



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON/REENTRY

REVISION DATE
9/7/23

PAGE NUMBER
1 of 5

NUMBER
DOC 630.550

POLICY

TITLE
SUICIDE PREVENTION AND RESPONSE

REVIEW/REVISION HISTORY:

Effective: 11/27/02	Revised: 4/8/13
Revised: 5/27/03	Revised: 4/28/17
Revised: 7/3/06	Revised: 5/31/22
Revised: 4/13/09	Revised: 9/7/23
Revised: 12/13/10	

SUMMARY OF REVISION/REVIEW:

Major changes to include updated education/training requirements and the addition of risk awareness and follow up requirements for significant attempt/death by suicide. Read carefully!

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

7/24/23

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

8/3/23

Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

8/4/23

Date Signed

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REFERENCES:

DOC 100.100 is hereby incorporated into this policy; DOC 320.265 Close Observation Areas; DOC 410.255 Critical Incident Stress Management (RESTRICTED); DOC 620.200 Death of Incarcerated Individuals; DOC 850.015 Employee Wellbeing and Resources; DOC 890.620 Emergency Medical Treatment; Suicide Risk Assessment Protocol

POLICY:

- I. Procedures have been established to help prevent self-injury and suicide by individuals housed in Department facilities.

DIRECTIVE:

- I. General Requirements
 - A. All Prisons and Reentry Centers will develop procedures for the implementation of this policy, which will be reviewed and approved by the facility Health Services Manager, Superintendent for Prison locations, and Reentry Center Manager (RCM)/designee for Reentry Center locations.
- II. Education/Training
 - A. All incarcerated individuals will receive information about suicide risk factors and prevention in the facility Orientation Handbook.
 - B. Suicide prevention posters will be displayed in all living units and healthcare locations.
 - C. Employees and contract staff will be provided initial training in suicide prevention upon hire/assignment, followed by annual refresher training.
 - D. Training will be conducted by trained mental health employees/contract staff and comply with suicide prevention/response curriculum.
 - E. Within 6 months of employment, all mental health employees will be required to complete the Washington State Department of Health Suicide Prevention, Assessment and Management in Corrections course.
 1. Any delay beyond 6 months must be approved in writing by the Director of Behavioral Health.
- III. Awareness of Risk

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- A. Employees/contract staff will be on alert for indicators of risk, to include warning signs and risk factors as identified in Correctional Worker Core and Annual In-Service trainings.
- B. When risk is detected, though not considered immediate, employees/contract staff will send DOC 13-420 Request for Mental Health Assessment to mental health employees with a description of the behavior of concern.
- C. If the risk is imminent (i.e., the risk of harming themselves is about to happen or requires immediate mental health assessment) employees/contract staff will contact their supervisor and call Mental Health for crisis response. Indicators include, but are not limited to:
 - 1. Hearing statements of feeling worthless, helpless, or hopeless, or threats such as “I’m going to kill myself,” or “tomorrow this will all be over.”
 - 2. Observing increased isolation, writing a will, or the giving away of possessions.
 - 3. Finding items among the personal belongings that indicate preparation or rehearsal of the act.

IV. Response to Potentially Suicidal Incarcerated Individuals

- A. Employees/contract staff who suspect an individual may be suicidal or self-injurious will immediately alert their supervisor and take precautions to prevent any attempt at self-injury, including continuous observation of the individual until further steps are taken.
- B. In Prisons, the supervisor will immediately contact a mental health or medical provider for an in-person suicide prevention assessment of the individual. Suicide assessments will be conducted per the Suicide Risk Assessment Protocol.
 - 1. If a mental health or medical provider is not immediately available, the Shift Commander will have the individual escorted to a secure area for continuous observation until a mental health or healthcare provider can conduct the assessment.
 - a. The Superintendent/designee and Mental Health Duty Officer will be notified immediately upon placement.
 - b. The assigned employee/contract staff will have immediate access to the individual’s locked observation cell.

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2. Level 2 facilities will transfer potentially suicidal individuals to a Level 3 or higher facility with an onsite mental health provider as soon as transportation is available. Individuals will be placed on continuous observation until transferred.
 - a. The sending Shift Commander will inform the receiving Shift Commander of the individual's status and need for suicide prevention watch.
 - b. A mental health provider and/or the ranking healthcare provider at the sending facility will brief a mental health provider and/or the ranking healthcare provider at the receiving facility no later than the next business day on the individual's status and medical/mental health needs, including any prescribed medications.
 - c. The health record and all medications will accompany the individual during transfer.
 - 1) If a health services employee is not present, the Shift Commander or higher rank may authorize use of an emergency key to access the medical records room. The employee accessing the room will:
 - a) Without opening it, seal the chart in an envelope(s) marked with the individual's name, DOC number, and 'Medical Record' prior to leaving the room.
 - b) Sign the health records log in the Records room to include which health record was removed and transported.
- C. In Reentry Centers, the RCM will implement the local Emergency Management Plan for health emergencies.

V. Suicide Attempt/Self-Injury Event Response

- A. Any employee/contract staff/volunteer who observes an act of self-injury or attempted suicide will take the following actions after determining it is safe to do so:
 1. Immediately call for assistance while remaining within eyesight of the individual whenever possible,
 2. Immediately make lifesaving efforts or provide aid as needed, ensuring blood and body fluid protocols are followed,

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3. Ensure the supervisor is notified, and
 4. Complete DOC 21-917 Incident Report.
- B. Licensed healthcare professionals will follow emergency response procedures per DOC 890.620 Emergency Medical Treatment.
 - C. The Incident Commander will ensure the Suicide/Attempted Suicide Response Emergency Checklist (Attachment 1) is completed.
 - D. Individuals placed in a Close Observation Area will be continuously observed per DOC 320.265 Close Observation Areas.
 - E. Employees and/or contract staff involved in a suicide/attempted suicide incident will be debriefed per DOC 850.015 Employee Wellbeing and Resources.
 - F. A plan for debriefing incarcerated individuals involved in a suicide incident will be established at each facility which may include requesting the Mental Health Duty Officer report onsite.
 - G. Following a significant attempt or death by suicide, mental health employees will check in with the affected unit to see if there is a need for an increased presence of mental health employees on the unit.
 1. If determined there is a need for support and mental health employees are able to provide that support, they will report to the unit to address any adverse response to the event.
 2. Employees/contract staff are encouraged to send a DOC 13-420 Request for Mental Health Assessment referral to Mental Health if they notice any individuals struggling because of an attempt or death by suicide.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

Suicide/Attempted Suicide Response Emergency Checklist (Attachment 1)

DOC FORMS:

DOC 13-420 Request for Mental Health Assessment
 DOC 21-917 Incident Report