

## 1.4.E.7 Suicide Prevention and Intervention

### I Policy Index:



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**Office of Primary Responsibility:** DOC Administration

### II Policy:

Designated Department of Corrections (DOC) staff will receive training on the identification and assessment of suicide risk factors. Staff will receive training on the monitoring of suicidal offenders and intervention techniques when responding to a suicidal offender.

### III Definitions:

#### Offender:

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

1. An inmate (in the custody of the DOC institutional system).
2. A parolee (under parole or suspended sentence supervision by South Dakota Parole Services). This includes a parolee under parole supervision via the Interstate Compact program.
3. A juvenile in the custody of a DOC facility, in the custody of a DOC approved facility/program or on aftercare.

#### 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.

#### Mental Health Staff:

A psychiatrist, psychologist, or mental health professional employed by the Division of Correctional Behavioral Health or contracted by the Division of Correctional Behavioral Health to provide mental health services within a DOC institution.

#### 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.

#### Suicide Watch:

A status whereby a potentially suicidal offender housed in a DOC institution is placed in a segregation (safety) cell on a close observation or constant observation level. Offenders placed on either of these two observation levels will be given a suicide gown, suicide blanket, security mat and provided paper trays at meal times. Other items may be allowed only with the approval of mental health staff.

**Close Observation:**

A suicide watch level ordered by mental health staff that consists of fifteen (15) minute cell front checks conducted by a DOC staff.

**Constant Observation:**

A suicide watch level ordered by mental health staff that consists of DOC staff observing the offender on a constant basis.

**Suicide Watch Companion:**

A paid volunteer offender that is selected and trained by staff to observe an offender housed in a DOC institution that is considered suicidal and serves as a supplement to fifteen (15) minute cell front checks by a staff member (See definition of Close Observation). The use of a trained offender shall not be used as a substitute when staff observation has been ordered.

**Awareness List:**

A list of adult offenders that have been identified by mental health staff as high risk for self-harm or suicidal gestures.

**Suicide Ideation:**

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

**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.

**IV Procedures:****1. Screening Offenders for Suicidal Ideation:****A. Offenders Housed in a DOC Institution:**

During the admission process, all offenders 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 for a history of, or current suicidal ideation. Additionally, offenders will receive a post admission mental health screening and evaluation by Behavioral Health staff within fourteen (14) days of commitment at a minimum (See DOH policy P-E-05 [Mental Health Screening and Evaluation](#), DOH policy P-E-02 [Receiving Screening](#), DOC policy 1.4.A.2 [Inmate Admission](#) and STAR OM 5.3.D.1 [Suicide Prevention and Intervention](#)).

1. If there are no immediate suicide risk concerns, Behavioral Health staff will complete an initial mental health assessment as prescribed in above DOH policy and DOC institutional OMs.
2. If there are immediate suicide risk concerns, health services staff will immediately notify Behavioral Health staff and the Officer in Charge (OIC). The offender will be housed with staff supervision until an evaluation is completed by Behavioral Health staff (See DOH policy P-E-05 [Mental Health Screening and Evaluation](#)).
3. If immediate suicide risk concerns arise after regular business hours, health services staff will utilize the on-call list to contact the designated on-call mental health staff person.
4. Behavioral Health staff will direct the intervention and appropriate suicide precautions and assure offenders with positive screens receive a mental health evaluation and follow-up/reassessment.

5. Offenders with non-acute mental health needs who are prescribed medication upon admission will be scheduled for a psychiatric visit (See DOH policy P-E-02 [Receiving Screening](#)).
6. Behavioral Health services will be available to all offenders in DOC custody requesting or referred by staff for services. Offenders may access Behavioral Health services individually by submitting a written request/kite (See DOH policy P-G-04 [Basic Mental Health Services](#)).

B. Offenders Placed in Community Corrections:

1. Anytime community corrections staff (juvenile corrections staff or parole staff) become aware an offender on supervision or aftercare is having suicidal ideations, staff will ensure a referral is made to the appropriate community provider.

