used available, nor having defined where or when to commit suicide).

Risk High

Has a structured plan to commit suicide (when, how, where), with the intention of doing it. It may include one or more of the following signals, which increase the level of risk:

- History of previous suicide attempts
- History of depression or other mental health condition
- Hallucinations with orders to harm or commit suicide
- Substance use: drugs or alcohol
- Absence of support network: family, partner, or friends

C. Committees by Campus

Bayamón Campus Rapid Response Committee 787-780-5134		
Daliana Rivera	Rector	
Lisa Ortega	Director of Student Affairs	**4171**
Maritza Rivera	Counselor	**4062**
Aixa Aguirre	Counselor	**4147**
Bayamón Campus Support Committee 787-780-5134		
Yamaira Serrano	Human Resources Director	**4183**
Ana Milena Lucumi	Vice President of Effectiveness and Student Affairs	**4030**
Omar Saldaña	Director of Operations	**4173**
	Night Coordinator	**4018**
	Director of Institutional Effectiveness and Legal Advice	**1146**
	Campus Psychologist	**4065**
	Campus Dean of Academics	**4049**
Quick Response Committee Arecibo Campus 787-879-5044		
Geisy Martínez	Rector	**5201**
Eneida Ocasio	Director of Student Affairs	**5256**
Carmen J. Núñez	Counselor	**5258**
	Counselor	**5259**
Arecibo Campus Support Committee 787-899-5044		
Yamaira Serrano	Human Resources Director	**4183**
Ana Milena Lucumi	Vice President of Effectiveness and Student Affairs	**4030**
María Cotto	Night Coordinator	**5258**
Guillermo González	Operations Coordinator	**5256**
	Director of Institutional Effectiveness and Legal Advice	**4063**
Maribel Rodríguez	Campus Psychologist	**5257**
Jose Nieves	Campus Dean of Academics	**5235**
Quick Response Committee Río Grande Campus 787-809-5105		
Daliana Rivera	Rector	**4170**
Norma García	Director of Student Affairs	**6322**
Alan Gierbolini	Counselor	**6358**
Clara Cruz	Counselor	**6328**
Support Committee Río Grande Campus 787-809-5105		
Yamaira Serrano	Human Resources Director	**4183**
Ana Milena Lucumi	Vice President of Effectiveness and Student Affairs	**4030**
	Night Coordinator	**6313**
	Director of Operations	**6307**
	Director of Institutional Effectiveness and Legal Advice	**4063**
Jorge Carde	Campus Psychologist	**6328**
Vivian Torres	Campus Dean of Academics	**4514**
Rapid Response Committee Ponce Campus 787-841-1360		
Frances Vázquez	Rector	**7010**
	Student Affairs Officer	**7012**
Soniamarie Lugo	Counselor	**7013**
Support Committee Ponce Campus787-841-1360		

Yamaira Serrano	Director of Human Resources	**4183**
Ana Milena Lucumi	Vice President of Effectiveness and Student Affairs	**4030**
Melky Tirado	Night Coordinator	**7034**
	Director of Institutional Effectiveness and Legal Advice	**4063**
María Magraner	Campus Psychologist	**7023**
	Campus Dean of Academics	**7007**
Rapid Response Committee Caguas Campus 787-653-4733		
Marisel Pagán	Rector	**4511**
Carmen Dávila	Director of Student Affairs	**4513**
María Torres	Counselor	**4542**
Support Committee Caguas Campus 787-653-4733		
Yamaira Serrano	Human Resources Director	**4183**
Ana Milena Lucumi	Vice President of Effectiveness and Student Affairs	**4030**
José Ayala	Director of Operations	**4536**
Javier López	Night Coordinator	**4552**
	Director of Institutional Effectiveness and Legal Advice	**4063**
Jorge Carde	Campus Psychologist	**4558**
	Campus Dean of Academics	**6321**

D. Help Services Directory

Emergency Management Hotlines (integrate for FTC)

