Purpose

To ensure that;
- patients are assessed for potential for self-harm
- risk factors are identified, and
- protective measures are implemented to help keep the patient safe.

Policy Statement

Suicide risk assessments will occur upon admission of all patients to Mental Health programs, and when clinically indicated in other programs. The frequency of subsequent or ongoing patient suicide risk assessments will be determined by the clinical team based on factors such as mental status, changes in stressors, interactions, the course of illness and treatment, and the patient’s ability to self-regulate.

Patients assessed as being high or moderate risk for suicide, during any assessment, will have a ‘safety plan’ in effect. The use of the following are NOT permitted:
- “no-suicide contracts,”
- “no-harm contracts,”
- “suicide prevention contracts”, and
- “contracting for safety” contracts.

Applicability

This policy and procedure applies to Covenant Health acute care facilities, staff, physicians, students, volunteers and any other persons acting on behalf of Covenant Health.

Responsibility

Health care professionals are responsible to complete a comprehensive assessment of the patient in line with the requirements listed in the “Procedure” section of this document.

Principles

Suicide risk is dynamic and subject to change. Effective suicide risk assessment provides information on the intensity of suicidal symptoms and the presence of suicidal risk factors in order to inform and assist clinicians with ongoing clinical decision making.
Suicide risk assessment involves thorough assessment of mental status and the monitoring of changes in suicidal intent; the presence of a plan; affect; behaviour; cognition; potentiating risk factors; warning signs; protective factors; and coping potential.

The development of trusting, respectful, therapeutic relationships; frank discussions with patients; and appropriate observation levels, are key to the management of suicidal impulses and central to clinical management.

**Procedure**

1. **Suicide Risk Screenings**

   1.1 Treatment and care of patients at risk for suicide will be based on risk screenings or comprehensive suicide risk assessments undertaken by a health care professional (most usually nursing staff, but might also be a psychologist, occupational therapist, social worker) with the scope of practice for suicide risk assessment.

   1.2 For those patients who have been transferred (i.e. from the Emergency Department or from a different site), and in circumstances where there is clear documentation regarding a completed patient suicide risk assessment from the referring department within the previous 24 hours, the receiving unit will review the completed patient suicide risk assessment. The health care provider team will use their clinical judgement subject to the patient’s condition to determine if a further patient suicide risk assessment is justified.

   1.3 All patients admitted to a Mental Health program require an initial Mental Health Assessment and a Suicide Risk Screening. (See Appendix A for the Risk Screening and Risk Assessment Instrument to be used).

   1.4 In all programs other than Mental Health, suicide risk assessments will occur when clinically indicated.

   1.5 As per Appendix A, suicide risk screening shall include inquiry into the patient’s:

   a) history of non-suicidal self-injury (self-harm);
   b) previous suicide attempts;
   c) wish to be dead;
   d) current thoughts of killing or harming self; and;
   e) participation in risk-taking behavior with the thought of causing death or self-harm.
2. **Comprehensive Suicide Risk Assessment**

2.1 When indicated, and based on screening results, a suicide risk assessment shall be completed as soon as reasonably possible recognizing that multiple brief interactions may be required to complete the assessment as per Appendix A. The Suicide Risk Assessment takes into account:

   a) relevant demographic data, psychiatric and medical history (including developmental conditions);
   b) current and recent stressors;
   c) signs and symptoms;
   d) ideation, motivation, or plans for suicide, protective factors, overall current assessment of risk and clinical actions taken.

*Note:* Demographic data and history may be held in a different section of the patient care record; however, all information is considered relevant in the overall assessment of risk for suicide.

2.2 Collateral sources shall be utilized as appropriate in completing the suicide risk screening or the comprehensive suicide risk assessment (eg. family, emergency interdisciplinary team members, police).

2.3 Staff will communicate their assessment of patients at risk for suicide, immediately with the clinical team.

2.4 A patient’s denial of suicidal ideation does not, by itself, reflect a reasonable assessment of that patient’s suicide risk.

2.5 Patients assessed as being at risk for suicide (and their agent, guardian, nearest relative, or others, with consent, as appropriate) will be actively involved in decision-making and treatment choices wherever possible (subject to the patient’s clinical condition).

2.6 A safety plan will be developed and utilized with patients assessed at being at moderate to high risk for suicide. (See Appendix “B” for a sample of the Safety Plan to be utilized and Section 4 for further information.) Appendix “C” provides additional information to help staff in determining risk.

