
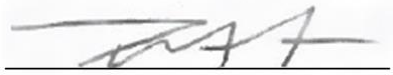


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POLICY NUMBER: 18.6.2		
CHAPTER 18: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT of CORRECTIONS	PROFESSIONAL STANDARDS:
	Approved by Commissioner: 	See Section VIII
EFFECTIVE DATE: February 18, 2020	LATEST REVISION: September 27, 2022	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

The Department has a comprehensive approach to suicide and self-injury prevention, to include, but not be limited to, the training of staff in the recognition of possible suicide risk, screening, and evaluation of residents for suicide risk, and appropriate responses to suicide risk. The purpose of this policy is to provide a comprehensive plan regarding suicide prevention and response.

IV. DEFINITIONS

1. Health care provider - for purposes of this policy, physician, physician assistant, or nurse practitioner.
2. Licensed clinician - psychiatrist, psychologist, psychiatric nurse practitioner, licensed clinical social worker, licensed clinical professional counselor, or licensed marriage and family therapist.
3. Peer Safety Companion - An adult resident who is trained through a formal program, as part of the Department's suicide prevention plan, to serve as a companion to a suicidal resident. A peer safety companion is a peer mentor and is not to be used for the purpose of watching another resident.
4. Safety smock - suicide and self-injury prevention garment that promotes resident safety in a way that is designed to prevent humiliation and degradation. *5-ACI-6E-01*
5. Security staff - for purposes of this policy, corrections officer, corrections supervisor, or correctional investigative officer (detective) or other facility law enforcement officer.

6. Self-adhering wrap - a light weight cohesive elastic which provides controlled, consistent compression and conforms to all body contours, provides excellent elasticity, and adheres to itself without the use of pins, clips, or tape, e.g., Coban.
7. Staff - for purposes of this policy, Department employee or a person in an adult facility providing services to an adult resident by agreement with or under contract with the Department (e.g., facility health care staff), but not including a volunteer, student intern, delivery person, etc.
8. Suicide attempt - a suicide attempt is an action taken by an individual with the intent to end their life, but the individual does not die as a result of the action. There does not have to be actual harm as a result of the action, just that there would have been harm if the action had been successful. It does not include self-injurious behaviors that do not indicate an intent to end life, such as superficial cutting, etc.

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VII. PROCEDURES

Procedure A: Suicide and Self-Injury Prevention, General

1. The Commissioner, or designee, shall ensure that this policy is approved by the Department's contracted health care provider and reviewed on an annual basis by the Department's Regional Behavioral Health Director, or designee, as set out in Department Policy 18.1, Governance and Administration. *5-ACI-6A-35 & 4-ACRS-4C-16*
2. All suicidal ideation, suicide attempts, and self-injurious behaviors shall be taken seriously and responded to immediately in an appropriate manner.
3. The level of response shall depend upon the lethality of the adult resident's statements and/or actions.

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4. In addition to the responses set out in this policy, if appropriate, a male resident may be referred to the Department's Intensive Mental Health Unit in accordance with Department Policy (AF) 18.6.1, Intensive Mental Health Unit, and a resident, male or female, may be referred for voluntary or involuntary admission to a state psychiatric hospital in accordance with Department Policy (AF) 18.6, Mental Health Services.
5. No suicidal ideation, suicide attempt, or self-injurious behavior shall be determined to be manipulative without being evaluated by a licensed clinician.
6. Upon the death of a resident from any cause, including a resident suicide, appropriate steps, including, but not limited to, counseling and debriefing, shall be taken to help other residents cope with the death and to prevent other residents from engaging in copycat behavior.
7. In the event of a resident death by suspected suicide, a psychological autopsy shall be completed by the Department's Regional Behavioral Health Director, or designee, which shall be a retrospective reconstruction of the individual's life with an emphasis on the risk factors that may have contributed to the resident's death. The report shall be reviewed and distributed as set forth in Department Policy 18.21 (AF), Resident Death.
5-ACI-6A-36

Procedure B: Training

1. The Department's Director of Training, or designee, shall ensure that all staff who have direct contact with adult residents receive initial and annual training on suicide prevention. *5-ACI-6A-35*
2. The training shall be based on information supported by evidence-based research on suicide with behavior health staff involvement and shall include:
 - a. a review of the policy;
 - b. identifying the warning signs and symptoms of suicide risk;
 - c. identifying the precipitating factors for when residents are most likely to become suicidal, including population specific factors to the facility in which the staff works;
 - d. understanding the demographic and cultural parameters of suicidal behavior, including high-risk populations;
 - e. responding to suicidal, self-injurious, and depressed residents, including avoiding attitudes and behaviors that might be counter-productive;
 - f. facilitating communication between security and health care staff;
 - g. understanding the procedures for referring suicidal and self-injurious residents for evaluation and intervention;
 - h. understanding the use of special management or restrictive housing for suicidal and self-injurious residents;
 - i. understanding the use of watch levels for suicidal and self-injurious residents;
 - j. monitoring and reevaluating of residents who make a suicide attempt or engage in self-injurious behavior; and
 - k. the importance of accurate and complete documentation.

