Suicide Prevention Checklist

THE COMPONENTS FOR THE ASSESSMENT AND MANAGEMENT OF SUICIDE RISK

THE BASICS

- ☐ A policy to address suicidality is in place.
- ☐ Staff have received education about the policy.
- ☐ The policy is part of new employee onboarding.
- ☐ The policy is reviewed with staff annually.
- ☐ Every staff member knows their role in the prevention of suicide.

STAFF ROLES

- ☐ Every provider has been trained in the screening, assessment, triage, documentation and care coordination for suicide prevention. (See training guidelines)
- ☐ Management is familiar with the suicide policy and SLAP protocol and reviews annually with staff, arranges for training for staff to support their individual roles, can serve as a sitter for patients at imminent risk of suicide pending transfer to a higher level of care, conducts root-cause analysis and chart review following a patient's death by suicide
- ☐ Clinical staff know how to use suicide-specific screening tools and process for managing a positive screen (see Screening tools and resource list)
- ☐ Front desk/clerical staff know how to manage an incoming call concerning suicide risk (See SLAP protocol)

SCREENING

- ☐ A suicide-specific screen (see Screening Tools and resources) is used at minimum for patients 12+ annually at WCE visits and at behavioral health visits (can be used in younger children when behavior concerns arise)
- ☐ Clinical staff have received education about the screening tool, notification process for positive screens and documentation/entry in the EHR
- ☐ Providers review screening responses and if there is a positive screen for risk, a risk assessment is completed and documented by provider or designated trained staff with clear follow-up/care-coordination

RISK ASSESSMENT

- ☐ A process and tool is used to assess risk (e.g. CSSR-S, ASQ-BSSA)
- ☐ A response to level of risk is determined and documented
- ☐ A safety plan is considered if appropriate
- ☐ Counseling on lethal means safety is completed and documented
- ☐ If imminent risk is identified, patient is monitored 1:1 in the office until transfer to higher level of care is arranged

MANAGEMENT OF SUICIDALITY

- ☐ Resources have been compiled to share with patients and families including 988
- ☐ A follow-up appointment is scheduled with mental health and/or provider
- ☐ A safety plan is completed at the discretion of the provider
- ☐ A caring contact is made withing 24-72 hours (e.g. portal check-in, secure text or phone call)
- ☐ If patient needs to be sent to the ED, staff follow-up with the family to coordinate care if discharged home or outreach is made with inpatient psychiatric hospital if transferred from ED to coordinate at the time of discharge