

TITLE

FOLLOWING AN INPATIENT ATTEMPTED SUICIDESCOPE

Provincial: Addiction & Mental Health Inpatient Units

DOCUMENT

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APPROVAL LEVEL

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Patient Safety

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Policy Level 2: Suicide Risk Screening, Assessment and Management

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this procedure, please contact the Policy & Forms Department at policy@albertahealthservices.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.

OBJECTIVES

- To facilitate the safety and well-being of the patient and provide support to **family**, staff, Physicians and other patients.
- To provide guidance on the appropriate actions to be taken after a suspected or confirmed inpatient attempted suicide.

APPLICABILITY

Compliance with this procedure is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) working in Addiction & Mental Health Inpatient Units.

PROCEDURE ELEMENTS**1. Roles and Responsibilities**

- 1.1 In the case of a suspected attempted suicide, the Charge Nurse should assume leadership of the clinical response to the event and shall refer to relevant sections of the Alberta Health Services *Immediate and Ongoing Management of Clinically Serious Adverse Events* Guideline.

2. Clinical Actions to be Taken Following an Inpatient Attempted Suicide

- 2.1 In the case where the staff member discovering a patient suspected of attempting suicide is not a **health care professional** (e.g., housekeeping, unregulated health care provider), that staff member should immediately inform the nearest health care professional.
- 2.2 To ensure safe care for the patient, the health care professionals shall:
- a) ensure that the approach to the patient is safe;
 - b) administer appropriate emergency medical intervention;
 - c) obtain additional clinical support as necessary through local emergency code call and/or through mechanisms to obtain immediate additional Physician support;
 - d) conduct a mental status assessment, physical assessment and risk assessment, as appropriate, to determine clinical treatment needs, including medication and/or other supports; and
 - e) assist in preparing the patient for intra-/inter-hospital transfer to an Emergency Department and/or call Emergency Medical Services, where appropriate and clinically necessary.
- 2.3 To support a safe environment for the immediate safety and well-being of the patient, staff and Physicians, the interdisciplinary team shall:
- a) restrict access to the incident area and secure any equipment/items; and
 - b) facilitate a safe environment for the patient, as appropriate, by –
 - (i) assessing and applying appropriate observation levels,
 - (ii) searching the patient's personal property and environment, per the Addiction & Mental Health *Searching Patients and/or Patient Property and Visitors' Belongings* Procedure, and
 - (iii) assessing the patient's near environment for risk.
- 2.4 To support the safety and well-being of co-patients, staff shall:
- a) monitor all patients on the unit; and
 - b) conduct a mental status assessment and suicide risk screening and/or assessment as clinically appropriate, and offer support to patients for whom the incident on the unit may heighten their own stress and risk to self.

2.5 To notify the relevant parties:

- a) The involved health care professionals shall ensure that the **most responsible health practitioner** (attending or on-call), Unit Manager or Administrative Manager on-call, and other members of the interdisciplinary team or staff (e.g., security/Protective Services, Spiritual Care and Pastoral Care) as appropriate, are notified as soon as reasonably possible.
- b) The most responsible health practitioner, in consultation with the **responsible administrative leader**, shall notify in a timely manner the patient's **alternate decision-maker** (e.g., **guardian, agent, nearest relative**), or, when there is no alternate decision-maker, others, per the *Health Information Act*, as described below:
 - (i) of any harm experienced by the patient; and
 - (ii) of treatment decisions for the patient that are to be made by them, and information that is relevant to their decision making.
- c) Subsequent meetings with the patient's alternate decision-maker, or when there is none, with others, per the *Health Information Act*, and all requests for information regarding the patient should involve both the most responsible health practitioner and responsible administrative leader. As appropriate and authorized under the *Health Information Act*, they shall:
 - (i) Determine who shall maintain ongoing contact with the patient's alternate decision-maker, or when there is none, with others, per the *Health Information Act*.
 - (ii) Meet with the patient's alternate decision-maker, or when there is none, with others, per the *Health Information Act*, as appropriate, to acknowledge the patient's attempted suicide, listen, support and provide information about continuing treatment options, and outline available community resources and support services.
 - (iii) Follow up with the patient's alternate decision-maker, or when there is none, with others, per the *Health Information Act*, at a reasonable interval after the meeting, to offer informal support and provide any other information about support services.