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3. As part of the training, identifying the warning signs and symptoms of suicide risk shall be reviewed, to include:
 - a. despair/hopelessness;
 - b. poor self-image/feelings of inadequacy;
 - c. greater than normal concern regarding their future;
 - d. history of a suicide attempt;
 - e. verbalization of a suicide;
 - f. extreme restlessness, exhibited by such behavior as continuous pacing;
 - g. loss of interest in personal hygiene and daily activities;
 - h. giving away of personal property;
 - i. a refusal of visits from previous visitors;
 - j. depressed state indicated by crying, withdrawal, insomnia, lethargy, and indifference to surroundings and other people;
 - k. sudden drastic changes in eating and sleeping habits;
 - l. hallucinations, delusions, or other manifestations of loss of touch with reality;
 - m. sudden marked improvement in mood following a period of obvious depression; and
 - n. family history of suicide attempts or completed suicide.

4. The training shall include identifying the precipitating factors and times residents are most likely to be at risk for suicide. The following events shall be reviewed:
 - a. upon admission;
 - b. upon any return from a court;
 - c. after court conviction and/or sentencing for a new offense;
 - d. during holidays or at times of special events, such as the resident's birthday, family member's birthday, resident's wedding anniversary, children's high school or college graduation, anniversaries of the death of a family member, significant other, close friend, or pet; or
 - e. following bad news about a family member, significant other, close friend, or pet; and
 - f. after experiencing harassment.

5. The training shall also include a general discussion of any recent suicides and/or serious suicide attempts in the facility.

Procedure C: Emergency Interventions

1. Any staff who discovers an adult resident appearing to attempt suicide or appearing to engage in serious self-injurious behavior, whether or not the resident has been placed on a suicide and self-injury watch, shall ensure that immediate notification is made by activating the Incident Command System (ICS) as set out in the applicable Department

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policies, including, but not limited to, notification to the Central Control Officer of the situation.

2. The staff shall communicate the exact nature (e.g., resident hanging) and location of the emergency to the Central Control Officer, who shall immediately ensure that sufficient and appropriate security and health care staff respond to the scene.
3. If it is obvious to the staff who discovers the situation or to responding staff that a suicide attempt or self-injurious behavior is life-threatening, the staff shall:
 - a. ensure that immediate notification is made to the Central Control Officer to call for outside Emergency Medical Services (EMS). The exact nature (e.g., resident hanging) of the emergency shall be communicated to EMS personnel. The Shift Commander shall designate staff to meet EMS personnel at the entrance to the facility and escort them to the scene; and
 - b. take any other appropriate actions, including, but not limited to, removing other residents from the area.
4. If it is obvious to the first security staff person on the scene or to health care staff who are at the scene that a suicide attempt or self-injurious behavior is life-threatening, the security staff person shall use their professional discretion in regard to whether to enter a cell or other enclosed area where the resident is located, e.g., closet, without waiting for backup security staff to arrive.
 - a. If backup security staff does not arrive within four (4) minutes of when the resident was first discovered, the first security staff person on the scene shall enter the cell or other enclosed area if safe to do so.
5. When backup security staff arrives, appropriate security staff shall enter the cell or other enclosed area once it is safe to do so.
6. Upon entering the cell or other enclosed area, security staff shall never presume that a resident is dead and shall immediately initiate appropriate life-saving measures. Security staff shall not wait for health care staff to arrive before entering or before initiating life-saving measures. Should a resident lack vital signs, security staff shall immediately initiate CPR after placing the resident on their back on the floor. All life-saving measures shall be continued by security staff until relieved by facility health care staff or told to discontinue by facility health care staff or Emergency Medical Services (EMS) personnel. A “Do Not Resuscitate” order or Advance Directive shall not apply.
7. In the case of a resident hanging, security staff shall immediately relieve the pressure by lifting the resident’s body and loosening anything tied around the neck. The resident shall be released from the ligature using the emergency rescue tool if necessary. The material used for hanging shall be cut above the knot, if possible, and the knot shall be preserved for evidence. Staff shall assume there is a neck/spinal cord injury and carefully place the resident on the floor (not bunk).
8. Health care staff shall not enter the cell or other enclosed area until security staff has determined it is safe to do so.

