POLICY:
Innovations will ensure that people accepting services who make suicidal acts and/or statements are supported in receiving emergency care to protect their health and safety.

PROCEDURE:

1) Background
   a. Persons with developmental, cognitive, neurological, and physical challenges must learn to deal with many limitations, and social problems resulting from disruptions in lifestyles. For many individuals, a feeling of helplessness may result, and the person may become overwhelmingly depressed or suicidal. This is normal: approximately 80% of all adults have contemplated suicide at one time or another. Suicide threats or actions must be taken seriously until the individual can be assessed professionally to determine whether they are at risk.
   b. This suicide protocol is designed to provide a higher level of supervision, so individuals expressing suicidal thoughts or showing suicidal actions will be monitored closely to prevent self-harm. Staff/providers will take all necessary actions to reduce the individual’s risks, until the individual is free of suicidal ideation.
   c. This Suicide Protocol addresses the need to change the level of supervision for an individual immediately, until a licensed or trained professional assesses the individual.

2) Overview
   a. INITIATE the suicide protocol when an individual does any of the following:
      i. Expresses a suicidal statement
         1. Defined as any statement (verbal, written, or otherwise) expressing desire to kill oneself
      ii. Expresses a suicidal thought
         1. Defined as any expression of a suicidal thought
      iii. Engages in suicidal gestures
         1. Defined as any action that would suggest a desire to kill oneself
   b. Remain calm. Do not provide counseling to the individual. Initiate the suicide protocol:
      i. ASSESS for immediate danger
      ii. INITIATE “close visual supervision” (CVS)
      iii. SAFEGUARD the environment
      iv. CONSULT a trained professional
      v. DOCUMENT the incident

3) ASSESS for immediate danger
a. **Call 911 immediately if the individual engages in any of the following behaviors after displaying a suicidal behavior:**
   
i. **If the individual is actively aggressive**
   
ii. **If the individual is in possession of a sharp, or other dangerous weapon**
   
iii. **If the individual locks him or herself in a room**

b. **NOTE:** If the individual is threatening suicide with a weapon, talk to him/her from a safe distance to avoid personal injury. Individuals who are suicidal may present a high risk of violence to others.

4) **INITIATE “close visual supervision”**

a. If the individual is not in immediate danger immediately put the individual on Close Visual Supervision (CVS) until a trained professional can assess the level of risk. CVS means:
   
i. **CLOSE:** Staff/provider must remain close enough to the individual to implement a control procedure if necessary
   
ii. **VISUAL:** Staff/provider must maintain visual contact of the individual at all times
   
iii. **SUPERVISION:** Staff/provider must maintain CVS until a “trained professional” asserts that the individual is not actively suicidal.

b. When an individual is on CVS, staff/provider’s interaction with the individual must be minimal.
   
i. Staff/providers are there to supervise the individual and record data about the individual’s behavior to share with the “trained professional”.
   
ii. Staff/providers may engage the individual in conversation, and discuss practical issues and concerns such as meals, meds, etc. However, staff/providers should not discuss the suicidal statement/behavior, nor should staff/providers attempt to provide therapeutic support to the individual, as this could reinforce attention-seeking behavior.

iii. If the individual needs to use the bathroom, staff/providers must:
   
1. Check the bathroom to locate and remove any dangerous items
   
2. Ensure the individual remains in line-of-sight supervision while using the bathroom, either by placing themselves in the bathroom, or by leaving the door open.

iv. Baths and showers are NOT permitted while an individual is on CVS.

