

SUICIDE PREVENTION IN HEALTH CARE FACILITIES

ENVIRONMENTAL SAFETY RECOMMENDATIONS

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PATIENT ROOMS

- Patient's clothing should be removed and patient provided with clothing that does not have any strings and cannot be easily torn into pieces. Use gowns with buttons, remove shoe laces, belts, necklaces, and piercings (including earrings).
- Store duffel bags/backpacks out of patient room (handles can be removed and used for hanging)
- Upon admission, identify and secure all patient medications outside the patient room
- Consider replacing glass windows with Plexiglas or shatter proof glass
- Only use *heavy* furniture in patient rooms so it cannot be thrown
- If televisions are present, they should be mounted high up on the ceiling, bolted down and have all power cords wired up into the ceiling and not accessible to patients
- Remove all call-light cords/TV cords and use call buttons/remotes
- Garbage cans should not have plastic bags
- Limit or restrict access to certain items in patient rooms
 - Pens and other writing utensils
 - Combs (teeth can be removed and used for cutting)
 - Any type of eating utensils (plastic or metal)

WORK TO ELIMINATE

- "Pinch points" or hinges on doors and door frames
- Consider "soft doors"
- Beds with posts or any other areas that a patient could attach something to
- For high risk patients, consider placing mattress on the floor without bedframe, or a "captain's bed" style frame.
- Pillow cases on pillows
- Removable bedsheets
- Door handles that could be used as an attachment point (including door, closet door, bathroom, etc.)
- Hangers/hooks and clothing rods in closets

BATHROOMS

- Use breakaway fixtures in showers/bath tubs and sinks
- Use breakaway shower curtains (if shower curtains are present)
- Modify faucets to minimize hanging risk
- Remove all locks from bathroom doors
- Build safety features around plumbing fixtures, such as a stainless steel box that removes hanging risk
- Add “plates” to grab bars that permit functionality but minimize hanging risk

EMERGENCY DEPARTMENTS

- If patient presents with suicidal thoughts, ensure they are placed in a room immediately and not left in waiting room
- After placing patient in room, consider removing sheets and pillow case from bed
- Patient should be monitored at an increased frequency while in emergency department
- Remove IV pump/tubing and any oxygen tubing from room
- Ensure all sharps are locked
- Cover or remove all call-light cords
- Patient’s clothing should be removed and patient provided with clothing that does not have any strings and cannot be easily torn into pieces
- Garbage cans should not have plastic bags
- If televisions are present, they should be high up on the ceiling, bolted down and have any power cords wired up into the ceiling and not accessible to patients

OTHER AREAS (HALLWAYS, COMMON AREAS, NURSING STATIONS)

- Lock all linen closets that are in common areas
- Patients at high risk for suicide should not be given plastic utensils for meals, give ordering choices that can be eaten without utensils (e.g. hamburger, sandwiches, etc...)
- Consider the use of half-dome security mirrors at nursing station to provide increased visualization

ADDITIONAL INPATIENT SUICIDE PREVENTION RECOMMENDATIONS ^{1,2,3,4}

- More stringent assessment of risk
 - Eliminate the use of SAD PERSONS scale for screening
- Wait for significant, stable, reliable change before relaxing precautions
- Do not rely solely on patient self-report of suicidal ideation
- Do not rely on “no suicide” contracts
- Develop an ‘Open Door’ policy when patient is in their room

- Develop a Locked Door policy when patients are in group or at meals
- Change q15 minute checks to checks at random, staggered intervals
 - These checks, if used, should be random and not on the quarter hour

ADDITIONAL RESOURCE

[*The Design Guide for the Built Environment of Behavioral Health Facilities - Jim Hunt and Dave Sine*](#)

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2. Cassells C, Paterson B, Dowding D, Morrison R. Long- and short-term risk factors in the prediction of inpatient suicide: review of the literature. CRISIS. 2005;26:53-63.
3. New Jersey Department of Health and Senior Services. Patient Safety Initiative 2008-Suicide in the Hospital Setting.
4. [Physicians, along with nursing staff, must also be aware of areas and elements of the environment that represent opportunities for an individual's intent to commit suicide.] THE PHYSICIAN'S PROMISE: PROTECTING PATIENTS FROM HARM. 2nd ed. Joint Commission Resources, Suicide Reduction Measures. 2006;75:chap 5.