Name of Policy: **Suicide Risk Screening & Assessment** **Policy Number**: 3364-160-CR-110 **Approving Officer**: Chief Executive Officer **Responsible Agent**: Medical Director Administrative Director **Scope**: The University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** November 2025 **Original effective date**: August 1, 2011
Key words: suicide, risk screening, risk assessment, identify	

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

A suicide risk screening will be completed on every patient 12 and older and a suicide risk assessment will be completed with every positive screen.

(B) Purpose of Policy

To identify individuals at risk for suicide.

(C) Procedure

1. Upon admission the clinician will conduct a suicide risk screening as a part of the diagnostic assessment process.

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 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.

Approved by: /s/ Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer November 17, 2025 Date /s/ Robert Smith, MD, PhD Chair August 6, 2025 Date /s/ Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Administrative Director August 6, 2025 Date *Review/Revision Completed by:* *Department of Psychiatry Administration*	**Policies Superseded by this Policy:** • *None* Initial effective date: August 1, 2011 Review/Revision Date: *February 11, 2013* *January 6, 2014* *September 16, 2016* *May 31, 2019* *March 26, 2021* *April 17, 2024* *November 2025* Next review date: *November 2028*