5) **SAFEGUARD the environment**

a. Do not attempt to safeguard the environment while you are doing CVS. You will not be able to do both at the same time. If there are two staff/providers present at the house, one should do CVS and the other should safeguard the environment. If there is only one staff/provider present, that staff/provider should call in a second staff/provider and/or the Site Supervisor/Coordinator to come in and safeguard the environment.

b. If the individual is in a dangerous environment, you can escort him or her to a safer environment. Only escort the individual if you think it would be safe to do so.

i. If the individual has a Safety Control Procedure (SCP), ensure that it is followed if you need to physically restrain the individual.
ii. It is allowable to escort an individual to their room, if that is a safer alternative to their current location. However, it is never okay to put someone in any room of the house and prevent them from exiting, which is considered false imprisonment. Conversely, you may escort someone out of their room if that is an unsafe environment.

iii. **Notify your supervisor immediately if you use physical intervention to escort the individual, as this would constitute an Emergency Control Procedure.**

c. Do your best to safeguard the environment. An actively suicidal person may use any number of items to attempt suicide. Use your best judgment to determine which items should be removed from the environment.

   i. Be aware that it may not be possible to search an individual’s room and locate every possible dangerous item, which is why CVS is so critical. The safeguarding of the environment should focus on items in the common areas of the home that staff/providers are aware of and know could be dangerous (e.g., sharps in the kitchen, medications, etc.).

   ii. **Notify your supervisor immediately if you remove any personal possessions from the individual, as this will constitute an emergency Suspension of Rights, which requires certain due process paperwork be completed by the supervisor.**

d. When you are safeguarding the environment, make sure the medications are securely locked up, in a way that the individual could not access them.

e. Encourage the individual to change their clothing, to ensure that the individual is not in possession of any dangerous items. Have the individual put on a pair of baggy sweatpants and a baggy sweatshirt if possible.

   a. As the incident progress, continue to make sure that the individual does not have access to any dangerous objects.

   b. **REMEMBER: if at any point a suicidal individual comes into possession of a dangerous weapon, call 911 immediately.**

6) **CONSULT a trained professional**

   a. **In order to have an individual taken off of CVS, the individual MUST be assessed for suicidality by a “trained professional”.** At this point, the only option for a trained professional is a trained mental health evaluator at the local Emergency Room.

   b. **Procedure for ER Evaluation**

      i. If staff/providers think that the individual is safe to ride in a vehicle, then they may transport the individual to the ER in the site car/van. If staff/providers think that the individual is NOT safe to ride in a vehicle, then they will call 911 and request an ambulance to take the individual to the nearest ER for a psychiatric evaluation.

         1. If the police/medical professionals who arrive state that they do not believe that the person is suicidal, insist that per our policy the individual must be evaluated for safety at the ER.

      ii. Staff/providers will call ahead to the local ER to let them know that someone will be coming in that needs to be evaluated for suicidality.

      iii. Staff/providers must always accompany an individual in the ER. If no staff/providers are available, then the Supervisor/Coordinator will accompany
the individual in the ER. The person accompanying the individual must bring a copy of the individual’s Face Sheet with them to the ER.

iv. A trained professional in the ER will assess the individual for suicidality. Many psychiatric evaluators will want to talk to a counselor to help them understand the person they are evaluating. Staff/providers should make themselves available to be interviewed by this person.

v. The outcome of the ER visit will either be that (1) the individual will be deemed a danger to themselves and will be admitted to a local psychiatric ward, or (2) the individual will be deemed safe, and will be discharged (and therefore will be taken off of CVS). Either way, staff/providers must get all available documentation from the ER.

vi. **If the individual is removed from CVS at the ER, ensure that someone at the ER signs a Medical Consultation Form to document that the individual was removed from CVS.**

7) **DOCUMENT the incident**
   a. Staff/providers must complete the following paperwork after the incident:
      i. **CALL** the Coordinator/Supervisor, site Nurse and if applicable the individual’s guardian to inform them of the outcome of the incident.
         1. The Coordinator/Supervisor will contact the individual’s psychiatrist within 24 hours by email to report the incident and status of the individual.
      ii. Complete an Incident Report.
      iii. Make a copy of all documents, file those copies in the individual’s Medical Book, and route all originals per Innovations medical protocol.