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	Effective Date: 05-11-2022
No: CLN.02.05	Corporate Approval Date: 04-29-2022
Title: Suicide Risk Assessment and Intervention (CO-2.027)	Previous Versions:
	Medical Staff Approval Date:
	Governing Board Approval Date:

I. Scope:

This policy applies to all Emergency Departments, in-patient units, Behavioral Health Units, out-patient Behavioral Health Programs, and observation units at [Facility Name].

II. Purpose:

[Facility Name] will provide for the proper assessment and plan of care for patients with suicidal/self-harm ideation in accordance with this policy.

III. Definitions:

Behavioral Health Professional (BHP): Non-physician specially trained in the care of Behavioral Health patients.

Competent Healthcare Provider (CHP): An individual who has completed the initial training and annual Competency requirements for Constant Observer Caring for all Patients.

Constant Observer: One competent observer to one patient within line of sight, in close proximity with no physical barriers in the same room/area.

Qualified Mental Health Professional (QMHP): An individual who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness.

Qualified Medical Provider (QMP): A provider set forth in medical staff bylaws, rules and regulations, or policies that are approved by the governing body to complete the medical screening exam to determine if an emergency medical condition exists.

Suicidal Patient: A patient that presents to the hospital and expresses intent to harm self or end life or has a positive screening for suicide.

IV. Policy:

The [Facility Name] will use a multidisciplinary approach for the care of the Suicidal Patient. [Facility Name] will provide, at a minimum, an initial suicide screening for all patients aged 12 years and older who are being evaluated or treated for behavioral health conditions to determine further care and treatment.

V. Procedure:

A. [Facility Name] conducts an annual self-harm environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide, and [Facility Name] will take the

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necessary action to minimize the risk(s). This applies to all inpatient psychiatric units and outpatient psychiatric programs.

- B. For non-psychiatric units: [Facility Name] will mitigate the environmental risk of suicide for patients at high risk for suicide. The Registered Nurse (RN) and/or designee will:
 - 1. Assess for and remove objects from the patient’s room that pose a risk for self-harm if they can be removed, and if they can be removed without adversely affecting the patient’s medical care.
 - 2. Assess objects brought into a room by visitors.
- C. A registered nurse will pre-screen all patients, >= 12 years of age upon admission.
- D. A registered nurse will pre-screen Children < 12 years of age, who exhibit signs or symptoms of self-harm or suicidal thoughts or actions, using the Children’s CSSR assessment.
- E. If a registered nurse cannot assess the patient upon arrival due to the patient’s medical status, they will perform the pre-screening as soon as the patient’s condition permits.
- F. A registered nurse will complete the Columbia Suicide Severity Rating Scale (C-SSRS) screening tool for patients requiring a suicide risk screening.
- G. If the patient screens positive using C-SSRS, which is defined as providing a “Yes” response to questions 3,4,5, or 7, the nursing staff will complete the following:
 - 1. Send an order request for one-to-one observation to the attending physician.
 - 2. Send a referral for consult to case management, social services, and a BHP.
 - 3. Immediately place the patient on a one-to-one observation by a CHP and obtains a physician’s order as soon as possible.
 - 4. Implement at a minimum the following precautions:
 - a. Place patient in safe hospital attire, preferably green safety scrubs.
 - b. Provide safe patient food trays.
 - c. Complete environmental checklist.
 - d. Where practical, place patient in a preferred room or closest to the main nurse’s station.
- H. The nursing staff will use the Constant Observation Flowsheet to document observation following the hospital protocol for a patient at risk of suicide.
- I. Using the Environment Patient Safety Checklist, the Constant Observer will maintain visualization of identified risks which are not able to be removed.

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- J. If the patient screens positive using C-SSRS, then the facility designated QMHP will complete an evidenced based full suicide risk assessment within 24 hours.
- K. Staff who are assigned to care for suicidal patients, must complete initial training module(s) and annual competency. Other staff who interact/provide service to the patient must complete an annual education on suicide prevention, including but not limited to security, radiology, transport, dietary.
- L. If the suicide risk assessment is completed by a QMHP not employed by Tenet Health who does not utilize the C-SSRS, the physician is responsible for assigning the level of risk, interventions, and monitoring necessary to maintain patient safety.
- M. Request for a QMHP consultation is sent to the physician for patients assessed as Moderate or High risk.
- N. Any decrease in observation status requires a physician order.
- O. A registered nurse will reassess a patient who screens positive for suicide risk at a minimum with change in patient condition, suicidal thoughts, and/or suicidal gestures.
- P. Patients who answered yes to any of the C-SSRS screening questions receive evidenced based information on suicide prevention resources available in the community at the time of transfer or discharge appropriate to their level of need.
- Q. [Facility Name] will require an initial C-SSRS suicide screening if, at any time, a patient who has screened negative for suicide ideations expresses new thoughts of self-harm or suicidal ideation.

VI. Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. References:

CO-2.033 Constant Observer Assessment, Implementation, and Discontinuation for Patients Under Harm Precautions

[CLN.02.07.DR.01](#) ED-Environment Patient Safety Checklist (CO-2.033F)

[CLN.02.07.DR.02](#) Constant Observer Competency Form (CO-5.014E)

American Society of Healthcare Engineering of the American Hospital Association (2018) Patient Safety & Ligature Identification Checklist. Retrieved from

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Columbia University, The University of Pennsylvania, and the University of Pittsburgh (2018) The Columbia Suicide Severity Rating Scale (C-SSRS). Retrieved from <http://cssrs.columbia.edu/>.

<http://www.ashe.org/resources/preventing-self-harm-and-ligature-risks.shtml> retrieved on 4/9/2019.

Joint Commission Suicide Prevention Resources to Support Joint Commission Accredited Organization Implementation of Elements of Performance for NPSG 15.01.01

VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk For suicide. Version 2.0. (2019).