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9. The Shift Commander, or other supervisory staff, shall ensure that both arriving facility health care staff and outside EMS personnel have unimpeded access to the scene in order to provide prompt health care services to and evacuation of the resident if necessary.
10. If the resident is evacuated, the Shift Commander, or other supervisory staff, shall clear the area of all non-essential persons and ensure the area is secure pending an investigation and arrange for the collection of evidence and maintenance of the chain of custody for evidence. The Shift Commander, or other supervisory staff, shall notify the correctional investigative officer (detective) or other appropriate facility law enforcement staff.

Procedure D: Evaluation for Suicide Risk at Admission or Upon Transfer

1. Within four (4) hours of an adult resident arriving at a reception facility, a facility nurse shall complete an admission mental health screening (See Policy 18.4, Health Screening and Assessment, Admission Health Screening and Addendum (Attachment A)).
2. If a resident is being transferred from another Department facility, a facility nurse shall review the sending portion of the Medical Transfer Form completed at the sending facility in the resident's electronic health care record. The nurse shall also complete the receiving portion of the Medical Transfer Form in the resident's electronic health care record as set out in Department Policy (AF) 18.4, Health Screening and Assessment, any time a resident has been transferred from another Department facility or a facility outside the Department's jurisdiction.
3. If, at admission or upon transfer, the nurse determines that there is a risk of suicide or serious self-injurious behavior, the nurse shall notify the Shift Commander and a licensed clinician at the facility. As soon as possible, the licensed clinician shall evaluate the resident in person.
4. If there is no licensed clinician on duty, the nurse shall complete the Nursing Crisis Screening in the resident's electronic health care record and shall notify the on-call licensed clinician of the results.
5. The licensed clinician shall determine what interventions, if any, are necessary. The licensed clinician or, if the licensed clinician is on call, the nurse shall inform the Shift Commander of the determinations of the clinician.
6. If the licensed clinician determines a watch is necessary, the licensed clinician or, if the licensed clinician is on call, the nurse shall initiate the Suicide and Self-Injury Watch form (Attachment A) and inform the Shift Commander of the watch and any related determinations, as set out on the form.
7. The Shift Commander shall arrange for the implementation of the watch and any related determinations and shall ensure the watch is documented in the Unit Logbook.
8. If the resident has been placed on a watch, the Shift Commander shall determine the housing unit in which the resident is to be housed while on the watch.

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9. If, at any time, the Shift Commander believes a resident should be placed on a watch or a watch level should be higher and/or any related determination should be more restrictive, and if, after discussion, it is not possible to resolve the disagreement, the Shift Commander shall notify the Chief Administrative Officer, or designee, and the facility Director of Behavioral Health, or designee, of the matter in dispute.
10. The Director of Behavioral Health, or designee, in consultation with the Chief Administrative Officer, or designee, shall make the final determination and shall ensure that the determination is documented in the resident's electronic health care record and on the Suicide and Self-Injury Watch form (Attachment A), if applicable.
11. The resident shall remain under continuous and uninterrupted direct security staff observation and supervision until all of the above procedures, as applicable, have been completed.
12. Regardless of whether a watch is determined to be necessary, the licensed clinician shall complete the Suicide Watch Initial Assessment form in the resident's electronic health care record.

Procedure E: Evaluation for Suicide Risk, General

1. Any time an adult resident is identified by any staff as being at possible risk for suicide or other serious self-injurious behavior, the staff shall stay with the resident and directly observe the resident on a continuous and uninterrupted basis and notify the Shift Commander.
2. The Shift Commander shall notify the licensed clinician at the facility and shall place the resident in a safe environment with continuous and uninterrupted direct observation and supervision by security staff. As soon as possible, the licensed clinician shall evaluate the resident in person.
3. If there is no licensed clinician on duty, the Shift Commander shall notify a facility nurse and the facility nurse shall complete the Nursing Crisis Screening in the resident's electronic health care record and shall notify the on-call licensed clinician of the results.
4. The licensed clinician shall determine what interventions, if any, are necessary. The licensed clinician or, if the licensed clinician is on call, the nurse shall inform the Shift Commander of the interventions determined by the clinician.
5. If the licensed clinician determines a watch is necessary, the licensed clinician or, if the licensed clinician is on call, the nurse shall initiate the Suicide and Self-Injury Watch form and inform the Shift Commander of the watch and any related determinations, as set out on the form.
6. The Shift Commander shall arrange for the implementation of the watch and any related determinations and shall ensure the watch is documented in the Unit Logbook.
7. If the resident has been placed on a watch, the Shift Commander shall determine the housing unit in which the resident is to be housed while on the watch.

