DukeHealth

Policy/Procedure: DUHS Suicidal or Risk of Harm to Patient Safety

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Applicability:

☐ Ambulatory Surgery Center Arringdon
☐ Davis Ambulatory Surgery Center (DASC)
☐ Duke Health Integrated Practice (DHIP)
☐ Duke Health Technology Services (DHTS)
☐ Duke HomeCare & Hospice (DHCH)
☐ Duke Primary Care (DPC)
☒ Duke Regional Hospital (DRH)
☒ Duke University Hospital (DUH) (both campuses)
  ☐ Durham Campus Only
  ☐ Duke Raleigh Campus Only
☐ Patient Revenue Management Organization (PRMO)
☐ Population Health Management Office (PHMO)

Level: Interdependent

A screening will be completed by a competent RN/designee. This screening will identify patients at risk for serious self-harm due to suicidal ideation. ***All staff*** have the right to initiate one-to-one continuous observation if a patient appears at risk. Once a patient is identified at risk for suicide, that patient will be under **1:1 monitoring with continuous visual observation** by a competent nurse or NCA until assessed by provider and deemed to be safe.

Personnel/Competencies/Skills: RN, LPN, NCA

All new staff, during the first week of orientation, take the DUHS Suicide Prevention Training (CEPD372) module located in LMS. Appropriate staff complete the "Behavioral/Emotional Assessment and Management" Competency Validation prior to completing orientation.

Required Resources:

Refer to attachment for list of patient scrubs sizes and SAP numbers
Paper bag for trash can (SAP # 12054)

Policy Statement:

Purpose: To provide a systematic approach to screen for risk of suicide, modification of environment, and staff interventions to promote a safe environment for the treatment of patients at risk for harm to self or others.

Content:

A. Screening
B. All adult patients and pediatrics***** ≥ 12 years old will be screened for the risk for suicide upon admission or presentation to the Emergency Department (ED) or Labor and Delivery (L&D) or with any change in behavior
    1) Pediatric patients ≥ 12 will be screened in the ED and managed as defined in the policy. Pediatric patients with a primary psychiatric diagnosis will be evaluated by the Pediatric Psychiatric team until appropriate transfer to the appropriate facility can occur. Precautions for this population are the same as outlined in this policy.

C. Screening tool:
   1) Each patient, adults and pediatrics ≥ 12 years old, will be screened using the tool below:
      i. "Columbia-Suicide Severity Rating Scale" will be used (appendix A).
   2) Scoring

D. If patient responds "yes" to question 1., written information on behavioral health will be provided, including the crisis hotline via the AVS on discharge or transfer.
      i. If patient responds "yes" to question 2, complete questions 3-5.

E. If patient responds "yes" to question 3, 4 or 5, immediately notify provider, initiate suicide precautions and place the patient on **1:1 monitoring with continuous visual observation**. Upon discharge or transfer, information will be provided on behavioral health to include the crisis hotline via the AVS.

F. If patient responds to question 6 with a positive for a plan in the past 3 months, immediately notify provider, initiate suicide precautions and place the patient on **1:1 monitoring with continuous visual observation**. Upon discharge or transfer, information will provided on behavioral health to include the crisis hotline via the AVS.
      i. The presence of any suicidal behavior, such as suicide attempt, interrupted attempt, aborted attempt or preparatory behavior (e.g. collecting pills) in the past 3 months indicates a high risk.

A. Interventions:

Monitoring:

a) **Suicide Precautions* will be initiated upon suspicion of self-harm or scoring of moderate or high on the *Columbia-Suicide Severity Rating Scale*.
b) The nurse or provider will enter an order for Suicide Precautions.
   a. If a Nurse is placing order they should use the ordering mode of per protocol, no-cosign required.
c) Immediately place patient on **1:1 monitoring with continuous visual observation** (including during transport) by a competent person or assigned Patient Care Attendant.
d) Patient will remain on **1:1 monitoring with continuous visual observation** until a provider determines it is unnecessary
   a. *A providers' order must be obtained to discontinue suicide precautions.
   b. The Patient Care Attendant should be the same gender as the patient whenever possible.
   c. Family members are not permitted to provide constant observation for **1:1 monitoring with continuous visual observation**:*Patient is restricted to room unless determined by provider/psychiatrist that ambulation is beneficial and safe. If ambulating on the floor in hallway, patient will be accompanied at all times by a competent employee, i.e. Patient Care Attendant, RN. If there is a unique need for the patient to go outside of their room, the care team with nursing leadership will review the risk/benefits to and if deemed necessary, will develop a plan to keep the patient safe.
   d. If patient needs to be restrained, institute restraints per hospital policy.

Environment assessment for patient assessed to be at risk:

a) Remove unnecessary/unused equipment from patient room. For equipment deemed necessary for medical care, this will be documented as present and removed if no longer becomes necessary.
b) Remove all sharp objects
c) Remove unnecessary monitor cables, unnecessary cords, shoe laces, and equipment
d) Remove the telephone in the room and all-electronic devices (i.e. cell phone, computer, tablets and power cords). *Cell phone removal should be discussed with provider. Power cord should

be removed.

e) To avoid harm, verify that call bell cord is shortened but useful to call for assistance
f) Remove bottles/containers of solutions
g) Limit linen in room
h) Use paper as trash can liners (SAP# 12054)
i) Confirm meal tray is disposable
j) Patient Care Attendant/RN will verify the disposal of the plastic ware (i.e. fork; spoon; knife) with removal of each meal tray.
k) Care nurse will observe patient taking all medications. Collaborate with Pharmacist to obtain liquid medications when possible. Check patient's mouth to verify that medication was swallowed. Do not leave medications at patient's bedside or with the Patient Care Attendant.
l) Place a sign on the door stating visitors must report to the nurse's station prior to entering room.
m) The patient will be placed into approve safety apparel for patient identification and safety (See Attachments).
n) o. Search all patient's belongings and room on admission and at the beginning of each shift to remove potentially harmful items. Document any findings in electronic health record (EHR).
    i. This is to be done by two hospital employees in the patient's presence
    ii. If the patient's physical person is searched, a staff member of the same gender as the patient must assist in carrying out the search
    iii. Another DUHS employee, same sex as patient if available, must serve as a witness during the search.
    iv. Every search and/or seizure will be documented. Documentation will include:
        i. Scope of search
        ii. Reason for search
        iii. Description of any property seized Account of disposition of seized property
        iv. Items which can be used for self-harm include but are not limited to:
        v. Belts Shoelaces
        vi. Cell phones/phones Magazines (staples)
        vii. Ties Necklaces
        viii. Medications brought by the patient (OTC and prescription)
        ix. Other dangerous items- i.e. glass, scissors, knives, razors, nail files, belts, electrical appliances/cords, lighters, scalpels, cleaning chemicals, ink pens worn around the neck, shoe laces, alcohol foam, compact with mirror, phone cord or any items which could be used to harm patient/ staff.
        x. Any item which can cause harm (contraband) will be turned over to Security such as:
            1. Guns
            2. Knives Illicit drugs
            3. Any other device which is thought to lead to significant bodily harm.
        xi. Patient belongings will be removed from room and secured or returned to a family member to be taken from the hospital (this includes personal cellphones).
        xii. Document all patient belongings and their location in EHR.
        xiii. Visitors are not permitted to take anything into room; this includes what may be in their pockets that could be used to cause harm. Visitors may be instructed to return any items to their car.The providers may order "No Visitors" if appropriate and necessary for patient safety.

Educate:
Inform patient of suicide/risk for harm precautions, including items prohibited in the patient's room, and explain patient's plan of care for that shift. Explain that these measures are for their safety.

Document:

a) Complete the Patient Safety Flowsheet in EHR with the staff assigned to perform the role.
b) Each shift and at change of caregiver, care RN to collaborate with Patient Care Attendant on suicide/risk for harm risks and actions to take if risks identified.
c) At change of shift the off-going Patient Care Attendant will provide a report to the on-coming Patient Care Attendant and document the handoff in Maestro Care.
d) Document all patient belongings.
e) Document patient behavior every shift and with any change in behavior.

