

# Suicide Assessment and Mitigation Plan

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# Suicide Preparatory Planning Committee

- Regional Director Regulatory Compliance
- Regional Safety Officer
- Clinical Manager
- Risk Management
- Facilities
- Security

# Committee Planning Topics

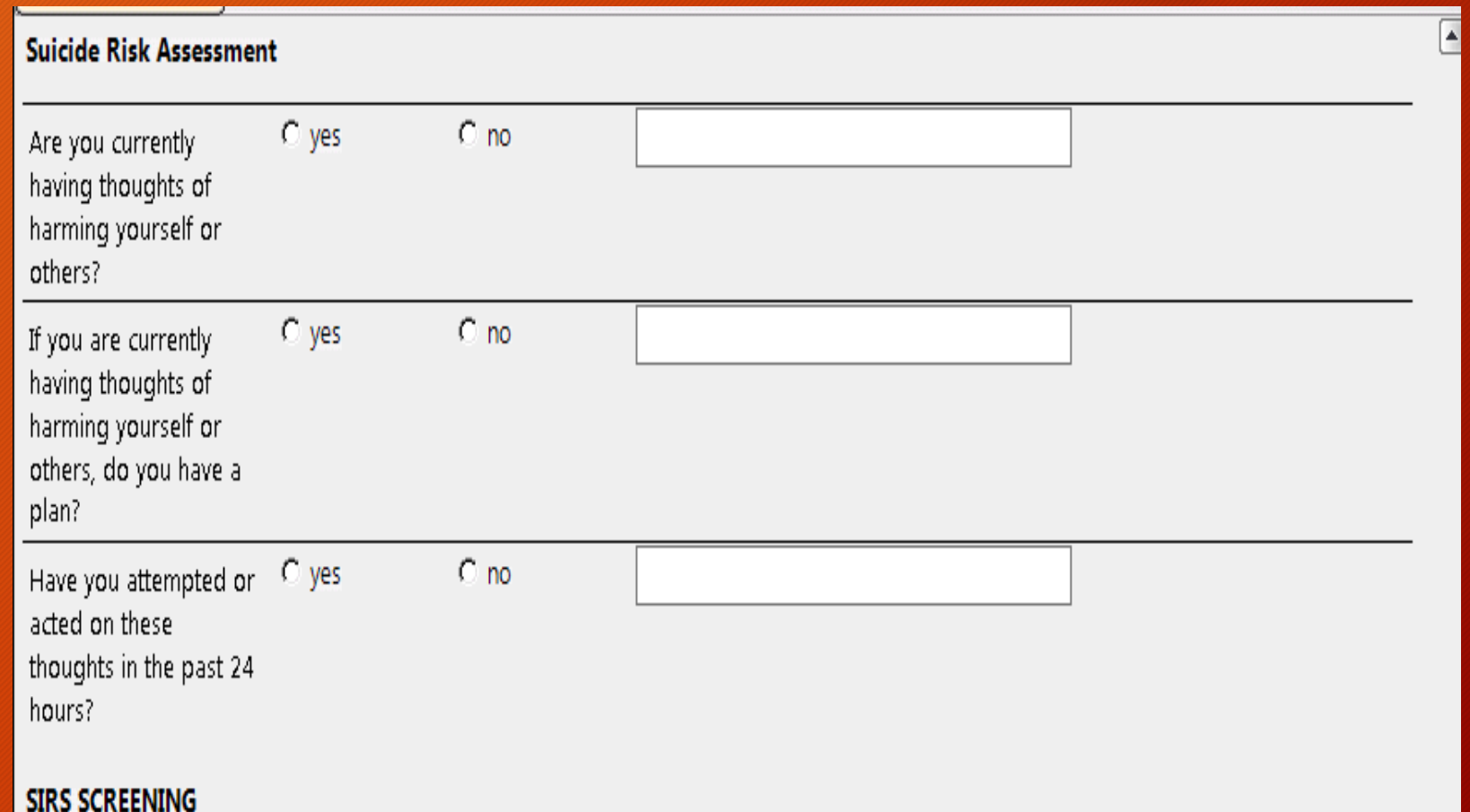
- Review current policies - locally and regionally
  - Suicide
  - Sitter
- Review EHR screening tool
- Ensure mitigation plan in place
- Create education specific to frontline staff

