NUC UNIVERSITY

Suicide Prevention Protocol

No to SUICIDE

VICE PRESIDENCY OF STUDENT AFFAIRS AND EFFECTIVENESS
PROTOCOL FOR THE PREVENTION OF SUICIDE OF
NUC UNIVERSITY

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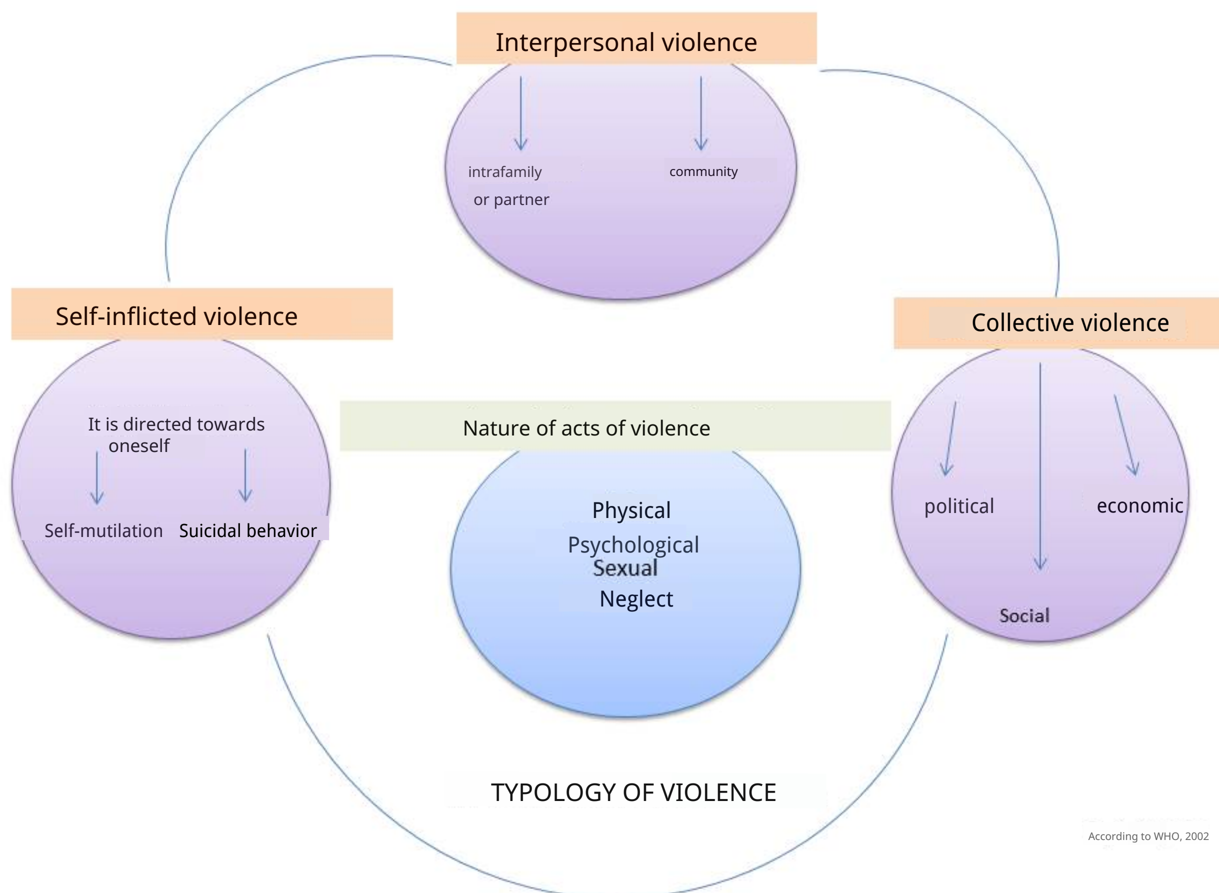
I. Introduction

Suicide, according to Durkheim (2012), has been defined as the voluntary motivation where a person takes action to end their life due to personal desire. According to the World Health Organization, it is 'any destructive, self-inflicted, fatal act carried out with the implicit or explicit intention of dying.' Suicide ranks among the 20 leading causes of death across all ages worldwide. Nearly one million people die by suicide each year, making it the second leading cause of death among individuals aged 15 to 29 (WHO , 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 the aggression is directed towards oneself. This violence can include anything from self-mutilation to suicide.

completed. According to the Suicide Prevention Commission of Puerto Rico, suicide was the fifteenth (15th) leading cause of death (Department of Health, 2012). From the year 2000 to 2014, an annual average of 313 suicides has been observed, 8.3 deaths by suicide per 100,000 inhabitants. The most recent suicide rate (2014) indicates that there are 6.2 deaths by suicide for every 100,000 inhabitants.

The Commission for the Prevention of Suicide, affiliated with the Department of Health, publishes preliminary statistics on suicide cases on its website up to September 2018. These statistics are collected monthly and aim to demonstrate the magnitude of the problem in Puerto Rico. The source used to obtain this data is the Puerto Rico Institute of Forensic Sciences.

According to these statistics, during the past 5 years (2013 to 2017), it was maintained that 80% of the mortality by suicide occurred among men. Between the months of January and September of the year 2018, 89% of deaths by suicide were completed by men and 11 % by women. Likewise, during that same period, the highest suicide mortality rate was observed among the group aged 40 to 44 years. The most commonly used method to complete suicide has been hanging. During the period from January to September of the year 2018, the region of Aguadilla had the highest suicide rate.

Additionally, there are statistics on suicidal ideation and attempts, which are derived from the PAS Line of the Administration of Mental Health and Anti-Addiction Services (ASSMCA) and the Poison Control Center of Puerto Rico. These latter data correspond only to those who have sought help and do not constitute representative figures of all suicide attempts that occurred in Puerto Rico. According to these latest statistics, by July 2018, 4,775 people with suicide attempts had been attended to.

II. Legal Basis

a. **Law Number 227 of 1999** , known as the "Law for the Implementation of the Public Policy on Suicide Prevention" recognizes suicide as a social and public health issue.

b. **Article 3 of Law Number 227 of 1999** , establishes the creation of a Commission for the Implementation of the Public Policy on Suicide Prevention, its duties, responsibilities, and the fiscal resources it will have. In 2006, among other things, this law was amended so that, in the area of continuing education for health professionals, the topic of suicide, its causes, and prevention is included.

    i. In 2010, Article 5(h) and 5(i) were amended to achieve uniformity in the suicide protocol. This encompasses government agencies, private educational institutions, and/or any entity that receives funds from the government of Puerto Rico.

ii. In 2012, the law was amended to include the Municipalities in the Commission for Suicide Prevention. Specifically, the Federation and the Association of Mayors of Puerto Rico are included. iii. Finally, in 2015, the period from August 10 to September 10 of each year was established as Suicide Prevention Month.

c. It is important to note that Law Number **14** of the year **2018** establishes the mandate for the Secretary of the Department of Education to integrate the necessary education aimed at suicide prevention into the teaching modules.

a. Furthermore, Law Number **408** of the year **2000**, in its Chapter II, Articles **2**.18 and **2**.19, establishes the duty of mental health professionals such as psychiatrists, clinical psychologists, or social workers to warn the families of mental health patients about the possibility of a suicide attempt. This law provides for exempting these professionals from civil liability for their actions as long as there is no negligence on their part.

