



- Administrative
- Departmental

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THIS PROCEDURE SUPPORTS THIS POLICY:

SMH-900 South Miami Hospital Administrative Policy

PROCEDURE TITLE:

Suicide Prevention / Precautions

PROCEDURE STATEMENT:

To provide guidelines for the identification and management of patients who are at risk for suicide: actively expressing suicidal ideation and/or immediately following suicide attempts. In addition, patients whose suicide risk is unknown must also be screened for potential suicide threat. This procedure is based on the Standard of Care and Practice that all patients will be provided a safe and supportive environment. The goals are 1) providing protection and a secure environment for patients expressing suicidal ideation and/or attempting suicide; 2) assuring that their medical condition is stabilized and 3) arranging for safe transfer to an appropriate mental health care facility, if indicated.

Hospital personnel are provided general information about suicide and suicide prevention during New Employee Orientation and annually thereafter as part of the Annual Required Education. All nursing staff will be given clinical education about suicide and suicide prevention during Nursing Orientation. Specialty departments that are at high risk for suicide based on their patient population may conduct additional training as necessary.

The staff who serves as one-to-one attendants for patients judged to be at risk for suicide are educated and assessed for competence. An attendant is a staff member who is assigned one-to-one to an at-risk patient or any staff member who relieves an assigned staff member.

RESPONSIBLE DEPARTMENT / PERSONNEL: (Optional)

AUTHORITY / ENFORCEMENT: (Optional)

Evidence-Based Clinical Practice Council and Leadership.

DEFINITIONS: (Optional)

PROCEDURES FOR IMPLEMENTATION (INCLUDING FORMS / SYSTEMS):

1. Inpatient:

- a. All inpatients are screened for mental status and suicidal ideation on admission to a floor or unit. (See; SMH Form # 1400 Interdisciplinary Assessment/Screening). Social Work Services may be called to assist as needed.
 - i. Risk factors for suicide include: previous attempts, recent attempts, suicidal thoughts or behaviors, family history of suicide or psychiatric illness, antidepressants, physical health problems, including central nervous system disorders, such as traumatic brain injury, diagnosis of delirium or dementia, chronic pain or intense acute pain, poor prognosis or prospect of certain death, social stressors, such as financial strain, unemployment or loss of financial independence, disability, trauma, divorce or other relationship problems, hopelessness or substance abuse. Older adults are prone to additional suicide risk factors, including declining health, loneliness and recent bereavement.
 - ii. Warning signs that are associated with increased desperation and imminent risk include: irritability, increased anxiety, panic, agitation, impulsivity, decreased emotional reactivity, complaining of unrelenting pain, refusing visitors, crying spells, declining medication and requesting early discharge, hopelessness, helplessness, decreased interest in treatment or prognosis, feelings of worthlessness and refusing to eat.
- b. When a patient is deemed to be a suicide risk, the nurse immediately notifies the Attending Physician, Nurse Manager and/or designee, the Nursing Supervisor and Social Work Services.
- c. Whenever a patient expresses suicidal ideation and/or makes a suicide attempt, the nurse immediately institutes Suicide Precautions which include:
 - i. One-to-one patient observation by a nurse or attendant (See requirements, duties and responsibilities below).
 - ii. The nurse initiates SMH Form # 2269 SUICIDE PRECAUTIONS RECORD, provides the "Attendant Duties and Responsibilities for Suicide Precautions" (available online via the IP Manual) and verbally reviews the procedures for precautions and documentation with the attendant.
 - iii. The nurse instructs the attendant that any coverage or replacement must also be someone who has had education and assessment of competence, and has a copy of the "Attendant Duties and Responsibilities for Suicide Precautions".
 - iv. The nursing initiated order for an attendant remains in effect until the physician writes an order to discontinue suicide precautions.
 - v. The nurse obtains a physician's order for continuation or discontinuation of the attendant on a 24 hour basis.

