Name of Policy:	Suicide Risk Screening & Assessment	
Policy Number:	3364-160-CR-110	MEDICAL CENTER
Department:	Psychiatry	
Approving Officer:	Chief Executive Officer, UTMC	
Responsible Agent:	Chair/Medical Director Department of Psychiatry	
	OP-Administrative Director Department of Psychiatry	Effective Date: 07/01/2020
Scope:	OP-Clinic-Psychiatry	Initial Effective Date: 08/01/2011
New policy proposal x 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 as

(C) Procedure

- 1. 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.
- 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: 02/11/2013
Richard Swaine C.P.A Chief Executive Officer	Date	01/06/2014 09/16/2016 05/31/2019 06/23/2020
/s/ Cheryl McCullumsmith, MD, PhD Chairman/Medical Director Department of Psychiatry		
Virginia York, MA, LPC Agency Executive Director Department of Psychiatry/ Review/Revision Completed By: Agency Administration	06/23/2020 Date	
Policies Superseded by This Policy:		Next Review Date: 06/23/2023