III. Working Groups and Identified Areas for Case Management

The Orientation and Counseling offices of each campus will be the designated areas for case management. The files will be safeguarded by the counseling staff, and their supervisors, the Directors of Student Affairs who are coordinators of the groups will have access to them.

A. Rapid Response Team in Suicide Situations (ERRSS): your main responsibility is to develop and implement strategies for primary and secondary prevention. Primary prevention refers to the strategies outlined to impact the university community before suicidal behavior occurs. Secondary prevention is directed towards managing cases at the moment when any type of suicidal behavior is presented.

ERRSS by campus will be composed of:

- Rector of the Campus
- Director of Student Affairs **(will be the Coordinators of the ERRSS Committee, responsible for sending semiannual reports to the Suicide Prevention Commission and for the annual drill to be conducted)**

Eneida Ocasio	Director of Student Affairs **Arecibo Campus**	787-879-5044, ext. 5256	eocasio@nuc.edu
Yolanda Morales	Director of Student Affairs **Bayamón Campus**	787-780-5134, ext. 4069	ymorales5@nuc.edu
Suzette Rubio	Director of Student Affairs **Caguas Campus**	787-653-4733, ext. 4513	srubio@nuc.edu
Teresa Davila	Director of Student Affairs **Ponce Campus**	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 be composed of personnel from the campuses and institutional staff who will provide support in primary and secondary prevention.

CA by campus will be composed of:

- Director of Institutional Human Resources
- Vice President of Student Affairs and Effectiveness
- Director or Coordinator of Operations/Night Coordinator (if a situation arises during night or weekend hours)
- Coordinator of Special Services
- Campus Psychologist
- Academic Dean of the Campus

The Directors of Student Affairs from the campuses will be the Coordinators of the ERRSS Committee and will be responsible for sending the semester reports (Form 02 and 03) to the Commission for Suicide Prevention in December and June respectively. These committees will meet a minimum of 2 times a year; these meetings will increase according to the risk situations that arise on the campus. The names of the staff members who make up the committees by campus appear in Appendix III.

IV. Primary Prevention

The Office of Student Affairs at each campus will coordinate and develop activities aimed at fulfilling institutional and federal policies; its objective will be to promote healthy lifestyles within the university community. Some of these may include :

- Talks on identifying risk indicators and support systems. (September)
- Annual training directed at the ESSRR and CA. (subject to resource availability)
- Institutional pamphlet that will contain relevant information and prevention strategies for the campus. It will also briefly explain how to seek help within the institution and externally. (Available throughout the year at the Counseling Office of each campus)
- Quarterly dissemination of pamphlets to the incoming student population at the beginning of each academic term. (August, November, and March)
- Annual dissemination of the suicide prevention protocol to the entire university community during the month of September each year. (September)
- Annual drill during the month of September each year, in all campuses, coordinated by the ***Director of Student Affairs.*** (September)
- Mass campaign in all campuses during the first week of December, on suicide prevention during the holiday season (December).

V. Secondary Prevention

Secondary prevention strategies are aimed at detecting indicators of suicide or situations in initial states, to prevent the progression of intentions to harm oneself. These strategies consist of the growth, detection, and treatment of conditions that pose dangers in their early stages.

We recommend the following steps, depending on the situation being addressed.

A. In the event of a SUICIDAL IDEA OR THREAT

1. Any employee of NUC University, hereinafter referred to as NUC, who identifies a situation of suicidal risk, will immediately contact the ERRSS, or in their absence, the CA. Two individuals from these committees must be activated to address the situation . The person who identifies the situation will stay with the person who has suicidal thoughts or threats until the members of the ERRSS or CA arrive to take

charge of the situation. While waiting for the member of the ERRSS or CA, the person who identifies the situation should:

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 they could hang themselves; medications or chemicals with which they could poison themselves; firearms, sharp objects, etc.). c. Let the person at risk know that you want to help them, without interrogating them.
d. Listen with empathy, without showing signs of surprise or disapproval.

2. The representative of ERRSS or the CA will take the person at risk to the Guidance and Counseling Office. They should not leave them alone at any time.

3. If the suicidal behavior situation is occurring in a location outside the premises of the Guidance and Counseling Office and the identified behavior makes it difficult to reach it, the nearest office will be made available, respecting the privacy and safety of the affected person.

4. One of the members of ERRSS, preferably the behavioral professional of the team, should offer psychological first aid always in the company of another member, either from ERRSS or from CA. The representative should: a. Identify themselves and explain why they are there.
   b. Ask questions based on the situation that the person at risk has indicated as particularly conflictive or concerning, to assess the level of risk and provide a space for the person to vent, if they wish.
   c. Remain silent and allow the person to say everything they want. Should not show signs of surprise or disapproval.
   d. Explore the severity of suicidal ideation, for example:
      i. Frequency: if they have had previous attempts or ideas and how many times in the last few days they have had thoughts of death.
      ii. Method: assess if there is a way for self-harm. Explore the reasons for living for this person and alternatives they may not be considering, to manage the situation that led them to contemplate suicide. You can ask the following: 'What has kept you alive until now?'; 'Who are the important people in your life?'
   e. Establish the help plan and reach an agreement with the person at risk. You must 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 family member or contact of the person (friend, neighbor, teacher, church member, psychologist, psychiatrist, support groups, etc.) to come to the office and accompany the person at risk to receive the services they need. If it concerns a minor or

an elderly person, and there is suspicion of abuse at home, the ERRSS staff must first contact the Social Emergency Line of the Department of Family by calling 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 the 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, this professional should be contacted first to provide immediate assistance. If this person is not available, then help should be channeled through the PAS Line of ASSMCA by calling 1-800-981-0023. It is important to explain to both the person at risk and their family members the necessity 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 the PAS Line staff or by their psychological or psychiatric service provider, the family member will be asked to request a 'Law 408' at the nearest court so that the management of the person at risk can proceed. (See Appendix IV). If no family member is present, the 'Law 408' process 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 managing the situation.

9. The ERRSS staff will provide the person with suicidal thoughts or threats the Release of Responsibility Sheet (See ERRSS form 04). The content of this form must be explained thoroughly.

10. The ERRSS staff will provide the family member or contact person of the person at risk the Release of Responsibility Sheet for the family member or contact person (See ERRSS form 05). The content of this form must be explained thoroughly.

11. The ERRSS staff will complete the Sheet to document cases attended with suicidal behavior. (See ERRSS form 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).