# Policy Review

- Identified three policies related to suicide screening and treatment at Standish
- Developed one simplified and syndicated policy
- Developed new Sitter policy - identified “who” could sit and how to maintain a sitter pool

# Review EHR screening tool

- Mandate EHR suicide risk tool with every ER patient and every inpatient/observation
- Utilize current tool to create leveling of suicidal patient
- ADD SCREENSHOT OF TOOL



**Suicide Risk Assessment**

Are you currently having thoughts of harming yourself or others?  yes  no

If you are currently having thoughts of harming yourself or others, do you have a plan?  yes  no

Have you attempted or acted on these thoughts in the past 24 hours?  yes  no

**SIRS SCREENING**

# Mitigation Assessment and Implementation

- Team completed a comprehensive Ligature Risk Assessment of identified high-risk clinical areas (ER and CCU)
- Tool utilized to create a template for all potential risks
- Finalized tool used as a reference for every identified high-risk suicide placement

No.	<p style="text-align: center;"><b>Hazard</b></p> <p>List the hazards associated with the activity</p>	<p style="text-align: center;"><b>Rationale / Assessment Methods</b></p>	<p style="text-align: center;"><b>Control Measures already in place to control the risk</b></p> <p>List any safety measures that are already in place to control the risks</p>
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## PART - A: GENERAL CRITERIA

### FLOORS

2	<p><b>HVAC Vents:</b> (Floor, Wall, Ceiling)</p> <p><b>2.a. Floors:</b></p> <ul style="list-style-type: none"> <li>• Are floor-mounted HVAC vents removed?</li> </ul> <p><b>2.b. Walls:</b></p> <ul style="list-style-type: none"> <li>• Are HVAC vents flush with the wall?</li> <li>• Are HVAC vents secured with tamper resistant screws?</li> <li>• Are louvers designed so that they cannot be used to secure any item that might be used to attempt suicide by hanging?</li> <li>• Are vents designed without sharp edges to prevent self-harm?</li> </ul> <p><b>2.c. Ceilings:</b></p> <ul style="list-style-type: none"> <li>• Are vents in the ceiling flush mounted with the ceiling surface and secured with tamper resistant fasteners?</li> <li>• Are vents in the ceiling designed so they cannot serve as an anchor point for hanging?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Floor-mounted HVAC vents</b> should not be used. There should be no exposed and accessible HVAC equipment such as floor mounted fan coil units, radiators, convectors, or finned tube radiation. Note these vents can be used as a weapon and as a tie-off point for a ligature. Until they can be removed the risk must be mitigated and this mitigation noted in the tracking sheet.</li> <li>• <b>Walls:</b> Vents should be flush with the wall and secured with tamper resistant anchors; vents or registers must be designed so that they cannot be used as anchor points for hanging. Vents should not be able to be removed and used as a weapon or for self-harm.</li> <li>• <b>Ceilings:</b> Louvers can be used as an anchor point; mesh or grates are preferable or the louver should not support weight. Edges should be caulked with tamper resistant caulk to avoid being used as anchor point or sharp.</li> </ul>	<p>HVAC VENTS ARE CEILING MOUNTED</p> <p>NOT FLUSH MOUNTED</p> <p>NOT AFFIXED WITH TAMPER RESISTANT SCREWS</p> <p>DIFFUSERS PROVIDE LIGATION POINTS</p>
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50	<p><b>Blind Spots:</b></p> <p>50.a. Are blind spots eliminated?</p> <p>50.b. If there are blind spots are there cameras or mirrors in the room for patient visualization?</p>	<ul style="list-style-type: none"> <li>• Seclusion rooms cannot have blind spots because patients can inflict self-harm when out of sight of the staff.</li> <li>• Cameras can help when direct staff supervision is not possible, but there must be a protocol in place for staff to continuously view the cameras. Convex mirrors can also be used to ensure all areas of the seclusion room can be seen. Any mirror must be unbreakable (e.g. steel frame with polycarbonate face) and sealed so they do not create anchor points.</li> </ul>	BLIND SPOTS ARE NOT PRESENT, UNLESS PRIVACY CURTAIN IS IN USE
53	<p><b>Furniture:</b></p> <p>Is the only furniture in the room a psych style box bed, bolted to the floor?</p>	<ul style="list-style-type: none"> <li>• There should be no furniture other than a bed that is bolted to the floor or a mattress.</li> </ul>	GURNEY, BEDSIDE TABLE ARE PRESENT
54	<p><b>Seclusion Beds:</b></p> <p>Are seclusion room beds free of potential hazards to patients?</p>	<ul style="list-style-type: none"> <li>• No protrusions, posts, or sharp edges/corners; head/foot boards removed or secured; bed secured to the floor.</li> </ul>	LIGATURE POINTS ARE PRESENT ON BED (DESCRIBE)
55	<p><b>Mattress for Seclusion Rooms:</b></p> <p>Use specialized mattress for mental health units with no springs.</p>	<ul style="list-style-type: none"> <li>• Mattress must not have springs or sharp edges. Pillows and mattresses should not have covers that can be easily removed by the patient and used for suffocation. A self-contained closed mattress (sealed with no zippers or stitching) is recommended.</li> </ul>	NONE OBSERVED (RE-ASSESS)
56	<p><b>Other:</b></p> <p>Are special precautions in place for seclusion rooms?</p>	<ul style="list-style-type: none"> <li>• All fixtures (covers/vents/windows) secured with tamper-resistant screws; all furniture is free of separate pieces/parts, and secured; room free of decorations; solid ceilings and walls; institutional sprinklers; laminated glazing in windows.</li> </ul>	LIGATURE POINTS ARE PRESENT (SCREWS ARE NOT TAMPER-RESISTANT)
58	<p><b>Thermostats:</b></p> <p>In new units, the seclusion room should have its own thermostats.</p>	<ul style="list-style-type: none"> <li>• Seclusion rooms can easily become overheated. Monitor the temperature in the room. The Thermostat control should be outside of the room.</li> </ul>	THERMOSTAT IS MOUNTED ON WALL