2.6 To document the incident, the health care professionals shall ensure that observations noted on the patient's **health record** are timely and include:

- a) the known facts of the attempted suicide;
- b) the time of the event;

- c) patient assessments;
- d) treatment provided and the response (including medications administered); and
- e) all communication notifying others of the attempted suicide, such as the attending Psychiatrist, Emergency Medical Services, Manager, staff and others per section 2.5 (b).

3. Staff and Physician Debriefing and Support

3.1 The Charge Nurse and/or the responsible administrative leader shall:

- a) lead an informal debriefing meeting, ideally within the shift, in order to provide information and to support staff and Physicians, and
 - (i) identify staff and Physicians experiencing difficulty coping so that appropriate support can be offered,
 - (ii) ascertain the ability of individual staff to continue working,
 - (iii) ensure staff are aware of how to access the Employee & Family Assistance Program (EFAP) counselling services (see the Alberta Health Services *Immediate and Ongoing Management of Clinically Serious Adverse Events* Guideline), and
 - (iv) ensure Physicians are reminded of support available from professional colleagues and the *Alberta Medical Association Physician and Family Support Program* (1-877-767-4637).

4. Review of Attempted Suicide

- 4.1 The Charge Nurse and/or the responsible administrative leader shall encourage the staff and Physicians to learn from the events of the attempted suicide via a debriefing focused on patient safety.
- 4.2 The responsible administrative leader shall consult with the Charge Nurse, the most responsible health professional, and the local clinical safety lead, if available, to determine the response needed for the attempted suicide. (See Alberta Health Services *Immediate and Ongoing Management of Clinically Serious Adverse Events* Guideline.)

DEFINITIONS

Agent means the person(s) named in a Personal Directive who can make decisions on personal matters according to the wishes expressed by the patient.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, a specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Guardian means where applicable:

For a minor:

- a) as defined in the *Family Law Act* (Alberta);
- b) per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation) (e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act* (Alberta); or agreement between parents under the *Family Law Act*, or as set out in *Child, Youth and Family Enhancement Act* regarding guardians of the child to be adopted once the designated form is signed);
- c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible);
- d) as appointed in accordance with a Personal Directive (obtain copy of Personal Directive);
- e) as appointed by court order (obtain copy of court order; e.g., order pursuant to *Child, Youth and Family Enhancement Act*); and
- f) a divorced parent who has custody of the minor.

For an adult: An individual appointed by the court to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such treatment/procedure(s) within the scope of his/her practice.

Nearest relative means, in the *Mental Health Act* (Alberta) and in this document, with respect to a formal patient, or a person who is subject to a Community Treatment Order:

- a) the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:
- spouse or adult interdependent partner;
 - son or daughter;
 - father or mother;
 - brother or sister;
 - grandfather or grandmother;
 - grandson or granddaughter;
 - uncle or aunt;
 - nephew or niece;

OR

- b) any adult person the Alberta Health Services Governing Body designates in writing to act as nearest relative if there is no nearest relative within any description as above, or if, in the opinion of the Alberta Health Services Governing Body, the nearest relative would not act or is not acting in the best interest of the formal patient or the person subject to a Community Treatment Order.

Responsible administrative leader means the most senior administrative or medical leader involved in helping to manage the event. For example:

- a) Nurse Manager or Program Manager and/or medical lead/director, clinical section chief or clinical department site chief; or
- b) non-clinical manager, site/facility lead, Director, Executive Director, or Senior Operating Officer and/or facility/community medical director, clinical section chief, clinical zone department head, Senior Medical Director, Zone Medical Director.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Consent to Treatment/Procedure(s)* Policy (#PRR-01)
 - *Consent to Treatment/Procedure(s) Formal Patients and Persons Subject to Community Treatment Orders under the Mental Health Act* Procedure (#PRR-01-04)
 - *Immediate and Ongoing Management of Clinically Serious Adverse Events* Guideline (#PS-11-01)
 - *Reporting of Clinical Adverse Events, Close Calls and Hazards* Policy (#PS-11)
 - *Suicide Risk Screening, Assessment and Management* Policy (Addiction & Mental Health) (#AMH-02)
- Non-Alberta Health Services Documents:
 - *Mental Health Act* (Alberta)
 - *Health Information Act* (Alberta)

VERSION HISTORY

Date	Action Taken
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