The person identifying the risk situation will immediately contact 911 and subsequently the ERRSS or CA staff. They will not leave the person at risk alone until the ERRSS or CA staff arrives to manage the situation.

While the members of the ERRSS or the CA arrive, the person who identifies the situation should do the following:

a. If there are doctors or nurses in the office or nearby, they should be asked to call them immediately.
b. Let the person at risk know that you want to help them.
c. Do not show signs of surprise or disapproval.
d. If the attempt has not yet been made, ask the person at risk to postpone their intention to take their life and give you the opportunity to help them.

1. The first person from the ERRSS who arrives will assess the situation of the person who attempted or is threatening to commit suicide. Depending on the situation, they should take the following actions:

a. If the person is seriously injured, do not move them from the place where they are and proceed to call 911 immediately. The 911 personnel will activate Medical Emergencies and the Police. If a health professional (psychologist, counselor, nurse, doctor) is nearby, they should be asked to come to the scene immediately.
b. If the person is in the process of attempting suicide, the ERRSS personnel should call 911 immediately (if it has not already been done). They should express to the person at risk that they want to help and ask them to give them the opportunity to do something for him/her. They should ask the person to postpone their decision to take their life and give them the chance to help. They must show empathy and genuine interest in the person at risk. The ERRSS must 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 the event of poisoning, one of the members of the ERRSS or the CA should call 911, while another member will 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 follow the same procedure as they would in a situation involving suicidal thoughts or threats.

3. If there is no family member present, or if there is not enough time to wait for a family member, one of the ERRSS members will accompany the person at risk to the nearest hospital emergency room, either for medical assistance or for an emergency psychiatric evaluation, depending on the situation. In this case, while the person is being transferred to the emergency room

the ERRSS staff will notify the family or a contact of the person about the situation.

4. If possible, the ERRSS staff will complete the Release of Responsibility Sheet with the person who attempted suicide. (See ERRSS form 04). If a family member is present, they must also complete the Release of Responsibility Sheet for family, friend, or acquaintance. (See ERRSS form 05). The ERRSS staff will also complete the Sheet to document cases attended with suicidal behavior. (See ERRSS form
02).

5. The ERRSS staff and the CA will provide guidance to family members, coworkers, or individuals who witnessed the suicide attempt, so they can call the PAS Line or seek help services if necessary.

C. Suicide threat during PHONE CALL (when receiving a phone call in which a person is identified as being at risk of committing suicide)

The person receiving the call must ensure communication.

a. At no time should the call be interrupted.
b. Ask, as soon as possible, the caller for their full name and phone number to call them back in case the call is disconnected or if this person hangs up.
c. Ask where they are located (address) and who is with them. If possible, request that they connect you with that person to provide immediate assistance.
d. Request the nearest colleague to notify a member of the ERRSS or a member of the CA that they are handling an emergency call of suicide risk.
e. The ERRSS or CA will take the call and ensure that the person who originally took the call stays by their side. This person should keep them company throughout the conversation and should have an additional phone to make all necessary calls.
f. Have paper and pen ready to note down all pertinent information.

1. Offer psychological first aid (ERRSS or CA member)

a. Use a soft and calm tone of voice that conveys calmness and tranquility.
b. Identify yourself by your full name. Ask the caller their name.

c. Ask the reason for the call.

d. Let the caller know that you are listening to them and will provide help. You can use phrases such as the following: “I can hear that you are going through a very difficult situation, but I assure you that we will do everything possible 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 right now, we can start helping you” (if this information is not yet available; if it is, it must be validated that the address is correct). If the person is on the premises of the agency, another member of the ERRSS or the CA should be requested to go to the location where the person at risk is, but the call should not be hung up.

2. Allow the person at risk to vent.
   a. Do not get nervous.
   b. Remain silent and allow the person to 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 is saying.
   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?” ;

3. Ask about the possibility of suicidal thoughts.
   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 in a situation similar to yours often think about taking their own life.
   Have you thought about it?”, “Have you thought about taking your life?”, “ Are you thinking about committing suicide?”

4. Explore the severity of suicidal thoughts. 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.
   a. Method: “How have you thought about taking your life?”
   b. Availability: “Do you have access to that method (weapon, rope, pills, etc.) that you mentioned?”; “Where?”
   c. Frequency: “When was the last time you thought about harming yourself?” “How often do you have these thoughts: every hour; every day; several days a week; sometimes a month?”
   d. Moment: “When have you thought about carrying out this action?”

    e. Previous attempts: “Have you ever tried to take your life?”; “How long ago?”; “What happened then?”.

5. Assess risk level.
   a. (See Appendix VII).

6. Explore your reasons for living and help you visualize alternatives.
   a. The following questions can be formulated: “What has kept you alive until now?”; “Who are the important people to you?”; “Before this situation, what were your short and long-term plans and goals?”; “In what other moments of your life have you had a crisis? How did you manage to overcome it?”; “What things make you smile?”

7. Establish the help plan.
   a. In the event of a moderate or high risk level, the colleague who initially answered the call or a member of the ERRSS or CA must call 911 and provide all available information. You should also call the PAS Line: 1-800-981-0023 and provide all available information. In the event of a low risk level, ask the person at risk if they are receiving psychological or psychiatric treatment, with whom, and how we can contact this mental health professional . Provide this information to the colleague or member of the ERRSS or CA to contact this resource and ask them to communicate 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 must be channeled immediately through the PAS Line: 1-800-981-0023.
   b. Ask the person at risk for the 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 let them know how you are feeling and ask them to come to where you are?' Provide the information to the coworker 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 help arrives or a family member takes charge of the situation.

8. Closure (this will be done when another responsible person is physically accompanying the person at risk).
   a. Summarize the matters that were discussed during the call.
   b. Summarize the steps that were taken and the actions to be carried out.
   c. Thank the person at risk for their trust and the opportunity to help them.
   d. Agree to contact the person at risk the next day to see how they are doing.

e. Say goodbye with a hopeful and supportive message.

D. Suicide threat during a PHONE CALL FROM A THIRD PARTY (when someone calls to report that a family member or acquaintance is exhibiting suicidal behavior).

1. Obtain 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 Appendix VII).

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

4. In a case of low risk:
   a. Guide the caller on psychological first aid (provide space for venting, empathetic listening, avoid criticizing or lecturing, help the person at risk identify their reasons for living).
   b. Explain that they 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 immediately, either through a private service provider or through a referral from the PAS line, and that they should not remain alone until they receive professional help and are stable.

5. Closure:
   a. Summarize the issues that were discussed during the call.
   b. Summarize the steps taken and the actions to be taken.
   c. Thank them for their trust.
   d. Agree to follow up with the person who made the call the next day to see how the person at risk has been doing.

e. Say goodbye with a hopeful and supportive message.

All calls will be documented using the Sheet for documenting cases of suicidal behavior (See ERRSS form 02).

