**Purpose:**

Establish **voicemail** protocols for staff to respond to patients in crisis seeking help.

**Introduction:**

Receiving a voicemail by a patient in crisis can be daunting and fear inducing. By establishing clear and concise communication for staff to follow, staff can provide timely, needed communication and feel competent in dealing with patients in crisis.

**Recommendation 1:** Create clear concise program voicemail protocols for facilities and programs.

All staff who have access to and use voicemail for work-related activities should have an updated outgoing voicemail message indicating a name and the number reached. The outgoing message should include clear and concise instructions for patients in crisis to access immediate medical assistance.

**Recommendation 2:** Establish a follow-up procedure for all voicemails received.

Facility and program leadership should consider establishing procedures for staff to follow if voicemail is received from a patient in crisis. Procedures should address: what to do, who to contact, timeline for return contact; how to document actions taken; and list of available emergency crisis contacts for staff to use.

**Recommendation 3:** Integrate voicemail protocols to ensure trauma-informed, customer service focus for organization or agency.

Facility and programs should ensure voicemail messages are updated regularly with current and relevant information. Outgoing voicemail messages should provide a customer service focus and should reflect a trauma-informed orientation. Staff should check and respond to their voicemail promptly, in accordance with local policies, and in a consistent manner to ensure follow up for all patients.

**Recommendation 4:** Establish an outgoing voicemail message template for staff use.

Consider using or modifying voicemail for internal use.

“Hello. You’ve reached [Name] at [Number]. If you are experiencing a life-threatening emergency, please hang up and dial 9-1-1. If you are experiencing an emotional crisis and thinking about suicide, please hang up and dial 1-800-273-8255. That number again is 1-800-273-8255. Otherwise, please leave your name and number and I will respond as soon as I am able to [or indicate date]. Thank you for calling.”

**Recommendation 5:** Consider a range of follow-up methods for patients who call in crisis and leave messages.

Consider contacting the patient directly. If the patient is known, utilize any emergency contact information available to reach the patient. If patient is unknown, attempt to gather information and contact local police. Have a listing of emergency crisis contacts and a listing of potential referral access points for patients. Provide staff with annual suicide prevention gatekeeper training to ensure staff have necessary skills to recognize and respond to suicide.

**Conclusion:**

Ensuring patient safety is of the upmost importance. Facilities and programs can take a few proactive steps to offer support, provide resources, and be of aid to patients in crisis.

**Purpose:**

Establish **telephone** protocols for staff to respond to patients in crisis seeking help.

**Introduction:**

Receiving a telephone call by a patient who is in crisis can be fear inducing. By establishing clear and concise protocols for staff to follow, staff can provide appropriate communication and feel competent in dealing with patients in crisis.

**Recommendation 1:** Create clear, concise telephone resources for staff to access and use.

All staff who have access and use the telephone for work-related activities should have crisis line numbers at hand and within reach for ease of use.

Crisis Lines for patients include:

If you or someone you know is struggling with an emotional or mental health crisis, please contact the **National Suicide Prevention Lifeline** at 1-800-273-8255 (TALK). The service is free, confidential and open 24 hours a day, 7 days a week.

Texting services are available through the **Crisis Text Line**by texting NATIVE to 741741 to be connected to a trained Crisis Counselor.

Crisis services for LGBTQ2S are available from the **Trevor Project** at 1-866-488-7386, 24 hours a day, 7 days a week.

In addition, the **Trans Lifeline** is a hotline that supports Trans people in crisis by providing services within the trans community. A trained Crisis Counselor can be reached at 877-565-8860.

Crisis information for staff include:

The **EAP** is a voluntary and confidential employee benefit available to eligible federal employees at no cost.

 24 HOURS A DAY

**800-222-0364**

TTY: 888-262-7848

[foh4you.com](http://www.foh4you.com/)

**Recommendation 2:** Establish a template and procedure for any suicide related telephone call received.

Facility and program leadership should consider establishing procedures for staff to follow if a telephone call is received from a patient in crisis and is threatening suicide.

Procedures should include:

**What to do**

Take all calls from patients reporting a crisis and threatening suicide seriously.

Staff should have a system set up in their immediate area to identify what information must be gathered from the patient.

Staff should have a procedure set up to notify other staff in the immediate vicinity that they have a patient on the line who is reporting a crisis and threatening suicide.

Staff should **never** place a patient in crisis and threatening suicide on hold or transfer.

**Whom to contact**

Staff should keep the patient on line, and keep talking until help arrives to assist in taking the call.

Staff should complete a warm handoff to a clinical provider who can assist the patient in accessing services or alert 9-1-1 of the situation.

Staff should stay within the immediate vicinity of the clinical provider to render assistance such as calling 9-1-1 or other crisis line.

If the staff is a non-clinical, non-licensed provider, staff should notify a clinical provider to take the call to assist the patient. Staff should remain with the clinical provider to assist in calling 9-1-1, if needed.

**How to document actions taken**

* Staff should enter documentation of the situation into the patient’s medical record, including appropriate staff, out of situation, and outcome.
* Staff should notify supervisor of situation with outcome.
* Follow up should occur with the patient to ensure care is continued.

**Conclusion:**

All calls from a patient reporting a crisis and threatening suicide should be taken seriously. Ensuring patient safety is of the upmost importance. Facilities and programs can take a few proactive steps to offer support, provide resources, and be of aid to patients in crisis. By being prepared, staff can help patients and ensure safety.