Care of the Suicidal Patient with COVID-19

Updated April 29, 2020

What’s New: Added environmental risk assessment reminder and risk assessment (see references) for use of mask as source control

This interim guidance is based on what is currently known about COVID-19 and The Centers for Disease Control and Prevention (CDC) and The Joint Commission current guidance:

Care of the Patient at Serious Risk for Suicide

In this situation, it is imperative to address both the infection control and safety monitoring requirements for the patient. In units/areas that contain ligature and/or other safety risks, perform an environmental risk assessment of the room to identify and eliminate all removable ligature risks prior to the patient entering the room. In rooms that are not considered ‘safe’ rooms, be aware of those ligature risks that cannot be removed (equipment bolted to walls). The organization must determine the risk/benefit of providing a mask as source control for patients determined to be at risk for committing suicide. Patients determined to be at high-risk for suicide must be under constant and continuous observation with the ability to immediately intervene through the use of 1:1 observation - 1 qualified staff member to 1 high risk patient. A qualified staff member is one that has been trained and has demonstrated competence in working with suicidal patients and performing 1:1 observation.

The Joint Commission does not prescribe a specific distance from which the observer must be to the patient. This is determined by the organization. The observer must always have full continuous view of the patient and be able to intervene without delay if necessary.

The current CDC recommendations for the patient with known or suspected COVID-19 include (as of March 26, 2020):

- If admitted, the patient with known or suspected COVID-19 should be placed in a single-person room with the door closed.
- Standard Precautions and use of a respirator or facemask, gown, gloves and eye protection must be used when entering the room of a patient with known or suspected COVID-19.
- The observer must have received training on and demonstrate an understanding of how to properly don, doff, dispose of, and maintain PPE.
- The observer should not be present in the room when aerosol generating procedures are performed unless they are wearing a respirator (rather than a surgical mask).

If outside of the room, the 1:1 observer must be able to maintain full continuous view of the patient, with the door closed, and be able to intervene without delay when necessary and without leaving other patients unsupervised. The observer must maintain the appropriate PPE to ensure entry into the room without delay if necessary. If this is not possible, the 1:1 observer would have to remain in the room, with the door closed, donning the appropriate PPE with full continuous view of the patient and within a distance to be able to immediately intervene if necessary.

Patients determined to be at low or moderate risk of suicide may be monitored via video monitoring; however, the observer must maintain constant observation and have the means for immediate intervention in the patient room if needed without compromising the supervision or care of other patients.
References:

Risk Analysis courtesy of Nancy Harris, RN, MSN, BSN, CJCP
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