E. Suicidal threat using electronic mechanisms such as text message, email, or social media.

1. The person receiving the text message, email, or through social media must ensure communication and do the following: a. At no time should the text or message be ignored.
   b. Have paper and pen ready to note down all pertinent information.
   c. Ask, as soon as possible, the person to provide their full name and phone number so that they can be called, in such a way that the communication channel is more effective. If communication is successfully established by phone call, the protocol for phone calls will be activated.
   d. Ask where they are located (address) and who is with them. If possible, you should ask them to connect you with that person so that immediate help can be provided. If they are alone, they should request information about a family member with the aim of calling them to serve as a resource.
   e. Request the nearest colleague to inform a member of the ERRSS or a member of the CA that they are attending to an emergency message regarding suicide risk. If the person indicates that they are on the premises of NUC, a colleague should be asked to notify a member of ERRSS or CA to come to the location. If the person is identified, the ***management of an idea, threat, or attempt*** will be activated according to the situation.
   f. If communication with the person cannot be improved, one of the members of ERRSS or CA will call 911 while continuing the crisis intervention using the communication format utilized.
   g. The intervention will continue until the arrival of personnel who can provide the necessary assistance; understood as police, medical emergencies, or family.

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

The ERRSS will address situations of death by suicide within the institution's premises, to individuals who have experienced the loss of a family member, coworker, or friend due to suicide, and to those who have survived a suicide attempt

Procedure: Follow the steps below depending on the situation

A. Management of a death by suicide:

a. **Do not touch or move the body**.

b. **Prevent access to unauthorized individuals**to the management of the event, at the scene.

c. **Call 911 .** They will take care of calling the police and the personnel from the Institute of Forensic Sciences (ICF). The contact with the family members will be carried out by the personnel of the Puerto Rico Police.

d. **In case a family member arrives at the scene and presents any emotional crisis, the ERRSS or the CA must coordinate psychological or psychiatric services immediately** through the PAS Line or through a private service provider.

e. **In case a coworker requires emotional support, the ERRSS or the CA must coordinate mental health services immediately** through the Human Resources Office.

f. **The ERRSS personnel must complete the *Sheet to document cases attended with suicidal behavior* (See ERRSS form 02)** .

B. Reintegration into the work environment after a suicide threat or attempt

: a. The personnel of the Human Resources Office will determine the processes to follow in the reintegration of the employee who exhibited suicidal behavior, in accordance with agency regulations and medical recommendations. The ERRSS and CA staff must be available to assist in this process, providing emotional support.

b. Evidence **must be required** that the person who was at risk of suicide was evaluated and received the recommended services.

C. After a death by suicide:

a. **The ERRSS staff will refer the coworkers of the person who died by suicide** to the 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 expression**.

c. **The ERRSS staff along with the CA must provide a directory of mental health services** available in Puerto Rico to coworkers who require it. **(See Appendix X)** .

VII. Confidentiality

In NUC, strict confidentiality of the cases handled will be maintained. The assigned staff will be responsible for the initial management of situations that arise; however, the counseling staff will be the custodians of the files, providing access to the Directors of Student Affairs, who are the coordinators of the work teams.

VIII. Glossary

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

2. Self-mutilation - An act by which a person cuts, lacerates, or injures any part of their body, causing harm to themselves, although it does not necessarily have to be with suicidal intent. Three important categories of self-harm have been identified:

   a. Major self-harm: includes causing harm to oneself to become blind or amputating fingers, hands, arms, feet, or genitals.
   b. Atypical mutilation: hitting one's head, physically punishing oneself, hitting one's arms, pressing one's thumbs into the eyes or throat, or pulling out hair.
   c. Superficial to moderate self-harm: cutting, scratching, burning, inserting sharp objects into the skin, or compulsively pulling out hair.

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

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 as the only solution foreseen to put an end to the situation or problem.

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

7. Direct non-verbal suicidal communication - Actions or signals that indicate the possibility of a suicidal act occurring in the short term, such as: accessing methods, leaving farewell notes, or distributing valuable possessions, etc.

8. Indirect verbal suicidal communication - This is when phrases are expressed that do not explicitly manifest suicidal intentions, but are implied in the message , for example: 'Maybe we won't see each other again'; 'I want to be remembered as a person who, despite everything, was not bad'; 'Don't worry, I won't be a bother anymore.'

9. Indirect non-verbal suicidal communication - Consists of actions that, although they do not indicate the imminent possibility of suicide, are related to a potential premature death: making a will, planning a funeral, a preference for suicide-related topics, 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, hurting or mutilating parts of the body, exposing oneself to constant accidents, or engaging in suicidal acts.

11. Suicidal behavior - Acts that include suicidal thoughts, threats, suicide attempts , and completed suicide.

12. No-suicide contract - It is a pact made by a person at risk of suicide with a helping professional, in which it is agreed that the person will not expose themselves to a situation of greater vulnerability and will not take their own life. The primary objective of this contract is to establish a commitment for the person to refrain from self-harm. 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, responsible for implementing the Uniform Protocol for Suicide Prevention.

14. Suicidal gesture - Suicidal threat using available means for its execution, but without carrying it out. This constitutes a suicide attempt.

15. Suicidal idea - Thoughts related to ending one's own existence. The suicidal idea is not always verbalized directly.

    a. Without a determined method - It is the desire to die without a determined method, for example: when the subject wishes to commit suicide and when asked how they will do it, they respond that they do not know.

b. With an indeterminate method - When the subject wishes to commit suicide and expresses some methods without preference, for example: when asked how they will do it, they respond 'in any way.'
c. With a determined method - Without planning, in which the subject expresses their suicidal intentions through a specific method, but without having developed adequate planning.
d. Planned suicidal idea - The subject knows how, when, where, why, and for what purpose they will carry out the suicidal act and generally takes the necessary precautions to avoid being discovered.

16. Inciting suicide - Encouraging another or others to commit a suicidal act. This act is subject to penalties under local laws as it is considered a crime against the integrity of individuals.

17. Suicidal attempt - Any destructive, self-inflicted act, non-fatal, carried out with the implicit or explicit intention of dying.

18. Prevention levels - The World Health Organization defines three levels of prevention to be considered when addressing any type of disease or situation that is understood to threaten public health. Each of these levels entails different objectives and techniques. These are:

    a. Primary prevention - Strategies aimed at preventing disease or harm in healthy individuals. Includes elements such as disseminating information and prevention strategies regarding the issue, offering informational talks, among others.
    b. Secondary prevention - It is aimed at detecting the disease or situation in its early stages, in which the establishment of appropriate measures can prevent it from progressing. It consists of the growth, detection, and treatment of the disease or dangerous situation in its early stages.
    c. Tertiary prevention - It includes measures aimed at the treatment and rehabilitation of a disease or risk situation to prevent it from progressing, worsening, and/or complicating. This level also includes the implementation of strategies to improve the quality of life of affected individuals. It involves the rehabilitation and recovery of the individuals involved.

19. Means to commit 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 cases of poisoning, among others.

20. Myth - Commonly formulated beliefs or explanations to explain phenomena in a specific cultural context. They have the particularity of sustaining those meanings attributed in popular context.

