

Chapter: Medical & Healthcare Services
Subject: Suicide Awareness Policy
Section: 10.4
Page: 1 of 1
COA Standard: PA-RPM 2.03(c)
Revised: 3/20/20

NRTC has a written suicide prevention and intervention plan for dealing with youth that have been identified as potentially suicidal. The plan is reviewed and approved by a physician each year, and all staff members who work in direct contact with youth are trained in its implementation annually.

Staff members are trained to recognize symptoms that may indicate a youth is suicidal:

1. Always talking or thinking about death.
2. Clinical depression- deep sadness, loss of interest, trouble sleeping and eating- that gets worse.
3. Having a “death wish,” tempting fate by taking risks that could lead to death.
4. Putting affairs in order or tying up loose ends.
5. Statements like, “It would be better if I wasn’t here” or “I want out.”
6. Sudden, unexpected switch from being very sad to being very calm or appearing to be happy.
7. Talking about suicide or killing one’s self.
8. Visiting or calling people to say goodbye.

The following procedure is implemented with a potentially suicidal youth:

1. If a South Community staff is in the building, request that staff member completes a lethality assessment as soon as possible. Comply with the South Community staff’s assessment and recommendations for the youth.
2. Immediately place the youth on one-on-one supervision by a staff member. It is the responsibility of that staff member to ensure the safety of the youth.
3. Potentially harmful items the youth may be in possession of, such as sheets, pens, pencils, glasses, and any sharp items shall be removed from the youth and the area in which the youth is placed.
4. The staff member is to immediately contact a supervisor to inform them of the situation.
5. If a supervisor is not present, the on-call supervisor or manager should be notified of the situation immediately.
6. The supervisor will then be responsible for determining the need for counseling, intervention, or medical attention for the youth. However, if immediate medical attention is required, staff members shall not hesitate to call 911. If a youth is found in need to be assessed at the hospital, the on-call manager or the director is to be notified.
7. If this behavior occurs during evening or bedtime hours, the youth is to sleep with his or her bedroom door open, and is to remain on one-on-one supervision with a staff member until otherwise notified by the responsible supervisor.
8. Staff members/supervisors involved are to document the situation on a Critical Incident Report.