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**Safety Plan Policy**

Clinicians should assess patients for self-harm and suicidal ideation plan and intent. Assessment should take place initially at the time of the first appointment.

1. **The following should take place:**
2. Clinicians are required to complete the Columbia Suicide Severity Rating Scale at the first appointment. If the clinical assessment and/or CSSR indicate suicidal ideation exists with any plan of suicide or self harm, a Safety Plan should be completed.
3. Following the first appointment, clinicians may utilize the PH-9 and/or repeat a CSSR in addition to their clinical assessment to determine suicidal intent with a plan. If a suicidal plan or intent is reported, a safety plan including means restrictions (to include parent, family member or friend) must be completed.
4. Clinicians should utilize the Safety Plan located on the R drive, under Forms/EMR.
5. Clinicians should complete the Safety Plan with client and give a copy of the completed Safety plan for the client to reference.
6. Clinicians must put a copy of the completed Safety Plan in scanning for client’s chart.
7. Clinicians must document that a Safety Plan was completed in the Assessment and/or Progress Note.
8. Clinicians should reassess suicidal ideation plan/intent or self harm behaviors periodically depending upon the client’s level of care.
9. Clinicians should consult their immediate supervisor and/or President/CEO when applicable for identification of actions to be taken to deescalate unsafe behaviors. Follow up consultation with supervisor should occur upon resolution.