21. Suicide death - Any destructive act, self-inflicted, fatal, carried out with the implicit or explicit intention to die.

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

23. Suicidal risk individuals - Individuals who have persistent suicidal thoughts or who have attempted to take their life recently or in previous years.

24. Suicide plan - Suicidal thoughts or ideas with some detail regarding how or when it will be done. It may include a specific method, at a certain time, for a specific reason, or precautions to avoid being discovered.

25. Suicidal potential - A set of risk factors for suicide in a person that at a given moment may predispose, precipitate, or perpetuate self-destructive behavior .

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

27. Protocol - Document or regulation that establishes how to act in certain situations. Includes behaviors, actions, and techniques that are considered appropriate.

28. Suicide risk - Level of probability of a person carrying out a suicide attempt regardless of its outcomes. The risk can be high, moderate, or low.

29. Survivors - Family members, friends, or coworkers of the suicidal person.

30. Suicidal - Term with multiple meanings, including: one who has ended their life by suicide, one who has made serious suicide attempts with danger to life, and one who engages in reckless acts with danger to life or their physical and psychological integrity.

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

IX. References

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Preliminary statistics on suicide cases in Puerto Rico, September 2018

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

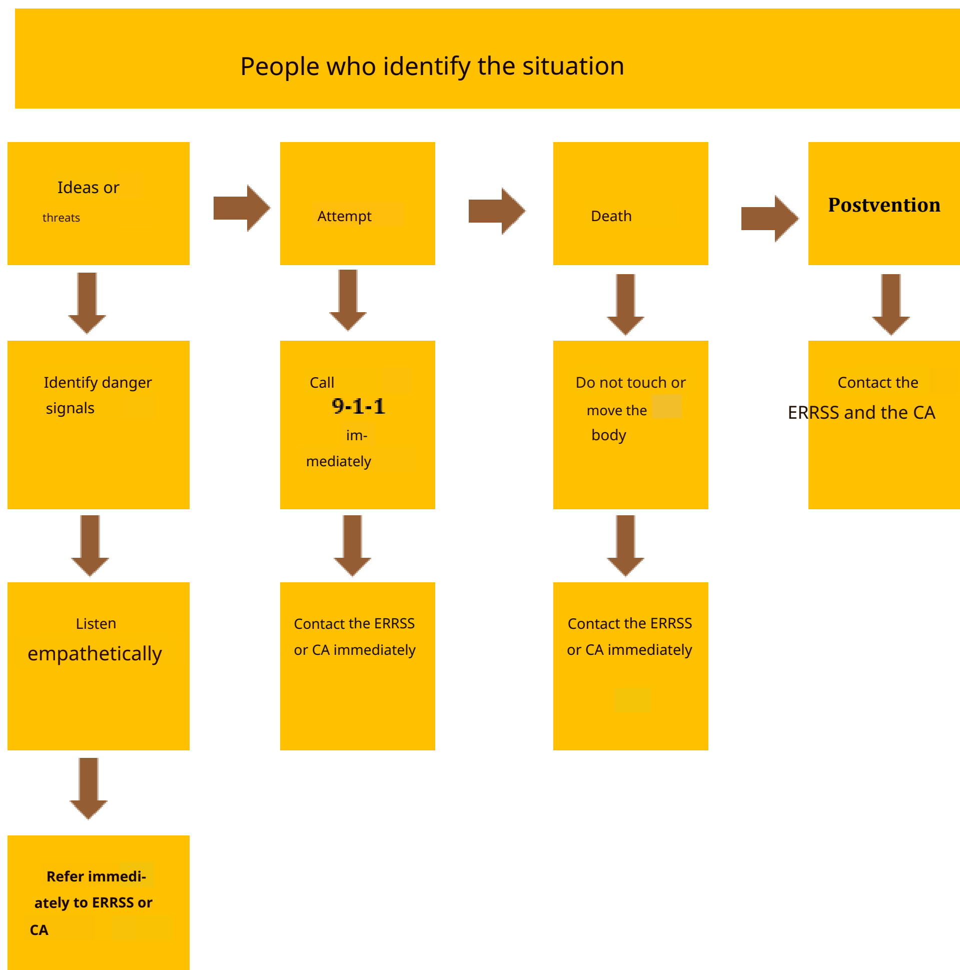
Villardón, L. (1993) *Suicidal thoughts in adolescence.* Bilbao Publication

X. APPENDICES

A. Flowcharts for Managing Suicidal Behavior

Below are two flowcharts that summarize the steps to follow in cases of suicidal behavior by any member of the university community, including students, employees, or visitors to the campuses.

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



RapidResponseTeam inSuicideSituations or Support Committee
Ideasorthreats
Attempt
Death
Postvention
Interview the person and offer psychological first aid
Listen empathetically
Provide space for emo-tional release
Explore suicidal ideation and risk level
Communicate with family or contact person
Refer to PAS Line 1-800-981-0023 or another mental health profes-sional
Document the intervention
Call 9-1-1 and then the Line PAS 1-800-981-0023
For poisoning, call the Poison Control Center 1-800-222-1222
Provide psychological first aid
Communicate with family or contact person
Accompany the person to the Emergency Room if no family is available
Document the intervention
Prevent access to the scene by individuals not in-volved in the in-vestigation
Call 911
Document the intervention
Refer to the PAS Line or other psychological help services family or colleagues at work, affected by the death
Coordinate mourning ac-tivities or discussion groups
Provide a list of available mental health services in PR
Document the intervention

B. Criteria for Measuring Suicide Risk Level

Low risk

Presence of thoughts of death or suicide, sporadic, without a plan to commit the suicidal act nor a history of previous attempts.

Moderate risk

Recurrent ideations and suicidal plans, with thoughts about possible methods to carry out the suicide, but without a structured plan (i.e., without having the method available to use, nor having defined where or when they will 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 conditions
- Hallucinations with commands to harm oneself or commit suicide
- Substance use: drugs or alcohol
- Absence of a support network: family, partner, or friend

C. Committees by Campus and Technical Division

Members of the ERRSS Committee:

