



<b>Clinical Procedure</b>	
<b>Suicide Risk Assessment in Long Term Care</b>	Document Number: CS-CP-0029
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Includes Beyond Entry Level Competency requirements for: <ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	
<b>Key words:</b> suicidal ideation, suicide prevention, preventing suicide	
Refer to <a href="#">Appendix A</a> for <b>Definitions</b> .	

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## PURPOSE

Establish evidence based expectations, requirements, and accountabilities for the healthcare workforce in supporting early recognition of the signs of suicidal thinking and offering appropriate intervention. The standard reflects the care that all residents in long term care settings can expect within the Saskatchewan Health Authority (SHA).

## CLINICAL STANDARDS STATEMENTS

1. Long-Term Care (LTC) Home **residents** at risk of suicide will be identified by completion of the evidence-based tool; [SHA-0338 SAFE-T Protocol with C-SSRS LTC Suicide Prevention](#)<sup>1</sup> (Columbia Risk and Protective Factors) assessment upon each resident's move in to the home.
2. The ongoing risk of suicide for each resident will be assessed at regular intervals or as needs change, based on each resident's suicide risk level as identified in their most recent suicide risk assessment.
3. The immediate safety needs of residents identified as being at risk of suicide are addressed, based on the most recent assessed risk level.
4. Treatment and monitoring strategies are identified for residents assessed as being at risk of suicide, based on the most recent assessed risk level.
5. Implementation of the treatment and monitoring strategies is documented in the resident record.
6. When a risk of suicide has been identified, wherever possible, the formation of a collaborative partnership between the Resident and the Resident's **family** or other supports should be explored.

## ROLES AND RESPONSIBILITIES

- The SHA is responsible for:
  - Offering education options that allow staff to complete the education in a timely manner.
- Managers or their operational designates are responsible for:
  - Ensuring that staff provide evidence of completion of education;
  - Tracking evidence of completion of education; and
  - Completing audits as per [CS-WS-0018 Audit –Suicide Risk Work Standard](#).
- **Staff** are responsible for:
  - Completing required education;
  - Providing evidence of completion of education to their manager; and
  - Non-nursing and non-social work staff will inform the Charge Nurse / Registered Nurse (RN) / Registered Psychiatric Nurse (RPN) / Licensed Practical Nurse (LPN) / Social Worker when they have concerns about a Resident at potential risk of suicide (Don't wait, escalate).

## CLINICAL TEAM MEMBERS ELIGIBLE TO PERFORM THIS FUNCTION

Approved practice in the care environment, assessment of the patient, and the competence of the individual clinical team member are all considerations in the appropriateness of implementing this procedure.

Physicians may function in the **Most Responsible Practitioner (MRP)** role or as a Healthcare Professional performing this function. When the physician is performing this function, the expectation is that they follow this standard, however, clinical experience, judgement and patient presentation may require deviation from this standard in the best interest of the patient.

Clinical Team Member	Suicide Risk Assessment	Develop Safety Plan	Resident Monitoring
Licensed Practical Nurse (LPN)	ELC*	ELC	ELC
Registered Nurse (RN)	ELC*	ELC	ELC
Registered Psychiatric Nurse (RPN)	ELC*	ELC	ELC
Social Workers	ELC*	ELC	ELC
Unregulated Care Providers (UCP)	N/A	N/A	BELC*

LEGEND: **Entry level competency (ELC)**, **Beyond entry level competency (BELC)**, N/A = Not able to perform or Not in scope, ELC\*= Require completion of education module to use the SAFE-T Protocol with C-SSRS, BELC\*= UCPs such as Continuing Care Assistants (CCAs) may require additional training (see [Education and Training](#))