Handoff:

a) Collaboration between the care RN and Patient Care Attendant to address patient's safety care needs for the current and following shifts. Review DUHS Patient Care Attendant Flowsheet/ED Narrator.
b) If patient is admitted through the ED with suicide precautions in place, a Patient Care Attendant or other competent personnel must accompany patient to the unit from the ED.
    i. DRAH Only:
c) Public Safety is to secure all of the patient's belongings prior to transfer from the Department to the nursing unit. A belongings search will be completed and documented in the EHR. Reference: Patient Care Search and Seizure Policy and documentation requirements.
d) Public Safety Officer will accompany the patient on all transports.
e) For continuous observation, a competent staff member will accompany and remain with patient when patient is off the unit (DRAH: Public Safety must be called to accompany staff and patient during transport).
f) Patient belongings which are determined to have potential for self-harm, will not be handed back to patient until Suicidal/risk for harm precautions are discontinued or items are sent home with family. Final disposition of patient items will be documented and included in verbal hand-off to receiving unit.
g) Confirmation and status of float pool request for Patient Care Attendant will be included in verbal hand-off, as appropriate.
h) Care nurse and Patient Care Attendant will review plan of care at beginning and end of each shift. Prior to the next shift hand-off, the care nurse will review the progress to plan of care with the Patient Care Attendant.

Charge nurse/Care nurse will:

a) Notify Duke Float Pool/OA that a patient will be on *Suicide Precautions* when notified by Bed Control or ED. A 24-hour Patient Care Attendant will be arranged through Duke Float Pool/OA or unit's nursing staff will be utilized until coverage is assigned. Duke Float Pool/OA must be notified when suicide/risk for harm precautions are no longer in effect.
b) Meet with Patient Care Attendant upon arrival to unit. Arrange break times, and verify the next staff person has arrived, and periodically check to validate 1:1 monitoring with continuous visual contact of patient.
c) For any patient behavior escalation such as disputes or disturbances, notify:
d) Duke Police at 684-2444 or 911;
e) DRH Security at 470-4262; or
f) DRAH Security 954-3911 or call Code Gray.

Patient Care Attendant responsibility:

a) Report to charge nurse at the beginning of the shift to get instructions and begin **1:1 Monitoring with continuous visual observation**.
b) Patient Care Attendant and care/charge nurse will review the DUHS Patient Care Attendant Flowsheet/ED Narrator in Maestro Care.
c) Documentation hourly that **1:1 monitoring with continuous visual observation** is ongoing on the DUHS Patient Care Attendant Flowsheet/ED Narrator in Maestro Care.
d) Coordinate with charge nurse/care nurse to provide Patient Care Attendant time for breaks and lunch in order to avoid fatigue. Communicate with the care/charge nurse at such times to provide continuous visual contact.
e) Keep patient within **1:1 monitoring with continuous visual observation** at all times. Patient's room and bathroom doors should be kept open; the privacy curtain will be closed in lieu of the room door being closed, as necessary for safety. Accompany patient to all tests and procedures off the unit. Notify care/charge nurse before leaving the unit with patient.
f) Facilitate visitors to check with care/charge nurse prior to visiting with patient. Patient Care Attendants will remain in the room with all visitors. Patient Care Attendant may step out of room, remaining outside of the room, when providers are examining the patient.
g) Notify care nurse of changes in patient behavior immediately. Behavior that requires immediate attention such as a change in level of alertness, pulling at IV lines, tubes, restraints, verbal threats, yelling, or refusal to comply with requests must be reported to patient's care nurse.
h) Request assistance if harm to the patient or Patient Care Attendant is imminent.
i) Remain alert at all times to the patient. Patient Care Attendant will not read, watch TV, or use personal electronic devices, such as cell phone. The TV may be on only if the patient requests it.
j) No personal items, such as a purse or backpack, will be taken into room. No personal electronic devices.

*Refer to **Addendum B** (below) for Patient Care Attendant Guidelines*

REFERENCES

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Roaten, K., Johnson, C., Genzel, R., Khan, F., & North, C. (2018). Development and implementation of a universal suicide risk screening program in a safety-net hospital system. The Joint Commission Journal on Quality and Patient Safety; 44: 4-11.