Members of the Rapid Response Team (ERRSS) - Campuses			
Name	**Position held**	**Office or Department**	**Extension**
NUC Arecibo			
Professor Gaisy Martínez	Regional Rector	Academic Affairs	5201
Professor Eneida Ocasio Valle	Director of Student Affairs	Student Affairs	5256
NUC Bayamón			
Yolanda Morales	Director of Student Affairs	Student Affairs	4069
Maritza Rivera	Counselor	Student Affairs	4209
Aixa Aguirre	Counselor	Student Affairs	4062
Willie Andrade	Counselor	Student Affairs	4063
Daniel Ruiz	Safety Supervisor	Operations	
NUC Caguas			
Dr. Marisel Pagan	Rectora	Rectorate	4522
Carmen Dávila Pérez	Director of Student Affairs	Office of Student Affairs	4530
María de los A. Torres	Counselor	Office of Student Affairs	4533
María S. Ortiz	Counselor	Office of Student Affairs	4532
José Ayala	Director of Operations	Rectorate	4523
NUC Mayagüez			
Daisy Ruiz Ocasio	Rectora	Rectorate	4749
Marlyn Mercado Nazario	Director of Student Affairs	Student Affairs	4729
Adriana Pérez Matos	Counselor	Student Affairs	4732
Víctor Torres	Director of Operations	Rectorate	4750
NUC Ponce			
Frances Vázquez	Rectora	Rectorate	7010
Teresa Laboy Pérez	Director of Student Affairs	Student Affairs	7023
Soniamarie Lugo Laracuente	Professional Counselor	Student Affairs	7016
José Santiago Flores	Professional Counselor	Student Affairs	7076
Melky Tirado Mercado	Director of Operations	Rectorate	7063

Angel Acosta Lugo	Night Coordinator	Rectorate	7034
NUC Rio Grande			
Ann Coppin Miranda	Rector RG	Rectorate	6301
Alan J. Gierbolini Bermúdez	Director of Student Affairs	Student Affairs	6322
Sydney Alejandro Caro	Professional Counselor	Student Affairs	6358
María Tirado Cruz	Professional Counselor	Student Affairs	6359
NUC Online			
Dr. Juanita García	Institutional Director of Distance Education	Academic Affairs	
Marta Feliciano	Counselor	Student Affairs	
Tamara Rosado	Retention	Corporate Online Division	
Tania Freytes	Retention	Corporate Online Division	

Members of the Rapid Response Team (ERRSS) – Technical Division

Name	Position held	Office or Department	Extension
Arecibo Region			
NUC Technical Division - Arecibo			
Osirys O. Irizarry Silva	Professional Counselor	Counseling Office	2427
Jacqueline Irizarry	Executive Director	Administration	2410
Wendy Flores	Night Coordinator	Administration	2400
NUC Technical Division – Manatí			
Benjamín Padilla Rosa	Executive Director	Executive Office	2312
Carlos Salgado Class	Coordinator of Student Affairs	Student Affairs	2322
Joharelys Soto	Academic Counselor	Student Affairs	2329
Bayamón Region			
NUC Technical Division – Bayamón			
Jem Ramos	Nighttime Student Affairs Officer	Student Affairs	3738
Yashira Cortés	Counselor	Student Affairs	3738
Damaris Rodríguez	Receptionist	Admissions	3700
José Rivera	Security Supervisor	Security	3700
NUC Technical Division – Escorial			
Lisa M. Ortega	Executive Director	Executive Office	1359
Milagros Valentín	Academic Director	Academy	1373
Gricelis Cabrera	Counselor	Student Affairs	1380
Sarai Medina	Student Affairs	Student Affairs	1382
Victor Maldonado	Night Coordinator	Executive Office	1372
Lorna Latorre	Lead Instructor	Academic Affairs	1360
Miriam Vicente	Night Counselor	Student Affairs	1380
Caguas Region			

NUC Technical Division – Caguas			
Odalys Vázquez	Retention Officer	Student Affairs	1520
Evelyn Cotto	Counselor	Student Affairs	1529
Eliseo Martínez	Executive Director	Executive Director's Office	1540
Itza Santiago	Student Affairs Officer	Student Affairs	1530
NUC Technical Division – Guayama			
Ana J. Rivera Vélez	Executive Director	Executive Office	2114
Gabriel Morales	Counselor	Administration	2134
Lisandra Rodríguez	Night Coordinator	Administration	2102
Denisse Rivera	Retention Officer	Administration	2102
Emma Martínez	Director of Economic Assistance Office	Administration	2101
Mayagüez Region			
NUC Technical Division – Aguadilla			
Waleska Desarden	Counselor	Student Affairs	2861
María Sanabria	Collection Officer	Collections	2858
Marilyn Del Valle	Executive Director	Office of the Director	2857
NUC Technical Division – Mayagüez			
Verónica Ramírez Silva	Academic Counselor	Student Affairs	2718
Brenda Sánchez	Academic Director	Academy	2722
Ricardo Rodríguez Román	Executive Director	Director	2708
NUC Technical Division – Moca			
Joselys Torres Tirado	Professional Counselor	Student Affairs	2914
Aracelis Méndez Bonilla	Academic Director	Academic Affairs	2911
Hermit Toro Rodríguez	Executive Director	Office of the Director	2905
Ponce Region			
NUC Technical Division – Ponce			
Raúl Morales	Executive Director	Executive Director's Office	3122
Waleska S. Justiniano	Counselor	ERRSS Member	3121
María Meléndez	Student Affairs Officer	ERRSS Member	3136
NUC Technical Division – Yauco			
Awilda Roche	Executive Director	Office of the Director	3301
Isaura Batista	Academic Counselor	Office of Counseling and Retention	3305
Jessica Soto	Retention Officer	Office of Counseling and Retention	3318
Rio Grande Region			
NUC Technical Division – Fajardo			
Luana Ortiz Colón	Retention Officer	Retention	1818
Dayna Milete	Executive Director	Administration	1822

Zulma Hernández	Night Counselor	Student Affairs	1819
Rosemary Coulbourne	Night Coordinator	Administration	1820
NUC Technical Division – Los Colobos			
Anthony Rodríguez Diaz	Executive Director	Executive Office	1960
Denisse Colon	Academic Director	Academy	1964
Maribel Soto	Retention Officer	Counseling	1971
Marlyn Rodríguez	Admissions Director	Admissions	1951
Lillian E. Matos	Library Assistant	Administration	1959
Miguel Feliciano	Security	Administration	1950
María Canales	Security	Administration	1950

Members of the Support Committee:

Members of the Support Committee (CA) - Venues			
Name	**Position held**	**Office or Department**	**Extension**
NUC Arecibo			
Yamaira Serrano	Institutional Director Human Resources	Human Resources	4183
Dr. Ana Milena Lucumi	VP of Student Affairs y Effectiveness	Institutional VP	
Gaisy Martínez	Rectora	Rectorate	5201
pending	Psychologist	Student Affairs	
Ángel Arroyo Pérez	Director of Operations	Rectorate	5265
Janis González López	Academic Dean	Rectorate	5235
Eneida Ocasio Valle	Director of Student Affairs	Rectorate	5256
Carmen Núñez Aquino	Professional Counselor Licensed	Student Affairs	5258
Adalberto Jiménez Rosario	Professional Counselor Licensed	Student Affairs	5259
Dr. Francisco Núñez Aquino	Night Coordinator	Rectorate	5268
NUC Bayamón			
Yamaira Serrano	Institutional Director Human Resources	Human Resources	4135
Dr. Ana Milena Lucumi	VP of Student Affairs y Effectiveness	Institutional VP	1120
Omar Saldaña/Rafael Cruz	Operations Director/ Night Coordinator	Rectorate	4106
Dr. Luz Ramos	Psychologist	Student Affairs	4065
Vivian Torres	Academic Dean	Academics	4129
NUC Caguas			
Yamaira Serrano	Institutional Director Human Resources	Human Resources	4135
Dr. Ana Milena Lucumi	VP of Student Affairs y Effectiveness	Institutional VP	1120