Emergency Management Hotlines

Emergency Hotline	9-1-1
ASSMCA PAS Hotline (Carr. #2 Km 8.2, Bo. Juan Sánchez, Former Mepsi Center Hospital, Bayamón)	1-800-981-0023
National Network for Suicide Prevention	1-888-628-9454
National Suicide Prevention Lifeline (They have bilingual services)	1-800-273-8255
Poison Control Center	1-800-222-122
Puerto Rico Police Department (Headquarters)	(787) 793-1234
Suicide Hotline - Veterans Hospital **National Suicide & Crisis Hotlines**	(787) 622-4822, 1-866-712-4822
Psychiatric Hospitals	
Dr. Ramón Fernández Marina General Psychiatric Hospital (Centro Médico), Río Piedras	(787) 766-4646
First Hospital Panamericano Cidra (Adolescents - Adults), Cidra	(787) 739-5555
Psychiatric Hospital for Children and Adolescents (UPHA) **Bayamón Regional Hospital** **(Children - Adolescents), Bayamón**	(787) 740-1925

San Juan Capestrano Hospital (Adults), Trujillo Alto	(787) 625-2900
Metropolitan Hospital Dr. Tito Mattei Behavioral Medicine Unit (Adults), Hato Rey	(787) 641-2323
Metropolitan Hospital Cabo Rojo (Adults), Cabo Rojo	(787) 851-2025, 851-0833
UPR Hospital (Adults), Carolina	(787) 757-1800 Ext. 620
Panamericano Ponce Hospital de Damas (Adults), Ponce	(787) 842-0045, 0047, 0049
Panamericano San Juan Hospital Auxilio Mutuo (Adults), San Juan	(787) 523-1500, 1501
Hospital Menonita CIMA (Adults), Aibonito	(787) 714-2462
ASSMCA Mental Health Centers for Children and Adolescents	
Bayamón Mental Health Center	(787) 779-5939 (787) 786-7408, 1012, 7373, 7709
Mayagüez Mental Health Center **ASSMCA Prevention Center Direct**	(787) 805-3895 (787) 833-2193, 0663 and 832-2325
Río Piedras Children and Adolescents Clinic	(787) 777-3535, 764-0285
Tasc Juvenil Bayamón	(787) 620-9740 Ext. 2661 or 2688
Tasc Juvenil Caguas	(787) 745-0630
Tasc Juvenil San Juan	(787) 641-6363 Ext. 2352
ASSMCA Mental Health Centers - Adults	
Arecibo Mental Health Center	(787) 878-3552, 3770
San Patricio Mental Health Center	(787) 706-7949
Mayagüez Mental Health Center	(787) 833-0663 or 831-3714, 2095
Moca Mental Health Center	(787) 877-4743, 4744
Vieques Mental Health Center	(787) 741-4767
Outpatient Clinics	
Centro de Acceso y Tratamiento Panamericano Bayamón	(787) 778-2480
Centro de Acceso y Tratamiento Panamericano Manatí	(787) 854-0001
Centro de Acceso y Tratamiento Panamericano Humacao	(787) 285-1900
Centro de Acceso y Tratamiento Panamericano Caguas	(787) 286-2510
Centro de Acceso y Tratamiento Panamericano Hato Rey	(787) 758-4556 or 4845
Centro de Acceso y Tratamiento Panamericano Ponce	(787) 812-1513 or 284-5093

Sistema San Juan Capestrano Partial Clinic, Hatillo	(787) 878-0742
Sistema San Juan Capestrano Partial Clinic, Condado	(787) 725-6000
Sistema San Juan Capestrano Partial Clinic, Manatí	(787) 884-5700
Sistema San Juan Capestrano Partial Clinic, Carolina	(787) 769-7100
Sistema San Juan Capestrano Partial Clinic, Mayagüez	(787) 265-2300
Sistema San Juan Capestrano Partial Clinic, Caguas	(787) 745-0190
Sistema San Juan Capestrano Partial Clinic, Humacao	(787) 850-8382
Sistema San Juan Capestrano Partial Clinic, Bayamón	(787) 740-7771
Sistema San Juan Capestrano Partial Clinic, Ponce	(787) 842-4070
INSPIRA Hato Rey	(787) 753-9515
INSPIRA Caguas	(787) 704-0705
INSPIRA Bayamón	(787) 995-2700
INSPIRA San Juan	(787) 296-0555
APS	(787) 642-0001
Centro Universitario de Servicio y Estudios Psicológicos Universidad de Puerto Rico, Recinto de Río Piedras	(787) 764-0000 ext. 3545
Clínica de Servicios Psicológicos de la Universidad del Turabo	(787) 743-7979 ext. 4466
Inpatient Hospitals	
Psychiatric Hospital Dr. Ramón Fernández Marina (Centro Médico) Lcdo. Miguel Bustelo Dr. Brunilda L. Vázquez Bonilla	Email: zvazquez@assmca.pr.gov (787) 766-4646
Río Piedras Forensic Psychiatric Hospital	(787) 764-3657 or 8019 Ext. 2212/2114
Ponce Forensic Psychiatric Hospital	(787) 844-0101
Rehabilitation Services Arecibo	(787) 878-3552 or 880-4058
Programa Vida Independiente Trujillo Alto	(787) 760-1672 or 755-6800
Counseling Centers	
Corporación S.A.N.O.S. (Caguas)	(787) 745-0340
Sendero de la Cruz 8:00 a.m. to 6:00 p.m. -With previous appointment.	(787) 764-4666
Servicios Sicológicos Integrales Torre Médica de San Jorge	(787) 727-1000

Children's Hospital-By appointment-MS business days	
Centro de Ayuda a Víctimas de Violación (Help Center for Rape Victims)	(787) 765-2285 / 1-800-981-5721
Emergencias Sociales (Social Emergencies)	(787) 749-1333 / 1-800-981-8333
Procuradora de la Mujer (Women's Advocate Office)	(787) 721-7676
Emergency Line for Social Security Beneficiaries Free of charge	1-800-772-1213

Forms

ERRSS 01

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Organizational information, which includes but is not limited to financial information, protected health information, that identifies the client and/or participant in a plan, information that identifies an employee or contracted person, from any source or in any form (paper, magnetic, optical, conversations, etc.) is confidential. The confidentiality, integrity, and availability of this information must be preserved. The value and sensitivity of this information is protected by law. The intent of these laws is to ensure that the information is kept confidential and used for the sole purpose of complying with and carrying out the Public Suicide Prevention Policy in Puerto Rico.

For these reasons, all members of the Rapid Response Team in a Suicide Situation (ERRSS) and the Support Committee (CA), who are part of the National University Collegeworkforce, are required to sign a confidentiality agreement where employees ...:

- Vow to comply with all state, federal, present, and future laws and regulations, and with the policies and procedures of the Public Suicide Prevention Policy related to the collection, storage, retrieval, and dissemination of incident information regarding employees, visitors, and/or participants, among others.

- Promise to limit access to the information provided by the person treated, to those employees who are authorized to handle it and the Executive Director of the Commission for the Implementation of Suicide Prevention Policy.

- They agree to exercise due diligence and care when assigning personnel that will have access to the information of the person treated.

- They agree to respect the confidentiality of the information of the cases handled, even after ceasing their work as employees of the institution or as members of the ERRSS or CA, either by resignation or dismissal of work teams, retirement, resignation from employment, or dismissal.

Each Confidentiality Statement will be kept on file in the Human Resources Office. It is further agreed to provide the names of all personnel who have access to the information included in the *Form to Document Cases Presenting Suicidal Behavior* and certify that said personnel are authorized to have access to such information, as provided by this agreement. In addition, NUC reserves the right to disallow access to documented information, with or without reason, and to resume supplying such information once it is satisfactorily ensured that the violations did not occur or that they have been corrected or eliminated.

For its part, the institution (NUC), through its personnel, will be responsible for the maintenance, accuracy, and security of all its files and for the training of its personnel in relation to the confidentiality of the data.

