UNIVERSIDAD
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PROTOCOL

FOR THE

PREVENTION OF SUICIDE

Universidad Politécnica

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Firma

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Introduction

The Universidad Politécnica de Puerto Rico is a non-profit educational institution committed to academic excellence and the well-being of the university community. In this sense, it has the responsibility to promote healthy coexistence and harmonious and reciprocal exchange between students, professors, and members of the administration. At the University, we ensure compliance with federal and state regulations for the best functioning of the organization and offering the best service to students. As part of the University's interest in looking after our students and staff, the Suicide Prevention Protocol Manual was developed in accordance with the provisions of Law No. 227 of August 12, 1999.

Act 227, as amended, requires the implementation of a Uniform Protocol for Suicide Prevention in all public agencies and private institutions. The Commission for Suicide Prevention designed the guide that establishes the necessary procedures for handling situations of suicidal behavior in the institutional setting. In compliance with the mandate of the law, the Polytechnic University develops this Protocol, which is a version tempered to its particularities and needs of the Guide for the Development of a Uniform Protocol for the Prevention of Suicide 2015 of the Commission for the Prevention of Suicide. It stipulates the University's uniform protocol to address in a coordinated manner the efforts to prevent and manage suicidal behavior, both of employees and students.

The protocol contemplates how the working groups that will have to develop and implement primary, secondary and tertiary prevention strategies will be formed, and specifies the steps that must be applied for suicide prevention.

Conceptual definitions

1. **Suicidal threat** - It is the verbal or written expression of the desire to die or kill oneself. It has the particularity of communicating something that is about to happen (suicidal act).
2. **Self-mutilation** - The act by which a person cuts, lacerates, or injures any part of his or her body, harming himself, although it does not necessarily have to be for suicidal purposes. Three important categories of self-mutilation have been identified:
    a. Major self-mutilation: This includes hurting oneself to become blind or amputating fingers, hands, arms, feet, or genitals.
    b. Atypical mutilation: hitting the head, physically punishing oneself, hitting oneself in the arms, squeezing one's eyes or throat with one's thumb, or pulling out one's hair.
    c. Superficial or moderate self-mutilation: Cut off, pull out, burn, inserting sharp objects into the skin or compulsively pulling hair.
3. **Support Committee (CA** as per Spanish acronym**)** - It is made up of 6 employees of the university, who will offer support in different activities of suicide prevention and intervention in situations of risk of suicide.
4. **Suicidal circumstances** - These are the particularities or details that accompany the suicidal act, including: the location or place where it occurred, the possibility of being discovered, the accessibility to rescue, the time needed to be discovered, and the likelihood of receiving medical attention.
5. **Suicidal Crisis** - A situation of imbalance in which, once the subject's adaptive and compensatory mechanisms have been exhausted, suicidal intentions arise, such as the solution envisaged to end the situation or problem.
6. **Verbal Direct Suicidal Communication** – Occurs when the person explicitly expresses desires to end his or her life, e.g., "I'm going to kill myself"; "I'm going to kill myself"; "What I have to do is put an end to this once and for all"...
7. **Direct Nonverbal Suicidal Communication** - Actions or cues that indicate the possibility of a suicidal act being performed in short place such as: accessing methods, leaving farewell notes or handing out valuable possessions, etc.
8. **Indirect verbal suicidal communication** - This is the one in which phrases are expressed that do not express suicidal intentions explicitly, but are implicit in said message, for example: "We may not see each other again"; "I want to be remembered as a person who was not bad despite everything"; "Don't worry, I won't give you any more trouble."

9. **Indirect nonverbal suicidal communication** - Consists of performing acts that, although not indicating the possibility of imminent suicide, are related to a possible premature death: making a will, planning a funeral, predilection for suicide themes, etc.
10. **Self-destructive behavior** - A group of conscious or unconscious acts that result in self-harm. For example: putting oneself in risky situations, consuming alcohol or illicit drugs, driving a vehicle recklessly, injuring or mutilating parts of the body, exposing oneself to constant accidents, or performing suicidal acts.
11. **Suicidal behavior** - Acts that include suicidal thoughts, threats, suicide attempts, and completed suicide.
12. **Non-suicidal contract** - It is a pact made by the person at risk of suicide with a professional helper, in which it is agreed that they will not expose themselves to a situation of greater vulnerability and that they will not make an attempt on their life. The main objective of this contract is to establish a commitment so that the person desists from harming himself. 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** as per Spanish acronym**)** - It is made up of 3 employees of the University, responsible for the implementation of the Uniform Protocol for Suicide Prevention.

14. **Suicidal Gesture** - Suicidal threat by taking the means available for its realization but not carrying it out. This constitutes a suicide attempt.
15. **Suicidal ideation** - Thoughts whose content is related to ending one's existence. Suicidal ideation is not always directly verbalized.
    a. **Without a determinate method -** It is the desire to die without a determinate method, e.g., when the subject wishes to commit suicide and when asked how he will do it, he replies that he does not know.
    b. **With an indeterminate method** - When the subject wishes to commit suicide and expresses some methods without preference, e.g., when asked how he is going to do it, he replies 'in any way':
    c. **With a specific method -** No planning, in which the subject expresses his suicidal intentions through a specific method but without having elaborated an adequate planning.

d. **Planned suicidal ideation** - The subject knows how, when, where, why, and for what purpose to perform the suicidal act and usually takes due precautions to avoid being discovered.

16. **Incitement to suicide** - Encouraging another or others to perform a suicidal act. This act is subject to penalties under local law as it is considered a crime against the integrity of persons.
17. **Suicide attempt -** Any destructive, self-inflicted, **non-fatal** act *performed with the implicit or explicit intent to die.*
18. **Levels of prevention** - The World Health Organization defines three levels of prevention to be considered to work with any type of disease or situation that is understood to threaten public health. Each of these levels involves different objectives and techniques. These are:
    a. **Primary prevention** - Strategies aimed at preventing disease 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 the disease or situation in its initial stages, in which the establishment of appropriate measures can prevent it from progressing. It consists of the screening, detection and treatment of the disease, or situation of danger in early stages.
    c. **Tertiary prevention** - Includes those measures aimed at the treatment and rehabilitation of a disease or risk situation to prevent it from progressing, worsening and/or becoming complicated. This level also includes the implementation of strategies to improve the quality of life of those affected. It involves the rehabilitation and recovery of the people involved.
19. **Means of committing suicide (lethal means)** - Refers to the method chosen to commit suicide and the objects used for it. For example: a saga in cases of hanging, drugs in case of intoxication, among others.
20. **Myth** - Beliefs or explanations commonly formulated to explain at least in a given cultural context. They have the particularity of sustaining those meanings given in the popular context.
21. **Death by suicide** - Any destructive, self-inflicted, fatal act performed with the implicit or explicit intent to die.
22. **Suicidal profile** - Psychological but not exclusive traits that may characterize a person

Suicidal person such as: impulsivity, poor interpersonal relationships, hopelessness, mental health history, suicide of a family member, rigidity, negativity, diagnosis of mental illness, age, marital status, personality traits, hostility, among others. We have not found a profile that is common to all.

23. **People at risk of suicide** - People who have persistent suicidal ideation or who have made an attempt on their life recently or in previous years.
24. **Suicidal plan** - Suicidal thought or thought with some detail about how or when you will do it. It may include a specific method, at a certain time, for a specific reason or precautions against being discovered.
25. **Suicidal potential** - A set of risk factors for suicide in a person that at any given time can predispose, precipitate, or perpetuate self-destructive behavior.
26. **Protocol** - A document or regulation that establishes how to act in certain situations. It includes behaviors, actions, and techniques that are considered appropriate.
27. **Suicide risk** - A person's level of likelihood to carry out a suicide attempt regardless of its outcomes. The risk may be high, moderate, or low.
28. **Survivors** - Family members, friends, or co-workers of the suicidal person.
29. **Suicidal** - A term with multiple meanings, including: one who has ended his life by suicide, one who has made suicide attempts of a serious nature with danger to life, and one who performs reckless acts with danger to life or to one's physical or psychological integrity.
30. **Suicide** - It is the deliberate act of taking one's own life.

