Response to Suicide Attempt and/or Ideation
Project Vida Health Center

Non-Life Threatening

- Referral to Care Manager/Counselor

Commitment to Action
Patient promises to follow-up with Counselor

- Self-harm Incident Report Form
- Release of Information Form

Provider contacts Care Manager / Counselor for follow-up

- Contact by Patient Counselor will provide counseling and/or referral to EPMHMR
- No Contact by Patient Care Manager follows-up with patient and schedules counseling and/or referral to EPMHMR

Life Threatening Attempt/Serious Ideation

- Contact 911 (EPPD)

- Medical Director
- Care Manager

Assessment by EPPD and/or transportation to Thomason Hospital

Provider debriefing with Medical Director and/or Care Manager / Counselor

- Care Manager Consultation and follow-up response, Thomason Hospital and/or (EPMHMR), Patient
Project Vida Health Center:

Protocol: Incident Response

The Incident Response Protocol is intended to provide guidelines for staff to follow in cases of suicide, suicide attempts/serious acts of self harm, or suicide ideation involving patients receiving care at our clinic/facilities.

1. Initial Notification: Any one of a number of individuals may receive initial information regarding a suicide, suicide attempt/serious acts of self harm, or suicide ideation.
   - Clinic: Generally, when such incidents occur in the clinic, the information may be received first by an MA, Nurse, or Physician. The information may be received directly from the patient or indirectly through a person accompanying the patient, friend, or family.
   - Registration: Information may be received initially by a parent or family member assisting the patient in the registration process.

2. Response Procedure
   - Suicide
     i. In the event of a patient suicide, the staff person receiving initial notification (if not clinic staff) shall notify police immediately.
     ii. Clinic staff will notify the Medical Director who assumes responsibility for contacting the patient’s designated emergency contact.
     iii. The Medical Director in consultation with Administrative team shall assess impact populations (ie., other individuals, groups who may be affected by the incident).
     iv. The Administrative Team or designee shall dispatch the Trauma Response Counselor as needed to work with affected populations.

3. Suicide attempts/serious act of self harm
   - In the event of a suicide attempt/serious act of self harm, or suicide ideation involving a patient or Project Vida consumer, the staff person receiving initial notification shall take appropriate action based on an assessment of the incident. (This might include calling 911 for police or EMS response or arranging a Counselor referral.)
   - If the attempt is determined to be less serious and non-life threatening, and there is no imminent risk, the clinic staff person will complete a “Self Harm Incident Report Form” and discuss related issues with the patient.
   - The staff person may refer the individual to the on-site counselor and direct the patient to the counselor for immediate attention and evaluation.
   - The counselor will continue to follow-up with the patient from that point forward.
   - If the attempt is of a serious nature or has the potential to be life threatening, the staff person responding shall call 911 and notify the Medical Director and clinic Counselor.

4. Suicide or Other Self Harm Ideation
• In a circumstance when the patient has expressed suicide or other self harm ideation, the staff person receiving initial notification shall take appropriate action based on an assessment of the incident. (This might include arranging a counseling session referral for immediate evaluation by the on-site counselor or calling 911 for police or EMS response.

• If the ideation is determined to be less serious and there is no imminent risk, the staff person will complete a Self Harm Report Form and discuss related issues with the patient.

• The staff person should also refer the individual to the on-site Counselor and offer to walk the patient to the Counselor’s office or call the Counselor to come to the clinic to meet with the patient. The patient will be asked to sign a release of information form to authorize the clinic staff to make appropriate referrals that may be necessary.

• In cases of more serious ideation, the staff person shall consult with the Medical Director and on-site Counselor on the decision to refer for hospitalization. Every effort will be made to get the patient to voluntarily submit to hospitalization.

• Initial responders shall also consult with the Medical Director and Counselor to determine if parental or family notification is warranted.
Project Vida Health Center

SUICIDE RISK ASSESSMENT

Acute Risk (within last week)

I. Suicidal Thoughts:  __ No  __ Yes

A. Quality:  __ Passive  __ Active:  (  ) Pills  (  ) Gun  (  ) Cutting Wrists  (  ) Other

   Accessability:  __ No  __ Yes; Confirmed by: __________________________

B. Quantity:  (  ) once a week  (  ) several/week  (  ) several/day

C. Intensity:  (  ) mild  (  ) moderate  (  ) severe

D. Context:  (  ) all the time  (  ) situational: -

II. Contributing Risk Factors:

   (  ) lack of sleep:  __ hours/night
   (  ) agitation:  __ physical: pacing/aggressive/violent
                     __ emotional: feeling “trapped”/crying/nervous mannerisms
   (  ) substances:  __ currently intoxicated  __ slight increase in alcohol intake
                     __ UDS done; patient was honest/ lied
   (  ) command hallucinations:  __ controllable  __ lack of control  __ drug-induced