Javier López	Night Coordinator	Rectorate	4524
Jorge Cardé	Psychologist	Student Affairs	4533
Karen Morales	Dean	Academic Affairs	4542
NUC Mayagüez			
Yamaira Serrano	Director of Human Resources	Institutional	4183
Dr. Ana Lucumi	VP of Student Affairs y Effectiveness	Institutional	
Dr. Grelliane Barreto	Academic Dean	Academic	4734
Pedro Vargas	Night Coordinator	Rectorate	4751
NUC Ponce			
Yamaira Serrano	Director of Resources	Rectorate	4183
Dr. Ana Milena Lucumi	VP of Student Affairs y Effectiveness	Vice President of Student Affairs and Effectiveness	4030
María Magraner	Clinical Psychologist	Student Affairs	7016
Dr. José Nieves Natal	Academic Dean	Rectorate	7007
NUC Rio Grande			
Yamaira Serrano	Director of Resources	Rectorate	4183
Ana Milena Lucumi	Director of Student Affairs	Vice President of Student Affairs and Effectiveness	4030
Jorge Carde	Campus Psychologist	Student Affairs	6359
Aida Colón	Academic Dean of Campus	Dean's Office of Academic Affairs	6321
NUC Online			
Dinia Rivera	Human Resources Manager	Human Resources	1021
Manuel Melendez Rosado	Vice President of Online Division	Administration	
Ana M. Lucumi	VP of Student Affairs y Effectiveness	Student Affairs	1140

D. Directory of Help Services

Emergency Management Lines	
Emergency Line	9-1-1
PAS Line of ASSMCA (Carr.#2Km8.2, Bo. Juan Sánchez, Old Hospital MEPSI Center, Bayamón)	1-800-981-0023
National Suicide Prevention Network	1-888-628-9454
National Suicide Prevention Lifeline (They have bilingual service)	1-800-273-8255
Poison Control Center	1-800-222-1222
Police of Puerto Rico (Headquarters)	(787) 793-1234
Suicide Line – Veterans Hospital National Suicide & Crisis Hotlines	(787) 622-4822, 1-866-712-4822

Emergency Management Lines	
Psychiatric Hospitals	
General Psychiatry Hospital Dr. Ramón Fernández Marina (Medical Center), Río Piedras	(787) 766-4646
First Pan American Hospital Cidra (Adolescents – Adults), Cidra	(787) 739-5555
Children and Adolescents Psychiatric Hospital (UPHA) Regional Hospital of Bayamón (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 Auxiliary Mutual Hospital (Adults), San Juan	(787) 523-1500, 1501
Mennonite CIMA Hospital (Adults), Aibonito	(787) 714-2462
Mental Health Centers of ASSMCA Children and Adolescents	
Mental Health Center of Bayamón	(787) 779-5939 (787) 786-7408, 1012, 7373, 7709
Mental Health Center of Mayagüez Direct Prevention Center ASSMCA	(787) 805-3895 (787) 833-2193, 0663 y/o 832-2325
Children and Adolescents Clinic of Río Piedras	(787) 777-3535, 764-0285
Youth TASC Bayamón	(787) 620-9740 Ext. 2661 or 2688
Youth TASC Caguas	(787) 745-0630
Youth TASC San Juan	(787) 641-6363 Ext. 2352
Mental Health Centers of ASSMCA - Adults	

Emergency Management Lines	
Mental Health Center of Arecibo	(787) 878-3552, 3770
Mental Health Center of San Patricio	(787) 706-7949
Mental Health Center of Mayagüez	(787) 833-0663 or 831-3714, 2095
Mental Health Center of Moca	(787) 877-4743, 4744
Mental Health Center of Vieques	(787) 741-4767
Ambulatory Clinics	
Pan American Access and Treatment Center Bayamón	(787) 778-2480
Pan American Access and Treatment Center Manatí	(787) 854-0001
Pan American Access and Treatment Center Humacao	(787) 285-1900
Pan American Access and Treatment Center Caguas	(787) 286-2510
Pan American Access and Treatment Center Hato Rey	(787) 758-4556 or 4845
Pan American Access and Treatment Center Ponce	(787) 812-1513 or 284-5093
San Juan Capestrano System Partial Clinic, Hatillo	(787) 878-0742
San Juan Capestrano System Partial Clinic, County	(787) 725-6000
San Juan Capestrano System Partial Clinic, Manatí	(787) 884-5700
San Juan Capestrano System Partial Clinic, Carolina	(787) 769-7100
San Juan Capestrano System Partial Clinic, Mayagüez	(787) 265-2300
San Juan Capestrano System Partial Clinic, Caguas	(787) 745-0190
San Juan Capestrano System Partial Clinic, Humacao	(787) 850-8382
San Juan Capestrano System Partial Clinic, Bayamón	(787) 740-7771
San Juan Capestrano System Partial Clinic, Ponce	(787) 842-4070
INSPIRA Hato Rey	(787) 753-9515
INSPIRA Caguas	(787) 704-0705
INSPIRA Bayamón	(787) 995-2700

Emergency Management Lines	
INSPIRA San Juan	(787) 296-0555
APS	(787) 642-0001
University Center for Psychological Services and Studies, University of Puerto Rico, Río Piedras Campus	(787) 764-0000 ext. 3545
Psychological Services Clinic of the University of Turabo	(787) 743-7979 ext. 4466
Residential Hospitals	
Psychiatric Hospital Dr. Ramón Fernández Marina (Medical Center) Lcdo. Miguel Bustelo Dra. Brunilda L. Vázquez Bonilla	(787) 766-4646
Forensic Psychiatric Hospital of Río Piedras	(787) 764-3657 or 8019 Ext. 2212/2114
Forensic Psychiatric Hospital of Ponce	(787) 844-0101
Rehabilitation Services Arecibo	(787) 878-3552 or 880-4058
Independent Living Program Trujillo Alto	(787) 760-1672 or 755-6800
Counseling Centers	
S.A.N.O.S. Corporation (Caguas)	(787) 745-0340
Sendero de la Cruz Hour: 8:00 a.m. to 6:00 p.m. - Prior appointment required	(787) 764-4666
Comprehensive Psychological Services San Jorge Medical Tower Children's Hospital - Prior appointment required - Weekdays M-S	(787) 727-1000
Victim Support Center	(787) 765-2285 1-800-981-5721
Social Emergencies	(787) 749-1333 1-800-981-8333
Office of the Women	(787) 721-7676
Emergency Line for Social Security Benefi-ciaries Free of Charge	1-800-772-1213

Forms

ERRSS 01

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

The 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 intention of these laws is to ensure that the information remains confidential and is used solely for the purpose of fulfilling and carrying out the Public Policy on Suicide Prevention in Puerto Rico.