Risk Factors for Suicidal Behavior

There are a number of psychiatric, psychological, biological, social, and environmental characteristics that, combined with a person's social history, seem to predispose to an increased risk of suicidal behavior. These factors are diverse, complex, and interact with each other. To prevent more suicides from occurring, it is important to be alert to these risk factors and intervene immediately.

The more risk factors a person has, the more likely he or she is to contemplate suicide, to commit suicide, to commit suicide, and to commit suicide. However, it is important to emphasize that the absence of these factors does not mean that suicide cannot occur.

Main Risk Factors

Psychological and psychiatric factors

- Previous suicide attempts
- Psychiatric hospitalizations during the past year
- Having a suicide plan
- Existence of suicidal ideation
- Depression or depressive symptoms
- Bipolar disorder
- Psychotic disorders (mainly schizophrenia)
- Alcoholism
- Use of Controlled Substances
- Anxiety disorders
- Eating disorders
- Radical changes in behavior or mood
- Hopelessness
- Isolation
- Extreme Courage and Desire for Vengeance
- High levels of impulsivity, aggressiveness, and low frustration tolerance
- Feelings of personal failure
- Recent trauma: sexual violence, gender-based violence, abuse, loss, divorce, among others
- Rigidity of thought

Biological factors

- Presence of organic brain disorder
- Debilitating chronic physical illnesses
- Possibility of genetic predisposition
- Chemical or hormonal imbalances (such as low serotonin levels)

Demographic Factors

- Being a man (tendency)
- Single
- Widow or widower
- Divorced/Separated
- Living Alone

Social, interpersonal, and contextual factors

- Family history of suicide
- Divorces, Losses, or Separations
- Belonging to families with high levels of criticism and hostility
- Academic or work problems
- Economic Recessions
- Difficulties in interpersonal relationships
- Bullying at school or at work
- Unemployment and/or financial hardship
- Social rejection
- Lack of access to means or resources to help
- Access to lethal measures
- History of physical, psychological, and/or sexual abuse
- Family history of psychiatric disorders

Risk Factors by Developmental Stage

Research and professional practice have identified risk factors for suicidal behavior that are more common during certain stages of a person's development.

These are as follows:

Risk Factors in Adolescence

- Previous suicide attempts
- Coming from a broken home
- Psychiatric illness of the parents
- Family history of suicidal behavior
- Friends with suicidal behavior
- Loss of a valuable relationship
- Academic problems
- Bullying
- Belonging to families with high levels of criticism and hostility
- Absence of a support network
- Family history of abuse
- Alcohol and drug use
- Aggressive and impulsive behavior
- Severe psychiatric illness
- Being a Survivor of Sexual Abuse
- Lack of skills to handle conflict situations.

Risk Factors in Adulthood

- Previous suicide attempts
- The existence of a serious and persistent illness
- Alcohol and drug use
- Professional or financial hardship
- Difficulties in accessing health services
- Difficulty in interpersonal relationships
- Loss of a meaningful relationship
- Absence of purpose in life
- Absence of a support network

Risk Factors in Old Age

- Previous suicide attempts
- Presence of a chronic or terminal illness
- The existence of a serious and persistent psychiatric illness
- Isolation or lack of social support
- Feelings of personal failure and hopelessness
- Loss of meaningful relationships
- Difficulty accessing services
- Solitude
- Feeling like you're a nuisance

How to Identify Suicidal Behavior

Suicide is often predictable and preventable because the person who is thinking about taking his or her own life emits signals that reveal his or her ideas and plans. These manifestations are known as "warning signs." These signs and symptoms can identify a person at risk of suicide. Although none of these signs can be considered by themselves as undoubted evidence that the person in question is thinking of taking his or her own life, the truth is that the greater the number of danger signs, the greater the probability that we will encounter a potential suicide. Below are the main danger signs of suicidal behavior and the most common precipitating factors.

The main signs of danger

- Drastic or sudden changes in mood and/or behavior (e.g. sadness, withdrawal, irritability, anxiety, apathy, isolation).
- Sudden, unusual periods of calm after great turmoil.
- Loss of interest in activities you once enjoyed.
- Satisfaction and dissatisfaction with the way of life.
- A state of hopelessness (e.g. "Things will never get better ").
- Excessive worries will be about money or illness.
- Recent losses (death of a family member, separation, divorce, layoff).
- Overwhelming feelings of guilt, anger, shame, or being a nuisance.
- Self-harm or taking unnecessary risks.
- Increased use of alcohol and other drugs.
- Negative comments about yourself or your life. "I'm good for nothing", "Life isn't worth living"
- Verbalizations about death or the possibility of suicide. 'I want to die':

  "I'm tired of fighting
- Carry out preparations such as: giving away personal belongings, making a will.
- Direct expressions of the idea or possibility of suicide

The Most Common Precipitating Factors

- Stressful life events.
- Mental disorders
- Humiliation
- Tensions in interpersonal relationships
- Significant losses
- Social isolation
- Economic crises
- Receiving a Diagnosis of Terminal Illness
- Academic or work failure
- Easy access to lethal methods

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ERRSS 07

UNIFORM PROTOCOL FOR SUICIDE PREVENTION
DEVELOPMENT FORM

institution : Universidad Politécnica de Puerto Rico

Office: Vice Presidency of Student Services and Human resources

Physical Address: 377 Ave. Ponce de León Hato Rey, PR 00919

Contact phone: 787-622-8000 ext. 270, 276, 320

Date: June 27, 2016

Rule 1: Build work teams

Each institution will establish the following work teams to develop and implement primary prevention strategies, intervene in situations in which suicidal behaviors (ideas, threats, suicide attempts or deaths) of its employees, participants and visitors, among others, are suspected or reported.

Procedure: Establish the work teams

A. Suicide Rapid Response Team (ERRSS)

1. The head of each institution shall select from among its employees at least three (3) persons to constitute this team in each unit or central and regional office. These employees must have a permanent full-time appointment. They will be the team of people responsible for implementing this Uniform Protocol and dealing with situations of suicide risk. For details on who should be part of this team, please refer to the Development Guide OF A Uniform Protocol for Suicide Prevention document (pp. 35 and 36).

Suicide Rapid Response Team (ERRSS) members:

1. Coordinator Name:

   Elsa Zayas

Stand: VP Associate Student Services

Office or Department: VP Student Services

Phones: 787-622-8000 ext. 270, 276

Date on which you took the rapid response training:

2. Members of the ERRSS

Name: Ana Castellano

Stand: Director of Human Resources

Workshop Department: Human Resources

Phones: 787-622-8000 ext. 320, 284

Date on which you took the rapid response training:

3. Members of the ERRSS

Name: Miguel Albarran

Stand: Director of Security

Office or Department: Security

Phones: 787-622-8000 ext. 216, 476

Date on which you took the rapid response training:

B. Support Committee (AC)

1. This committee will be composed of a minimum of 6 employees from each institution. The members of this committee will be appointed by the Director of Human Resources in conjunction with the ERRSS. These should be people who are approachable and close to the rest of the staff. For details on who should be part of this team, please refer to the document "Guide for the Development of a Uniform Protocol for Suicide Prevention" (pages 36 and 37).

Support Committee (AC) members:

1. Coordinator

Name: Maria del C. Perez

Stand: Counselor

Office or Department: Orientation V Council

Phones: 787-622-8000 ext. 376

Date on which you took the rapid response training: .