## Physical Environment Ligature Risks Patients at Risk for Suicide

(\*Please be aware of all these risks to patient safety while watching the patient) Location: ED#4

Risk	Harm	Prevention	"X" if present
Bed/Stretcher	Frame, hooks, rails, arms-patient could use as ligature point. Stretcher could be flipped over.	<b>Always stay within arm's reach of patient.</b>	<b>X</b>
Window/door	Patient could harm self by hitting head on window	"	<b>X</b>
Thermostat, Thermostat cover	May be used to harm self or staff if removed. Could provide a ligature point	"	<b>X</b>
Outlets at head of bed	Ligature risk	"	<b>X</b>
Sharps container	Ligature risk, potential self-harm	"	<b>X</b>
Suspended ceiling	Ligature risk	"	<b>X</b>
Door hinges	Ligature risk when door is open	"	
Privacy curtain	Ligature risk	"	<b>X</b>
Soap dispenser	Ligature risk	"	<b>X</b>
Chair, foot stool, hamper	Ligature risk, can be used to block door closed, could be used as a weapon	"	<b>X</b>
If patient is monitored	Ligature risk from cables, suction, oxygen	"	<b>X</b>
Telemetry cables	Ligature risk	"	<b>X</b>
IV tubing	Ligature risk	"	<b>X</b>
Medical gas outlets, covers	Ligature risk	"	<b>X</b>
Bedside commode	Ligature risk	"	
Patient gown	Ligature risk for gowns with ties	"	<b>X</b>
Bed linen	Ligature risk	"	<b>X</b>
Trash bag liner, plastic		"	<b>X</b>
Bedside table	Ligature risk, could be used to block door closed	"	<b>X</b>

# Education Rollout

- 2 electronic learning modules assigned to all clinical associates and leadership: *Patient Sitter* and *Suicide - Patient Safety*
- Reviewed sitter responsibilities in all staff meetings, along with face-to-face teach back training with all identified associates
- Ongoing training

# Final Product - Suicide Toolkit

- Sitter policy
- Environmental Risk Assessment Tool
- Ligature Risk Summary
- Expectations for Sitters

# Lessons Learned

- Joint Commission visit - end of July
- Review the standards
- Regular and frequent communication - weekly updates through EOC surveying
- Team effort