2.7 In addition to utilizing knowledge, skills and professional judgement, the clinical team MAY utilize suicide risk assessment tools to assist them in undertaking comprehensive suicide risk assessments knowing that reliability and validity of risk assessment tools are not well established. (See Appendix “B” for a sample tool Aid to Suicide Risk Assessment.)

2.8 Patient access to Lethal Means/Harmful Items/Substances must be assessed on admission to the unit and will be directly related to the findings of the suicide risk screening or comprehensive suicide risk assessment. If there is imminent danger to the health and/or safety of
the patient, and/or others, clinicians MUST arrange for Lethal Means/Harmful Items/Substances to be immediately removed and/or secured as per the Covenant Health Searching Patient Property Procedure. Patient consent is not necessary in this circumstance.

Specific items which constitute lethal or harmful items are found in ‘Definitions’ section of this policy.

3. Undertaking Subsequent/Ongoing Patient Suicide Risk Assessment

3.1 Based on principles of therapeutic engagement, health care professionals shall engage frequently with their patients in a manner appropriate to the patient’s condition, in order to conduct ongoing monitoring for indications of suicidal behaviour or ideation.

3.2 The frequency of subsequent or ongoing patient suicide risk assessments will be determined by the clinical team recognizing that changes in stressors, interactions, the course of illness and treatment, and the patient’s ability to self regulate, greatly affect the patient’s risk for suicidal behaviour.

3.3 Subsequent suicide risk assessments are indicated, but not limited to the following:

a) any suicidal behaviour or indication of suicidal ideation;
b) any substantial change in patient’s condition (improvement or deterioration);
c) with changes in formal status (eg. from voluntary to involuntary or when cancelling mental health certificates);
d) with changes to observation levels; and
e) prior to discharge from the mental health service.

3.4 The most responsible health practitioner shall assess the patient’s risk of suicide and complete all related documentation when:

a) granting passes;
b) changing the patient’s status (eg. from voluntary to formal, or when cancelling mental health certificates; and/or
c) changing observation levels; and discharging a patient from an Addiction & Mental Health inpatient unit.

3.5 All subsequent patient risk assessments must include the assessment of, but not limited to, the following:

a) changes in behaviour, affect, symptoms, and stressors;
b) high risk factors;
c) protective factors;
d) suicidal ideation and plans;
3.6 Prior to the patient leaving on a pass and upon his/her return from a pass, screening for suicide risk shall be done by the patient’s health care professional in the context of a meaningful exchange with the patient. (See Addiction & Mental Health Inpatient Privileges and Passes Procedure.)

4. Safety Planning for Patients at Risk of Suicide

4.1 Individualized safety plans shall be developed and used for all patients assessed as being at moderate or high/imminent risk for suicide. The safety plan will be developed by the patient’s health care professional in collaboration with the patient as clinically appropriate. Initial safety plans shall address, but not be limited to, observation levels, use of hospital attire, and searching of the patient and his/her property.

a) The health care professional may increase the patient’s observation level and communicate this to the physician and interdisciplinary team.

b) Patients may be required to wear hospital clothing upon admission to the unit. The patient shall be reassessed prior to the return of his/her clothing.

c) Staff shall conduct searches of the patient and/or his/her property, or of the items being brought onto the inpatient unit, in order to facilitate identification and removal, as appropriate, of items that are potentially harmful or lethal as defined below.

4.2 When appropriate, subsequent discussions with the patient shall address safety planning for passes and privileges.

4.3 Patients shall be actively involved in decision-making and treatment choices wherever possible, subject to the patient’s clinical condition. The patient’s alternate decision-maker (e.g., guardian, agent, nearest relative), if any, family members, or others may also be included as appropriate and within the parameters of the Health Information Act.

5. Documentation of Patient Suicide Risk Assessments

5.1 Documentation of suicide risk assessments will be comprehensive, accurate, legible, timely and will be completed as soon as possible after assessment, and within an eight hour shift. Documentation will include but will not be limited to, risk assessment, patient teaching about risk reduction, patient involvement in treatment and safety planning.
5.2 Documentation shall be completed on an approved form (e.g., Personal Safety Plan) or in a narrative format. Duplication of documentation is discouraged.