Addendum B:

Patient Care Attendant Guidelines:

1. **Remember safety first!** Patients require **1:1 continuous visual observation**. Patients should be watched for signs of possible or actual intentional or unintentional harm to self, unpredictable behaviors that place the patient at risk of injury, and rapid changes in the patient's ability to think clearly.
2. Check in with charge nurse upon arrival to the unit. Review the guidelines for working with patients on Suicide Precautions. Pre-arrange break times at the beginning of the shift with the charge nurse and communicate with charge nurse to assure continuous coverage for the patient. Report to charge nurse at end of your shift when the next Patient Care Attendant arrives.
3. Introduce yourself to patient and explain how long you will be with them. Identify how you will meet their patient care needs.
4. Obtain report from the patient's care nurse about what care the patient will require during your shift.
5. Complete all patient care as listed in Nursing Care Assistant I/ Patient Care Attendant skills list to include:
6. Vital signs (to include blood pressure, temperature, respirations, and pulse) and complete intake and output.
7. Personal care: bathing, mouth, skin, hair care and linen change.
8. Assist with ambulation, turn and position every 2 hours.
9. Assist with meals, as necessary.
10. Observe standard precautions, contact, and respiratory isolation.
11. Offer bedpan, urinal, and collect test specimens as necessary.
12. Never leave the patient, including with family or friends. Patient must be in eyesight at all times. Patient to be accompanied, even off the unit, at all times. Patient may leave unit, remaining under observation, for ordered and prearranged tests with knowledge of care nurse. Patients on suicide/risk for harm precautions are not allowed to go off the unit to smoke.
13. Families cannot observe the patient, only a hospital employee. Do not leave the patient alone with a family member or visitor.
14. If a patient must leave the unit for a test or procedure, the patient must be accompanied at all times. Notify the care nurse before leaving the unit with the patient. You must remain in the room if the patient has family/visitors.
15. Wait for scheduled breaks and relief person. Do not leave the patient unattended at the end of your shift. You MUST wait to leave until the next Patient Care Attendant arrives and the charge nurse has approved your departure.
16. Doors to patient's room and bathroom must remain open at all times. Use curtain to provide patient's privacy.
17. Always remain between the patient and the door. Sitting on the opposite side of the room from the door puts you at risk of harm if the patient becomes violent, and could permit the patient to elope from the room.
18. Notify charge nurse and patient's care nurse immediately if patient attempts to leave the unit without permission.
19. Use the call light when needed. If necessary and urgent, yell for assistance.

20. Remain alert at all times. Notify the nurse if you become sleepy. You are not allowed to sleep in the room.
21. Check meal tray before and after the patient eats for presence of utensils. All trays should be a Totally Disposable Isolation Tray with plastic utensils, which contains only paper and plastic dinnerware. Make sure all dinnerware is returned to the tray and discarded and notify care nurse if items are missing.
22. Do not discuss the patient with anyone except the patient's caregivers. Send visitors to the care nurse for information.
23. Promote a safe and caring environment. Remain calm at all times.
24. Give care nurse feedback on patient response to nursing interventions.
25. Maintain patient confidentiality.
26. Tell the patient what you are going to do before you do it.
27. Avoid giving advice to the patient. Do not argue with the patient. Tell the patient to discuss problems or feelings with the doctor or nurse.
28. Do not become a "pal" with the patient, try to "cheer up" the patient, burden the patient with tales of your personal life, or have the patient become your friend. Do not share personal information with the patient. Let the patient know you are uncomfortable if questioning becomes too personal.
29. Focus your activities on the patient. Do not use headphones. Use the room call bell to call for resources. Check with the nurse to find out what activities you could do with the patient, such as watching TV, drawing or writing, playing cards or games.
30. Do not wear hair down, dangling earrings, neckties, ink pens around the neck, or other objects, which could be used to injure the patient or staff.
31. Verify that housekeepers do not leave chemicals, cleaners, spray cans, or other potentially harmful items in room.
32. Verify no items such as tourniquets, syringes, and/or needles are left in room.
33. Refer visitors to care nurse if they bring belongings, packages or other items.