Statement of Confidentiality

In accordance with the above, I____, as an employee of____and member of the ERRSS or CA, accept and undertake to keep the information obtained and/or handled during a suicidal behavior intervention in the strictest confidence, following the canons, policies, and methods of this agency. This information will only be used for providing service to the person with suicidal behavior and to inform the work done to the Commission for Suicide Prevention.

By signing this document I accept that any violation of the privacy, confidentiality, and/or security of the information of the people treated, beyond those natural and unavoidable within the work environment in which the services are provided, will result in the immediate termination of my participation in the ERRSS or CA, or even other consequences according to the magnitude of the damage caused.

I understand that the information received during interventions with people with suicidal risk behavior may be considered Protected Health information under the provisions of the *Health Insurance Portability and Accountability Act* (HIPPA), as amended and its regulations, the Bill of Rights and Responsibilities of the Patient, Law No. 194 of August 25, 2000, as amended, and the Puerto Rico Mental Health Act, Law No. 408 of October 2, 2000, as amended, whereby I undertake to safeguard its confidentiality in accordance with the legislation and regulations cited herein.

Signature of the Person or Employee		**Date**
Name of the Entity Representative		
Signature of the Entity Representative		**Date**

ERRSS 02

FORM TO DOCUMENT CASES PRESENTING SUICIDAL BEHAVIOR

A. Socio-demographic Information

Individual's Name:____

Gender:____ Age:_____________________

Home Address: ____

Telephone Numbers:____/______/_____________ ____________/____________/______

B. Event Information:

Situation: ( ) Idea ( ) Threat ( ) Attempt ( ) Death

C. History of Previous Attempts:

Has not had previous attempts ( )

If you have had previous attempts ( ) How many ___Date of the most recent attempt: _____

Unknown ( )

D. Brief summary of the current event:

____

____

____

____

____

____

____

ERRSS 02

Date:___________________________________ Time: _____________

Location: ____

Agency or Institution: ____

People who handled the case: ____

Work Area:____________________________________Phone: __________________

E. Intervention:

- □ Referred to the PAS Line - Contact Person: __________________________
- □ Referred to 911 - Contact Person: ____
- □ Referred to Poison Control Center - Contact Person: _______________________________ ______
- □ A family member, friend, or co-worker was contacted

Name: ____

Relation: ____

Phone Numbers:________________/__________________/ _________________

F. Comments (if necessary):

____

____

____

____

____

G. Information of the member of the ERRSS or CA who handled the case:

Name:____

Member of ( ) ERRSS ( ) CA

H. Information of the person who filled out this document:

Name:____

Date:____

Member of ( ) ERRSS ( ) CA

Term:

☐ **January to June**
☐ **July to December**

Year: __________

ERRSS 03

SEMIANUAL REPORT OF WORK CARRIED OUT
BY THE ERRSS AND CA

A. Agency or Institution Information

Agency or Entity: ____

Person Completing the Report ______________________________________

Phone Numbers:_______/_____/__________ ______/_____/____________

Fax:________/_____/____________

Email address: ____

B. Summary of Cases Handled During the Semester:

Total Number of Cases Handled:________________

Number of cases by:

Suicidal ideation only:________________(Total)

Breakdown by gender and age:

Age Group	Men	Women
Under 15 years		
15 – 19 years		
20 – 24 years		
25 – 29 years		
30 – 34 years		
35 – 39 years		
40 – 44 years		
45 – 49 years		
50 – 54 years		
55 – 59 years		
60 – 64 years		
65 years or older		

Number of cases by:

Suicidal Threat:_______________(Total)

ERRSS 03

Breakdown by gender and age:

Age Group	Men	Women
Under 15 years		
15 – 19 years		
20 – 24 years		
25 – 29 years		
30 – 34 years		
35 – 39 years		
40 – 44 years		
45 – 49 years		
50 – 54 years		
55 – 59 years		
60 – 64 years		
65 years or older		