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8. If, at any time, the Shift Commander believes a resident should be placed on a watch or a watch level should be higher and/or any related determination should be more restrictive, and if, after discussion, it is not possible to resolve the disagreement, the Shift Commander shall notify the Chief Administrative Officer, or designee, and the facility Director of Behavioral Health, or designee, of the matter in dispute. The Director of Behavioral Health, or designee, in consultation with the Chief Administrative Officer, or designee, shall make the final determination and shall ensure that the determination is documented in the resident's electronic health care record and on the Suicide and Self-Injury Watch form (Attachment A), if applicable.
9. The resident shall remain under continuous and uninterrupted direct security staff observation and supervision until all of the above procedures, as applicable, have been completed.
10. Regardless of whether a watch is determined to be necessary, the licensed clinician shall complete the Suicide Watch Initial Assessment form in the resident's electronic health care record.

Procedure F: Reevaluation for Suicide Risk

1. If an adult resident is on a watch as a result of a determination by an on-call licensed clinician, the resident shall be reevaluated in person as soon as possible by a licensed clinician.
2. A resident shall be reevaluated on a daily basis by a licensed clinician, unless a reevaluation is needed more frequently. The clinician may reevaluate the resident in person or by remote means (video or telephone).
3. Any time any staff believes a resident on a watch requires reevaluation, the staff shall notify the Shift Commander, who shall contact a licensed clinician. The licensed clinician shall determine whether a reevaluation is needed prior to the next scheduled daily reevaluation and whether, if needed, it is to be done in person or by remote means (video or telephone).
4. If the reevaluation is not in person, the clinician may not end the watch, or decrease the watch level, or change any related determination to be less restrictive.
5. Every reevaluation and the results of the reevaluation shall be documented by the clinician in the resident's electronic health care record.
6. If the clinician changes the watch level or a related determination, the clinician shall ensure the changes are documented on the Suicide and Self-Injury Watch form and inform the Shift Commander of the change(s). The documentation shall be made in manner so that it is easily noticeable by staff conducting the watch, taking into account the need for legibility of the form when it is scanned.
7. The Shift Commander shall contact the applicable housing unit and ensure any change in a watch level or related determinations are implemented and the change in watch level is documented in the Unit Logbook.

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8. If the clinician ends the watch, the clinician shall ensure the Suicide and Self-Injury Watch form (Attachment A) reflects the ending of the watch and inform the Shift Commander of the ending of the watch.
9. The Shift Commander shall contact the applicable housing unit and ensure the ending of the watch is implemented and documented in the Unit Logbook.
10. If, at any time, the Shift Commander believes a watch should not be ended, a watch level should not be decreased and/or any related determination should not be changed to be less restrictive, or a watch level should be higher and/or any related determination should be more restrictive, and if, after discussion, it is not possible to resolve the disagreement, the Shift Commander shall notify the Chief Administrative Officer, or designee, and the facility Director of Behavioral Health, or designee, of the matter in dispute. The Director of Behavioral Health, or designee, in consultation with the Chief Administrative Officer, or designee, shall make the final determination and shall ensure that the determination is documented in the resident's electronic health care record and on the Suicide and Self-Injury Watch form, if applicable.
11. Under no circumstances may a watch be ended, or a watch level be decreased, or any related determination changed to be less restrictive, except upon reevaluation and determination by a licensed clinician.

Procedure G: Watch Levels

1. All responsible staff shall implement the watch level and related determinations as set out on the Suicide and Self-Injury Watch form.
2. All security staff assigned to the adult resident's housing unit are responsible for any close watch required.
3. The Shift Commander shall designate which security staff or other staff trained in conducting constant watches are responsible for any constant watch required.
4. A **Close Watch Level** is for a resident who is considered a lower risk for suicide. Included is the resident who:
 - a. has a recent prior history of serious self-injurious behavior or suicidal behavior, but is not actively engaging in serious self-injurious or suicidal behavior;
 - b. expresses general suicidal ideation, but has not engaged in any suicidal or self-injurious behavior (e.g., expressing a wish to die without a threat or plan);
 - c. threatens suicide without a specific plan but other factors indicate the potential for serious self-injury or suicide;
 - d. denies any suicidal ideation but other factors indicate the potential for serious self-injury or suicide; or
 - e. any other resident that a licensed clinician determines is a lower risk for suicide but needs a watch.

