

HEALTH SERVICE QUALITY ASSURANCE IMPLEMENTATION GUIDE
Exercise 4

Subject: Guidelines for the Management of Suicide Threats

1. Purpose: To develop an instruction to aid clinic personnel in responding to threatened or attempted suicide.

2. Discussion:
 - a. The U. S. Coast Guard has had one of the highest per capita suicide rates of the armed services.
 - b. The development of a concise written instruction will aid clinic personnel in taking appropriate action when confronted with threatened or attempted suicide.
 - c. This instruction should contain the following elements at a minimum:
 - (1) Background material for recognition of the patient at risk.
 - (2) Checklist for initial contact.

 - (3) Referral sources and Points of Notification, including current telephone numbers.
 - (4) A method to insure the ongoing familiarization of clinic personnel of the policy.

3. ACTION:
 - a. All clinics will develop an Instruction for the Management of Suicide Threats and ensure that all clinic personnel become familiar with its contents.

SAMPLE

CLINIC INSTRUCTION FOR THE MANAGEMENT OF SUICIDE THREATS

CLINIC INSTRUCTION

Subject: CLINIC INSTRUCTION FOR MANAGEMENT OF SUICIDE THREATS

1. PURPOSE: This instruction is intended to provide guidelines for clinic personnel when interacting with individuals threatening to attempt suicide.

2. DISCUSSION:

- a. A suicide attempt, whether successful or not, is a seriously disruptive event in any community, military or civilian. If successful, it represents a needless loss of life, which in many situations can be avoided. The precipitating factors, for the most part, are temporary. They have developed over a relatively short period of time and have become overwhelming. Besides the potential loss of a life, the suicide attempt may have a profound emotional impact on witnesses, acquaintances, and fellow workers.
- b. Identification of personnel at risk is the basis of any program seeking to prevent a suicide attempt. New transferred personnel living alone and separated from the usual family and emotional support as well as those with financial, marital or career difficulties are at particular risk.
- c. The recognition of the suicidal person is cause for intervention. Talk of death, wishing to be reunited with deceased relatives, giving away of significant personal items, making a will at a seemingly inappropriate time should be cause for concern. Intervention to prevent a suicide attempt must begin at the first recognition that an individual is at risk.

3. PROCEDURE:

- a. All suicide threats shall be considered as authentic and intervening actions will begin immediately.
- b. A telephone checklist will be available to clinic staff members who might receive a telephone call concerning a suicide threat to tactfully obtain critical information such as:
 - (1) Who is calling
 - (2) Where are you calling from
 - (3) What is your phone number
 - (4) What is the difficulty
 - (5) How do you intend to injure yourself
 - (6) Are there other people in danger

- c. When the basic information is obtained, it must be given to another staff person who will notify Security, Emergency Telephone number (**insert telephone number**), while the initial staff person maintains contact with the caller in order to keep him/her occupied until help arrives.
- d. Security has the responsibility to notify the Officer of the Day, who will coordinate response efforts.
- e. All threats will be reported to the Duty Medical Officer, or in his absence the Clinic Administrator.
- f. In the event of an actual attempt, the individual will be treated as any other injury. Once the injury and physical status have been stabilized, arrangements will be made by the Medical Officer for further psychiatric evaluation and hospitalization.
- g. In all cases of threats or attempts at suicide, vigilance is necessary to prevent the patient from harming himself while under care. The individual must never be left alone. An attendant must remain with the patient during transport.
- h. The decision to use sedation and/or restraints should be made by a Medical Officer.
- i. The hospital, which has agreed to accept psychiatric admissions and suicide victims, is (**insert hospital name**). The patient should be medically stable before transfer.
- j. The Emergency telephone numbers for consultation and hospital admission are: (**insert telephone number**).

4. ACTION:

- a. All clinic personnel will familiarize themselves with and sign this instruction yearly. Watch standers, supervisory personnel and members of the clinic shall be fully aware of its provisions so that required action can be carried out without immediate reference to this instruction.

TELEPHONE CHECKLIST FOR MANAGEMENT SUICIDE THREATS

WHO IS CALLING _____

WHERE CALLING FROM _____

IF THE CALLER WILL NOT ANSWER, LISTEN FOR CLUES FROM BACKGROUND SOUNDS.

PHONE NUMBER _____

WHAT IS THE DIFFICULTY, LET'S TALK ABOUT YOUR PROBLEM, I THINK I CAN HELP YOU

ARE YOU GOING TO INJURE YOURSELF? _____

HOW? _____

WILL ANYONE ELSE GET INJURED? _____

Things to talk about:

- Family
- Friends
- Girl/Boy friend
- Parents
- Job
- Hobbies
- Where you live
- Where you grew up
- Where you have been assigned in the past

SECURITY TELEPHONE NUMBER **(Insert Here)**

SUICIDE HOT LINE NUMBER **(Insert Here)**