

4.1 SAK integration checklist

Step 1: Read the Manager section of the SAK

Step 2: Identify additional resources that may be useful in informing the development of policies and procedures

Step 3: Review existing policies and procedures using the following table to identify strengths and gaps.

	Present	Absent	Comments/Action plan
1. Definitions section included.			
2. Overarching principles stated.			
3. Roles & responsibilities of staff clearly outlined.			
4. Issues of: a. Confidentiality, and b. Limits to confidentiality in upholding duty of care, are clearly discussed.			
5. Expectations regarding documentation of risk assessments and intervention outcomes are clearly stated.			
6. The consultation and referral process for assessment and management of suicide risk is obvious. This should include arrangements for weekends and after hours.			
7. Contact details for acute crisis care teams/services are readily accessible.			

	Present	Absent	Comments/Action plan
8. Expectations regarding when risk assessments should occur are clearly outlined.			
9. The assessment procedures used by the service are clearly documented. The cultural needs of clients are taken into consideration.			
10. Maintaining the safety of others is addressed			
11. The need for planning the re-assessment of suicide risk is openly addressed			
12. Discharge: Considerations at time of discharge are discussed – <ul style="list-style-type: none"> • Mental state • Accommodation • Financial support • Aftercare • Circumstances, if any that would prevent client being discharged home. • The re-assessment and re-admission process should be clearly outlined 			
13. Outline what professional development and training opportunities the agency will provide re: suicide assessment and intervention.			

14. Acknowledgement of the need for supervision, collaboration and debriefing as part of the assessment and intervention process is evident.			
15. Policies & procedures have an inbuilt review & evaluation process whereby at fixed time points they are reviewed and updated where necessary			
16. The procedure to follow when there is an onsite incident (eg. suicide attempt) is clearly specified.			

Step 4: Engage service staff and management to develop service-specific guidelines to ensure relevance, based on gaps identified in the above table.

Step 5: Draft policies and procedures and seek feedback from staff and management and any external sources of expertise (e.g., local mental health professionals).

Step 6: Incorporate this feedback into your draft document, finalise and distribute where appropriate.

Step 7: Ensure existing staff familiarise themselves with the policies and procedures and ensure the document is easily accessible. Check that organisational resources are in place to support the standards set out in your policies and procedures.

Step 8: Conduct any necessary training with the workforce and ensure appropriate induction for new staff to be educated and trained in the issues pertaining to suicide risk and the policies and procedures set out by your service.

Step 9: Ensure policies and procedures regarding suicide risk assessment and intervention are consistent with the standards set out in any other relevant organisational policies where appropriate.

Step 10: Monitor and evaluate the practical application of the policies and procedures.

Step 11: Identify a date to review and update your policies and procedures.