

CENTRAL STATE HOSPITAL  
POLICY

SUBJECT: SUICIDE PRECAUTIONS

---

ANNUAL REVIEW MONTH: May

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: May 2005

---

It is the responsibility of hospital employees to provide optimal specialized care and treatment for clients who are considered to be suicidal. Clients must be observed closely by employees, and any change in emotional or behavioral patterns or physical condition must be promptly reported to unit/ward supervisor and the attending physician.

The attending physician or psychiatric O.D., as appropriate, will examine the client to determine if he/she is suicidal. The attending physician or psychiatric O.D. is responsible for placing an identified suicidal client on suicide precautions. Implementation of suicide precautions will ensure that the client is closely observed by employee(s) trained in the management of suicidal clients. Employee(s) assigned suicide precaution responsibilities will remain within arms reach and eye contact of the client at all times. The unit director/ward supervisor is responsible for assigning trained employee(s) to suicide precaution duties and will ensure that the attending physician's orders are followed.

The division chief is responsible for ensuring that an adequate number of employees in his/her respective area is adequately trained to implement suicide precautions as required. When the division chief determines that additional training is required in his/her respective area, he/she shall request assistance from the Director of the Staff Development and Training (SDT) Department. Where the term Suicide Precautions is used, it should be noted that this is the equivalent of Special Observation Level I.

The Director of the SDT Department will coordinate with the division chief and provide the course Management of the Suicidal Client as required.

**Approved:**

**This policy has been approved by the CMO and CEO on 5/05.**