2. Member of the CA Name:
   Sheila Vazquez Stand:
   Counselor

Office or department: Orientation V Council

Phones: 787-622-8000 ext. 248

Date on which he took the rapid response training: 19 April 2016

3. CA Name: Karla Torres

Stand: Counselor

Office or department: Orientation V Council

Phones: 787-622-8000 ext. 246

Date on which you took the rapid response training:

4. AC Integrator

Name: Joalory Rodriguez

Stand: Counselor

Office or department: VP Student Services

Phones: 787-622-8000 ext. 260

Date on which he took the rapid response training: 19 April 2016

5. CA Component Name:

Arlene Fuentes

Stand: Human Resources Specialist

Office or Department: Human Resources

Phones: 787-622-8000 ext. 494, 320

Date on which you took the rapid response training:

6. CA Component Name:

Rafael Rosado

Stand: Security Coordinator

Office or department: Safety

Phones: 787-622-8000 ext. 216, 662

Date on which you took the rapid response training:

The person in charge of sending the forms to document the cases attended and semi-annual reports to the Commission for the Prevention of Suicide will be:

Name: Maria del C. Pérez

Stand: Counselor

Telephone: 787-622-8000 ext. 376

Standard 2: Identify a Case Management Office

An accessible location will be identified in each agency or institution (and in each of its offices or dependencies) to care for and provide support to persons with suicidal behavior. For details of the characteristics of this office, please refer to the document Guide for the Development of a Uniform Protocol for Suicide Prevention (pp. 37-38).

Procedure: identify a main office to carry out the interventions

1. Office: Director of Counseling
2. Physical Address: Building Principal 377 Ave. Ponce de Leon, Hato Rey PR 00919

3. Hours Available: - 8:00 AM to 7:00 PM --------
4. Office Manager: -- Ivette Hernandez ---------
5. Phone number of the person in charge of the office: 787-622-8000 ext. 248

Standard 3: Primary Prevention

Before suicidal behavior occurs

The ERRSS will develop and implement prevention strategies aimed at preserving the mental health of all staff who are part of the University and those they serve. These strategies can be existing programs that are being offered by the ESP or the University. Examples of this can be coaching programs, workshops for stress management, management of symptoms of depression, leadership, conflict management, etc. (For details, please refer to the document Gura for the Development of a Uniform Protocol for the Prevention of Suicide, pp. 38 and 39 and Appendix VIII).

Procedure: Develop a plan of primary prevention activities to be carried out in each institution during each year.

Activity #1

Title of the activity: Workshop: Techniques and Conflict Resolution Strategies Brief description of the activity: The office will organize a workshop to providel Student Basic Conflict Resolution Tools at the Highest Levell personal and academic.

Target population : STUDENTS

Person in charge of the activity: Office of Guidance and Counseling Date on which the activity will take place: March

Activity #2

Title of the activity: Individual-level psychotherapy services

Brief description of the activity: The university provides the services of a psychologist so that any student who requests them voluntarily or by evaluation of the counselor and is determined to need it, can obtain it.

Target Population: Students

Person in charge of the activity: Institutional psychologist

Date on which the activity will take place: Throughout the year

Activity #3

Activity Title: Suicide Behavior Management Protocol

Brief description of the activity: Hold multiple meetings where you are taken All staff are given information on university protocol and the passes to follow.

Target Population: Faculty and Employees

Person in charge of the activity: Human Resources

Date on which the activity will take place: August

Activity #4

Activity title: Workshop to raise awareness of mental disorders and suicidal behavior

Brief description of the activity: The workshop will describe the mental disorders most related to suicidal behavior and describe what past behavior can be indicative of a suicide.

Target Population: Faculty and Employees

Person in charge of the activity: Human Resources

Date on which the activity will take place: February

Standard 4: Secondary Prevention

When a suicidal idea, threat, or attempt is presented

When a person is taken with a suicidal idea, threat, or attempt, the following steps will be taken to safeguard his or her safety and life.

Procedure: Carry out the following steps depending on the situation being addressed.

A. In the event of a SUICIDAL IDEA OR THREAT

1. **Any person from the agency or institution who identifies a situation of suicide risk, will immediately contact the ERRSS, or in its absence, the CA.** Two people from these committees will need to be activated to deal with the situation. **The person who identifies the situation will remain with the person who has the suicidal idea 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 identifying the situation shall:

   a. **Accompany the person at risk of suicide at all times.**

   b. **Ensure that the person does not have access to lethal means** (ropes or any other object with which to hang himself; drugs or chemicals with which he can poison himself; firearms, sharp objects, etc.).

   c. **Let the person at risk know that you want to help them.**

   d. **Listen with empathy,** without showing signs of surprise or disapproval.

2. **ERRSS or CA personnel will take the person at risk to the office identified for the handling of these cases. They should not leave them alone at any time.**

3. If the suicidal behavior situation is occurring in a place outside the premises of the identified office, the nearest office will be set up respecting the privacy and security of the affected person.

4. **One of the members of the ERRSS must offer psychological first aid:**

   a. Identify yourself and **explain why you are there.**

   b. They will begin **to ask questions based on the situation that the person at risk has identified as especially conflictive or worrisome**, to assess the level of risk and provide a space for the person to vent, if they wish. For example: "I see that you are very affected. I'm here to listen to you. I'd like you to share with me what you're thinking or feeling, so I can help you."

   c. **Be quiet and allow the person to say whatever they want.** No signs of surprise or disapproval. You can use phrases such as: "I can hear that you are going through a very difficult situation, but I can assure you that we will do everything we can to help you"; "I'm here to help you"; "It must be hard to put those feelings into words, but it's very important that I can share them"; "I can imagine how hard this situation is being for you."

   d. **Ask directly about the possibility of suicidal ideation.** Examples: "I'm 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 often think about taking their own life. Have you thought about it?"; " Have you thought about taking your own life?"; " Is he thinking about suicide?"

   e. **Explore the severity of suicidal ideation:**

- **Frequency:** "When was the last time you thought about hurting yourself?" (the more recent, the greater the risk); and *"How* often do you have these thoughts: all the time; Every day; several days a week; a few times a month?" (The more frequent, the greater the risk).

- **Method:** *"How* did you intend to take your own life?"

- **Availability:** *"*Do you have that method (gun, rope, pills, etc.) available that you told me about?"; "Where do you have it?"

- **Moment:** "When did you plan to do this?"

- **Previous Attempts: "** Have you ever tried to take your own life?"; "How long ago?"; *"What* happened then?"

It is important to note that the more details the person has considered regarding the planning of the suicidal act, the greater the risk that they will carry out the attempt at any time. Access to lethal means identified by the person at risk should be restricted.

f. **Explore this person's reasons for living and alternatives** that they may not be considering to handle the situation that led you to consider suicide. You may ask yourself the following *"What* has kept you alive so far?"; "Who are the people important to you?"; "Before this situation, what were your short-term and long-term plans and goals?", "At what other times in your life have you had a crisis and how did you manage to overcome it?"; *"What* things make you smile?"

g. **Set up the relief plan** and come to an agreement with the person at risk. You should explain to the person what the relief plan is going to be.

5. **ERRSS personnel should identify and call, along with the at-risk person, a family member or contact of the person** (friend, neighbor, teacher, church member, psychotherapist, psychiatrist, support groups, etc.) **to come to the office and accompany the at-risk person to receive the services they need.** In the case of a minor or elderly person, and if there is suspicion of abuse in the home, ERRSS staff should first contact the Department of Family's Social Emergency Hotline at **1-800-981-8333** to determine what actions should be taken to safeguard the well-being and protection of that person.

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

7. **If the person refuses to receive the services recommended by** PAS Line staff or their psychological or psychiatric service provider**, the family member will be asked to file a "Law 408"** at the nearest court so that the at-risk person can be managed. **(See Appendix IV).** In the event that no family member appears, the procedure of "Law 408" must be carried out by a member of the ERRSS of the institution.

