COMPENSATION PRACTICE AND QUALITY DEPARTMENT

PRACTICE DIRECTIVE #C12-9

TOPIC: **Responding to a Risk or Threat of Suicide**

ISSUE DATE: **October 24, 2008, Amended December 5, 2011**

Objective

This Practice Directive provides guidance to WorkSafeBC officers on how to respond to a worker who is at risk of suicide or threatens suicide.

Practice Guidelines

Initial Response
Where a worker threatens suicide or is at risk of suicide[1], the officer follows the steps in the Suicide Risk or Threat Response protocol on WSN. A worker is considered to be at risk of suicide if he or she is currently contemplating suicide or has contemplated suicide at any time in his or her life. This is true even if a substantial amount of time has passed since the worker's previous suicide threat and even if that previous suicide threat appears to have been an isolated incident.

The first priority where a worker threatens suicide or is at risk of suicide is to take steps to reduce the risk of immediate harm to the worker.

Where an officer recognizes that a risk or threat of suicide exists, the officer documents the incident on the claim and submits a threat report electronically, through the "Forms" page on WSN. The officer submits the threat report on the same day as the threat of suicide is recognized, as it is important for all staff who may come in contact with the worker to be aware of the situation. Even if an "S" (suicide) code already exists on a worker's claim, each suicide risk or threat incident is documented on the claim and a threat report is submitted.

A WorkSafeBC officer may learn that a worker has contemplated suicide or has been at risk of suicide in the past (for example, through conversation with the worker or through medical documents). In those circumstances, the officer follows the procedure outlined above and submits a threat report on the same day the officer learns of the suicide risk.

The threat report is reviewed by Corporate Security and Special Care Services. After reviewing the claim file and consulting with the officer and their manager, and if necessary, a Clinical Advisor, Corporate Security arranges for an "S" code placement on the worker's file.

[1] A worker is to be treated as **at risk** of suicide if he or she has thought about suicide or made a suicide attempt at any time in his or her life.

Details of the worker's suicide risk (including whether the risk is considered to be low, medium, or high), as well as details of the incident, are recorded on the claim file under "Threat Details" (accessed by clicking on the "S" code and then the "Threat Details" button). Corporate Security places an "S" code on the claim file in every case where a risk or threat of suicide has been identified, even if that risk of suicide relates to an incident in the worker's past.

Where Corporate Security is made aware of a suicide risk or threat through information received from an external source such as an appellate body, Corporate Security completes the electronic threat report, advises the officer of the threat and arranges for an "S" code to be placed on the worker's file.

When communicating information and decisions to a worker who is at risk of suicide, the officer exercises caution. *Practice Directive #C12-8, Managing Claims of Psychologically Fragile Workers*, provides guidance in these situations.

Follow-Up and Monitoring

After the immediate psychological crisis has been addressed, a team approach is taken to follow-up and monitor the worker's psychological wellbeing until the suicide risk is resolved. The following activities are undertaken:

- The officer offers to meet with the worker to obtain information about the worker's current psychological wellbeing, clarify any outstanding clinical and/or claims matters, and obtain the worker's support in the development of a plan to address those matters. The worker may accept or decline the meeting request. The officer notifies the Psychology Clinic of the meeting. The Psychology Clinic may recommend a Crisis Response Specialist or Medical Advisor attend the meeting.

- The officer, with the assistance of the Clinical Advisor(s), develops a multidisciplinary plan to investigate and adjudicate new and/or outstanding issues, and make arrangements for treatment, as appropriate. If a plan already exists, it is reviewed and modified as needed to ensure that it continues to be appropriate for the worker.

- Where the plan includes the services of external treating clinicians such as the worker's doctor, psychologist or psychiatrist, the officer seeks the assistance of the Clinical Advisor(s) to ensure services are coordinated, to maintain regular contact with the treating clinicians and to resolve any issues that arise.

- For workers who have an active and high suicide risk, the designated Clinical Advisor actively monitors the worker's psychological status, and assists in coordinating clinical care as needed.

Non-Compensable Psychological Conditions
Where the officer determines that a worker's psychological crisis and/or condition is not a compensable condition, a Clinical Advisor assists with referring the worker to appropriate community services. This may include:

- provision of contact information for an agency,
- initiating contact for the worker to facilitate their access to clinically required services, and/or
- consulting with the worker's clinicians who are currently providing services.

Non-compensable psychological conditions may have a significant impact on the management of the claim and care is taken to ensure appropriate coordination with clinical services that are provided under the claim.

Even if the psychological condition is not compensable, where a worker threatens suicide or is at risk for suicide, Clinical Advisors monitor the psychological status of the worker until the immediate suicide crisis has passed. Where appropriate, Clinical Advisors coordinate WorkSafeBC-sponsored services with those provided in the worker's community. In addition, Clinical Advisors may alert the worker's clinicians in the community so that appropriate intervention and follow-up activities with the worker occur.

CROSS REFERENCES: See also *Practice Directive #C12-8, Managing Claims of Psychologically Fragile Workers*.

HISTORY: This Practice Directive was developed to provide guidance on responding to a worker who is at risk of suicide. It was updated on December 5, 2011 to clarify best practices where an officer learns that a worker has been at risk of suicide at some time in the past.

APPLICATION: This Practice Directive updates and clarifies current practice.