## EDUCATION AND TRAINING REQUIREMENTS

- **Unregulated Care Providers** (for example Continuing Care Assistants) may have **resident monitoring** assigned to them by a licensed nurse. Only UCPs who have been trained and authorized for the area they work in will have specified tasks assigned to them for an individual resident. Managers will be responsible to ensure an individualized resident **Care Plan** is developed. Assignment of tasks to UCPs is not transferable between SHA site or care areas, residents or environments. Prior to being assigned to monitor a resident at risk of suicide, the UCP will complete the following:
  - Complete the [CS-G-0173 Monitoring Resident at Risk for Suicide - in the Moment Training](#).
  - Recommend review of the [CS-LM-0049 Long Term Care and Suicide General Information for All Staff learning module](#).
  - Review the resident's [safety plan](#) and monitoring orders.
  - One on one instruction with licensed care provider, including documentation instruction.
- **Nurses and available on-site social workers** will complete the following learning activities prior to using the [SAFE-T Protocol with C-SSRS Assessment Tool](#):
  - Complete the [CS-LM-0050 Assessment of Suicide Risk Using C-SSRS and evaluation](#), and inform the Operation Manager (or designate). A score of 80% is required to pass the module.
  - Routine recertification is not required if the frequency of practice maintains competency. Recertification may be required if additional education needs are identified or if there is a change in practice.

- **All other LTC staff:**
  - It is recommended that all staff complete the [CS-LM-0049 Long Term Care and Suicide General Information for All Staff Learning module](#) within six months of their start date in a Long-Term Care residence.
- Physicians do not require additional training to perform ELCs, however they are required to be competent to perform the function. Competency means they have the required knowledge, skills and judgement to perform the function. Education materials are available for use as required.

Clinical Team Member	<a href="#">CS-LM-0049 Long Term Care and Suicide General Information for All Staff Learning module</a>	<a href="#">CS-LM-0050 Assessment of Suicide Risk Using C-SSRS in Long Term Care Learning Module</a>	<a href="#">CS-G-0173 Monitoring Resident at Risk for Suicide - in the Moment Training</a>
RN / RPN / LPN	RECOMMENDED	REQUIRED	RECOMMENDED
Social Worker	RECOMMENDED	REQUIRED	RECOMMENDED
Unregulated Care Provider (UCP)	RECOMMENDED	N/A	REQUIRED
All Other LTC staff	RECOMMENDED	N/A	N/A

## EQUIPMENT AND RESOURCES NEEDED

- [SHA-0338 SAFE-T Protocol with C-SSRS LTC Suicide Prevention](#) (Columbia Risk and Protective Factors)
- [SHA 0339 My Safety Plan \(Long-Term Care\)](#)

## GENERAL INFORMATION

Clinical Team Members will adhere to all relevant organizational routine practices prior to the initiation of any procedure including:

- Engaging patients and families in ongoing collaboration in all aspects of care provision: including obtaining appropriate consent prior to the initiation of all procedures, provision of ongoing information sharing, and provision of education as appropriate.
- Completing an [IPAC-G-0010 Point of Care Risk Assessment \(PCRA\)](#). Infection Prevention and Control (IPAC) practices will be adhered to by all team members for all aspects of care. This includes the use of the appropriate Personal Protective Equipment (PPE) and Hand Hygiene as outlined in the [SHA-02-005 Policy: Hand Hygiene](#).
- Verifying the identity of the patient using two or more patient identifiers. Refer to [SHA-08-009 Patient Identification Verification Policy](#).
- Identifying what specifically should be documented. Refer to [CS-CDCS-0070 What to Document](#).

## PROCEDURE

### A. INITIAL SUICIDE RISK ASSESSMENT

1. Determine resident's **capacity** to participate in assessment:
  - a. Capacity is determined by following local area processes and may include:
    - i. Documenting observations relevant to consideration of capacity; and
    - ii. Conducting capacity assessment within their role or job duties.
2. **Healthcare Professionals** support and / or accommodate residents with partial capacity or disabilities to participate in the assessment by accessing appropriate supports and resources. For example:
  - a. Timing of conversations to best time of the day, timing of medications, ensuring the patient has glasses, hearing aids; and
  - b. Facilitation of family or other support person's presence as needed.
3. If resident does not have the capacity or ability to participate in the assessment, family may participate on their behalf.
4. Explain purpose of the [SAFE-T Protocol with C-SSRS](#) assessment to resident and / or resident's family.
  - a. See [Appendix B](#) for sample script to be used with resident and / or family.
5. Assessments will be completed within 24 to 72 hours after move in.

**NOTE:** If the resident answers "no" to the [SAFE-T Protocol with C-SSRS](#) screening questions one, two and six, the resident is considered not at risk for suicide at this time.  
If resident answers "yes" to question two, continue to ask questions three, four and five.

6. All completed [SAFE-T Protocol with C-SSRS](#) will be kept next to the Advance Care Planning documents in the resident's chart and the most recent copy of the assessment will not be removed from paper charts.
7. Document:
  - a. Name of individuals participating in assessment:
    - i. If family or support person participates in assessment, document their relationship to the resident.
  - b. Date and time assessment completed.
    - i. If temporarily unable to complete assessment, document, in the progress notes, date and time attempted as well as reason why assessment could not be completed.
    - ii. If resident and family / support person unable to participate in assessment, document on the [SAFE-T Protocol with C-SSRS](#) form reason why assessment could not be completed.
  - c. Plan based on risk level:
    - i. Update Resident's Care Plan.
    - ii. Communicate risk level with the care team.
    - iii. Actions taken for each risk level.

**B. NO FORESEEABLE SUICIDE RISK OR SUICIDE PLAN**

1. Healthcare Professionals will continue to reassess residents for ongoing depressive symptoms and / or suicidal ideation and ensure all care providers are updated.
  - a. [Long Term Care Facilities \(LTC –F\)](#) assessment form will be completed each quarter.
    - i. Residents with a rating of three or greater on the [Depression Rating Scale](#) require additional assessment with the [SAFE-T Protocol with C-SSRS](#) assessment tool.
  - b. All Residents shall have a [SAFE-T Protocol with C-SSRS](#) assessment completed when there is:
    - i. A change in health status;
    - ii. Staff and / or family report a concern;
    - iii. Significant change in mood or behaviour;
    - iv. After **major loss** has occurred; and
    - v. During **transitional points of care**.

**C. ADDRESS IMMEDIATE SAFETY NEEDS OF THOSE AT RISK OF SUICIDE**

1. **Low Suicide Risk**
  - a. Outpatient Referral in consult with MRP and any other applicable care partners.
  - b. Re-assess with [SAFE-T Protocol with C-SSRS](#) assessment tool within one month or earlier if needed.
  - c. Develop and implement a [Safety Plan](#): copy to resident, home and file / health record.
  - d. Care team will form a collaborative partnership between the resident, their family / support people and relevant healthcare services.
2. **Moderate Suicide Risk**
  - a. Consult MRP.
    - i. Initiate observation level based on MRP and team’s recommendation and capacity.
  - b. Develop and implement a [Safety Plan](#).
  - c. Communicate risk level to care team.
  - d. Re-assess resident with [SAFE-T Protocol with C-SSRS](#) assessment tool within one week or earlier if needed.
3. **High Suicide Risk**
  - a. Ensure immediate safety:
    - i. Identify and remove potential hazards in immediate vicinity (for example sharp objects, lock medications, remove strings).
  - b. DO NOT leave resident alone - Notify Charge Nurse / care team and Manager.
  - c. Initiate local psychiatric assessment process, either:
    - i. MRP approve transfer to nearest Acute Care and / or Emergency Department; or
    - ii. Mental Health Services intake assessment; or
    - iii. Other locally appropriate assessment process.
  - d. Notify family, if appropriate.
  - e. Develop and initiate a [Safety Plan](#) until transfer to assessing facility, if applicable.
  - f. Follow-up and document outcome of emergency psychiatric evaluation.
  - g. Re-assess with [SAFE-T Protocol with C-SSRS](#) assessment tool on return to home.

#### **D. SAFETY PLAN**

1. A nurse or social worker will collaborate with the Resident and / or the Resident's family to develop the Safety Plan.
2. The Safety Plan will be reviewed, at a minimum, each time the resident is assessed and found to be at the moderate suicide risk level.
3. The Safety Plan will be documented on the [SHA 0339 My Safety Plan \(Long-Term Care\)](#) form.
4. Provide a copy of the Safety Plan to the resident and the resident's family, if appropriate.
5. A copy of the Safety Plan is to be kept in the home and / or the resident's file / health record.

#### **E. RESIDENT MONITORING**

1. For residents with no foreseeable suicide risk of suicide plan, see No foreseeable suicide risk or suicide plan.
2. For residents at risk of suicide, see each risk level in address immediate safety needs of those at risk of suicide.

#### **F. ATTEMPTED SUICIDE**

1. If there is immediate evidence of a suicide attempt, the RN / RPN / LPN will respond by treating the attempt as a medical emergency and administer first aid.
2. Emergency Medical Services shall be initiated, if required, and the resident is to be transferred to Acute Care and / or Emergency Department for emergency care.

#### **REQUIREMENTS FOR CARE TRANSITIONS**

1. Alert the receiving site when a resident who has been identified to be at risk of suicide is to be transferred:
  - a. Flag on electronic medical record, if applicable.
  - b. Communicate with care staff at new home.
  - c. Include a copy of the most recent [SAFE-T Protocol with C-SSRS](#) and [Safety Plan](#) with admission paperwork.
  - d. Communicate any relevant MRP orders.

## DOCUMENTS THAT RELATE TO THIS CONTENT

### Forms

[SHA-0338 SAFE-T Protocol with C-SSRS LTC Suicide Prevention \(Columbia Suicide Severity Rating Scale\)](#)

[SHA-0339 My Safety Plan \(Long-Term Care\)](#)

### Learning Modules

[CS-LM-0049 Long Term Care and Suicide General Information for All Staff](#)

[CS-LM-0050 Assessment of Suicide Risk Using C-SSRS](#)

### Other

[CS-G-0173 Monitoring Resident at Risk for Suicide - in the Moment Training](#)

[CS-G-0262 Huddle Talk: Suicide Risk Assessment in Long Term Care](#)

[CS-P-0043 Living Works Start – Suicide Risk and Prevention - Staff Training Poster](#)

[CS-P-0044 Myths and Facts Suicide Awareness Poster](#)

[CS-P-0045 Suicide Risk Assessment in Long Term Care – QR Code Poster](#)

[CS-P-0046 Suicide Risk and Prevention Additional Resources Poster \(Staff\)](#)

[CS-PIER-0168 Suicide Risk and Prevention Additional Resources Poster](#)

[CS-WS-0018 Audit –Suicide Risk Work Standard](#)

## REFERENCES

1. SAFE-T-Protocol-w-C-SSRS-and-Columbia-Risk-and-Protective-Factors-Recent-2021.docx [Internet]. [cited 2023 May 29]. Available from: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcssrs.columbia.edu%2Fwp-content%2Fuploads%2FSAFE-T-Protocol-w-C-SSRS-and-Columbia-Risk-and-Protective-Factors-Recent-2021.docx&wdOrigin=BROWSELINK>
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## APPENDIX A: Definitions

**Beyond entry level competencies (BELC):** Knowledge, skill or judgment that is within the scope of practice of a healthcare professional, but not acquired in the current basic education program. These require additional training and education and may be restricted to specific care environments.

**Capacity<sup>3</sup>:** The ability:

- To understand information relevant to a healthcare decision respecting a proposed treatment;
- To appreciate the reasonably foreseeable consequences of making or not making a healthcare decision respecting a proposed treatment; and
- To communicate a healthcare decision with respect to a proposed treatment.

**Clinical Team Member:** In the context of Clinical Standards documents, the clinical team members include those who perform direct patient care. This could include healthcare professionals, unregulated care providers, practitioner staff, graduate practitioners, and learners.

**Entry Level Competencies (ELC):** Knowledge, skill or judgement that is within the scope of practice of a healthcare professional and currently included in the basic education program.

