

HU ALARMING BEHAVIOUR ACTION GUIDE

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STUDENT DEMONSTRATES ALARMING BEHAVIOUR

Behaviour that:

- Seems confused.
- Leads to questions/nuisance.
- Constitutes an immediate danger to the person and/or the environment.
- Demonstrates low consciousness or absence of consciousness.

ACUTE risk to own safety and/or others

Stay calm, make contact, show empathy.

Ensure that a colleague knows where you are and what you are doing.

Make clear that you want to ensure that the other will be safe and that is why you will now call in professional help.

Ask the student whether you can use their personal network (GP, parents, friends) for assistance. Talk, allow emotions to be expressed.

Stay with the student until professional help has arrived. So don't leave the student alone.

Afterwards, inform:

- Study programme manager/supervisor.
- Student counselling service for notification in Osiris file student.
- veiligheid@hu.nl

FRAMEWORK FOR ASSESSMENT OF RISKS

1. Safety of the person concerned.
2. Safety of students/staff members.
3. Safety of environment/society.

FOR CONSULTATION ->
call: GP Service USP
030 - 7601301

Open on Mo - fr
09.00-17.00 hours

TOOLKIT for discussion
p.t.o.

AFTERCARE

- Aftercare involving yourself: contact your GP (if necessary).
- Aftercare interview with student and any other students involved.
- Evaluation with multidisciplinary team (points for improvement, positive aspects, mutual checking, cooperation).

NOT AN ACUTE SITUATION -> still alarming.

Use the dual control principle:

- Study career coach and study programme manager (or institute director).
- (A student counsellor can be involved as sparring partner).

Appointment for a **discussion** with the student in consultation with the persons involved.

Purpose of this discussion ->

clarification and de-escalation of the situation. Also, after consent from the student:

- Involve het personal network.
- Contact the GP.
- Division of tasks.

Study programme manager:

- Contacts the institute director, JZ and Security manager for advice.
- Organises multidisciplinary consultation -> follow-up steps
- Coordination with student counselling service: notes of conversation in Osiris + coordination aftercare process.

Get help for student(s) -> student counselling service.

IN THE EVENT OF IMMEDIATE (MORTAL) DANGER -> 112 & contact the emergency number location. (The location shall inform the HU).

Heidelberglaan 7	088-481 5112
Heidelberglaan 15	088-481 9000
Padualaan 97	088 481 7700
Padualaan 99	088-481 8555
Padualaan 101	088-481 9911
Bolognalaan 101	088-481 6679
De Nieuwe Poort HUA	088-481 2111

TOOLKIT FOR DISCUSSION INVOLVING AN ACUTE SITUATION OF ALARMING BEHAVIOUR

Purpose-> clarification and de-escalation alarming and/or acute situation.

DO'S

Try to find out what exactly is going on. (Listen, summarise, ask additional questions).

If you are taking the student to a quiet spot; let your colleagues know where you are, this is for your own safety.

Ask the student whether they have ever felt like this before, and if that is the case, what they have done in the past to improve the situation.

Inquire about the social network/care safety net of the student: (Let students make the call themselves, only do this for them if they can't do it):

- Ask who may be called and who may be able to come (Family, friends, study programme).
- Ask the student if they are or have been seeing a psychologist or may have received treatment from another care provider.
- Ask the student if they have a crisis card with them.
- If the student is not being treated, then ask the name of the GP. Contact the GP for advice.

Ask the student what they need or what may help them.

Say: "We are going to help you" or "Help is on its way".

Stay collected, try to radiate calm, show involvement with the student and stay with them.

Try to adjust your approach and communication to the behaviour of the person involved.

DONT'S

Try not to solve the student's problem immediately. (Don't judge, share opinions or advice).

Do not immediately involve support services if this is not clearly required.

Never say: "I can't help you".

MEETING AFTER TRAUMA; FOR LECTURERS AND STUDENTS. AN OPPORTUNITY TO DISCUSS WHAT HAS HAPPENED.

PHASE 1 INTRODUCTION

What is the most profound aspect of this event for you personally? Anger, frustration, loss, confusion.

Encourage to make additions. Encourage and listen carefully.
Transition phase from affective to cognitive.

PHASE 2 FACTS

Provide information, a summary of what has happened, ask questions.

PHASE 3 THOUGHTS

What was your first or most prominent thought?
It's okay to stay silent if you don't want to contribute. From cognitive to affective.

PHASE 4 RESPONSE

What is the most profound aspect of this event for you personally? Anger, frustration, loss, confusion.

Encourage to make additions. Encourage and listen carefully.
Transition phase from affective to cognitive.

PHASE 5 SYMPTOMS

What cognitive physical emotional or behavioural symptoms have you been dealing with since you heard?

Pin-point shared symptoms.

PHASE 6 PROVIDE INFORMATION

Normalisation of symptoms.

Explain the response of the participants and ensure stress management.
Subject: attempted suicide.

Close-knit group, undercurrents /tensions/ emotions may surface.

FASE 7 RE-ENTRY

Ask questions or make concluding remarks.

Summary, explanation, information, action guidelines, assistance, distribute handouts.

TASK AREAS – PROBLEMS

PROBLEM TYPE	PARTY/PARTIES INVOLVED
Study stress, slight personal problems, study-related questions or difficulties.	Primary care (internal): Study career coach (study career coach/main phase coach), study advisor, learning team supervisor, dedicated post holder.
The above leads or could lead to study delay and/or requires programme-related (including examination board-related), higher vocational education-wide, municipal or national facilities.	Secondary care (internal): Student counsellor.
Mild to moderate depression, gloominess, fear of failure, needs basic and short-term help.	Tertiary care (internal): Student psychologist** (referral via student counsellor).
SERIOUS Depressive and suicidal thoughts with or without a suicide plan**; situation does not seem to be acute.	External: GP. (possibly with anonymous and free support from the suicide prevention site 113).
ACUTE/EXTREME Student expresses suicidal thoughts and has an execution plan for today or tomorrow or your gut tells you that the student can no longer be left alone for their safety.	External: Call 112 to contact the crisis support service**.

** Comments

Suicide execution plan

Whether or not a person has a suicide plan does not determine whether they will make a suicide attempt. Often, a person makes a suicide plan before ending their lives, but this is not always the case. Someone may be having a hard time, not have a suicide plan, but then be confronted with a setback and then attempt suicide. That setback was the final straw. In case of suicidal thoughts, professional help is always recommended.

Student psychologists (at the HU)

Calling in the student psychologists, in serious and/or acute/extreme cases, is not what one should do: they are not able to offer help in the event of a crisis. HU student psychologists provide basic and short-term help.

Crisis support service

Strictly speaking, the crisis support service is involved at the request of general practitioners, hospitals and the police, but when there is no other option, they also come at the request of private individuals. They are not allowed to take patients with them; that is reserved for the ambulance service or the police. If necessary, the crisis support service can also arrange admission to a psychiatric hospital, but they will be reluctant to do so.

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