8. **In the event that the person becomes aggressive,** a member of the ERRSS must **contact the police** to assist in the management of the person.

9. The ERRSS staff **will give the person with suicidal ideation or threat of the Release** of Responsibility Sheet *(See* ERRSS Form 04). The contents of this form should be fully explained to you.

10. The ERRSS staff will deliver to the family member or contact person of the person at risk, the *Release of Responsibility Sheet of Family Member* or *Contact Person* (See ERRSS Form 05). The contents of this form should be fully explained to you.

11. ERRSS staff will complete the *Sheet to document cases of suicidal behavior.* (See ERRSS Form 02).

B. SUICIDE ATTEMPT (when a person is threatening 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. It will not leave the at-risk person alone until ERRSS or CA personnel arrive and will take over the handling of the situation. While ERRSS or AC members arrive, the person identifying the situation should do the following:

   a. If there are doctors or nurses in or near the office, you should request that they be called immediately.

   b. Let the person at risk know that you want to help them.

   c. Show no 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 make an attempt on their life and to give you a chance to help them.

2. **The first person from the ERRSS to come forward will assess the situation** of the person who made the attempt or who is threatening suicide. Depending on the situation, you will need to perform the following actions:

   a. If the person is **seriously injured,** you should not move them from where they are. If you haven't done it yet, you **should call 911** right away. 911 personnel will activate Emergency Medical and Police. If a health care professional is nearby, you should immediately ask them to come to the scene.

   b. If the person **is in the process of attempting suicide,** ERRSS staff should **call 911 immediately** (if one has not already done so). You should express to the person at risk that you want to help them and ask them to give you the opportunity to do something for them. You should ask him to postpone his decision to take your life and give him a chance to help you. It must show empathy and genuine concern for the person at risk. **The ERRSS should not leave the person at risk alone at any time, unless his or her own life is in danger. You should also call the PAS line (1-800-981-0023)** for assistance.

   c. **In the event of a poisoning, one ERRSS or CA member should call 911,** while another member should contact 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 should perform the same procedure as he or she would do in a situation of suicidal ideation or threat (** see pages 39 through 42 of the Gluttony for the Development of a Uniform Protocol for the Prevention of Suicide: Procedure for Suicidal Ideation or Threat).

3. While all of the above is happening, **another member of the ERRSS or CA will contact a family member of the person at risk.** In case of suspicion of child abuse, ERRSS staff should call the Social Emergency line, dialing the number **1-800-981-8333,** to determine what actions to take to ensure the well-being of that person.

4. **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,** either for medical help or for an emergency psychiatric evaluation. depending on the situation. In this case, while the person is being taken to the emergency room, the ERRSS staff will notify the person's family members or any contact of the situation.

5. If possible, **ERRSS staff will complete the *At-Risk Release Sheet with the person who made the attempt.*(See ERRSS Form 04).** If there is a family member present, they must also complete the ***Relay of Responsibility Sheet for a relative, friend* or *acquaintance.* (See ERRSS Form 05).** ERRSS staff will also complete the ***Suicide Behavior Checkout.*** **(See ERRSS Form 02).**

6. **ERRSS and AC staff will offer guidance** to family members, co-workers or people who have witnessed the suicide attempt, to call the PAS Line or seek help services if needed.

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

1. The person receiving the call must ensure communication.

a. **At no time should the call be interrupted.**

b. **Ask** the caller their **full name and phone number** as soon as possible to call them back in case the call is dropped, or they hang up.

c. **Ask where you are** (address) **and who would be camping you.** If possible, you should ask them to connect you with that person for immediate help.

d. Ask the next partner **to alert an ERRSS member or CA member who is responding to a** suicide risk emergency call.

e. **The ERRSS or CA will take over** the call and make sure the person who originally took the call stays by your side. This person should keep you company throughout the conversation and should have an extra phone to make all necessary calls.

f. **Have pen and paper handy** to write down all pertinent information.

2. **Offer psychological first aid** (member of the ERRSS or CA).

    a. **Use a soft, unhurried** tone of voice that conveys calm and tranquility.

    b. **Identify yourself by your** full name. **Ask** the caller your **name.**

    c. **Ask the reason for the call.**

d. **Let** the caller **know that you are listening and will help.** You can use phrases such as: "I can hear that you are going through a very difficult situation, but I can assure you that we will do everything we can to help you", "We are here to support you". "It must be hard 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 start helping you" (if you don't have this information yet; if you do, you must validate that the address is correct). If the person is on the campus of the university, another member of the ERRSS or CA should be asked to come to the place where the person at risk is located, but they should not hang up the call.

3. **Allow the person at risk to vent.**

a. **Don't be nervous.**

b. Be quiet and **allow the person to say whatever he or she wants.** Not signs of surprise or disapproval.

c. **Do not interrupt.**

d. **Show understanding** by repeating in your own words what the caller tells you.

e. **Ask specific questions** about the person's situation. Don't assume anything. For example: "What do you mean when you say you feel tired of fighting?"; "What's the hardest thing for you right now?"

4. **Ask about the possibility of suicidal ideation.**

a. Examples: "I'm 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 often think about taking their own life. Have you thought about it?"; " Have you thought about taking your own life?"; "Is he thinking about suicide?"

5. **Explore the severity of suicidal ideation.**

- **Method:** *"How* did you think about taking your own life?"

- **Availability:** *"* Do you have at your disposal that method (gun, rope, pills, etc.) that you told me about?"; "Where?"

- **Frequency:** "When was the last time you thought about hurting yourself?"; *"* How often do you have these thoughts on an hourly basis; Every day; several days a week; a few times a month?"

- **Moment:** "When did you plan to do this?"

- **Previous Attempts: "**Have you ever tried to take your own life?"; "How long ago?"; "What happened then?"

It should be noted that the higher the level of planning, the greater the risk that the person will carry out a suicide attempt imminently.

6. **Assess the level of risk.**

a. **(See Appendix VII)**

7. **Explore your reasons for living** and help you visualize alternatives.

a. You can ask the following questions: "What has kept you alive so far?"; "Who are the people important to you?"

"Before this situation, what were your short-term and long-term plans and goals?"; "At what other times in your life have you had a crisis? How did you manage to overcome it?"; " What things make you smile?"

8. **Establish the aid plan.**

   a. **At a moderate or high-risk level, 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. **At a low risk level, ask** the person at risk **if they are receiving psychological or psychiatric treatment, who and how we can contact this mental health professional.** Give this information to your co-worker or member of the ERRSS or CA to contact this resource and ask them to contact the at-risk person immediately. If the resource is not available or the at-risk person is not currently receiving psychological or psychiatric treatment, psychiatric or psychological evaluation services should be referred immediately through the **PAS Hotline: 1-800-981-0023.**

   b. **Ask the person at risk for contact information for family members or trusted people.** Say for example, "It's important to share this information with someone you trust. Who can I call to let them know how you're feeling and ask them to come to you? Give the information to the co-worker or member of the ERRSS or CA to contact this person and ask them to go immediately to where the person at risk is.

   c. **Maintain communication with the person at risk, until the help staff or a family member arrives to take charge of the situation.**

9. **Closure** (this will be done when there is already another responsible person physically accompanying the person at risk).

    a. **Summarize the issues that were discussed** on the call.

    b. **Summarize the steps** that were carried out and the actions to be taken.

    c. **Thank** the person at risk **for the trust** and the opportunity to help them.

    d. **Agree to contact the at-risk person again the next day** to find out how it has progressed.

    e. **Say goodbye with a message of hope and support.**

D. Threat of suicide during a THIRD-PARTY PHONE CALL (when someone calls to report suicidal behavior from a family member or acquaintance).

