

GUIDELINES ON BLOCK TUTORS AND WARDENS' INTERVENTION AND ASSISTANCE WHEN STUDENTS HAVE A PSYCHOLOGICAL EMERGENCY IN THE RESIDENCE

These guidelines lay down the protocol to be followed by the 'Block Tutors & Wardens' when students in the residence experience conditions which require psychological/counselling intervention.

1. If there is an onset or episode of panic/anxiety attacks for a student in residence, please call the counsellor on campus.

Name: SUNETRA HALDER	Contact Number: 8101639408/9732400123
TIME 9 A.M. – 5 P.M.	
MONDAY TO FRIDAY	

2. Depending on the reading of the severity of the episode, instruct a roommate/friend to accompany the student to the Clinic (Counsellor's office) between 9 a.m. and 5 p.m. Monday to Friday.
3. If the concern is so grave as to render the student incapable of movement or if the onset of the episode is after 5 p.m., call the Counsellor for assistance.

4. Escalation matrix

- a) - Wardens to inform the concerned 'Block Tutor' after any episode.
- The 'Block Tutor' will send an incident report to the 'Associate Dean', keeping the 'Dean' and the 'Principal' in cc through an email.
 - b) After seeking assistance from the Counsellor, if need be, the warden may seek the Bursar's permission for the vehicle to hospitalise the student.
 - c) The warden must accompany the student to the hospital and check on the condition of the student the next morning/day and update the Counsellor.
 - d) The counsellor's visit to check the student's condition is mandatory after the episode.
 - e) Depending upon the severity and frequency of the crisis attacks as per the discretion of the higher authorities, the parents of the students may be informed about the incident.
5. Wardens to maintain a '**Red Flag Register**' to record any incidents. The format is given below. This register contains highly confidential information; keep it safe.

SL NO/ DETAILS OF THE STU/ DATE/ TIME/ DURATION/ INCIDENT/ REPORTED TO
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EVERY MONTH THIS RED FLAG REGISTER NEEDS TO BE SUBMITTED TO THE DEANS' OFFICE.

SOP FOR PANIC / ANXIETY ATTACKS

STEPS TO BE TAKEN BEFORE THE PROFESSIONAL CONSULTATION.

- CLEAR THE ROOM/ AREA WHERE THE EPISODE OCCURS. (ONLY A TEACHER/WARDEN/ROOMMATE/ A FRIEND SHOULD BE ALLOWED).
- ASK THE STUDENT TO BLOW INTO A PAPER/PLASTIC BAG REPEATEDLY.
- POSITION – ANY COMFORTABLE POSITION HE OR SHE PREFERS TO BE IN.
- GIVE WATER TO BE SIPPED.
- DO NOT ASK THE STUDENT WHY /WHAT HAPPENED???? DON'T ALLOW THE CHILD TO LEAVE; PANIC WILL TAKE OVER.
- ALLOW THE SYMPTOMS TO PERSIST AND FADE AWAY.
- ASK THE STUDENT TO DO DEEP BREATHING, CONCENTRATING ON IT.
- DISTRACT THE STUDENT BY ASKING HIM OR HER TO PUT UP THEIR FEET ON THE WALL (ALLEVIATING IT); THE LEVEL OF BLOOD FLOW TO THE HEAD SHOULD BE FACILITATED. IF THE EPISODE OCCURS IN THE OPEN, PUT ANY BAG, ETC UNDER HIS OR HER FEET.
- ASK THE STUDENT TO BACK COUNT FROM 100 IN A RELAXED WAY.
- THE TONE OF THE PERSON ASSISTING SHOULD BE CALM.
- IF THE STUDENT COMPLAINS OF THROAT CONSTRICTIONS /CHEST PAIN/BREATHLESSNESS OR PASSES OUT, CALL FOR MEDICAL HELP.
- ALWAYS MAINTAIN CONFIDENTIALITY.
- PREFERABLY KEEP THE STUDENTS WITH A HISTORY OF PA/AA IN THE ROOMS NEAR THE EXIT ON THE GROUND FLOOR IN THE BLOCKS.
- CALL AND WAIT FOR THE COUNSELLOR'S INSTRUCTIONS. IF THE COUNSELLOR IS NOT ON CAMPUS, PUT THE STUDENT ON A VDO CALL.

***IF THE STUDENT FEELS A PERSISTING AURA OF THE PA / AA, inform the counsellor beforehand before any episode occurs.

CRISIS INTERVENTION IN THE RESIDENCE.

THESE GUIDELINES LAY DOWN THE PROTOCOL TO BE FOLLOWED BY THE 'BLOCK TUTORS & WARDENS' FOR RESPONDING TO THE CRISIS INTERVENTION IN THE RESIDENCE.

The range of suicide ideation varies greatly from: -

Detailed planning, role playing. Self-harm and attempts, which may be deliberately constructed to be discovered, or where death may be fully intended.

Talking specifically about suicide ideation to an individual considering suicide **reduces** the risk of the attempt.

Individuals who talk about it casually, should be **taken seriously** because individuals who commit suicide usually share information with important people in their life about their intent.

SOP FOR /SUICIDIAL IDEATION

- a)- The first responders(warden) should never leave the student alone.
 - The clause of confidentiality does not apply when a student's life is in danger.
 - Inform the Block Tutor (through a roommate).
 - Warden to call the Counsellor in case of a **'suicide ideation'** only.
 - If there is a persisting intrusive thought **a shadow (a classmate, roommate)** should be assigned to inform the warden of any impending danger, the counsellor must be made aware of this by the warden.

SOP FOR SELF-HARM/ SUICIDE ATTEMPT

- b) In many instances, a suicide attempt constitutes a **medical emergency** (e.g. bleeding from self-injury, confusion, or loss of consciousness from drug overdose).
 - Warden to call the Clinic 9 A.M. to P.M. to hospitalise the student.
 - If the incident is after the duty hours of the 'Clinic', consult with the Clinic Nurse for First aid Assistance and facilitate hospitalisation.
 - Warden to inform the 'Block Tutor' through the room mates. The student should not be left alone
 - The 'Block Tutor' calls the Associate Dean, Dean(residence), Principal over the phone, and notifies them through an email with the details of the student attached with the incident report to the Associate Dean, keeping the others in cc.)

At the discretion of the higher authorities, the student's parent should be informed. After psycho educating them, the student must go home for Psychiatric interventions.

The Red Flag Register should be updated by the 'Warden' immediately, as per the format, and submitted to the Dean's office for monthly updates. This register contains highly confidential information; keep it safe.

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PANIC ATTACK - PA/AA *

SELF HARM – SH**

SUICIDE ATTEMPT – SA***

Only after the student is out of danger should the warden call the counsellor. If the student is ready to talk, do not force him or her to talk immediately after the attempt.

Check on the student's condition the next day and update the counsellor, for future mental health concerns.