Suicide Risk, Assessment, and Prevention Policy	Department: *General Operations*	
Origination Date: 03/2020	**Effective Date:** 03/2020	**Next Review Date:** 03/01/2023
Policy Contact: Cat Stulik, Cat.stulik@wacbd.org	**Version:** #2	
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PURPOSE: Washington Center for Bleeding Disorders (WACBD) recognizes the importance of educating and training staff on the risk, assessment, and prevention of suicide. Suicide is preventable and having the skills to recognize and assess patients who may be suicidal can be lifesaving.

SCOPE: The scope of this Policy applies to all WACBD staff and patients

POLICY STATEMENT: Washington Center for Bleeding Disorders will safeguard the mental health concerns of its patents, including suicide and accidental harm.

DEFINITIONS:

Term	Definition
Suicide	Death caused by self-directed injurious behavior with any intent to die because of the behavior
Suicide attempt	A non-fatal self-directed and potentially injurious behavior with any intent to die because of the behavior. A suicide attempt may or may not result in injury.
Warm Handoff	A gentle transmission of care between two members of the health care team, where the handoff occurs in front of the patient and/or family

PROCEDURES:

Procedure 1- Identifying Key Risk Factors	
Identifying Key Risk Factors	Suicide is a complex phenomenon. In addition to demography, risk factors may include an intricate amalgam of psychological, social, biological, cultural, and environmental circumstances. Employees should be knowledgeable about the variety of risk factors that may come to light in a patient history. Specifically, recent research demonstrates that clinical employees should note and assess patient histories that reveal the following risk factors for suicide: • Mental or emotional disorders • Past suicide attempts or self-inflicted injury • Physical pain or impairment • Substance abuse • Impulsivity following a life crisis • Conflict-related stress • Victim of violence or abuse • Grief • Isolation • History of discrimination based on race, ethnicity, gender identity, or sexual orientation • Pattern of aggressive or antisocial behavior

	• Imprisonment

Procedure 2- Assessment and Prevention Steps	
Employee Responsibility	If a person expresses any behavior that is a concern to one's self - call 911 immediately, even if the person declines. No other employees should step in or intervene. If a patient verbally expresses thoughts of suicidal ideation or other behavioral concerns employees will facilitate a warm handoff to Clinical Social Worker: • Clinical Social Worker will: o Directly ask "have you thought about suicide or killing yourself," or "are you feeling depressed or hopeless." o Gather history about past, recent, and present suicidal ideation, or other behavioral concerns o Contract for safety with patient. If patient refuses or cannot contract accompany to or call 911 with patient information o Assist patient to identify resources and support: ▪ Identifying economic supports: household financial security and housing assistance ▪ Identify resources to help strengthen access to care: gaps in health insurance coverage ▪ Assist patients with coping and problem-solving skills ▪ Identify support: community engagement, support groups and/or other programs o Refer patient to behavioral/mental healthcare facility WACBD clinical staff and/or Clinical Social Worker will complete full documentation, through EMR, of all interactions and assessment of patient.
Patient Suicide Attempt	In the event of an attempted suicide by a patient on WACBD's property, employees will: • Use de-escalation techniques to calm the patient (See handout attached) • Notify medical personnel and law enforcement immediately • Notify next-of-kin immediately
National Suicide Prevention Hotline	Give every patient with suicidal ideation contact information for suicide treatments and resources which are not limited to: • The National Suicide Prevention Lifeline phone number: 1-800-273-TALK (8255). This organization also has online chat access at http://suicidepreventionlifeline.org. • The Trevor Project at http://www.thetrevorproject.org, which specializes in at risk LGBT youth.

	• SAMHSA's National Helpline offers referrals for substance abuse and mental health treatment at 1-800-662-4357. • The NAMI Helpline can be reached Monday through Friday, 10 a.m.–10 p.m., ET. at 800-950-NAMI (6264) or text "NAMI" to 741741 or email info@nami.org

Procedure 3- Employee Training	
Employee Training	RCW 43.70.442 requires certain health care professions take a suicide prevention courses to maintain their licenses which each employee will be responsible for completing. In addition, all WACBD employees will be trained every 3 years to be better equipped at handling patient suicide and self-harm situations.

RELEVANT REFERENCES:

- https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Suicide-Risk-Assessment-Standards-1.pdf
- https://www.nursingcenter.com/ce_articleprint?an=00006247-201811000-00006
- https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf
- https://www.who.int/news-room/fact-sheets/detail/suicide
- https://www.dbsalliance.org/pdfs/UnderstandingAgitation/Understanding_Agitation_Poster.pdf
- RCW 43.70.442: Suicide assessment, treatment, and management training—Requirement for certain professionals—Exemptions—Model list of programs—Rules—Health profession training standards provided to the professional educator standards board. (Effective until July 1, 2022.) (wa.gov)

APPROVING COMMITTEE(S):

Policy and Compliance Committee (PCC)

REVISION HISTORY

	Final Approval by	Date	Brief description of change/revision
Revision	PCC	11/10/21	Updated outline added training, employee responsibility, and handout
Revision			

WACBD
WASHINGTON CENTER FOR BLEEDING DISORDERS

De-escalation Handout

10 Principles of Verbal De-escalation

1. Respect the **personal space** of the individual; do not get uncomfortably close or block exits.
2. Do not be provocative or respond in anger, be in **control** and measured.
3. Establish verbal contact **calmly** with the individual.
4. Be **concise** and speak in short, easy to understand sentences or phrases. Repeat yourself often.
5. **Listen** closely to what the person is saying.
6. Identify the individual's **wants and feelings** and try to accommodate reasonable requests.
7. **Agree** or agree to disagree with the person's concerns, while avoiding negative statements.
8. Set **clear limits** with expected outcomes, but do not make demands or order specific behavior.
9. Offer **choices** and optimism.
10. Afterwards, **review** the event and look for areas of improvement.

BODY LANGUAGE

- Relaxed facial expression
- Speak softly
- Arms uncrossed, hands open
- Knees bent
- 2x arm's length distance

YOU MIGHT SAY...

"No harm will come to you."

"I will help you regain control."

"I am here to help, not to hurt."

"This is a safe place."

DO THEY WANT...

Something to eat or drink?

A quiet place to go?

A chance to talk about things?

This information is based on consensus guidelines from Project BETA established by the American Association for Emergency Psychiatry.