

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 7:	Management of the Environment of Care
PROCEDURE 7.32:	Physical Environment Assessment for Suicide Risks
REVISED:	01/15/10; 4/25/16; Reviewed 06/18
Governing Body Approval:	5/12/16; 06/27/18(<i>electronic vote</i>)

PURPOSE: To provide a standardized process for the assessment of the physical environment to minimize the risk of suicide due to environmental factors.

SCOPE: Hospital and Division leadership

POLICY:

In order to foster a safe physical environment for patients, the hospital conducts environmental rounds and risk assessments to identify potential suicide risks.

PROCEDURE:

As a result of unit, division, and/or hospital-wide environmental rounds, patient and staff observations, and/or changes in the physical environment, items identified as risks are submitted to the MEC Committee through MEC coordinators or MEC Chairpersons and evaluated and rated by the Campus MEC Committee. These rating recommendations are then submitted to the Quality, Risk and Safety (QRS) Committee for further evaluation and approval. Final approval is determined by the Governing body.

I. Risk Identification and Reduction

- A. Evaluated items are rated and entered into the risk assessment spreadsheet using these guidelines:
 1. Determine if specific items of concern found in the physical environment could be used as mechanisms for suicide by rating each Risk Rating one on a scale of 1– 3 (1 = minimal concern, 3 = is a serious concern). Utilize input from staff and patients in this process. Factors to be considered include:
 - a. *Elevation* - Is the item of sufficient height to hang from? Is there a protrusion to hang from? Is the strength sufficient to support body weight?
 - b. *Visibility* - Is the area within staff supervision at all the times, some of the time or occasionally? Consider all shifts.
 - c. *Accessibility* - Do patients have access to this area or item all the time, some of the time or occasionally?
- B. Total the number of points to assign a risk rating value to determine the action plan.

II. Procedures Following a Suicide

A multidisciplinary team conducts an immediate assessment of the immediate physical environment to identify suicide risks. An assessment of the unit is performed shortly thereafter, followed by the building and then all other patient care areas for identification of similar risks.

Numerical Rating System for Suicide Risk Spreadsheet:

Risk Value	Criteria- Elevation	Risk Value	Criteria- Elevation
1	0 -18 inches	4	48 - 71 inches
2	19 - 37 inches	5	72- 95 inches
3	38 to 47 inches	6	> 8 feet
	Criteria- Visibility		Criteria- Visibility
1	High traffic area all shifts	4	Isolated area w/ staff presence every 15 minutes
2	High traffic area first and 2nd shift	5	Isolated area with staff presence every 30 minutes
3	Moderate visibility area w/ staff presence every 10 minutes	6	Isolated area w/ minimal staff presence
	Criteria- Accessibility		Criteria- Accessibility
1	Item is accessible to patients very infrequently	4	Item is accessible to patients periodically
2	Item is accessible to patients only occasionally	5	Item is accessible to patients most of the time
3	Item is accessible to patients only during certain shifts	6	Item is accessible to patients at all times

Action Plan for Item Totals:

Risk Value	Criteria	Time Frame for Completion of Corrective Action
0- 9	Minimal risk of occurrence, with minimal probability of injury	No action required
10 -14	Moderate risk of occurrence with probability of injury	Initiate interim safety measures and correct within 90 days.
15 - 18	Significant risk of occurrence with probability of injury	Initiate interim safety measures and correct immediately.