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FACILITY: Sacred Heart Hospital	MANUAL(S): Provision of Care, Treatment and Services
TITLE: Suicide Precautions/Behavior Monitoring/Safety Rounding	ORIGINATING DEPARTMENT: Behavioral Health
SUPERCEDES:	POLICY NUMBER:

I. POLICY:

A suicide precaution will be implemented for patients that screen positive on suicide assessment/screening made by the Registered Nurse. Behavioral Monitoring and Safety Rounding is completed for all patients on Behavioral Health unit. Safety rounding is completed in AM and PM.

II. PURPOSE:

To ensure safety of patients..

III. DEFINITIONS:

One-to-one: Continuous attendance and observance of patient by a staff member either within arms length and or specified by physician. .

Direct line of sight: Continuous observance.

Safety Rounding: Checklist of environmental risks

Behavior Monitoring: Direct observation of a patient every 15 minutes by a staff member and recording of that observation on the flow sheet.

Camera Monitoring: Observation through camera screen.

IV. GUIDELINES/PROCEDURES

A. Suicide precautions will occur for patients that screen positive on suicide assessment/screening made by the Registered Nurse. Physician order is needed after assessment and initiation. Suicide precautions order to be discontinued prior to discharge unless transferring to higher level of care. Below listed are examples of interventions to take while a patient is on suicide precautions. These examples are not limited and are individualized to each patients suicide risk.

- 1.The level at which the observation is made will be one of the following: Increased behavioral monitoring, direct line of sight, and or One-to-one.
- 2.Removal of supplies which may include: pencils, toiletries, bed, own clothes, shoe strings, headphones, sheets, window coverings, iv bags, chairs, cords, and or tubing.
- 3.Limited access to rooms/bathroom/shower
- 4.Limited access to workshop
- 5.Use of finger food
- 6.Uses of suicide gown, seclusion room, therapeutic holds, and or mechanical restraints

Suicide Precautions/Behavior Monitoring/Safety Rounding

- B. All patients on Behavioral Health unit are on 15 minute checks and behavior monitoring which is documented on form titled: Behavior Observation Monitoring Flowsheet.
- C. Safety rounding is completed in AM and PM. See form titled Safety Rounding. This checklist reviews all areas of unit that may have risk. It is signed off by two staff as they go through the unit. If identified risks, items are removed immediately and reported to charge RN as well as manager as soon as possible.
- D. Camera monitoring may be initiated by nurse and or physician based on behaviors and or other medical concerns to mitigate safety risk. Patient are not video recorded. Patient denial of rights will be documented in their medical record
- E. If a patient is engaging in suicidal behaviors the physician will be notified. The level of observation of the patient will be determined by physician. Physicians order is needed for level of observation. Level of observation order to be discontinued prior to discharge unless transferring to higher level of care.
- F. Self-harm: Both the attending physician and department manager will be notified immediately of the event. Documentation will be made on the patient's medical record. An occurrence report will be filed. The patient will be placed on 1:1 based physician orders.
- G. Sentinel Event: The physician/designee, Department Manager and Administrator On Call, and House Supervisor will be notified.

V. REFERENCE