**[Sample Organizational Suicide Risk Assessment Tool**

[Insert Practice Name]

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| ***Organizational Responsibility*** | ***Yes*** | ***No*** | ***Action Plan*** |
| Written policy/procedure in place on assessment and treatment of suicide risk patients applies  to the entire organization. |  |  |  |
| Policy covers levels of observation, including  one-to-one monitoring. |  |  |  |
| Policy includes modification of the patient’s environment for safety. |  |  |  |
| Staff receives ongoing education and has annually documented competencies in assessing suicide risk patients. |  |  |  |
| Behavioral patients receive documented screening/assessment for suicide risk upon admission. |  |  |  |
| Behavioral Health Professionals are notified for comprehensive assessment if indicated. |  |  |  |
| Observation and other precautions are implemented for suicidal patients. |  |  |  |
| Precautions and observation level are modified after  clinical re-assessment. |  |  |  |
| Suicide risk re-assessment is documented in the patient record at least every shift. |  |  |  |
| Treatment plan reflects interventions and effectiveness for suicidal patients. |  |  |  |
| Staff sitters for one-to-ones are trained in monitoring and documentation responsibilities. |  |  |  |
| Documentation (i.e., flow-sheet) on the patient’s suicide risk is completed at least every 15 minutes. |  |  |  |
| Hand-off communication to the next caregiver is provided during transitions (shift report, testing off the unit, etc.). |  |  |  |
| Visitor precautions are established for suicidal patients. |  |  |  |
| Interdisciplinary communication to discuss/evaluate patient status occurs at least daily. |  |  |  |