Chronic/Baseline Risk (within last year)

I. Suicidal Thoughts:  __ No  __ Yes

Passive/Active  situational/always  mild/mod/severe  monthly/weekly/daily

II. Contributing Risk Factors:

   (  ) previous attempts  (  ) family history  (  ) substance abuse  (  ) impulsiveness
   (  ) depression  (  ) bipolar  (  ) schizophrenia  (  ) borderline PD
   (  ) death in family  (  ) teenager  (  ) older white male  (  ) socially isolated
   (  ) chronic pain  (  ) chronic illness  (  ) childhood abuse  (  ) domestic violence
   (  ) hopelessness  (  ) access to guns  (  ) h/o violence  (  ) no future planning

Risk Reduction

   (  ) children in home  (  ) pregnancy  (  ) religiosity  (  ) reality testing intact
   (  ) social support  (  ) family support  (  ) hopeful  (  ) good therapy relationship
   (  ) constant supervision by family/friend  (  ) future planning
Assessment

I have considered the information above in my assessment. Based on this information and by considering the risks and benefits of various interventions, it is my clinical opinion that this person is at baseline a **low/mod/high** chronic risk for suicide, but that the acute risk for suicide (i.e. in the next few days) at this time is:

( ) Low
  __ Consumer referred to: ______________________________________
  __ Consumer refused referral

( ) Moderate
  __ Medication adjustment: ______________________________________
  __ D/C consumer under constant supervision by:_____________________
  __ Follow up visit scheduled with:_______________________________
  __ Admit to acute crisis unit
  __ Admit to inpatient psychiatric unit
  __ Other:_____________________________________________________

( ) High
  __ Admit to inpatient unit

________________________________________  _______________________
Patient: Print Name                                    Clinician’s Signature      Date
Project Vida

SELF HARM INCIDENT REPORT FORM

Patient Name________________________________________

Chart Number __________________________

Address ____________________________________________________

Telephone Number ___________________________

Alternate Number _____________________________

Staff Member Completing this form_______________________________

Date of Incident ___________________  Time____________ am/pm

BRIEF DESCRIPTION of INCIDENT (Can attach incident report if necessary)

_______  The incident has been reviewed and discussed with patient.

_______  Referral to Counselor was made and appointment secured.

_______  Patient has been informed of clinic’s recourse.

The above items were discussed on ____________ as a result of a self harm incident.

Date

______________________________  ___________________________
Clinic Staff member                 Patient

____  The patient signed the Consent of Release of Confidential Information form

____  The patient did not sign the Consent of Release of Confidential Information form.
PROJECT VIDA HEALTH CENTER:

INFORMATION SHEET: REFERRAL TO COUNSELOR

Why am I being referred to a counselor?
You are being referred to a counselor because you exhibited behavior that may have resulted in physical harm. You have the right and responsibility to be safe from harming yourself. We want to make sure that you are mentally and emotionally healthy.

How do I contact the counselor?
To make an appointment, please call the clinic at 533-7057 and inform the receptionist that you are being referred by your doctor/nurse for counseling with the clinic counselor.

What is an assessment?
An assessment session is a meeting between you and a counselor to determine your level of stress, anxiety or depression as it relates to your self-harm behavior. It is not a therapy session. The session will help you and the counselor determine your mental and emotional state with recommendations for appropriate self care.

How many sessions must I attend?
After meeting with the counselor, the two of you will determine whether additional counseling is necessary and can be done with our on-site counselor or if a referral to another helping agency is appropriate.

What is an “Authorization Form for the Release of Confidential Information”?
The “Authorization Form for the Release of Confidential Information” gives the clinic Counselor authorization to share important information with whoever you designate to receive such information.

Who sees the “Authorization Form for the Release of Confidential Information”?
The only person who sees the “Authorization Form for the Release of Confidential Information” is your counselor and whoever you designate to receive such information.

Will my family be notified of this information?
Family members are not notified unless you designate them to be notified. However, in situations where a patient’s behavior results in serious harm or potential serious harm to one self, family members may be notified in accordance with clinic policy.