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5. A resident on a Close Watch Level shall not be allowed state-issued or personal property items, except as determined by a licensed clinician, who shall ensure the determination is documented on the Suicide and Self-Injury Watch form (Attachment A).
6. A resident on a Close Watch Level shall not be allowed regular programs or privileges outside the housing unit and shall only be allowed regular programs or privileges inside the housing unit (e.g., recreation) as determined by a licensed clinician.
7. When a resident is on a Close Watch Level, the security staff shall:
 - a. make visual contact with the resident at staggered intervals not to exceed (10) ten minutes (“Close 10 Watch”) or at staggered intervals not to exceed five (5) minutes (“Close 5 Watch”), as determined by a licensed clinician;
 - b. document all observations and communications as they occur on the Suicide and Self-Injury Watch form;
 - c. notify the Shift Commander of any significant change in the resident’s behavior, expressed thoughts, and/or emotional state for determination by the Shift Commander as to whether the resident needs to be referred for a reevaluation; and
 - d. immediately notify the Shift Commander of any threats of self-harm or any active engagement in self-injurious behavior.
8. If the resident is engaged in serious self-injurious behavior, the staff discovering the behavior shall follow the steps set out in Procedure C. If the resident is only threatening self-harm or the self-injurious behavior is not serious, the security staff shall immediately notify the Shift Commander for determination by the Shift Commander of the appropriate steps to be taken, including referring the resident for a reevaluation.
9. Any time the staff supervising a resident on a Close Watch Level is changed, the transferring staff shall document the date and time of the transfer on the Suicide and Self-Injury Watch form. The receiving staff shall document on the form notification of the resident’s being on Close Watch level and the required staggered intervals for visual contact.
10. Except for a transport to court or for necessary health care, a resident on a Close Watch Level shall be not allowed off facility grounds, except as approved by the Chief Administrative Officer, or designee.
11. If the resident is being transported outside the facility for any reason, the transfer to the transporting staff shall be noted on the Suicide and Self-Injury Watch form. The transporting staff shall not be required to document the Close Watch but shall be required to maintain direct visual observation and one-on-one supervision of the resident at all times until the resident is returned to the facility. The transfer from the transporting staff shall be noted on the Suicide and Self-Injury Watch form. Any noteworthy behavior or statement of the resident shall be reported to the staff resuming the Close Watch, who shall record the information on the form.
12. When the watch is completed, the Shift Commander shall ensure the Suicide and Self-Injury Watch form (Attachment A) is forwarded to the Chief Administrative Officer, or designee. After reviewing the original form, the Chief Administrative Officer, or

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designee, shall send the original form to the facility Director of Behavioral Health, or designee. After reviewing the original form, the facility Director of Behavioral Health shall ensure it is scanned into the resident’s electronic health care record.

13. If multiple residents are placed on a Close 5 watch, the residents may be housed in adjacent cells. They shall be observed individually by security staff at least every 5 minutes at staggered intervals (“scanning checks”). The observation shall be in person, unless the licensed clinician has approved observation via camera. The staff shall be able to observe each of the residents from one location. The staff shall remain within immediate intervention distance of each of the residents at all times. All other provisions of this policy relating to residents on Close Watch apply.
14. A **Constant Watch Level** is for a resident who is considered a higher risk for suicide. Included is the resident who is:
 - a. threatening suicide with a specific plan;
 - b. engaging in serious self-injurious or suicidal behavior, including, but not limited to, self-injurious behavior that has resulted in the use of a self-adhering wrap by health care staff to dress the wound; or
 - c. any other resident that a licensed clinician determines is a higher risk for suicide.
15. A resident on a Constant Watch Level shall not be allowed state-issued or personal property items, except as determined by a licensed clinician, who shall ensure the determination is documented on the Suicide and Self-Injury Watch form.
16. A resident on a Constant Watch Level shall not be allowed regular programs or privileges.
17. Security staff designated to conduct the Constant Watch shall:
 - a. directly observe the resident on a continuous and uninterrupted basis in person, never leaving the resident unattended;
 - b. be responsible for making entries on the Suicide and Self-Injury Watch form a minimum of every ten (10) minutes;
 - c. document any significant change in the resident’s behavior, expressed thoughts, and/or emotional state; and
 - d. immediately notify the Shift Commander of any threats of self-harm or any active engagement in self-injurious behavior.
18. Other staff trained to conduct constant watches and designated to conduct the Constant Watch shall:
 - a. directly observe the resident on a continuous and uninterrupted basis in person, never leaving the resident unattended;
 - b. be responsible for making entries on the Suicide and Self-Injury Watch form (Attachment A) a minimum of every ten (10) minutes;
 - c. document any significant change in the resident’s behavior, expressed thoughts, and/or emotional state; and