5.3 Documentation of subsequent suicide risk assessment will reflect an assessment of, but not limited to, the patient’s risk factors, changes in affect, behavior, cognition, symptoms, signs and stressors, suicidal ideation and plan, protective factors, patient involvement in the treatment plan and safety, and clinical actions taken.

Definitions

**Agent** means the person(s) named in a personal Directive who can make decisions on personal matters according to the wishes expressed by the patient.

**Alternate decision-maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include a specific decision-maker, a minor’s legal representative, a guardian, a nearest relative in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

**Family(-ies)** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends and informal caregivers.

**Guardian** means, where applicable:

For a minor:

a) as defined in the *Family Law Act* [Alberta];
b) as per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation; e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act* [Alberta]; or agreement between parents under the *Family Law Act*; or as set out in the *Child, Youth and Family Enhancement Act* regarding Guardians of the child to be adopted once the designated form is signed);
c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible);
d) as appointed in accordance with a Personal Directive (obtain copy of Personal Directive);
e) as appointed by court order (obtain copy of court order; e.g., order according to the *Child, Youth and Family Enhancement Act*; and,
f) a divorced parent who has custody of the minor.

For an adult: An individual appointed by the Court to make to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* [Alberta] or the *Health Professions Act* [Alberta], and who practises within scope and role.
Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Covenant Health.

Lethal Means/Harmful Items/Substances means: those items and substances that have the potential to be harmful or can be made harmful by a patient.

The following list is not exhaustive and is provided to give staff examples of items which can be considered to be dangerous. Each item must be considered on its individual merits. Items include: weapons, belts, waist drawstrings, hoodie strings, shoelaces, electrical cords, intravenous tubing, oxygen tubing or other medical equipment, toxic substances, sharp objects, illicit substances, prescription and over the counter medications, herbal or naturopathic products, razors, mirrors, matches, lighters, scissors, mouthwash, acetone (fingernail polish remover), cleaning chemicals, metal or plastic utensils, pull cords at the side of bed, linens, panty hose, suspenders, long socks, scarves, ingestible chemical or inflammable products, plastic bags, and alcohol.

Note that the source of Lethal Means/Harmful Items/Substances may be from the patient’s personal belongings, another patient/visitor who may provide access to these items, or other source.

Nearest relative means, in the Mental Health Act [Alberta] and in this document, with respect to a formal patient, or a person who is subject to a Community Treatment Order:

a) the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:
   - spouse or adult interdependent partner;
   - son or daughter;
   - father or mother;
   - brother or sister;
   - grandfather or grandmother;
   - grandson or granddaughter;
   - uncle or aunt;
   - nephew or niece;

OR

b) any adult person the Covenant Health Board designates in writing to act as nearest relative if there is no nearest relative within any description as above, or if, in the opinion of the Covenant Health Board, the nearest relative would not act or is not acting in the best interest of the formal patient or the person subject to a Community Treatment Order.
Patient care record means the Covenant Health legal record of the patient’s diagnostic, treatment and care information.

Potentiating risk factors are factors known to be correlated with suicide.

Protective factors are factors that lower the risk of suicide.

Safety Plan is a plan developed with the patient and is usually summarized as a written plan for the management of increased suicidal ideas and for how to stay safe both in hospital and once he or she returns to the community. Strategies, choices, moments of control, coping strategies and contact numbers that were discussed during the intervention should be included in the safety-plan. The plan should be shared with the patient’s care team and support persons such as family or friends as applicable.

Self-harm is anything that requires active medical intervention (not including physical or pharmacological restraint) to a patient, whether it was with or without intent to die.

Related Documents/Resources

Covenant Health Policies/Procedures:
- #VII-B-215, Observation Levels – Mental Health Program
- #VII-B-220, Environmental Assessment – Mental Health Program
- #VII-B-225, Search of Patient Property – Mental Health Program
- #VII-B-210, Inpatient Death by Suicide
- #VII-B-205, Inpatient Attempted Suicide
- #VII-B-217, Privileges and Passes

Forms (attached as resources on the compassionNET A-Z Policy Page):
- #CV-0603, Suicide Risk Screen/Assessment
- #CV-0604, Suicide Risk & Screen Assessment (Tri-fold Pamphlet)
- #CV-0600, My Safety Plan – How Can I Stay Safe in the Community (copy to be provided to patient)

Centre for Applied Research in Mental Health and Addictions. Working with the client who is suicidal: A tool for adult mental health and addictions services. www.carmha.ca

Revisions

October 15, 2012