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- vi. The patient is reassessed if there are changes in the patient's mental status or before discontinuing suicide precautions.
- d. The nurse initiates the following to alert staff that the patient is on Suicide Precautions.
 - i. Document "Suicide Precautions" on the patient database and under patient factor screen precautions.
 - ii. Notify Dietary that plastic utensils/paper tray items will be used in lieu of regular utensils/plates.
- e. The following actions are initiated and followed while a patient is on Suicide Precautions including and in addition to those described in the Attendant Duties and Responsibilities:
 - i. Two nursing staff members conduct an initial patient room check.
 - 1) Assess the patient and the room for any potentially harmful objects (e.g., knives, scissors, razors, lighters, matches, plastic bags, cans, cords, shoelaces, neckties, belts, suspenders, chemicals, medications, etc.) and remove those objects from the room.
 - 2) The patient is instructed to change into a hospital gown in order to check for and remove harmful items from clothing.
 - 3) Instruct the patient's family to take personal items home with them. The family is instructed not to bring any items or articles that may be used by the patient to harm him/herself or others. In the event that the family wishes to bring articles to the patient, the family must check all items with the nurse responsible for the patient.
 - 4) If the patient's family is not available to take custody of patient's belongings or does not wish to be responsible for the patient's belongings, notify Security to take custody of the belongings.
 - 5) Document the room check and results.
 - ii. The nurse initiates SMH Form # 2269 SUICIDE PRECAUTIONS RECORD, provides the private duty attendant with "Private Duty Attendant Responsibilities for Suicide Precautions" and verbally reviews the procedures for precautions and documentation with the attendant.
 - iii. A one-to-one attendant must remain with the patient at all times even if family or visitors are present. If the attendant needs to leave the room (bathroom breaks, lunch breaks, etc.) an attendant replacement must be in the room with the patient before the first attendant leaves, and must remain in the room until the first attendant has returned and is physically present with the patient.
 - iv. The patient is not allowed to have unsupervised access to clothing, equipment or furniture that the patient can potentially use to harm him/her or others.
 - v. Restrict the patient's access to any and all sharp objects, glass and mirrors.
 - vi. The patient is not allowed to leave his room without permission from the physician and without supervision.
 - vii. Patient must be accompanied by the nurse and/or attendant whenever transported off the patient care unit for tests, procedures or transfers.
 - viii. Restrict the patient's access to windows, doors, and stairwells and exits.
 - ix. Call Code Green (Press #7777) immediately if the patient tries to leave the hospital or attempts to harm anyone. Call law enforcement via 911 if the patient leaves the campus and notify Security at the same time by calling #7777 Code Green.
 - x. The patient is not allowed unsupervised access to medications. Observe the patient while he/she swallows oral medications and then check the oral cavity to make sure that all medications have been swallowed.
- f. Nursing and Social Work Services include the patient and his/her family in planning and implementing care:
 - i. Offer referrals to Pastoral Care and/or the patient's own religious or spiritual counselor.

- ii. Respect cultural and age factors and encourage contact with the patient and family. The patient may be experiencing loss of friends and or family which may lead to isolation, sensory and physical decline.
 - iii. Engage the patient and family in plans of care for treatment after discharge.
 - iv. Provide the patient and family educational materials about suicide and/or a copy of "Because We Care" listing community resources including suicide and crisis hotline information.
 - g. Documentation:
 - i. The nurse or attendant maintains SMH Form # 2269 SUICIDE PRECAUTIONS RECORD to document the patient's status every 15 minutes.
 - ii. The nurse observes and documents patient behavior, verbalizations and other significant activities in the Plan of Care and Interdisciplinary Progress Record.
 - iii. The nurse and/or social worker document the family participation in assessment, treatment planning and care.
2. Emergency Department Patients, Outpatients, Employees and Visitors:
Since any person may present a risk for suicide, although not immediately apparent, staff should be aware and alert to any possible indications in the general patient population.
- a. Outpatients and Emergency Department admissions are screened for suicidal risk *if* presenting for a primary emotional, behavioral, substance abuse disorder, or if a risk is otherwise indicated by statement or behavior.
 - b. If any patient, employee or visitor, hereinafter referred to as "patient", verbally expresses or demonstrates behaviors associated with potential for suicide risk in a staff member's presence or such behavior is reported to a staff member, the staff member notifies their immediate supervisor, manager or director immediately.
 - c. For registered outpatients; any clinical team member assigned to the patient such as the nurse or primary therapist or their designee should also be notified at the same time as the supervisor.
 - i. The supervisor and assigned staff member assess the patient to determine suicidal risk,
 - ii. Social Work Services may be called to assist in assessment of the patient.
 - iii. ATC (Addiction Treatment Center) outpatients may be admitted to inpatient status on 2 East Tower after screening by a therapist, nurse, or psychiatrist.
 - iv. Any medical staff physician or psychologist may initiate a "Baker Act" involuntary examination.
 - d. If the patient presents sufficient clinical indicators for suicidal risk, the patient is accompanied to the SMH Emergency Department (ED) by the assigned staff member, supervisor or designee. When possible, the staff member notifies the ED by phone of the impending transfer. The assigned staff member remains with the patient until the ED nurse or physician receives a verbal report from the staff member and accepts the patient.
 - e. Once in the ED, the patient is placed on "Suicide Precautions" as in item # 3 under Inpatient Procedures above and all subsequent inpatient procedures are followed.
 - f. If the patient has signed a BHSF Form # 6001 AUTHORIZATION TO RELEASE INFORMATION, the assigned staff member contacts the patient's family to advise them of the patient's transfer to the ED.
 - g. If the patient refuses transfer to the ED, then the following options *may* assist the staff in providing a safe alternative for transfer and care of the patient:
 - i. If the patient is in an outpatient unit with nursing care, then Suicide Precautions may be initiated in that unit with the direction of the nursing supervisor. See inpatient procedures above.
 - ii. The patient's physician or the department Medical Director may be contacted and notified of the situation for further direction.