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- d. immediately notify the housing unit security staff of any threats of self-harm or any active engagement in self-injurious behavior.
19. While a resident on a Constant Watch level is in their cell, the watch shall be video recorded.
 20. If the resident is engaged in serious self-injurious behavior, the staff shall follow the steps set out in Procedure C. If the resident is only threatening self-harm or the self-injurious behavior is not serious, the security staff, whether it is the security staff conducting the watch or the security staff notified by other staff trained to conduct constant watches, shall immediately notify the Shift Commander for determination by the Shift Commander of the appropriate steps to be taken, including referring the resident for a reevaluation.
 21. Any time the staff supervising a resident on a Constant Watch Level is changed, the transferring staff shall document the date and time of the transfer on the Suicide and Self-Injury Watch form. The receiving staff shall document on the form notification of the resident's being on a Constant Watch Level.
 22. Except for a transport to court or for necessary health care, a resident on a Constant Watch Level shall be not allowed off facility grounds, except as approved by the Chief Administrative Officer, or designee.
 23. If the resident is being transported outside the facility for any reason, the transfer to the transporting staff shall be noted on the Suicide and Self-Injury Watch form. The transporting staff shall not be required to document the Constant Watch but shall be required to maintain direct visual observation and one-on-one supervision of the resident at all times until the resident is returned to the facility. The transfer from the transporting staff shall be noted on the Suicide and Self-Injury Watch form. Any noteworthy behavior or statement of the resident shall be reported to the staff resuming the Constant Watch, who shall record the information on the form.
 24. If a resident on a suicide and self-injury watch needs to be placed on a security watch for any reason, the staff conducting the security watch shall document the security watch using the Suicide and Self-Injury Watch form instead of the security watch log and shall also continue to document the suicide and self-injury watch using this form.
 25. If the resident is on a suicide and self-injury Constant Watch when the security watch is started, that watch level shall be continued even after the security watch ends, at least until the resident is reevaluated by a licensed clinician as set out in Procedure F.
 26. If the resident is on a suicide and self-injury Close Watch when the security watch is started, the Shift Commander shall change the suicide and self-injury watch level to a Constant Watch. Before the security watch ends, the Shift Commander shall contact a licensed clinician for a reevaluation of the suicide and self-injury watch level. If the resident was placed on the security watch due to self-injurious behavior, the resident shall be reevaluated in person by the licensed clinician. If the resident was placed on the security watch for a reason other than self-injurious behavior, the resident may be reevaluated by the clinician in person or by remote means (video or telephone).

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27. When the watch is completed (or sooner if directed by the Chief Administrative Officer, or designee), the Shift Commander shall ensure the Suicide and Self-Injury Watch form is forwarded to the Chief Administrative Officer, or designee. When the watch is completed, the Chief Administrative Officer, or designee, shall send the form to the facility Director of Behavioral Health, or designee. After reviewing the form, the facility Director of Behavioral Health, or designee, shall ensure it is scanned into the resident's electronic health care record.

Procedure H: Implementation of Matters Related to a Watch

1. An adult resident placed on a suicide and self-injury watch shall be housed in a cell and housing unit determined to be appropriate by the Shift Commander, after consultation with the licensed clinician. The cell shall have minimal furnishings (e.g., bed, toilet and sink, but no desk, etc.), if available.
2. A resident placed on a suicide and self-injury watch shall not be placed or remain on administrative status unless one of the criteria set out in Department Policy (AF) 15.1, Administrative Status is met and shall not be placed or remain on disciplinary segregation status unless it is the result of a disposition for a disciplinary offense pursuant to Department Policy (AF) 20.1, Resident Discipline.
3. In any case, the resident shall be housed in conditions appropriate to their status and as otherwise necessitated by their placement on the suicide and self-injury watch.
4. Security staff shall search the cell immediately before the resident's initial placement on the watch to ensure that the cell is safe and secure. Security staff shall search the cell prior to each time the resident enters it to ensure that it is safe and secure. Each cell search shall be documented on the Suicide and Self-Injury Watch form.
5. Security staff shall conduct an unclothed body search on the resident immediately before the resident's initial placement on the watch. Security staff shall also conduct an unclothed body search on the resident whenever the Unit Manager or, in the Unit Manager's absence, the Shift Commander determines that there is reasonable suspicion that the resident has an item that could pose a risk to their own safety or the safety of others and an unclothed body search is necessary to retrieve the item. An unclothed body search shall be conducted in accordance with other applicable departmental policies. Each unclothed body search shall be documented on the Suicide and Self-Injury Watch form (Attachment A).
6. A licensed clinician shall determine whether the resident is issued a safety smock or is allowed to wear regular clothing and shall ensure the determination is documented on the Suicide and Self-Injury Watch form. The resident shall be allowed to wear regular clothing in the event of needing to be transported outside the facility. *5-ACI-6E-01*
7. A licensed clinician shall determine whether the resident is issued approved suicide protective bedding (safety blanket) or is issued regular bedding and shall ensure the determination is documented on the Suicide and Self-Injury Watch form.