1. **Get the caller's information.**

    a. Full name

    b. Telephone

    c. Address

2. Request details of the situation in order to **identify the level of risk.**

    a. **(See Appendix VII)**

3. **In the case of a high or moderate risk:**

a. **Orient the caller not to leave the person at risk alone,** not to judge them, or to lecture them.

b. **Explain that they should call the PAS Line: 1-800-981-0023** and provide all available information for them to channel the emergency psychiatric evaluation or that they should immediately take the person at risk to the nearest hospital emergency room. If the at-risk person refuses services or is threatening suicide right then and there, you should **call 911 immediately.**

4. **In a low-risk case:**

a. **Orient the caller on psychological first aid** (providing space for venting, empathetic listening, not criticizing or lecturing, helping the person at risk identify their reasons for living).

b. **Explain that you should call the PAS Line: 1-800-981-0023** and provide all available information.

c. **Let them know that the person at risk needs to receive psychological or psychiatric services right away**, either through a private service provider or through a PAS referral, **and that they should not be left alone** until they receive professional help.

5. **Closing:**

a. **Summarize the issues that were discussed** during the call.

b. **Summarize the steps** taken and the actions to be taken.

c. **Be grateful for the trust.**

d. **Agree to contact the caller again the next day to** find out how the at-risk person has been doing.

e. **Say goodbye with a message of hope and solidarity.**

All calls will be documented using the ***Suicide Behavior Documentation Sheet*** **(See ERRSS Form 02).**

Recommendations on what to ask and what attitude to assume during the intervention

How, When, and What to Ask About Suicidal Behavior

How To ask

- Do you feel unhappy or helpless?
- Feeling desperate?
- Do you feel unable to cope with each day?
- Do you feel life as a burden?
- Do you feel like life isn't worth living?
- Do you feel like committing suicide?

When To ask

- After a trusting relationship has been established and the person feels understood.
- When the person feels comfortable expressing their feelings.
- When the person is in the process of expressing negative feelings of loneliness and helplessness.

Why ask

- To discover the existence of suicidal ideation:
- I'm going to ask you a delicate and personal question, have all those problems led you to think about suicide? Are you thinking about suicide?
- To get information about whether the person has set a suicide plan.
- Have you considered any plans to end your life?
- How or with what did you intend to take your own life?
- Do you have the method you told me about?
- Where do you have it or how do you intend to get it?
- Have you decided when you are going to carry out the plan to end your life?

Attitude during the intervention

- Ability to deal with such a delicate and personal issue with clarity and respect.
- Communicate willingness to help.
- Avoid critical or disapproving comments.
- Do not try to convince the person of the inappropriateness of his or her behavior.
- Show calm and confidence.
- Delve into all aspects that help assess suicide risk in detail in an open way but avoid morbid questions.
- Inform family members of the existence of a possible risk and the measures to be taken without generating situations of exaggerated alarm that may be counterproductive.
- Pay attention not only to what the person says, but also to their expression, gestures, tone of voice, etc.
- Any sign of suicidal ideation requires immediate action. The greater the suspicion of suicide risk, the more directive the action should be.

[1] Clinical Practice Guidelines for the Prevention and Treatment of Suicidal Behavior: l Evaluation and Treatment, of the Quality Plan for the National Health System of the Ministry of Health, Social Policy and Equality and Agency for the Evaluation of Health Technologies of Galicia (avalia-1), 201O

Steps to follow to file an application for involuntary admission: hospitalization (Act No. 408)

1. Arrive at the Courthouse and go to the Investigation Chamber.
2. Ask the bailiff on duty for the "Act 408" request form and specify that it is an involuntary admission order for an emergency psychiatric evaluation.
3. Fill out the form with the following information:
    a. Full name (includes both surnames) of the person to whom the Law will be filed.
    b. The person's physical address (where they are currently located and where they reside).
    c. Telephone number of the person for whom the Act is requested.
    d. Brief description of the behavior presented (specify the behavior for which there is thought to be a risk of suicide).
    e. identification of the applicant, personal information of the applicant, and relationship to the person for whom the Act is requested.
4. The court shall issue the order, and shall give the applicant three copies, which shall be distributed as follows:
    a. A copy for the hospital.
    b. A copy for the ambulance,
    c. A copy for the police officer (if the police officer does not require it, the person who requested it can keep the copy).

Standard 5: Tertiary prevention

After a suicide attempt or completed suicide

The ERRSS will attend to situations of death by suicide within the premises of the agency or institution for which they work, 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. Managing a Death by Suicide:

1. **Do not touch or move the corpse.**

2. **Prevent access by people outside** the management of the event, at the scene.

3. **Call 911.** They will be in charge of calling the police and the staff of the Institute of Forensic Science (ICF). Contact with family members will be carried out by Puerto Rico Police personnel.

4. **In the event that a family member comes to the scene and has an emotional crisis, the ERRSS or CA must coordinate psychological or psychiatric services immediately through the PAS** Line or through a private service provider.

5. **In the event that a co-worker requires emotional support, the ERRSS or CA should refer the co-worker to the PAE or coordinate mental health services for the worker immediately** through the Office of Human Resources or another resource they have at the university.

6. **ERRSS staff must complete the *Case Documentation Worksheet patients with suicidal behavior* (See ERRSS Form 02).**

B. Returning to the Workplace After a Suicide Threat or Attempt:

1. **The staff of the Office of Human Resources will determine the processes to be followed** in the reinstatement of the employee who had suicidal behavior, according to the university's rules and medical recommendation. ERRSS and CA staff should be available to assist in this process, offering emotional support.

2. Evidence should be **required** that the person at risk of suicide was evaluated and received recommended services.

C. After a death by suicide:

1. **ERRSS staff will refer the co-workers of the person who died by suicide, or individuals affected by this event if necessary, to the PAE, PAS Line, or private mental health professionals**.

2. **ERRSS staff along with the CA will be in charge of coordinating 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.

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

Standard 6: Conducting a Suicide Emergency Management Drill

A simulation on the management of a suicide risk situation will be carried out in each agency, institution, dependency, or office. This drill should be carried out during the week of World Suicide Prevention Day (September 10). For details, please refer to the document Guidance for the Development of a Uniform Protocol for the Prevention of Suicide (pp. 49-50).

Procedure: Plan, coordinate, and conduct a suicide risk management drill.

Date on which the drill will take place: Week of September 10, 12

Name of the person in charge of planning and coordinating the drill: Elsa Zayas

Telephone: 787-622-8000 ext. 270, 276

Standard 7: Mass Prevention Campaigns

Carry out, at least once a year, a massive awareness, awareness and prevention campaign for its employees and the population they serve.

Procedure: Plan and coordinate the campaigns to be carried out at the university. Determine presentation topics and strategies.

1. If necessary, **consult with CPS** to learn about possible resources or strategies for the campaign.
2. **Document the activities** carried out in the semi-annual report **(See form ERRSS 03).**
3. The **dates for these mass campaigns** must be at least one of the following:
    - **August 10-16** - National Suicide Prevention Week (Commemoration of the day Law Number 227 was signed in 1999 in Puerto Rico).
    - **September 10** - World Suicide Prevention Day (WHO).
    - **First week of December** - Suicide Prevention Alert Week at Christmas time.

