POLICY

REVIEW/REVISION HISTORY:

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

SUMMARY OF REVISION/REVIEW:

Moved applicable language to new policy DOC 320.265 Close Observation Areas I.A., II.B.1.a. & b., III.D., and IV.A. - Adjusted language for clarification
Removed II.A.1. that employees or contract staff who suspect an offender may be suicidal or self-injurious will complete an IMRS report or Incident Report
Added II.A.4. that the first responder will complete an incident report
II.B.2., II.C. - Removed unnecessary language
II.B.2.b. - Added language for clarification
Added II.B.2.c.1) that an emergency key may be authorized to access the medical records room

APPROVED:

Signature on file 3/20/17
G. STEVEN HAMMOND, PhD, MD, MHA
Chief Medical Officer

Signature on file 3/20/17
KEVIN BOVENKAMP,
Assistant Secretary for Health Services

Signature on file 3/22/17
JODY BECKER-GREEN, Secretary
Department of Corrections
POLICY

SUICIDE PREVENTION AND RESPONSE

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; ACA 4-4257; ACA 4-4373; ACA 4-4416; ACA 4C-16; DOC 320.265 Close Observation Areas; DOC 410.255 Critical Incident Stress Management (CISM) Teams; DOC 620.200 Death of Offenders; DOC 850.015 Staff Counseling and Employee Assistance; DOC 890.620 Emergency Medical Treatment; Suicide Risk Assessment Protocol

POLICY:

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

DIRECTIVE:

I. General Requirements

A. All Prisons and Rap/Lincoln Park Work Release will develop procedures for the implementation of this policy, which will be reviewed and approved by the facility Health Services Manager/Health Authority and the Superintendent/designee. [4-4373] [4C-16]

II. Response to Potentially Suicidal Offenders

A. Employees/contract staff who suspect an offender may be suicidal or self-injurious should immediately alert his/her supervisor and take precautions to prevent any attempt at self-injury, including continuous observation of the offender 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 offender. 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 offender escorted to a secure area for continuous observation until a mental health or medical 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 offender’s locked observation cell.
2. Minimum facilities will transfer potentially suicidal offenders to a major facility with an onsite mental health provider as soon as transportation is available. Offenders will be placed on continuous observation until transferred.

   a. The sending Shift Commander will inform the receiving Shift Commander of the offender’s status and need for suicide prevention watch.

   b. A mental health provider and/or the ranking medical provider at the sending facility will brief a mental health provider and/or the ranking medical provider at the receiving facility no later than the next business day on the offender’s status and medical/mental health needs, including any prescribed medications.

   c. The offender health record and all medications will accompany the offender during transfer.

      1) If a medical 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 offender’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 Work Releases, the Community Corrections Supervisor will implement the local Emergency Management Plan for health emergencies.

III. Suicide Attempt/Self-Injury Event Response

A. After determining it is safe to do so, an employee/contract staff/volunteer who is the first responder to an act of self-injury or attempted suicide will take the following actions:

   1. Immediately call for assistance,

   2. Immediately make lifesaving efforts or provide aid as needed, ensuring blood and body fluid protocols are followed,
3. Ensure the supervisor is notified, and


B. Licensed health care 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. Offenders placed in a Close Observation Area (COA) 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 Staff Counseling and Employee Assistance. [4-4373]

1. A plan for debriefing offenders involved in a suicide incident will be established at each facility.

IV. Training

A. [4-4373] [4C-16] Employees and contract staff will be provided initial training in suicide prevention upon hire/assignment, followed by annual refresher training.

B. Training will be conducted by trained mental health employees/contract staff and comply with Suicide Prevention/Response curriculum.

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 21-917 Incident Report