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- iii. If the patient is under the care of a medical staff psychiatrist, the staff may contact the psychiatrist for additional guidance.
- h. A patient with suicidal risk is not to be left unattended and there *must* be an evaluation and appropriate follow up. See: SMH Administrative Procedure 3140 Baker Act (Florida Mental Health Act).
- i. If the patient leaves the campus, then law enforcement assistance via 911 is requested to initiate Involuntary Examination - Baker Act. Security is notified at the same time by calling #7777 Code Green.
- j. For registered patients; the situation, assessment and response are documented in the chart or clinical record.
- k. For employees and visitors; an incident report is completed and referred to Risk Management.
- l. If a person with suicidal risk calls from a location off campus, law enforcement is notified via 911 and is requested to evaluate/initiate Involuntary Examination - Baker Act.
- m. In situations that require assistance from law enforcement, the "minimum necessary" information for identification of the person and their suicidal risk should be given to the intervening agency representatives.

RENEWAL / REVIEW:

All procedures will be reviewed periodically and on an as need basis.

SUPPORTING/REFERENCE DOCUMENTATION:

- Baptist Health South Florida, Suicide Prevention Self Study Module. 20-77846. Reviewed December, 2008.
- Bongar, B., Ph.D., The Suicidal Patient: Clinical and Legal Standards of Care; American Psychological Association; 2002.
- TJC The Joint Commission, "Recognizing the Issues behind Patient Suicide", Adamski, Pat. Nursing Management. 38(5):10, 2007 May.
- Joint Commission Journal on Quality and Patient Safety/Joint Commission Resources. 2008. Aug; 34(8) 472-3, 433, "Suicide in Inpatient Settings: Are Our Hospitals Safe Enough?" Cullen S; Marcus, S.
- Shea, S., M.D., The Practical Art of Suicide Assessment; A Guide for Mental Health Professionals and Substance Abuse Counselors, John Wiley & Sons, Inc., 2002.
- Sentinel Event Alert. Issue 46, November 17, 2010. "A follow-up report on preventing suicide: Focus on medical/surgical units and the emergency department."

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

Policies/Procedures:

- SMH Administrative Procedure 3140 Baker Act (Florida Mental Health Act)
- SMH Administrative Procedure 8126 Code Green: Signals a Staff Member Needs Assistance with Combative Person (Patient, Visitor or Employee)
- BHSF Administrative HIPAA Privacy Policy 516 Patient Authorization

Forms:

- Suicide Precautions Record form SMH 2269
- Interdisciplinary Assessment/Screening form SMH 1400
- Plan of Care and Interdisciplinary Progress Record form SMH 1332d
- Incident Report
- Baptist Health Authorization For Release Of Health Information form BHSF 6001

Pamphlets:

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