Massive campaign to be carried out in this institution, in accordance with Rule 7:

Activity title _____

Brief description of the activity: Information Table and institutional PR campaign through email and social media networks

Target population: University community

Person in charge of the activity: ERRSS Committee and CA Committee

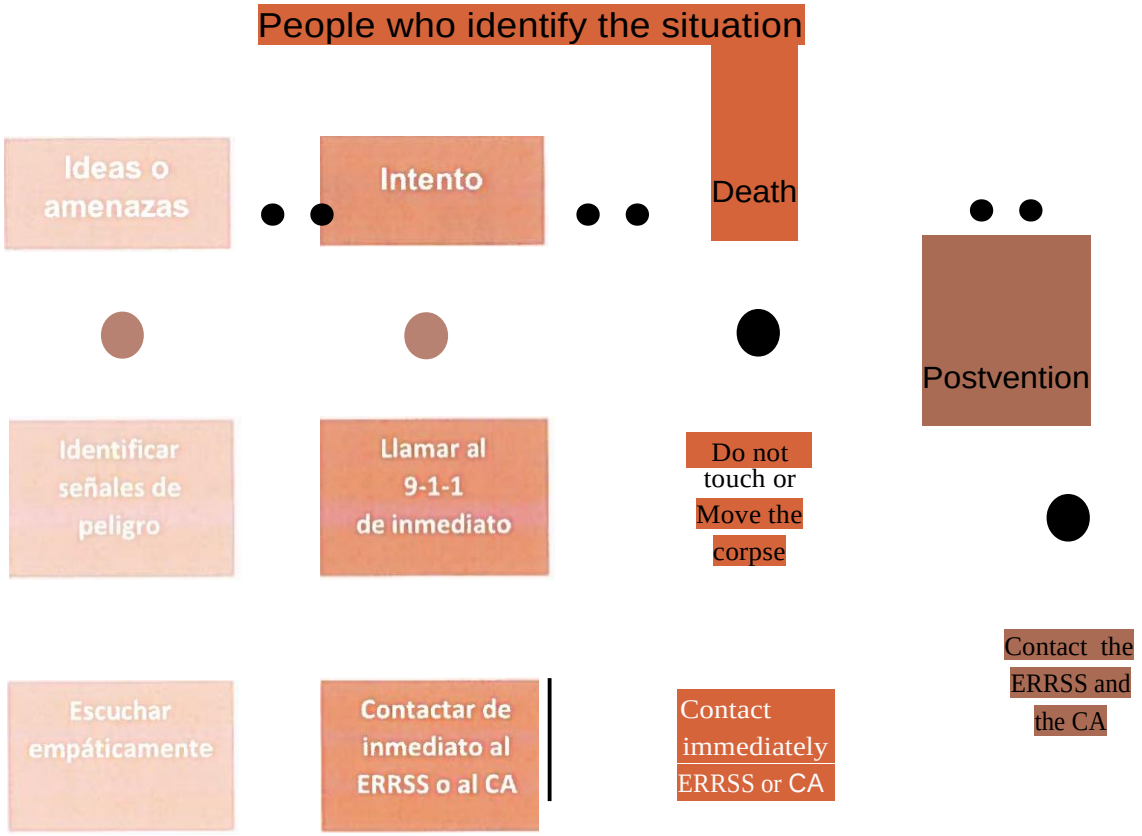
Date on which the activity will take place: Week Starting September 1

APPENDICES

I. Flowcharts for Managing Suicidal Behavior

Below are two flowcharts, which summarize the steps to follow in cases of suicidal behavior by co-workers, students, or any other person who shows signs of suicide risk within the work and academic environment. **The first flowchart applies to those people who initially identify the situation. The second flowchart applies to ERRSS** or CA staff.

Managing Suicidal Behavior



Equipo de Respuesta Rápida en Situaciones de Suicidio o Comité de Apoyo

Ideas o amenazas

- Entrevistar a la persona y ofrecer primeros auxilios psicológicos
- Escuchar empáticamente
- Proveer espacio para el desahogo
- Explorar ideación suicida y nivel de riesgo
- Comunicarse con familiares o persona contacto
- Referir a Línea PAS 1-800-981-0023 u otro profesional de salud mental
- Documentar la intervención

Intento

- Llamar al 9-1-1 y luego a la Línea PAS 1-800-981-0023
- De ser envenenamiento llamar al Centro de Control de Envenenamiento 1-800-222-1222
- Ofrecer primeros auxilios psicológicos
- Comunicarse con familiares o persona contacto
- Acompañar a la persona a Sala de Emergencias de no haber familiar disponible
- Documentar la intervención

Muerte

- Evitar el acceso a la escena de personas ajenas a la investigación
- Llamar al 911
- Documentar la intervención

Posvención

- Referir la Línea PAS u otros servicios de ayuda psicológica a los familiares o compañeros de trabajo, afectados por la muerte
- Coordinar actividades de duelo o conversatorios
- Proveer lista de servicios de salud mental disponibles en PR
- Documentar la intervención

II. Criteria for measuring the level of suicide risk.

Low Risk

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

Moderate Risk

Recurrent suicidal plans and plans, with thoughts about possible method(s) to carry out suicide, but without a structured plan (i.e., without having available the method to be used, nor having defined where or when to commit suicide).

High risk

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

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

III. **Mental Health Services directory**

Líneas para manejo de Emergencias	
Línea de Emergencia / Emergency Line	9-1-1
Línea PAS de ASSMCA (Carr. #2 Km 8.2, Bo. Juan Sanchez, Antiguo Hospital Mepsi Center, Bayamón)	1-800-981-0023
National Suicide Prevention Network	1-888-628-9454
National Suicide Prevention Lifeline (tienen servicio bilingüe)	1-800-273-8255
Poison Control Center	1-800-222-1222
Puerto Rico Police (Policía de Puerto Rico (Cuartel General)	(787) 793-1234
Línea de Suicidio - Hospital de Veteranos National Suicide & Crisis Hotlines	(787) 622-4822, 1-866-712-4822

Hospitales Psiquiátricos	
Hospital de Psiquiatría General Dr. Ramon Fernandez Marina (Centro Médico), Rio Piedras	(787) 766-4646
First Hospital Panamericano Cidra (Adolescentes - Adultos), Cidra	(787) 739-5555
Hospital Psiquiátrico de Niños y Adolescentes (UPHA) Hospital Regional de Bayamón Niños - Adolescentes) , Bayamón	(787) 780-6090, 740-1925
Hospital San Juan Capestrano (Adultos), Trujillo Alto	(787) 760-0222, 625-2900
Hospital Metropolitano Dr. Tito Mattei Unidad de Medicina Conductual	(787) 754-0909, 641-2323
Adultos), Hato Re	
Hospital Metropolitano Caba Rojo (Adultos), Caba Rojo	(787) 851-2025, 851-0833
Hospital UPR (Adultos), Carolina	(787) 757-1800 Ext. 620
Panamericano Ponce Hospital de Damas (Adultos), Ponce	(787)842-0045,0047, 0049
Panamericano San Juan Hospital Auxilio Mutuo (Adultos), San Juan	(787) 523-1500, 1501

Hospital Menonita CIMA (Adultos), Aibonito	(787) 714-2462

Centros de Salud Mental de ASSMCA Niños y Adolescentes	
Mental Health Center Bayamón	(787) 779-5939 (787)786-7408, 1012, 7373, 7709
Mental Health Center Mayagüez Directo Centro de Prevención ASSMCA	(787) 805-3895 (787) 833-2193, 0663 y/o 832-2325
Children and Adolescents Clinic Rio Piedras	(787) 777-3535, 764-028,5
Tasc Juvenile Bayamón	(787) 620-9740 Ext. 2661, 2688
Tasc Juvenile Caguas	(787) 745-0630
Tasc Juvenile San Juan	(787) 641-6363 Ext. 2352
UTAINAF Arecibo	Email: nbarbot@assmca.pr.gov
UTAINAF Ponce	Email: acapa@assmca.pr.gov
UTAINAF Vieques	(787) 741-4767
Centros de Salud Mental de ASSMCA Adultos	
Mental Health Center Arecibo	(787)878-3552, 3770
Mental Health Center San Patricio	(787) 706-7949
Mental Health Center Mayagüez	(787) 833-0663 o 831-3714, 2095
Mental Health Center Moca	(787)877-4743,4744
Mental Health Center Vieques	(787) 741-4767
Clínicas Ambulatorias	
Access and Treatment Center Panamericano Bayamón	(787) 778-2480
Access and Treatment Center Panamericano Manatí	(787) 854-0001
Access and Treatment Center Panamericano Humacao	(787) 285-1900
Access and Treatment Center Panamericano Caguas	(787) 286-2510