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8. The bedding (whether it is regular bedding or a safety blanket) may be removed if the resident utilizes the bedding in ways in which it was not intended, e.g., attempts to damage the bedding, uses it to obstruct visibility into the cell, etc. All actions relating to the removal of bedding shall be documented on the Suicide and Self-Injury Watch form.
9. The resident shall be allowed a mattress unless the resident utilizes the mattress in ways in which it was not intended, e.g., attempts to damage the mattress, uses it to obstruct visibility into the cell, etc. All actions relating to the removal of a mattress shall be documented on the Suicide and Self-Injury Watch form.
10. Therapeutic restraints may be used on the resident if ordered for a medical reason pursuant to Policy 18.5 (AF), Health Care or if ordered for a mental health reason pursuant to Policy 18.6 (AF), Mental Health Services.
11. When therapeutic restraints are ordered to prevent suicide or serious self-injury due to mental illness, the licensed clinician or health care provider ordering the restraints shall also order that the resident, if not already on a constant watch pursuant to this policy, be placed on a constant watch.
12. If the restraints and watch are ordered by a health care provider who is not also a licensed clinician, after the restraints are applied, the Shift Commander shall notify a licensed clinician at the facility. If there is no licensed clinician on duty, the Shift Commander shall notify a facility nurse and the facility nurse shall notify the on-call licensed clinician. The licensed clinician shall reevaluate the resident to determine whether the therapeutic restraints are to be continued.
13. The resident shall remain on the constant watch at least until the therapeutic restraints are discontinued and the resident is reevaluated in person by a licensed clinician. Even if the restraints are discontinued, the licensed clinician who reevaluates the resident in person may determine to continue the constant watch. The clinician may also determine to decrease the watch level or end the watch.
14. All actions relating to the use of therapeutic restraints shall be documented on the Suicide and Self-Injury Watch form.
15. If staff assigned to a suicide and self-injury watch, whether a Close Watch Level or Constant Watch Level, cannot definitively determine by having a clear view of the resident in their cell that the resident is not engaged in self-injurious behavior, the assigned staff shall speak to the resident in an attempt to gain the resident's voluntary compliance in proving that the resident is not engaging in self-injurious behavior, unless the staff determines immediate intervention is necessary.
16. If the attempt fails or if immediate intervention is necessary, security staff may use the appropriate situational use of force options as set out in the applicable Departmental policies and shall activate the Incident Command System (ICS) as set out in the applicable Departmental policies.
17. If a resident on a Self-Injury and Suicide Watch is to be transported to court by a deputy sheriff or federal marshal, the transporting officer shall be notified about the watch and any related determinations. The notification shall be recorded in the relevant logbook and the transporting officer shall be requested to sign the Notification to Transport

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Officer form (Attachment B). The completed form shall be placed in the resident's case file.