**Family:** Individuals who are connected by kinship, affection, dependency or trust. The patient defines their family and how they will be involved in care, care planning and decision making. Individuals identified as “family” may or may not be the substitute health care decision maker(s). When a patient is unable to define “family” this will be the substitute healthcare decision maker.

**Healthcare Professional (HCP):** Staff with formal education in their profession and are prepared for practice with entry-level competencies (the knowledge, skills and judgement acquired in a foundational education program). Healthcare professionals are licensed, certified or privileged and have a scope of practice that defines the competencies they are authorized to practice. Healthcare professionals may or may not be regulated by a provincial regulatory body.

**High Suicide Risk:** As per SAFE-T Protocol with C-SSRS, suicidal ideation with intent or intent with plan in past month OR suicidal behavior within past 3 months.

**Low Suicide Risk:** As per SAFE-T Protocol with C-SSRS, wish to die or suicidal ideation WITHOUT method, intent, plan or behavior OR modifiable risk factors and strong protective factors OR no reported history of suicidal ideation or behavior.

**Major Loss:** Loss of health, loss of mobility, cognitive functioning, ability to self-care, loss of role / job, loss of means of self-support, loss of home and cherished possessions

**Moderate Suicide Risk:** As per SAFE-T Protocol with C-SSRS, suicidal ideation with method, WITHOUT plan, intent or behavior in past month OR suicidal behavior more than 3 months ago OR multiple risk factors and few protective factors.

**Most Responsible Practitioner (MRP):** The physician / practitioner / nurse practitioner with the overall responsibility for directing and coordinating the care of a patient at the specific point in time.

**Resident:** Individuals who receive or have requested health care or services from Saskatchewan Health Authority and its healthcare providers.

**Safety Plan:** A key component in support for residents at risk of suicide is a safety plan. Safety plan forms must include: internal coping strategies, external coping strategies / distractions, informal emergency support persons, professional support persons / services, and directions to call 911 or attend nearest Emergency Department if needed. A safety plan must be relevant to each individual resident's specific needs - consider things like age, cognitive level, cultural sensitivities to ensure it is significant to them.

**Staff:** SHA employees include in-scope, out of scope, full, part time and casual staff in all facilities owned, operated and leased by the SHA as well as SHA staff working in the community.

**Transitional Points of Care:** admission, transfer to another facility and discharge.

## APPENDIX B: SAMPLE RESIDENT / FAMILY SCRIPT

Sample Script to introduce the CSSR-S use in long term care:

“We like to check in to see how you are doing emotionally because there is a lot of change for people \_\_\_\_\_(Insert reason here. For example, coming into long-term care; when your health care status changes; when there are stress going on for you...). People often struggle emotionally when there are big changes. It is important that we know you are feeling safe; and if not that we are aware so we can help you. I am going to ask you some questions about your thoughts and behaviors over the past few weeks to help me better understand how you are feeling. Is that okay?”

**APPENDIX C: REPLACED DOCUMENTS**

SHA Clinical Standards and procedures replaces all related:

- Departmental,
- Unit, or
- Former regional documents.

Teams may need to update local work standards to make sure they are not different from SHA Clinical Standards and procedure before they continue to use them.

This clinical standard and procedure replaces or partially replaces the following former regional health authority policies, procedures, forms or other related documents including but not limited to:

**Policy / Procedure- Full Repeals**

Name of former health region	Policy / Procedure / Form / Document Title	Document #
Five Hills	Suicide Risk Management in LTC	15.9.3
Five Hills	Suicidality Screener form	FHHR LTC 15.9.3
Prairie North	Suicide Risk in Long Term Care	15111
Prairie North	Suicide Risk in Long Term Care	15111(p)
Sunrise	Assessment Management of Persons at risk of suicide in Long Term Care	710.032
Sunrise	Flowchart for suicide screening protocol in Long Term Care	710.032.2
Sunrise	Suicide Screening Form for LTC	710.032.1