Number of cases by:

Suicide Attempt:_______________(Total)

Breakdown by gender and age:

Age Group	Men	Women
Under 15 years		
15 – 19 years		
20 – 24 years		
25 – 29 years		
30 – 34 years		
35 – 39 years		
40 – 44 years		
45 – 49 years		
50 – 54 years		
55 – 59 years		
60 – 64 years		
65 years or older		

Number of cases by:

Death by Suicide:______________(Total)

Breakdown by gender and age:

Age Group	Men	Women
Under 15 years		
15 – 19 years		
20 – 24 years		
25 – 29 years		
30 – 34 years		
35 – 39 years		
40 – 44 years		
45 – 49 years		
50 – 54 years		
55 – 59 years		
60 – 64 years		
65 years or older		

C. Intervention:

Number of referrals to the PAS Line: ____

Number of referrals to 911: ____

Number of referrals to the Poison Control Center: ____________________

A family member, friend, or co-worker was contacted: ______________________

Others: Please Specify ____

_____

D. Primary prevention activities carried out:

Conferences________

Workshops ________

Distribution of Educational Material __________________

Orientations _______

Others:____________ Specify ____

Summary of activities carried out:

Activity	Resource	Date	Venue	Number of Participants

Comments: ____

____

____

Signature:_____________________________

Date: ___________________________

Member of: ( ) ERRSS ( ) CA

ERRSS 04

RESPONSIBILITY RELIEF FORM FOR THE PERSON AT RISK

I ____

____________, a neighbor of______________________, have been duly informed and oriented regarding the mental health services available to me. I release National University College of all responsibility regarding any event related to my physical integrity. I make this statement today _ ____in full possession of my mental faculties.

______________________________	______________________________
Signature	Witness
______________________________	______________________________
Date	Witness Signature

ERRSS 05

FAMILY, FRIEND, OR ACQUAINTANCE RESPONSIBILITY RELIEF FORM

I ____

____________, neighbor of________________________________, relieve National University College of all responsibility regarding any event related to ________________________________ ____________________________________, whom I was requested to keep custody of today ___ ____in order to seek help from a mental health professional.

______________________________ ______________________________

Signature Witness

______________________________ ______________________________

Date Witness Signature

ERRSS 06

DRILL EVALUATION FORM

Agency:____

Place where the drill was conducted: ____

Date and Time: ____

Description of the risk situation: ____

Details on the type of suicidal behavior (ideation, threat, or attempt) and the level of risk:

____

____

E. Response of the first person who identified the situation:

__Employee or agency contractor___ERRSS member___CA member

___Other: Specify ____

Steps	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Properly identified the signs of danger.					
Took immediate and favorable action to help the person at risk.					
Interacted properly with the person at risk.					
Immediately alerted ERRSS or CA					
Did not leave the person at risk alone.					

Response of the persons who performed the intervention to handle the risk situation (members of the ERRSS or CA):

Steps	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Made adequate emotional rapport.					
Provided space for venting.					
Explored the conflict situation and listened empathically.					
Asked properly if there was suicidal ideation.					
Explored the severity of the suicidal ideation.					
Inquired about the reasons for living and alternatives of the person at risk.					
Established a proper help plan and explained it correctly to the person at risk.					
Properly identified and contacted a family member or friend of the person at risk so they would come to the office and take responsibility for the person who manifested the suicidal behavior.					
Properly coordinated assessment and crisis management services.					
Filled out the relief forms with the person at risk and the family member or friend who would be responsible for the person who manifested the suicidal behavior, and explained its content and implications appropriately.					

In case of threat or attempt, a 911 call was simulated and properly communicated the urgency of the situation.					
In case of suicidal attempt, alerted a nearby doctor or nurse.					
In case of poisoning, contacted the Poison Control Center.					
Upon suspicion of abuse, contacted the emergency line.					
Did not leave the person at risk alone.					
Restricted access to all lethal means that could be accessible.					

Comments: ____

____

____

____

____