Procedure I: Reporting and Review

1. All Suicide and Self-Injury Watch forms shall be reviewed by the Shift Commander to ensure close watches are consistently conducted at least as frequently as required and at varied intervals and are documented timely and accurately and to ensure constant watches are appropriately documented. This review is to be completed at least once per shift and documented on the form. Any compliance issue shall be immediately addressed and then directly reported to the Chief Administrative Officer, or designee. The steps taken to address the issue and the reporting of the issue shall be documented on the form.
2. The Chief Administrative Officer, or designee, and facility Director of Behavioral Health, or designee, shall conduct a monthly quality assurance review of the Suicide and Self-Injury Watch forms to ensure continuing compliance with this policy. Any compliance issue not already addressed and/or reported shall be immediately addressed and then directly reported to the Chief Administrative Officer and the Deputy Commissioner. This review and the results of the review shall be documented.
3. The Shift Commander shall report any suicide or suicide attempt to the facility Chief Administrative Officer, or designee, and other staff as designated by the facility Chief Administrative Officer, as soon as possible. The Chief Administrative Officer, or designee, shall report to the Commissioner, or designee, any suicide or suicide attempt as soon as possible.
4. All staff involved in responding to a suicide or suicide attempt shall complete all required documentation, e.g., log entries, incident reports in CORIS, and electronic health care record progress notes, etc., prior to going off duty.
5. The Chief Administrative Officer, or designee, shall review any suicide or suicide attempt with designated administrative, security, and health care staff at or before the next scheduled Medical Audit Committee (MAC) meeting.
6. The Chief Administrative Officer, or designee, shall ensure that a system of support is made available to all staff and adult residents who have been affected by a resident suicide or suicide attempt.

Procedure J: Peer Safety Companion Program

1. An adult facility Chief Administrative Officer, or designee, may authorize a peer safety companion program with the approval of the Department's Regional Behavioral Health Director. *5-ACI-6B-13*
2. If the Chief Administrative Officer, or designee, authorizes a peer safety companion program, the facility Behavioral Health Director shall be responsible for the selection, training, assignment, and removal of peer safety companions.

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3. The Chief Administrative Officer, or designee, in consultation with the facility Behavioral Health Director shall develop facility practices that address, but are not limited to, the following:
 - a. selection of peer safety companions, including delineation of criteria that exclude a resident from consideration as a peer safety companion;
 - b. duties of peer safety companions;
 - c. training requirements; and
 - d. removal of peer safety companions.
4. An adult resident shall receive formal training before being assigned as a peer safety companion.
5. A peer safety companion shall not be assigned to duties with respect to another resident unless the other resident signs an appropriate release of information form.
6. A peer safety companion shall not be assigned to conduct a watch but may be assigned to peer safety companion duties for a resident on a watch.
7. The use of a peer safety companion does not replace an officer's or other staff's duties to conduct a watch, make entries on the Suicide and Self-Injury Watch form, or fulfill other requirements as set forth above.
8. A peer safety companion shall not be given control or authority over another resident.
9. If the peer safety companion does not perform their duties appropriately, any staff may relieve them of their duties pending review for removal from the program by the facility Behavioral Health Director.
10. The facility Behavioral Health Director may remove any peer safety companion from the program at their discretion for any reason at any time.

VIII. PROFESSIONAL STANDARDS

ACA

5-ACI-6A-35 (MANDATORY) There is a written suicide-prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical-incident debriefing that covers the management of suicidal incidents, suicide watch, and suicides. It ensures a review of suicidal incidents, suicide watch, and suicides by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Mental health staff should be involved in the development of the plan and the training which should include but not be limited to:

- identifying the warning signs and symptoms of impending suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
- responding to suicidal and depressed offenders
- communication between correctional and health care personnel
- referral procedures
- housing observation and suicide watch level procedures

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- follow-up monitoring of offenders who make a suicide attempt
 - population specific factors, pertaining to suicide risk in the facility
- 5-ACI-6A-36** In the event of an inmate death by suspected suicide then a psychological autopsy will be completed by a Qualified Mental Health Practitioner who is capable as determined by the Mental Health Authority in conducting a psychological autopsy. This is a retrospective reconstruction of the individual's life with an emphasis on the risk factors that may have contributed to the individual's death.
- 5-ACI-6E-01** When standard issued clothing presents a security or medical risk (for example, suicide observation), provisions are made to supply the offender with a security garment that will promote offender safety in a way that is designed to prevent humiliation and degradation.
- 5-ACI-6B-13** Unless prohibited by state law, offenders (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include:
- providing peer support and education
 - performing hospice activities
 - assisting impaired offenders on a one-on-one basis with activities of daily living
 - serving as a suicide companion or buddy if qualified and trained through a formal program that is part of suicide-prevention plan
 - handling dental instruments for the purpose of sanitizing and cleaning, when directly supervised and in compliance with applicable tool-control policies, while in a dental assistant's training program certified by the state department of education or other comparable appropriate authority
 - Offenders are not to be used for the following duties:
 - performing direct patient care services
 - scheduling health care appointments
 - determining access of other offenders to health care services
 - handling or having access to surgical instruments, syringes, needles, medications, or health records
 - operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program.
- 4-ACRS-4C-16** (MANDATORY) There is a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All staff with offender supervision responsibilities are trained in the implementation of the suicide prevention program.

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