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

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

- They commit to limiting access to the information provided by the individual being attended to, to those employees who are authorized to handle it and with the Executive Director of the Commission for the Implementation of Public Policy in Suicide Prevention.

- They agree to exercise due diligence and care when assigning personnel with access to the information of the individual being attended to.

- They commit to respecting the confidentiality of the information of the cases attended to, even after ceasing their duties as employees of the institution or as members of the ERRSS or CA, whether due to resignation or dismissal from the work teams, retirement, resignation from employment, or termination.

Each confidentiality statement will be kept on file under lock in the Human Resources Office. It is also agreed to provide the names of all personnel who have access to the information included in the *Sheet to document cases attended with suicidal behavior* and to certify that the personnel are authorized to have access to such information, as provided by this agreement. Furthermore, NUC reserves the right to revoke access to the documented information, with or without reason, and to resume the provision of such information once it is satisfactorily ensured that 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 training its personnel regarding the confidentiality of the data.

Confidentiality Statement

In accordance with the above, I ________________________________, in the capacity of employee of ____________________________and member of the ERRSS or CA, agree and commit to maintaining the strictest confidentiality of the information obtained and/or handled in the intervention of suicidal behavior, following the standards, policies, and

methods of this agency. Such information will only be used for the service to be provided to the person with suicidal behavior and to inform the activities carried out 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 individuals served, beyond those natural and inevitable within the work environment in which services are provided, will result in the immediate termination of my participation in the ERRSS or CA, or other consequences according to the magnitude of the damage caused.

I understand that the information received during interventions with individuals exhibiting suicidal 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, Law No. 194 of August 25, 2000, as amended, and the Mental Health Law of Puerto Rico, Law No. 408 of October 2, 2000, as amended, for which I commit to safeguarding its confidentiality in accordance with the legislation and regulations cited herein.

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

ERRSS 02

FORM TO DOCUMENT CASES HANDLED WITH SUICIDAL BEHAVIOR

A. Socio-demographic information

Name of the person:____

Gender:________________________________ Age: ________________

Residential address:____

Phones: _____/_____/__________ ______/_____/__________

B. Event information:

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

C. It is known if there were previous attempts:

No previous attempts ( )

Yes, there have been previous attempts ( ) How many ___ Date of the most recent attempt: ___

Unknown ( )

D. Brief summary of the current event:

____

____

____

____

____

____

____

Date: ______________________ Time: ____________

Place: ____

Agency or Institution: ______________________________________

People who attended to the case: ______________________________

Work area: ______________________ Phone number: ____________

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 coworker was contacted

  Name: ____

  Relationship: ______________________________________

  Phone numbers: ____________/____________ / ____________

F. Comments (if necessary):

____

____

____

____

____

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

Name: ____

Member of: ( ) ERRSS ( ) CA

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

Name: ____

Date: ____

Member of: ( ) ERRSS ( ) CA

Period:

☐ **January to June**

☐ **July to December**

Year: **ERRSS 03**

SEMESTER REPORT OF ACTIVITIES CARRIED OUT

BY THE ERRSS AND CA

A. Information of the agency or institution

Agency or entity: ____

Person documenting the Report:____

Phones: _____/_____/_________ ______/_____/___________

Fax: ________/______/____________

Email address: ____

B. Summary of cases attended during the semester:

Total cases attended: ______________

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		

ERRSS 03

Number of cases by:

Suicidal threat: ______________ (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 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		

ERRSS 03

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 Poison Control Center: ______________

A family member, friend, or coworker was contacted: ______________

Others: please specify ______________________________

D. Primary prevention activities carried out:

Conferences ____________

Workshops ______

Distribution of materials ____________

Guidance ____________

Others: ____________ please specify ______________________________

ERRSS 03

Summary of activities carried out:

Activity	Resource	Date	Location	Number of participants

Comments: ____

____

____

Signature: ______________________

Date: ______________________

Member of: ( ) ERRSS ( ) CA

ERRSS 04

RELEASE OF RESPONSIBILITY SHEET FOR THE PERSON AT RISK

I _______________________________________ , resident of _________. have been duly informed and guided regarding the mental health services available to me. I release NUC University from any responsibility related to my physical integrity. I make this statement today _________________________ in full possession of my mental faculties.

______________________________	______________________________
Signature	Witness
______________________________	______________________________
Date	Witness's Signature

ERRSS 05

RELEASE OF RESPONSIBILITY SHEET FOR FAMILY, FRIEND, OR NEIGHBOR

I ____, resident of ____________________,

release of all responsibility to NUC University for any incident related to, for whom

__________________________________I was requested to safeguard on this day __

____________________ to seek help from a mental health professional.

__________________________________	__________________________________
Signature	Witness
__________________________________	__________________________________
Date	Witness's Signature

ERRSS 06

FORM FOR THE EVALUATION OF THE DRILL

Agency:____

Location where the drill took place: __________________________

Date and time: ____

Description of the risk situation: ____

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

____

____

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

__Employee or contractor of the agency __Member of the ERRSS __Member of the CA

__ Other: specify ____

Steps	Completely agree	Agree	Disagree	Completely Disagree	N/A
Adequately identi-fied the warning signs.					
Took immediate and favorable action to help the person at risk.					

Steps	Completely agree	Agree	Disagree	Completely Disagree	N/A
Interacted appro-priately with the per-son at risk.					
Immediately alerted the ERRSS or the CA.					
Did not leave the person at risk alone.					

Response from the individuals who intervened to manage the risk situation (members of the ERRSS or the CA):

Steps	Completely agree	Agree	Disagree	Completely Disagree	N/A
Made appropriate emotional contact.					
Provided space for venting.					
Explored what the conflicting situation was and listened empathetically.					
Asked appropriately if there is suicidal ideation.					
Assessed the severity of the suicidal ideation.					
Inquired about the reasons to live and al-ternatives for the per-son at risk.					
Established a good help plan and ex-plained it correctly to the person at risk.					
Identified and appro-priately contacted a family member or friend of the person at risk to come to the office and take re-sponsibility for the person.					

Steps	Completely agree	Agree	Disagree	Completely Disagree	N/A
Manifests suicidal behavior					
Adequately coordinated crisis assessment and management services					
Filled out the transfer forms with the person at risk and the family member or friend who will be responsible for the person exhibiting suicidal behavior and explained their content and implications appropriately.					
In case of threat or attempt, simulated a call to 911 and communicated the urgency of the situation appropriately.					
In case of a suicide attempt, alerted a nearby doctor or nurse.					
In case of poisoning , contacted the Poison Control Center					
In case of suspected abuse, contacted the emergency hotline.					
Did not leave the person at risk alone.					
Restricted access to every means					

Steps	Completely agree	Agree	Disagree	Completely Disagree	N/A
lethal that could be accessible.					

Comments: ____

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