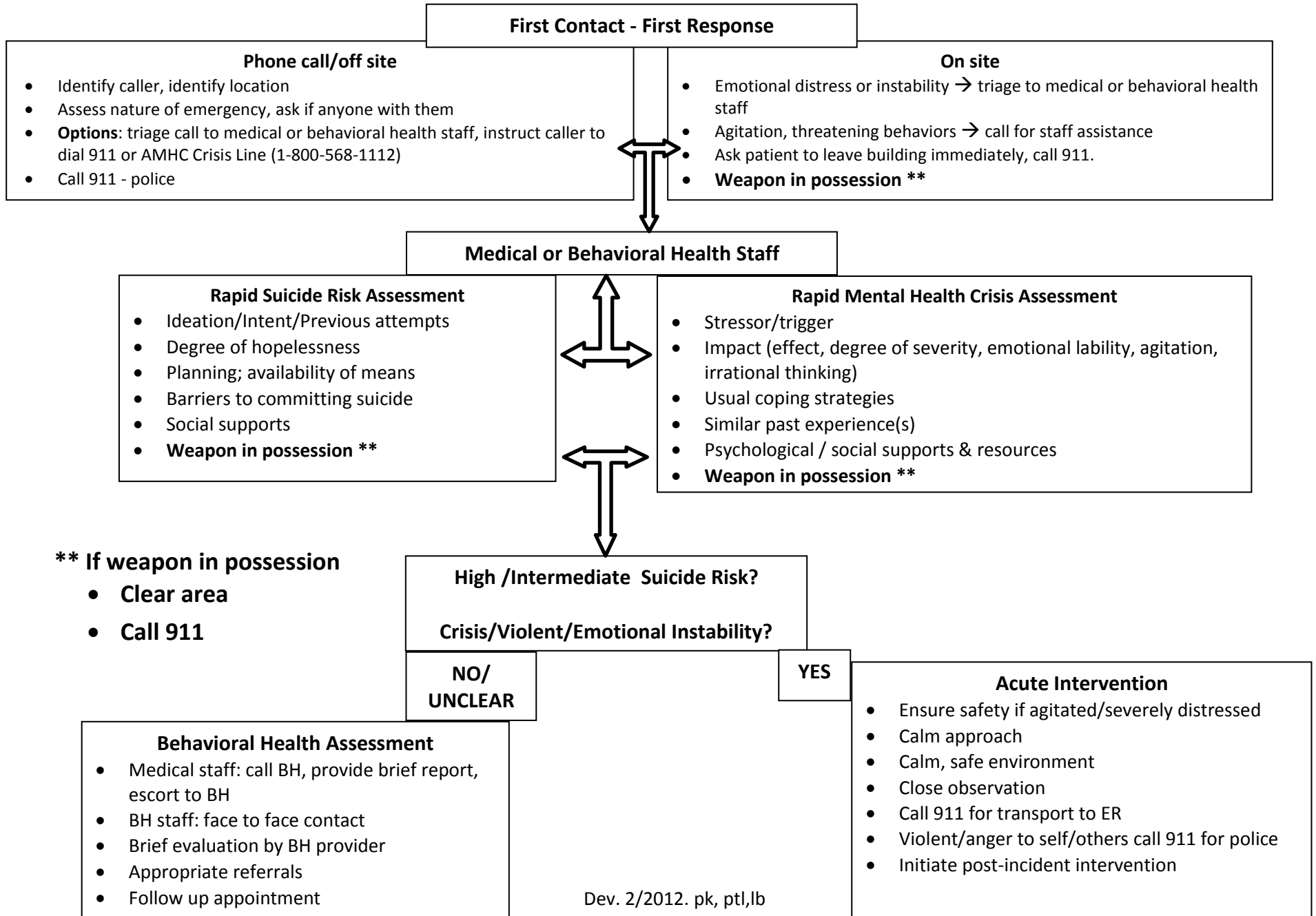


Eastport Health Care, Inc.

Suicide Risk/Mental Health Crisis/Emergency Protocol



Suicide Prevention/Risk and Mental Health Crisis Emergency Policy and Protocol

Purpose: The purpose of this policy and protocol is to provide EHC staff with guidelines for management of suicide risk and mental health crises.

I. Suicide Prevention

1. Clinical staff will conduct universal depression and suicide risk screening on all patients
 - On acceptance to practice, at annual visits and/or at interim visits as indicated
 - Observe for suicide warning signs and key risk factors
 - No risk: rescreen periodically
 - At risk: further evaluate level of suicide risk
 - Interventions:
 - provide appropriate patient education, resources (crisis/suicide help lines)
 - make appropriate referrals for behavioral health intervention(s)
 - initiate emergency interventions/protocol
 - monitor, track, follow up patient status

II. Suicide and Mental Health Crisis Emergency Protocol

If a patient has a weapon in his/her possession – clear area, call 911

1. First Contact/First Responder

A. Patient off site

- Identify caller and location
- Assess nature of emergency, ask if anyone with them
 - Interventions/Options
 - Triage call to Medical or Behavioral Health staff
 - Instruct caller to dial 911 or AMHC Crisis Line (1-888-568-1112)
 - Call 911 – report caller name, location, nature of emergency

B. Patient on site

- Emotional distress or instability
 - Triage to Medical or Behavioral Health staff
 - Face to face contact for rapid assessment/triage
- Agitation, threatening behaviors
 - Call for staff assistance
 - Ask patient to leave building immediately; call 911

2. Medical and Behavioral Health Staff

A. Conduct rapid suicide risk / mental health crisis assessment

- Suicide Risk Rapid Assessment
 - Ideation/Intent/Previous attempts
 - Degree of hopelessness
 - Planning; availability of means
 - Barriers to committing suicide

Eastport Health Care

- Social supports
- Rapid Mental Health Crisis Assessment
 - Stressor/trigger
 - Impact (effect, degree of severity, emotional lability, agitation, irrational thinking)
 - Usual coping strategies
 - Similar past experience(s)
 - Psychological / social supports & resources

B. Implement the appropriate protocol

- **Low risk** of suicide, level of emotional instability, crisis or agitation/violence:
 - Medical Staff: contact Behavioral Health Department
 - Provide brief report of situation and assessment data
 - Escort to Behavioral Health Department
 - Behavioral Health Staff:
 - Face to face contact/ brief intake evaluation by Behavioral Health provider
 - Appropriate referrals
 - Follow up appointment
- **High/intermediate risk** for suicide, mental health crisis, emotional instability, agitation or violence:
 - Acute Intervention
 - Ensure safety if agitated/severely distressed
 - Calm approach
 - Calm and safe environment
 - Close observation
 - Call 911 for transport to ER
 - If violent/deemed danger to self/others call 911 for police

C. Document incident

D. If indicated, initiate post-incident interventions

III. Post-incident Interventions

1. EHC Providers will:

- Assess the need for post-crisis interventions for staff and consumers
- Re-establish routines as quickly as possible post-incident
- If indicated:
 - Provide defusing, debriefing, counseling, support, and monitoring
 - Provide referral(s) for evaluation and treatment
 - Utilize AMHC post-crisis intervention services (1-800-568-1112)

2. In the event of a highly publicized crisis incident, EHC administrative staff will respond to agencies offering post-crisis assistance and interventions (community relations)

IV. Psychiatric Emergency Commitments

A. Medical staff at Eastport Health Care will not initiate emergency involuntary psychiatric commitments

- Suicide and Mental Health Crisis Emergency Protocol will be followed