Access and Treatment Center Panamericano Hato Rey	(787) 758-4556 o 4845
Access and Treatment Center Panamericano Ponce	(787) 812-1512 o 284-5093
Sistema San Juan Capestrano Clínica Parcial, Hatillo	(787) 878-0742
Sistema San Juan Capestrano Clínica Parcial, Condado	(787) 725-6000
Sistema San Juan Capestrano Clínica Parcial, Manatí	(787) 884-5700
Sistema San Juan Capestrano Clínica Parcial, Carolina	(787) 769-7100
Sistema San Juan Capestrano Clínica Parcial, Mayagüez	(787) 265-2300
Sistema San Juan Capestrano Clínica Parcial, Caguas	(787) 745-0190
Sistema San Juan Capestrano Clínica Parcial , Humacao	(787) 850-8382
Sistema San Juan Capestrano Clínica Parcial, Bayamón	(787) 740-7771
Sistema San Juan Capestrano Clínica Parcial, 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
Clínica de APS Bayamón	(787) 288-4567
Clínica de APS Naranjito	(787) 869-0990
Clínica de APS Arecibo	(787) 815-5317
Clínica de APS Manatí	(787) 884-5975

Clínica de APS Carolina	(787) 762-4099
Clínica de APS Rio Grande	(787) 887-6110
Clínica de APS Humacao	(787) 850-0519
Clínica de APS Caguas	(787) 744-0987
Clínica de APS Cidra	(787) 714-0315
Clínica de APS Vieques	(787) 741-0140
Clínica de APS Culebra	(787) 642-0001
Centro Universitario de Servicio y Estudios Psicológicos Universidad de Puerto Rico, Recinto de Rio Piedras	(787) 764-0000 ext. 3545
~~Clínica de la Universidad Carlos Albizu~~	
Clínica de Servicios Psicológicos de la Universidad del Turabo	(787) 743-7979 ext. 4466

Hospitales Residenciales

Hospital de Psiquiatría Dr. Ramon Fernandez Marina (Centro Médico) Ledo. Miguel Bustelo Dra. Brunilda L. Vazquez Bonilla	Email: zvazquez@assmca.pr.gov (787) 766-4646
Hospital de Psiquiatría Forense de Rio Piedras	(787) 764-3657 o 8019 Ext. 2212/2114
Hospital de Psiquiatría Forense de Ponce	(787) 844-0101
Residencial Varones Ponce	(787) 840-6835
Programa SERA San Patricio	(787) 783-0750
Rehabilitation Services Arecibo	(787) 878-3552 o 880-4058
Rehabilitation Services Bayamón	(787) 779-5940 o 786-1033
Rehabilitation Services Fajardo	(787) 860-1957

Integrated Services Cayey	(787)738-3708,2141
Integrated Services San German	(787) 892-7011
Programa Vida Independiente Trujillo Alto	(787) 760-1672 o 755-6800
Centros de Consejería	
Corporación S.A.N.O.S. (Caguas)	(787) 745-0340
Sendero de la Cruz Service: 8:00 a.m. a 6:00 p.m.-previous appointment	(787) 764-4666
Integral Psychological Services - Torre Medica San Jorge Children's Hospital- appointment-work days M-S	(787) 727-1000
Rape Victims Help Center	(787) 765-2285 / 1-800-981-5721
Social Emergencies (Emergencias Sociales)	(787) 749-1333 / 1-800-981-8333
Women's Advocate (Procuradora de la Mujer)	(787) 721-7676
Emergency Line for Social Security Beneficiaries Free of Charge	1-800-772-1213

UNIVERSIDAD POLITÉCNICA
SAN JUAN • ORLANDO • MIAMI

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Organizational information, including but not limited to financial information, protected health information, identifying the client and/or participant in a plan, information identifying an employee or hired 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 information is kept confidential and used for the sole purpose of complying with and carrying out the Public Policy on Suicide Prevention in Puerto Rico.

For these reasons, all members of the Suicide Rapid Response Team (ERRSS) and the Support Committee (CA), part of the workforce of the Universidad Politécnica de Puerto Rico, are required to sign a confidentiality agreement where employees:

- Commit to comply with all present and future state, federal, and future laws and regulations, and with the policies and procedures of the Public Policy for Suicide Prevention related to the collection, storage, retrieval, and dissemination of employee, visitor, and/or participant incident information, among others.

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

- They agree to exercise due diligence and care when assigning staff to access the person's information.

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

Each privacy statement will be kept on file with lock and key. It is further agreed to provide the names of all personnel who have access to the information included in the *Sheet to document* cases *of suicidal behavior* and to certify that the personnel is authorized to have access to such information, as provided by this agreement. In addition, the institution where the ERRSS and CA members work reserves the right to disallow access to the documented information, with or without reason, and to resume the provision of such information once it is satisfactorily satisfied that the violations did not occur or that the violations have been corrected or eliminated.

For its part, the university, as well as its staff, will be responsible for the maintenance, accuracy and security of all its files and for the training of its staff regarding the confidentiality of the data.

Privacy Statement

In accordance with the foregoing, I _____, as an employee of _____ and member of the ERRSS or CA, I accept and undertake to keep in the strictest confidentiality the information obtained and/or handled in the intervention in suicidal behavior, following the canons, policies and methods established in this university. This information will only be used for the service to be provided to the person with suicidal behavior and to report 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 persons served, 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 information received during interventions with persons with suicidal risk behavior may be considered Protected Health information under the provisions of the *Health Insurance Portability and Accountability* Act, (HIPAA), as amended and its regulations, the Patient's Bill of Rights and Responsibilities, Act No. 194 of August 25, 2000, as amended, and the Puerto Rico Mental Health Act, Act No. 408 of October 2, 2000, as amended, for which I undertake to safeguard the confidentiality of the same in accordance with the laws and regulations cited herein.

SHEET TO DOCUMENT CASES OF SUICIDAL BEHAVIOR

A. Socio-demographic information

Person's Name: _____

Gender: ..... Age: _____

Residential Address: _____

Phones: ____ / ___ / _____ __ __ __ / __/ _____ __

B. Event Information:

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

C. It is known if there were previous attempts:

Has had no previous attempts ( )

If you have had previous attempts () How many _Date of most recent attempt: ___

Unknown ( )

D. Brief summary of the current event:

_____

_____

_____

_____

_____

_____

_____

Date: _____ Hour: _____

Place: _____

Agency or Institution: _____

People who attended the case: _____

Work Area: _____Telephone: _____

E. Intervention:

□ Referred to the PAS Line - Contact Person: _____

□ Referred to the 911 - Contact Person: _____

□ Referral to Poison Control Center - Contact Person: _____

_____

□ A family member, friend, or co-worker was contacted

Name: _____

Relation: _____

Phone Numbers: _____/ /

F. Comments (if needed):

_____

_____

_____

_____

_____

G. Information of the member of the ERRSS or CA who heard the case: Name: _____

Member of the ( ) ERRSS () CA

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

Name:_____

Date: _____

Member of the ( ) ERRSS () CA

COMMONWEALTH OF
PUERTO RICO
Department of Health

ERRSS 03

SEMI-ANNUAL REPORT ON THE WORK CARRIED OUT BY THE ERRSS AND CA

Period:

☐ **January to June**

☐ **July to December**

Year: _ _ _ _

A. Agency or Institution Information

Agency or institution: _____

Person documenting the report:

Telephon __ /__ /___ _

Fax: ___ ./_ _.; / _____

E-mail address: _____

B. Summary of cases attended during the semester:

Total cases attended:_ _ _ _ _ _

Number of Pair Houses:

Suicidal ideation only: _____(total)

Deglaze by gender and age:

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

Number of cases by:

Suicide Threat: _____(total)

Disaggregation by gender and age:

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

Number of cases by:

Suicide attempt: _____(total)

Disaggregation by gender and age:

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

Number of Even-Numbered Cases:

Death by suicide: _____(total)

Disaggregation by gender and age:

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

C. Intervention:

Number of referrals to the PAS Line: _____

Number of 911 referrals: _____

Number of referrals to Poison Control Center: _____

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

Other: Specify _____

D. Primary prevention activities carried out:

Conferences _____

Workshops _ _

Material Distribution _____

Guidelines _____

Other: _____ Specify _____

Summary of activities carried out:

Activity	Resource	Date	Place	Number of Participants

Feedback: _____

_____

_____

Signature:_____

Date: _____

Member of: () ERRSS () CA

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AT-RISK PERSON LIABILITY RELEASE SHEET

I _____, neighbor of _____ I have been properly informed and guided regarding mental health services available to me. Release of all responsibility to the Polytechnic University of Puerto Rico from any event related to my physical integrity. I make this statement today _____ in full possession of my mental faculties.

_____	_____
Signature	Witness
_____	_____
Date	Signature of the witness

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RELAY OF RESPONSIBILITY SHEET FOR FAMILY MEMBER, FRIEND OR NEIGHBOR

I _____,neighbor of _____,
release of all responsibility to the Universidad Politécnica de Puerto Rico of any event related to _____, whom I was asked to take care of in the day _____to seek help from you with a mental health professional.

_____ _____
Signature Witness

_____ _____
Date Signature of the witness

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DRILL EVALUATION FORM

Institution: _____

Location where the drill took place: ____ Date & Will Do: _____

Description of the risk situation: _____

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

_____

_____

IV. Response from the first person to identify the situation:

_ Employee or Contractor the University Member of the ERRSS Member of the Board

_ Other: Specify _____

Steps	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**	**N/A**
adequately identified the Danger signs.					
He took immediate and favorable action to help to the person at risk.					
Interacted with the person at risk.					
He immediately alerted the AC or ERRSS					
I didn't leave alone in the at-risk person.					

Response of the people who carried out the intervention to manage the situation of
. - - **(members of the ERRSS or the AC)**

Steps	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**	**N/A**
He made contact emotionally adequate.					
Provided space for Relief.					
He explored what the conflict situation was and listened empathetically.					
He appropriately asked if There is suicidal ideation.					
Auscultated severity of suicidal ideation.					
He asked about the reasons for living and alternatives to the at-risk person.					
He set up a good plan of help and explained it to him correctly to the person at risk.					
Identified and appropriately contacted a family member or friend of the person at risk to come to the office and take responsibility for the person manifesting the behavior suicidal.					

Steps	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Properly coordinated assessment services and crisis management.					
He filled out the relay sheets with the person at risk and the family member or friend who will be responsible for the person who manifests suicidal behavior and explained their content and implications in a timely manner. Appropriate.					
In the event of a threat or attempt, he simulated 911 and properly communicated the urgency of the situation.					
In case of suicide attempt, a doctor or nurse alerted that was close.					
In case of poisoning, contact the Poisoning Control Center. Poisoning.					

Steps	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**	**N/A**
Suspecting abuse, she contacted the emergency line.					
She didn't leave alone in the at-risk person.					
It restricted access to as many lethal stockings as they could be accessible.					

Feedback: _____

_____

_____

Evaluation of Suicide Prevention Protocol

Institution Name: Universidad Politécnica de Puerto Rico

We have evaluated your Protocol. In this document, in the column entitled "Requirement", you will find the elements that **your Protocol must have**. Please review the areas that did not comply and the comments. Correct those areas where you did not comply or provide the missing information. Once corrected, you must resubmit the draft of your Protocol to the Commission for the Prevention of Suicide.

Cover

Requirement	Fulfilled	Failed to comply	Feedback
It has a cover	x		
It has the logo of the entity that submits the Protocol	x		
The name of the document: *Protocol for the Prevention of Suicide ...* (Name of The Institution)	x		
Specifies the year the document is effective	x		
Provides space for signing	x		
Provide the name of the person signature	x		
Provides the position of the one who signature	x		

Table of Contents

Requirement	Fulfilled	Failed to comply	Feedback
It has table of contents	x		
It has all the sections in the table of contents	x		
It has the page number of Each section	x		

MGZR
2/2016

Norms 1: *Forming work teams*

Requirement	Fulfilled	Failed to comply	Feedback
It has rule 1	x		
The information of the members of the ERRSS	x		
Have 2 or more ERRSS members	x		
The information of the members of the AC	x		
Have 3 or more members of the CA	x		
They have the information of the person in charge of sending forms to the CPS	x		

Standards 2: Identify *a Case Management Office*

Requirement	Fulfilled	Failed to comply	Feedback
It has rule 2	x		
The information of the office that they are going to use for the interventions	x		

Standards 3: *Primary Prevention*

Requirement	Fulfilled	Failed to comply	Feedback
It has rule 3	x		
Information on the four (4) activities of Primary prevention	x		
They have a specific date for The Four (4) Primary Prevention Activities	x		

Standards 4: *Secondary Prevention*

Requirement	Fulfilled	Failed to comply	Feedback
It has rule 4	x		
Information on how to handle suicidal ideation, threat, and attempt appears	x		

Standards 5: *Tertiary Prevention*

Requirement	Fulfilled	Failed to comply	Feedback
It has rule 5	x		
Information on how to manage a death by suicide, the return to work or school after a suicide attempt, and the management of the rest of the community after a suicide attempt appears. suicide	x		

Standards 6: *Conducting a Suicide Emergency Management Drill*

Requirement	Fulfilled	Failed to comply	Feedback
It has rule 6	x		
Includes information from When the drill is to be conducted	x		
It includes information from the Person at Simulacrum Cargo	x		

Standards 7: *Mass Prevention Campaigns*

Requirement	Fulfilled	Failed to comply	Feedback
It has rule 7	x		
Specifies which primary prevention activity they are going to carry out during one of the three dates on which the CPS conducts mass prevention campaigns. prevention.	x		
Includes the information of the person in charge of the information activity.	x		

Appendixes

Requirement	Fulfilled	Failed to comply	Feedback
Includes the Flowchart	x		
Includes Criteria for assessing the level of risk	x		
includes Service Directory Help	x		

Forms

Requirement	Fulfilled	Failed to comply	Feedback
Includes Form ERRSS 01 *Non-Disclosure and Non-Disclosure Agreement*	x		
Form ERRSS 01 has The institution's logo	x		
Form ERRSS 01 has the name of the institution in the content	x		
Includes Form ERRSS 02 *Sheet for Documenting Cases of Suicidal Behavior*	x		
includes the form ERRSS 03 *half-yearly report of work carried out by the ERRSS & CA*	x		
Includes Form ERRSS 04 *Release of Responsibility of the Person at Risk*	x		
Form ERRSS 04 has The institution's logo	x		
Includes Form ERRSS 05 *Relative, Friend or Neighbor Release of Responsibility Sheet*	x		
Form ERRSS 05 has The institution's logo	x		
Includes ERRSS Form 06 *Simulation Evaluation Form*	x		
Form ERRSS 06 has The institution's logo	x		

Comments: We appreciate you taking an active role in the development and implementation of a Suicide Prevention Protocol, which we know will help save lives.

Your protocol meets all the requirements for approval.

Congratulations!