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| <b>Name of Policy: Suicide Risk Screening &amp; Assessment</b>                    |  |  |  |
| <b>Policy Number:</b> 3364-170-04   |  |  |  |
| <b>Approving Officer:</b> Chief Executive Officer<br>Chief Operating Officer      |  |  |  |
| <b>Responsible Agent:</b> Program Director<br>UTMC Care Clinic/Ryan White Program |  |  |  |
| <b>Effective date:</b>  |  | <b>Original effective date:</b> May 1, 2023  |  |
| <b>Scope:</b> UTMC Care Clinic – Ryan White Program                               |  |  |  |
| Key words: Suicide, Risk, Screening, Assessment, Training                         |  |  |  |
|   | <input type="checkbox"/> New policy proposal               | <input checked="" type="checkbox"/>  | <input type="checkbox"/> Minor/technical revision of existing policy |
|   | <input type="checkbox"/> Major revision of existing policy | <input type="checkbox"/>   | <input type="checkbox"/> Reaffirmation of existing policy            |

(A) Policy statement

A suicide risk screening and/or assessment will be completed on every patient 12 years of age and older as outlined in the Suicide Risk Screen Guideline.

(B) Purpose of policy

To identify individuals at risk for suicide.

(C) Procedure

- (1) Individuals who meet suicide screening guidelines will be screened for suicide risk.
- (2) When a suicide screen is positive for a risk of suicide, a complete suicide risk assessment is completed.
- (3) The overall perceived level of risk for suicide, with clinical justification, as well as plans to mitigate the risk for suicide if applicable, will be documented in the clinical record.
- (4) A screening and when applicable, a risk assessment, will be completed by the clinician when the patient returns to outpatient services following an inpatient hospitalization or when deemed clinically indicated, i.e., a change in patient status, endorsement of suicidal

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ideation, and/or suicidal or self-harm behaviors, gestures, or statements that are outside of the patient's typical presentation.

- (5) Clinicians and staff who care for individuals at risk for suicide will participate in regular training and evaluation of competence in the ability to identify individuals at risk.

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| <b>Approved by:</b> | <b>Policies Superseded by this Policy:</b> |
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