**LOW RISK**

- **No plan**
- Has vague plan but has no access or idea on how to carry it out OR very strong deterrents for not pursuing suicide
- States NO INTENTION of acting on suicidal thoughts or feelings

**ACTION STEPS**

- Say you are concerned and suggest talking to someone
- Document your contact and determination of risk
- Seek permission to discuss with staff, family, or medical personnel
- Advise the resident to tell someone
- Ask what additional supports he or she could use
- Provide your contact info and the Friendship Line (1-800-971-0016)
- Discuss with your RO within a week

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**MEDIUM RISK**

- Has plan but it is vague
- Has specific plan but no access to the means for carrying it out
- Has some deterrents
- States LITTLE INTENTION of acting on suicidal thoughts or feelings but cannot say for sure

**ACTION STEPS**

- Say you are concerned and suggest seeing a specialist
- Document your contact and determination of risk
- Seek permission to discuss with staff, family, or medical personnel
- Ask if he or she is willing to schedule a doctor's appointment
- Facilitate a referral
- Provide your contact info and the Friendship Line (1-800-971-0016)
- Discuss with your RO or the Office as soon as possible (preferably within 24 hours but not later than 48 hours)

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**HIGH RISK**

- Has clear plan (how, when, where)
- Plan involves use of a firearm
- Has no or few strong deterrents
- States intention of acting on suicidal feeling regardless of when or where

**ACTION STEPS**

- Say you are concerned and it is important to get the proper medical attention
- Document your contact and determination of risk
- Tell the resident additional assistance is needed
- Seek permission to discuss with staff, family, or medical personnel
- Advise the resident to talk with the staff. If refused, contact the Center for Elderly Suicide Prevention at 1-800-971-0016 to discuss the situation and plan next steps
- Discuss with RO and Office before leaving facility
- *if his/her plan involves harming others, immediately report to facility, supervisor, and State Ombudsman*
When should an Ombudsman take residents’ suicidal thoughts or plans seriously?

**ALWAYS**

While not every statement means the person is going to take their life, every statement is worthy of some follow-up questions to determine:

1) Is the person thinking of taking his or her life?
2) How likely is he or she to act on those thoughts?
3) Does the individual have a plan and have the means to carry out their plan?

**Disclaimer:** The guidelines described are intended to provide direction but should never be used as sole determinant.

**The Ombudsman is NOT RESPONSIBLE** for making the final determination of suicide risk OR for single-handedly protecting a person.

**The Ombudsman IS RESPONSIBLE** for asking the appropriate questions and making an appropriate referral.

*Ask:* “Do you feel these feelings and thoughts are a problem for you, or something you might act on?”

If the resident answers “NO,” say: “You know I am not a clinician, and I am not qualified to fully evaluate these feelings and thoughts and whether or not you feel you would act on them. I’m glad this is something you feel you would not act on, but these thoughts and feelings could be a sign of depression. Is there anyone that you trust that you would like to talk to about these feelings? I’m not a clinician, and I am not qualified to fully evaluate these feelings and thoughts and whether or not you feel you would act on them. I’m glad this is something you feel you would not act on, but these thoughts and feelings could be a sign of depression. Is there anyone that you trust that you would like to talk to about these feelings?”

If the resident answers “YES” or equivocally, such as “I don’t know” or “I’m not sure,” say: “You know I am not a clinician, and I am not qualified to fully evaluate these feelings and thoughts and whether or not you feel you would act on them. I am concerned about you. I would like to ask you a few more questions and then help put you in touch with the professionals who can help you.”

Ask: “Have you thought about how you would hurt yourself?” (In other words, is there a plan?)

If the resident answers “YES,” ask the following questions:

- “If there is a plan, do you have a way to carry it out?”
- “If the resident answers YES, ask: “In other words, is there a plan?”
- “If there is a plan, do you have a way to carry it out?”
- “If the resident answers YES, ask: “In other words, is there a plan?”
- “What has helped you not act on these feelings?”
- “In other words, is there a plan?”
- “What has helped you not act on these feelings?”
- “In other words, is there a plan?”

If the resident answers “NO,” say: “You know I am not a clinician, and I am not qualified to fully evaluate these feelings and thoughts and whether or not you feel you would act on them.”

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