Name of Policy: Suicide Risk Screening & Assessment	THE UNIVERSITY OF TOLEDO **MEDICAL CENTER**
Policy Number: 3364-170-04	
Department: UTMC Care Clinic/Ryan White Program	
Approving Officer: Chief Operating Officer, UTMC	
Responsible Agent: Program Director UTMC Care Clinic/Ryan White Program	**Effective Date:** 05/01/2023
Scope: OP-Clinic UTMC Care Clinic/Ryan White Program	Initial Effective Date: 03/01/2023

__x__ New policy proposal	_____ Minor/technical revision of existing policy
_____ Major revision of existing policy	_____ 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 a Suicide Risk Screening will be completed 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:	Review/Revision Date:
/s/ _____ 05/10/2023 Christine Stesney-Ridenour Date Chief Operating Officer	
/s/ _____ 05/10/2023 Katie Himich Date Program Director	
Review/Revision Completed By: _Agency Administration_	
	Next Review Date: 02/8/2026

Policies Superseded by This Policy: