

## 1.4.E.7 Offender Suicide Prevention and Intervention

### I Policy Index:



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### II Policy:

Designated Department of Corrections (DOC) staff will receive training on identification and assessment of suicide risk factors. Staff will receive training on responding to and supervising offenders exhibiting behavior dangerous to self or others.

### III Definitions:

#### **Awareness List:**

A list of offenders identified by Behavioral Health staff as high risk for self-harm or suicidal gestures.

#### **Behavioral Health Staff:**

A psychiatrist, psychologist or mental health professional employed or contracted by the Department of Social Services to provide behavioral health services within a DOC institution.

#### **Close Observation:**

A mental health watch level ordered by behavioral health staff that consists of random and staggered fifteen (15) minute cell front checks by DOC staff. Staff shall document all cell front checks and their observations.

#### **Community Provider:**

Refers to entities in the community setting; i.e. mental health counselors, clinics and/or facilities who specialize in dealing with individuals with suicidal ideations.

#### **Companion Watcher:**

A paid offender volunteer selected and trained by staff to observe offenders placed on mental health watch. Companions may be used to supplement the fifteen (15) minute random and staggered cell front checks conducted by staff during close observation of an offender. The use of a companion watcher does not substitute or diminish any required observation of the offender by staff.

#### **Constant Observation:**

The highest level of control, containment and monitoring of an offender that may be ordered by Behavioral Health staff. This is an intense level of observation that is applied when an offender is actively suicidal or engaging in serious self-harm and requires continuous, uninterrupted observation by a staff member. Staff shall document their observations and the behaviors of the offender at staggered intervals, not to exceed fifteen minutes.

**Danger to Others:**

A reasonable expectation that due to an offender's serious mental illness, the offender will inflict serious physical injury upon others in the near future, as evidenced by the offender's recent acts or omissions which constitute a danger of suicide or self-inflicted serious physical injury. Such acts may include a recently expressed threat if there is a supported expectation the threat will be carried out.

**Danger to Self:**

A reasonable expectation that due to an offender's serious mental illness, the offender will inflict serious physical injury upon himself/herself in the near future, as evidenced by the offender's recent acts or omissions which constitute a danger of suicide or self-inflicted serious physical injury. Such acts may include any recently expressed threat if there is a supported expectation the threat will be carried out.

**Health Services Staff:**

All individuals employed by the Department of Health or contracted by the Department of Health to provide physical health services in a DOC institution.

**Interdisciplinary Team (IDT):**

Made up of professionals representing the Department of Corrections, Department of Health and Department of Social Services. The purpose of IDT is to address self-injurious behaviors of offenders in a collaborative and continuous manner.

**Mental Health Watch:**

A status whereby a potentially suicidal offender who has engaged in self-harm or is at risk of self-harm is placed in an appropriate and safe cell, on close or constant observation. Offenders may be given a suicide gown, suicide blanket, security mat and provided paper trays at meal times as deemed necessary by behavioral health staff or the Interdisciplinary Team. Other property items may be allowed only with the approval of behavioral health staff.

**Offender:**

For the purposes of this policy, an offender is any of the following:

1. An offender sentenced, placed or committed into a facility or program under the control of the DOC.
2. A parolee under parole or suspended sentence supervision by South Dakota Parole Services. This includes a parolee placed under parole supervision through the Interstate Compact program.
3. A juvenile under supervision of the Division of Juvenile Services.

**Self-Injurious Behavior:**

The deliberate destruction or alteration of body tissue without conscious suicidal intent.

**Serious Mental Illness:**

Substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not alone, constitute serious mental illness.

**Staff:**

For the purposes of this policy, staff consists of employees of the DOC (both institutional and community corrections staff), individuals under contract assigned to the DOC, volunteers on a regular and full time basis and student interns.

**Suicide Ideation:**

Self-reported thoughts of engaging in suicide-related behavior.

**48 hour Watch:**

The 48 hour watch is an administrative watch level place on offenders transferring to specialized single-cell housing; i.e., restricted unit on investigative / administrative detention or protective custody. The watch consists of random and staggered thirty (30) minute or less cell front checks and/or camera check intervals conducted by a DOC staff. Staff shall document all cell front and/or camera checks and their observations.

**IV Procedures:****1. Screening Offenders for Suicidal Ideation:**

- A. During the admission process, offenders received at a DOC institution will receive an initial medical screening while assigned to the Admission and Orientation (A&O unit). The screening and/or evaluation will include documentation of any known hospitalization of the offender for suicidal behaviors and/or history of, or current suicidal ideations or behaviors (self-disclosed by the offender), prescribed medications, and history of being treated for mental health problems (including inpatient and/or outpatient psychiatric treatment) (See DOC policy 1.4.A.2 [Inmate Admission](#) and ACA #1-HC-1A-27).
- B. Offenders will receive post admission mental health screening and evaluation by Behavioral Health staff within fourteen (14) days of placement in A&O (See DOH policy P-E-05 [Mental Health Screening and Evaluation](#), DOH policy P-E-02 [Receiving Screening](#) and DOC policy 1.4.A.2 [Offender Admission](#)).
  1. If there are no immediate concerns of suicide risk, danger to self or danger to others due to serious mental illness, behavioral health staff will complete an initial mental health assessment.
  2. If an offender is identified as being an immediate suicide risk, danger to self or others due to serious mental illness, health services staff, behavioral health staff, senior security staff, parole staff (if a detainee, or as applicable), and program/unit staff will be notified immediately. The offender will be housed in an area under close observation (may include placement in the infirmary or a camera cell/room) until an evaluation is completed (See DOH policy P-E-05 [Mental Health Screening and Evaluation](#)).
    - a. An interdisciplinary team (IDT) (comprised of custody staff, unit management, health services and behavioral health services staff (to include chemical dependency staff as deemed necessary) and parole staff (if a detainee or as applicable), may be assembled to participate in the evaluation of the offender and to determine if the offender presents a risk to self or others and to develop or modify the offender's individual treatment plan.
    - b. Offenders received by the DOC who are on mental health watch or a similar precaution status by a county jail or other authority shall be maintained on constant observation until seen by behavioral health staff.
  3. In the absence of behavioral health staff, DOC staff will utilize the behavioral health on-call list to immediately contact the designated on-call staff person if an offender is determined to be presenting immediate suicide risk concerns or is believed to be a danger to self or others due to serious mental illness.

4. The multi-disciplinary team may direct immediate protective interventions and identify appropriate precautions to ensure offenders with dangerous behaviors are kept safe and offered any treatment or programming deemed appropriate.

C. Offenders placed in community corrections:

1. Any time community corrections staff (Division of Juvenile Services or parole staff) become aware an offender on supervision or aftercare may be a suicide risk or is a danger to self or others, staff will take immediate steps to contact an appropriate community mental health provider, law enforcement or local emergency services as deemed appropriate and necessary.
2. If community corrections staff encounter an offender they believe may be suicidal or a danger to self or others, staff should attempt to remove all items from the immediate area that may jeopardize the safety of the offender or staff member and remain with the offender until emergency responders arrive, if safe to do so.
3. If an offender on parole supervision has had issues involving suicide attempts or known to have committed acts of serious self-harm is violated and returned to DOC custody, Parole Services staff should share any documentation that may exist (Case note in COMS) regarding the incident(s) with the offender's unit staff. The offender may be referred to behavioral health services for assessment.

## 2. Training and Suicide Risks:

- A. DOC staff whose duties include regular supervision of offenders will receive at a minimum, annual in-service training on identifying warning signs and symptoms of suicidal behavior, responding to suicidal offenders, referral procedures, observation levels and procedures and approved intervention techniques. Such training shall be provided to new hire staff members during pre-service training (See DOH policy P-G-05 [Suicide Prevention Program](#) and ACA #4-4373).
- B. Staff should be familiar with risk factors of suicide. Risk factors include, but are not limited to:
1. A history of suicide attempts, suicidal ideations or a documented history of self-harm (includes on current booking and prior to current booking).
  2. Engaging in or attempting to engage in behavior that has the potential of causing self-harm; e.g. self-mutilation, ingesting hazardous material, suffocation, etc.
  3. Threats to hurt himself/herself or talk about any self-injurious behavior with staff or another person.
  4. Exhibiting markedly sad, tearful behavior; emotionally under-reactive; or displaying paranoid behaviors, extreme anxiety or agitation.
  5. Withdrawn, with minimal response.
  6. Dramatic shifts in emotional expression or mood; e.g. depression to elation, agitated to calm; or in the early stages of recovering from serious depression.
  7. Direct or vague references to death.
  8. Recently committed to the DOC and/or facing an especially long period of incarceration; or facing new charges, or recently received additional sentencing.

9. Recently informed of a significant family crises; e.g. death of a family member, infidelity, major illness or divorce.
  10. Known to be indebted to other offenders; or has received threats from other offenders.
  11. Recently denied parole; has notable mixed feelings about pending release.
  12. Suffering from humiliation, victim of sexual assault; recently suffered rejection.
  13. Currently housed or transferring to, specialized single-cell housing; i.e., restricted housing, punitive confinement, AD or IP status, protective custody, or capital punishment.
  14. Any other issues or behaviors that cause concern in the staff member's opinion.
- C. Staff training will be coordinated through the facility/unit training director and Behavioral Health staff.
- D. The training director is responsible for notifying and identifying staff required completing the training and documenting staff attendance within the staff member's training file.

### **3. Staff Supervising Offenders in DOC Custody:**

- A. Any staff member identifying an offender exhibiting signs of self-injurious behavior (danger to self) and/or accompanying suicidal ideations/thinking, danger to others due to serious mental illness, or who requires immediate protective interventions (mental health watch)), will report the information directly to their supervisor and provide constant observation of the offender until an appropriate response/action can be determined.
- B. Offenders may be placed on 48 Hour Watch.
1. The DOC recognizes that when offenders transfer into a restrictive housing unit for: protective custody, pending investigation (IP) and administrative detention (AD) housing that they are at a higher risk of danger to themselves or others.
  2. Offenders may be at an increased risk of suicide or self-injurious behaviors when first placed in a holding cell pending transfer to a restricted housing unit. The 48 Hour Watch begins when an offender is placed in the holding cell.
    - a. Holding Cells: This includes holding cells on the sending or receiving housing units upon determination of transfer to a segregation or higher custody unit.
      - 1) Offenders shall be stripped searched.
      - 2) All clothing and property items will be removed, personal property packed up.
      - 3) Offender will be allowed to keep eye glasses, dentures and any verified medically approved items.
      - 4) Offenders will be given orange coveralls and sandals
      - 5) Random camera/physical documented check every thirty (30) minutes or less.
  3. The 48 hour time frame begins when the offender is placed in a single cell on a restricted housing unit. Offenders arriving in disciplinary segregation are considered to be at a higher risk to self or others for a minimum 48 hour period. The 48 Hour Watch Guidelines are on [Attachment 1: 48 Hour Watch Guidelines](#) of this policy.
  4. Offenders placed with a cellmate are not on a 48 Hour Watch. If the offender's cellmate is removed for any reason, i.e. showers, recreation, programming, appointment, etc., then the

offender on the 48 hour status will be placed cell front checks every thirty (30) minutes or less until his/her cellmate is returned.

5. If there are additional risk factors presenting at any time during the 48 Hour Watch, the offender will be referred to Mental Health for an assessment. If a Mental Health referral is made, the offender will be continued on 48 Hour Watch status until the assessment is complete and behavioral health staff have made recommendations regarding treatment.
  6. After the 48 hour time frame has elapsed, the offender will be removed from the 48 Hour Watch by the Unit Staff if no other risk factors or behaviors are present and removal does not contradict treatment/observation ordered by behavioral health staff.
- C. The level of monitoring (close or constant) for offenders in DOC custody requiring mental health watch will be determined by a multi-disciplinary team.
- D. Offenders placed on mental health watch status may be placed in a camera room and monitored by control room staff.
1. Offenders requiring mental health watch may be allowed to remain in their assigned cell. Behavioral health staff may order a companion watcher be assigned to the offender.
  2. Offenders placed on constant or close observation require evaluation by behavioral health services a minimum of once a day.
  3. The cell where the offender is placed or will be placed, will be searched by staff for possible weapons or items that may be used to cause harm to the offender. All such items will be immediately removed from the cell.
  4. Offenders placed on close or constant observation will be searched by staff.
  5. If the offender is placed on constant observation status, and the cell is equipped with a toilet, a staff member of the same sex as the offender shall be assigned to provide the constant observation.
- E. For the health and safety of an offender on mental health watch, the following privileges may be limited, modified or restricted: shower schedule, access to certain personal hygiene items, special meal trays (paper trays and utensils), recreation, visits, personal property/commissary, telephone/tablet privileges (will not limit an offender's access to their Attorney of Record).
- F. An offender's mental health watch status will not be downgraded or discontinued without authorization from behavioral health staff or the IDT.
- G. Offenders on close or constant observation will not be approved for transport or transfer, except in the case of an emergency (medical emergency, transport to a hospital) or court order, and only after authorization by the Warden or designee. Staff shall maintain unobstructed visual observation of the offender for the duration of the transport/transfer.

#### **4. Suicide Intervention:**

- A. Staff encountering an offender exhibiting behavior dangerous to self or others, including offenders actively attempting suicide or significant self-harm, will take immediate and reasonable steps to intervene and halt the dangerous behavior, when safe to do so.
1. In the case of offenders in DOC custody, staff will summon assistance immediately through the Incident Command System (ICS) (See DOC policy 1.3.B.1 [Emergency Response](#)).

- a. DOC staff will initiate appropriate intervention, consistent with training. Behavioral health staff will respond or the on-call person will be contacted by DOC staff. Staff will provide direct/visual supervision of the offender until additional staff respond. Appropriate intervention may include the following actions:
  - 1) Giving verbal directives, orders to gain voluntary compliance of the offender; or
  - 2) The use of hands or restraints (physical handling) by staff; or
  - 3) The use of less-lethal force by trained DOC staff.
2. Community Corrections staff who become aware of an offender in the community that may potentially be suicidal, or actively attempting suicide or serious self-harm or is a danger to self or others, will contact emergency assistance (911) to request assistance.
  - a. Community service staff will remain in the presence of the offender, if safe to do so, until emergency responders arrive on the scene.
3. Staff must first assess each situation to identify potential threats to personal safety before making direct contact with an offender.

**Note:** Offenders have faked suicide attempts to lure staff into a dangerous situation and intentionally or unintentionally injured staff attempting to stop a suicide attempt in progress.

- B. As necessary, staff encountering an unresponsive offender or offender in a state of distress will begin life saving measures, when safe to do so, i.e. cut down an offender who is hanging, stop perfuse bleeding, open or maintain airway, restore circulation through CPR and/or apply other life saving measures, as deemed appropriate.
  1. Staff will continue life saving measures until relieved by Health Service staff or emergency responders (police, fire, ambulance personnel).

## 5. Application of Restraints:

- A. Behavioral Health staff may recommend the use of restraints upon an offender in custody who has exhibited behavior dangerous to self or others only after determining less restrictive measures have been unsuccessful or are likely to be unsuccessful in preventing the offender from engaging in dangerous behaviors (ACA #1-HC-3A-12). Staff will document all less restrictive measures applied. Use of restraints shall not be used in place of providing constant observation of the offender. The OIC, shift supervisor or staff of equal or higher rank must approve the recommendation to apply restraints.
- B. Behavioral health staff or the on-call staff person will be notified immediately.
- C. On-duty Health Service staff will be notified when an offender has been placed in restraints for clinical reasons.
  1. Offenders placed in restraints for clinical reasons must be housed in a single cell and shall receive fifteen (15) minute random and staggered checks by security staff and/or health service staff (if scheduled and on-site), for the duration of time the offender is in restraints. All checks will be documented. (See DOH policy P-I-01 [Restraint and Seclusion](#)).
  2. Staff conducting the checks will note any adverse results of the applied restraints. The staff member will immediately communicate their concerns to the Officer In Charge (OIC) or equal or higher ranking security staff on duty.

- D. Metal restraints or hard plastic (zip cuffs) restraints may not be used to restrain an offender during a clinical restraint unless lined or unlined leather, rubber, or canvas hand and leg restraints are unavailable or have proven to be ineffective in restraining the offender. Offenders may be placed in an approved restraint chair as approved by the OIC, shift commander or staff or equal or higher rank.
  - 1. Metal restraints or hard plastic restraints may be used to temporarily secure an offender until the offender can be secured in soft restraints or placed in the restraint chair.
- E. Offenders may not be placed in continued restraints for more than two (2) hours without authorization by the Warden or designee.
- F. Behavioral Health staff or the IDT will determine the monitoring procedures (companion watcher, camera room/cell) for offenders placed in restraints (ACA #1-HC-3A-12).

## 6. Awareness Lists:

- A. An offender in DOC custody may be placed on the awareness list by Behavioral Health staff and will remain on the list for no less than one (1) year from the date he/she was placed on the list. A separate awareness list is maintained for male and female offenders. Placement on the awareness list is dependent on the offender meeting certain established criteria, as set by behavioral health. Self-harm or suicide attempts prior to admission to the DOC, proximate to the offender's admission, may be used to place an offender on the awareness list.
- B. Offenders on the awareness list will not be single celled for six (6) months following placement on the awareness list, **unless**:
  - 1. Behavioral health staff have determined the offender is at low risk to commit or attempt to commit serious bodily injury (danger to self) or experience suicidal ideations; or
  - 2. There is no available or appropriate offender(s) to place/house with the offender (PREA/AIMS codes, risk of violence, etc.) and Behavioral Health staff have approved the offender to be single celled; or
  - 3. DOC and/or Behavioral Health staff has determined the offender is a danger to others and poses a risk to other offenders if placed in a cell with other offenders.
- C. The awareness list will be maintained and updated by behavioral health staff and distributed as deemed appropriate to staff.
- D. Only behavioral health staff may remove an offender from the awareness list.
- E. An offender on the awareness list may have identified property and privileges modified or restricted, as deemed appropriate by the inter-disciplinary team.

## 7. Documentation and Reporting:

- A. All staff members reporting an offender's suicidal behaviors or significant self-harm will adhere to the following reporting procedures:
  - 1. Institution staff will complete an Informational Report and submit/forward the report to behavioral health staff and their immediate supervisor by the end of the staff member's shift.
  - 2. Parole Services staff will complete a Special Incident Report in COMS and forward the report to their supervisor.



3. Division of Juvenile Services staff will complete an Incident Report in COMS and forward the report to their supervisor.
- B. Any significant self-injurious behavior or suicidal behavior committed by an offender in custody that results in the offender being transported off-site for immediate medical attention, emergency treatment or hospitalization will be reported to the Secretary of Corrections in accordance with DOC policy 1.1.A.3 [Staff Reporting Information to DOC Administration](#).
- C. Each facility, Parole Services and Division of Juvenile Services will maintain records documenting offender deaths where the coroner has determined the cause of death is suicide. Documentation will include:
  1. Offender's name;
  2. Location;
  3. Date and time of death;
  4. Outcome;
  5. When staff became aware of the death (Community Corrections staff);
  6. Specifics of the incident; and
  6. Staff response to the incident.
- D. Behavior Health staff will maintain a log of self-injurious behaviors committed by offenders in DOC custody.

## **8. Debriefing and Behavioral Health Services:**

- A. A debriefing is **required** if the death of an offender in custody was (or is suspected to be) due to suicide, or an offender commits serious bodily injury or self-mutilation (defined as requiring immediate medical attention, emergency treatment, hospitalization or life saving measures) (ACA #4-4373).
  1. The Warden or designee will assign DOC staff to coordinate the debriefing.
  2. The debriefing will be offered to staff impacted by the incident. Designated staff may be required to participate in the debriefing at the direction of the Warden.
    - a. Information and/or services may be provided to offenders impacted by the incident, at the discretion of the Warden and behavioral health staff.
    - b. Any offender in custody who requests counseling may send a written request/kite to the respective behavioral health staff.
  3. Staff requesting additional counseling beyond counseling provided by the DOC may contact their supervisor to discuss options for additional/outside counseling.
  4. The Director of Parole Services and Director of Juvenile Services, or designee, may schedule a debriefing for staff to review the facts and other information pertaining to the death of an offender on supervision.

## 9. Death Review:

- A. The death of an offender in DOC custody will be reviewed within 30 days of the incident, and will consist of an Administrative Review and a Clinical Mortality Review.
- B. The Administrative Review will be attended by DOC staff, as designated by the Warden, Correctional Health Services Staff, Behavioral Health Services staff, and other staff from other involved agencies or departments as deemed necessary.
- C. An Administrative Review is an assessment of correctional and emergency response actions surrounding an offender's death; if such death was caused by suicide or was unexpected. Its purpose is to identify areas where facility operations, policies and procedures can be improved. An Administrative Review consists of:
  1. The circumstances surrounding the incident;
  2. A review of facility procedures relevant to the incident;
  3. A review of all relevant training received or required by staff;
  4. Identification of possible factors leading to the suicide or attempted suicide; and
  5. Recommendations, if any, for changes in policy, OMs, training, medical or behavioral health services/response, and operational procedures.
- D. A Clinical Mortality Review is an assessment of the clinical care provided and the circumstances leading up to a death. Its purpose is to identify areas of patient care or system policies and procedures that can be improved. Regardless of the cause of death, a Clinical Mortality Review will be conducted following an offender's death. A Clinical Mortality Review consists of:
  1. Review of pertinent medical and Behavioral Health services including a review of the offender's involvement with behavioral health treatment and/or programming and a postmortem psychological evaluation, as available.

## V Related Directives:

DOC policy 1.1.A.3 – [Staff Reporting Information to DOC Administration](#)

DOC policy 1.3.B.1 -- [Emergency Response](#)

DOC policy 1.4.A.2 -- [Inmate Admission](#)

DOH policy P-E-02 – [Receiving Screening](#)

DOH policy P-E-05 – [Mental Health Screening and Evaluation](#)

DOH policy P-G-04 -- [Basic Mental Health Services](#)

DOH policy P-G-05 – [Suicide Prevention Program](#)

## VI Revision Log:

**April 2003:** Revised definition of Mental Health Staff, Medical Staff and Watch Companion.

**February 2004:** Revised definitions to match those of policy DMH-08. **Changed** policy name. **Added** a section on suicide intervention. **Reorganized** existing sections to more closely follow DMH and DOH referenced policies. **Added** references to DOH, DMH and DOC policies. **Revised** the wording of the twenty-four checks made on offenders on suicide watch. **Revised** part A.3 under Suicide Watch Guidelines. **Revised** the wording on fifteen minute checks by DOC staff. **Revised** the time limit for Mental Health Staff evaluations if there are no immediate suicide concerns.

**September 2004:** **Changed** DOH policy P132 *Intake Screening History and Physical* to PE *Receiving Screening*. **Changed** DOH policy P135 *Mental Health Assessment* to PE 05 *Mental Health Screening and Evaluation*. **Changed** DOH policy P153 *Suicide Prevention* to PG 05 *Suicide Prevention Program*.

**Added** a reference to the DOC use of force policy. **Revised** the requirement on full restraints for offenders at minimum custody level facilities that are transferred to the hospital. **Changed** sack lunches to

paper trays. **Added** information on Mental Health Staff ordering a suicide watch with fifteen (15) minute camera checks only.

**September 2005:** **Updated** policy references throughout the policy. **Revised** the definition of Suicide Watch Companion. **Added** references to security mat.

**October 2006:** Minor style and format changes made throughout the document. **Revised** the policy statement. **Added** procedures for constant observation.

**October 2007:** **Added** item #12 to the list of warning signs. **Added** the section on Self Medication.

**Added** a statement about staff not leaving the offender alone under the section "Self-Monitoring and Reporting". **Added** a reference to DOH policy P-D-01.

**September 2008:** **Revised** formatting in accordance with DOC policy 1.1.A.2. **Deleted** "Member" from "Staff" in the Definitions section of Staff Member. **Replaced** "attorneys" with "Attorney of Record" in ss 4b of Suicide Watch Guidelines). **Deleted** "Department" in ss (D3 of Documentation and Debriefing) when referencing Mental Health. **Revised** formatting of policies in Section V. **Revised** other minor grammatical and wording throughout policy.

**September 2009:** **Revised** title of policy and content extensively. **Revised** Policy Index to include all units. **Revised** policy statement to include reference to all DOC staff and **deleted** reference to referring to Mental Health. **Added** definition of Offender. **Added** reference to institution and community corrections staff and **deleted** reference to other state agencies assigned to the DOC within definition of Staff. **Added** reference to DOC institution in definitions of Mental Health Staff, Health Services Staff, Suicide Watch and Suicide Watch Companion. **Added** "safety" when referencing segregation cell within definition of Suicide Watch. **Revised** definition of Suicide Watch Companion to include a paid volunteer and to reflect observing rather than providing companionship. **Revised** Screening Offenders for Suicidal Ideation section into DOC Institutions and DOC Community Corrections, **deleted** reference to A&O in ss (A), **added** reference to JCAs and parole agents, **deleted** former ss (B and C) referencing to contacting mental health staff and **added** reference to OMs. **Deleted** reference of location of risk factors, **revised** who will be providing training both in ss (B) and **added** reference to OMs depicting specific training to? staff within so (C) all within (Training on Identification of Suicide Risks). **Deleted** Self-Medication, Mental Health Staff Roles Suicide Watch Guidelines and High Risk Offenders sections. **Revised** title of ss Staff Monitoring and Reporting to Staff Monitoring. **Revised** entire section to provide general direction on being diligent, not to leave offender alone and referenced section for reporting all within Staff Monitoring. **Added** emergency assistance to ss (A1) and **deleted** former ss (B) regarding use of force and **added** reference to Quest, Excel, community and DOC policy 1.3.A.4 within ss (C) all within Suicide Interventions. **Revised** Documentation and Debriefing to be separated into different sections. **Revised** ss (A) to include all staff will adhere to reporting procedures, **added** three sections on institutional staff, parole services and JCC staff and **added** reference to reporting to Secretary of Corrections in new ss (B) all within Documentation and Reporting. **Revised** section title of "Documentation and Debriefing" to "Debriefing and Mental Health Services". **Revised** ss (A) to reference a separate debriefing is required for all staff and offered for all offenders within the vicinity, **added** reference to Superintendent, ED, Director of JCC and her" in ss (A1), **added** mental health staff and referenced vicinity within ss (A2), **clarified** mental health staff within institutions will be asked to be part of the debriefing or referenced a community QMP if mental health staff are involved or affected within ss (A3), and **added** new ss (B and C) all within Debriefing and Mental Health Services. **Added** reference to DOC policies 1.3.A.4, 1.5.H.3, SDSP, MDSP, SDWP, Parole and JCC OMs in section V. **Replaced** offender with offender, **replaced** unit manager or shift commander with designated staff and **replaced** reference to only DOC institutions with DOC units when applicable. **Added** Attachment 1, 2 and 3. **Added** hyperlinks.

**September 2010:** **Revised** formatting of Section I. **Added** definition of Awareness Lists. **Added** section on Awareness Lists. **Replaced** "will" with "may", **added** reference to trained in debriefing and **added** qualified mental health professional from the community all in ss (A3 of Debriefing and Mental Health Services).

**October 2012:** **Deleted** "Non-public" and **Replaced** with "Public". **Added** definition of "Suicide Ideation". **Added** "by a staff member" and "The use of a trained offender shall not be used as a substitute when staff observation has been ordered" in the definition of Suicide Watch Companion.

**Added** “or health-trained staff designee” and “a history of or current” to Section 1 A. **Added** “OIC” to Section 1 A. 2. **Added** “which may include contacting the on-call mental health staff person” to Section 1 A. 3. **Deleted** “the suicidal/suicide risk offender receives” and **Replaced** with “offenders with positive screens receive a mental health evaluation and” in Section 1 A. 4. **Added** “community corrections staff” to Section 1 B. **Added** “(in DOC custody)” and “from the date which they were placed on the awareness list” and **Added** “Offenders who are transferred to another DOC facility will be added to the receiving facility’s awareness list” to Section 2 A. **Added** “adult” to Section 2 B. **Deleted** “therefore resulting in the need to have the personal items of the offender on the awareness list restricted to ensure their safety” and **Replaced** with a. “An adult offender who is housed in a single cell may have their property items restricted as required and approved by the Unit Manager and mental health staff” in Section 2 B. 2.a. (**Changed** to E in Section 2) **Added** 3. to Section 3 B. **Added** “suicidal ideations” to Section 3 B. 1. **Added** new C. to Section 3. and **Renumbered** items that followed. **Added** D. to Section 2 **Added** “or is in the early stages of recovering from severe depression” in Section 3 B. 6. **Added** “or is facing new charges or has received additional sentencing” in Section 3 B. 8. **Added** “or subject to” in Section 3 C. **Added** “that an offender may be’ and “of self-harm” and “and the offender will remain under constant observation” in Section 4. B. **Added** “to their supervisor” in Section 4 B. 1. **Added** C.-F. to Section 4. **Added** 12. **Added** D. **Added** 2. to Section 5 A. **Added** 1. to Section 5 B. **Added** “to ensure the safety of the offender, staff and others” in Section 5 B. **Added** 1. and 2. to Section 5 C. **Added** “or an informational CIRF (for juvenile offenders) in Section 6 A. **Added** b. to Section 6 A. 1. **Deleted** “requires emergency medical care of hospitalization or an offender in the custody of the DOC” and **Replaced** with “results in an offender in the custody of the DOC or a staff member to sustain serious injury requiring immediate medical attention, emergency treatment or hospitalization” in Section 6 B. **Added** “time” to Section 6 D. 3. **Added** E&F to Section 6. **Added** (defined as requiring emergency medical care of hospitalization or life saving measures” in Section 7 A. **Deleted** “which was in the vicinity that will be offered” and **Replaced** with “the members who are required to participate in the debriefing” in Section 7 A. 2. **Deleted** “may be asked to jointly” and **Deleted** “unless the mental health staff is directly involved or affected by the completed suicide or serious suicide attempt” in Section 7 A. 3. **Added** D. 1-6 to Section 7.

**October 2013:** **Added** definition of “Community Provider”. **Deleted** “for a history of or current suicide ideation within their first 24 hours of arrival” and **Replaced** with “will receive an initial medical screening by a qualified health care professional upon admission to a DOC facility. The offender will be evaluated for a history of mental illness, including hospitalization and a history of or current suicidal ideation. Additionally, offenders will receive a post admission mental health screening and evaluation by a Behavioral Health staff member within fourteen (14) days of commitment” in Section 1 A. **Deleted** “and initiate suicide precautions” and **Replaced** with “The offender will be housed with staff supervision until an evaluation is completed by mental health staff” in Section 1 A. 2. **Deleted** “follow procedures as prescribed in the respective facility OM” and **Replaced** with “utilize the on-call list to contact the designated” and **Deleted** “and/or immediately initiate suicide precautions” in Section 1 A. 3. **Added** 5. and 6 to Section 1. A. **Added** “aftercare” and **Deleted** “adhere to the guidelines established in the respective OM” and **Replaced** with “ensure a referral is made to the appropriate community provider” in Section 1 B. **Deleted** A. “All staff should be diligent in monitoring offenders for suicide risk” in Section 4. **Deleted** “observing signs that support” and **Replaced** with “identifying” and **Deleted** “may be a potential suicide or self- harm risk will not leave the at risk” and **Replaced** with “exhibiting signs of risk or events that may lead to self -harm or suicide will monitor” in Section 4 A. **Deleted** “Any staff member observing signs an offender may be a potential suicide risk or at risk of self- harm will report that information as soon as possible to their supervisor” and **Replaced** with “Staff will contact Mental Health staff and their supervisor as soon as possible any time an offender has attempted suicide, self- harm or is identified as requiring or has requested referral to mental health services” in Section 4 B. 1. **Added** “and it is safe to do so” in Section 5 A. 1. **Added** “or an actual offender suicide” in Section 6 A. **Deleted** Attachment 1 and 2, Informational and Major Incident Reports.

**October 2014:** **Added** definitions of “IDPP” and “IDT”. **Deleted** “Mental Health” and **Replaced** with “Behavioral Health” in definitions and throughout the policy. **Deleted** “Suicide Watch” and **Replaced** with “Companion Watcher” in definitions. **Added** “in an area that has regular direct staff observation, (may include placement in the infirmary or a camera cell/room) in Section 1 A. 2. **Added** a. to Section 1 A. 2. **Deleted** “behavioral health” and **Replaced** with multi-disciplinary team” and **Added** “immediate

protective” and **Deleted** “positive screens receive a mental health evaluation and follow-up/reassessment” and **Replaced** with “self-injurious behavior that is deemed suicidal are kept safe and are offered any treatment or programming deemed appropriate” in Section 1 A. 4. **Deleted** 5. & 6. In Section 1 A. **Deleted** “ensure a referral is made to the “and **Replaced** with of had indicated an intent to cause serious self-harm/bodily injury” **Added** “immediately” and “local emergency responders” in Section 1 B. **Added** 2. to Section 1 B. {All changes noted here apply to previous version of this policy as Sections have been added and moved}. **Added** new Section 2 “Placement on IDT” **Deleted** “Their current suicide/self-harm ideation is assessed” and **Replaced** with “determined the offender is low risk to commit serious bodily injury or suicidal ideation” in Section 2 B. 1. **Added** “immediate risk of significant bodily injury to his/her cell/room make and the offender poses an immediate threat to the safety of others” in Section 2 B. 3. **Deleted** “required and approved by the Unit Manager and/or Behavioral Health staff” and **Replaced** “deemed appropriate by the multi-disciplinary team (including limited clothing to a safety garment” in Section 2 E. **Added** “annual” to Section 3 A. **Deleted** risk or events that may lead to self-harm or suicide” and **Replaced** with “committing self-injurious behavior and/or accompanying suicidal ideation/thinking or who requires immediate protective interventions” **Deleted** 1. in Section 4 A. **Added** “or restraints and “having self-injurious behavior of suicidal “in Section 4 C. 1. **Added** “when access to such property or activity is contradictory to protective interventions set in place to help ensure the safety of the offender” in Section 4 D. **Added** “and ICS” in Section 5 A. 1. **Added** 2. to Section 5 B. **Added** “and/or Behavioral Health Service staff” to Section 5 C. 1. **Added** 3.-5. to Section 5. C. {All changes noted here forward apply to current policy}. **Added** 2. to Section 4. C. 2. **Deleted** “or an offender suicide in progress will remain in the presence of the offender if possible” and **Replaced** with “will take all reasonable steps to intervene” in Section 4 A. **Revised** the order of subsections in Section 8.

**October 2015:** **Added** definition of “Danger to Self”, “Danger to Others” and “Serious Mental Illness” **Added** “danger to self or danger to others due to serious mental illness” throughout the policy. **Deleted** “the monitoring of suicidal” and **Replaced** with “responding to and supervising” and Deleted “and intervention techniques when responding to a suicidal offender” and **Replaced** with “exhibiting behavior dangerous to self or others or who are potentially suicidal and/or who may engage in significant self-harm” in the policy statement. **Added** “random and staggered” to definition of Close Observation. **Revised** definition of Constant Observation. **Deleted** “all offenders” and **Replaced** with “adult and juvenile offenders received at a DOC institution who are housed in the Admission and Orientation (A&O) unit” and **Added** “suicidal behaviors” and **Deleted** “current mental health complaints” in Section 1 A. **Added** b. to Section 1 A. 2. **Deleted** “after regular business hours and **Replaced** with “when behavioral health staff are not present at the facility” in Section 1 A. 3. **Added** “law enforcement” to Section 1 B. 1. **Added** “if safe to do so” in Section 1 B. 2. **Deleted** Section 2. reference the IDPP. **Added** “offenders who may be potentially suicidal or at risk of committing self-harm” in Section 2 A. **Added** D. to Section 2. **Added** “report the information directly to their supervisor” in Section 3 A. **Added** 3. 4. and 5. to Section 3 C. **Added** “who is actively” and **Added** “self-harm” and **Added** “Preservation of staff safety shall be a priority” in Section 4 A. **Added** 1), 2) and 2) to Section 4 A. 1. a. **Added** “who become aware of an offender in the community who may potentially be suicidal or is actively attempting suicide or self-harm” in Section 4 A. 1. a. **Added** “and provide direct/visual supervision of the offender” in Section 5 A. 2. **Added** “encountering an unresponsive offender or offender in a state of distress that threatens life” in Section 4 B. **Deleted** 2. in Section 4 B. **Added** new Section 5 “Application of Restraints” with existing language and new lanague. **Added** “and Behavioral Health staff have approved the offender be single celled” in Section 6 B. 2. **Added** F. to Section 6. **Deleted** “of significant bodily injury to his/her cell/roommate and/ is an immediate threat to the safety of” and **Replaced** with “to the safety and wellbeing of other offenders if the offender is placed in a cell with other offenders” in Section 7 A. **Deleted** b. in Section 7 A. 1. **Deleted** “requiring immediate medical attention, emergency treatment” and **Replaced** with “suicidal behavior committed by an offender in custody that results in the offender being transported by ambulance for immediate medical attention, emergency treatment or hospitalization” in Section 7 B. **Deleted** “for staff responding to a completed offender suicide” and **Replaced** with “if the death of an offender was (or is suspected to be) due to suicide” in Section 8 A. **Added** 2. to Section 8 A. **Deleted** “reports involving the offender” and **Replaced** with “including a review of the offender’s involvement with behavioral health treatment and/or programming and a postmortem psychological evaluation, as available” in Section 8 B. 4.

**October 2016:** **Revisions** to the definition of "Offender". **Deleted** definition of "IDPP" Revised Section 8. **Added** Section 9.

**August 2017:** **Added** definition of "48 hour Watch" **Added** 3. to Section 1 C. **Added** B. to Section 3. **Added** "Placement on the awareness list is dependent on the offender meeting certain established criteria, as set by behavioral health. Self-harm or suicide attempts prior to admission to the DOC, proximate to the offender's admission, may be used to place an offender on the awareness list" in Section 6 A. **Added** 5. to Section 7 C. **Added** 4. to Section 8 A. **Added** Attachment 1.

*Denny Kaemingk (original signature on file)*

Denny Kaemingk, Secretary of Corrections

08/12/2017

Date

## Attachment 1: 48 Hour Watch Guidelines

### 48 hour Watch Guidelines:

1. To qualify the offender shall be placed in a single person cell.
  - a. Random camera/physical checks will be documented every thirty (30) minutes or less
2. Offender shall be strip-searched at the segregation unit cell prior to being put in his cell.
3. The offender will be given a security gown, security blanket and a security mattress.
4. The offender will be given shower thongs for movement outside the cell.
  - a. Once the offender is placed in his cell, the shower thongs will be placed outside his cell
5. Verified medical items are permitted. In the example of diabetic shoes, they will be worn in travel to and from the cell but then kept in the pod. The laces will be removed when worn.
  - a. The offender is able to keep eye glasses and dentures while on 48-hour status.
6. An offender on 48-Hour status does not get recreation (unless the offender is on loss of recreation disciplinary status).
  - a. Orange clothing will be given to the inmate prior to recreation periods and taken back when recreation is finished.
7. If the offender wants to brush his teeth, a finger toothbrush will be provided.
8. The offender will not be allowed a razor of any type.
9. The offender will also receive a paper/ Styrofoam cup and one half roll of toilet paper.
10. The offender will receive either paper trays (plastic removed) with paper spoon or sack lunches for meals depending on the facility.
11. Offenders will receive any authorized incoming mail