## 2. Awareness Lists:

- A. An adult offender in DOC custody who is placed on an awareness list will remain on the awareness list for a period no less than one (1) year from the date they were placed on the list. The list will include offenders who have demonstrated past severe self harm or suicidal behaviors while incarcerated in a SD DOC facility. There will be one awareness list maintained for all male offenders and one list for all female offenders.
- B. An adult offender in DOC custody will not be allowed to be single celled for six (6) months following their placement on the awareness list **unless**:
  1. Their current suicide/self-harm ideation is assessed by Behavioral Health staff and determined to be low risk; or
  2. There is not an available/appropriate offender to house with the offender; or
  3. DOC and/or Behavioral Health staff have determined an offender's risk for violence may cause harm to other offenders.
- C. The awareness list will be maintained and updated as needed by Behavioral Health staff and distributed to appropriate DOC and DOH staff.
- D. Only Behavioral Health staff may remove an offender from the awareness list.
- E. An offender who is housed in a single cell may have their property items restricted as required and approved by the Unit Manager and/or Behavioral Health staff (See respective OM or Unit Plan for details regarding allowable property).

## 3. Training and Suicide Risks:

- A. Adult and juvenile institutional staff and community corrections staff will receive training on identification, assessment, monitoring and intervention use in the suicide prevention program during pre-service and annual in-service training (See DOH policy P-G-05 [Suicide Prevention Program](#)). Staff should also be familiar with the risk factors of suicide. These risk factors include but are not limited to:
  1. The offender has a history of suicide attempts, suicidal ideations or a documented history of self-harm.
  2. The offender currently engages in or attempts to engage in behavior with the potential for self-harm; e.g. self-mutilation, ingesting hazardous material, suffocation, etc.

3. The offender threatens to hurt himself/herself or talks about any self-injurious behavior with staff or another person.
  4. The offender exhibits markedly sad, tearful behavior, is emotionally under-reactive; or displays paranoid behaviors, extreme anxiety or agitation.
  5. The offender appears withdrawn, with minimal response.
  6. The offender exhibits dramatic shifts in emotional expression or mood; e.g. depression to elation, agitated to calm or is in the early stages of recovering from severe depression.
  7. The offender makes vague references to death.
  8. The offender was recently committed to the DOC and faces an especially long period of incarceration or is facing new charges or has recently received additional sentencing.
  9. The offender was recently informed of a significant family crises; e.g. death of a family member, infidelity, major illness or divorce.
  10. The offender is known to be indebted to other offenders or has received threats from other offenders.
  11. The offender was recently denied parole after having planned on an early release or the offender has notable mixed feelings about an impending release.
  12. The offender is suffering from humiliation (e.g., sexual assault) or rejection.
  13. The offender is housed in specialized single-cell housing; i.e., segregation, protective custody or capital punishment.
  14. Any other issues or behavior that may raise a concern in a staff member's opinion.
- B. Training will be coordinated through the facility/unit training director and/or Behavioral Health staff.

#### **4. Staff Monitoring:**

- A. Any staff member identifying an offender exhibiting signs of risk or events that may lead to self harm or suicide will monitor and maintain constant observation of the offender until an appropriate response/action can be determined.
1. Staff will contact Behavioral 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.
- B. The level of monitoring for offenders in DOC custody will be determined by Behavioral Health staff, shift commander or unit manager if Behavioral Health staff cannot be contacted.
- C. Offenders in DOC custody on suicide watch will typically be placed in a suicide-resistant cell equipped with a camera. Clothing and personal property items may be further restricted to minimize the chance of the offender attempting suicide or self harm.
1. Use of confinement for juvenile offenders in DOC custody identified as being at risk for self-harm should be avoided when possible.

- D. Offenders in custody on suicide watch and/or requiring monitoring may be subject to modified shower schedules/personal hygiene limitations, special meal trays (paper trays and utensils), recreation restriction, limited or restricted access to visits, telephone privileges and general correspondence (this shall not in any way limit and offender's access to their Attorney of Record).
- E. Suicide watch or staff monitoring of an offender in DOC custody shall not be downgraded or discontinued without authorization from Behavioral Health staff.

## 5. Suicide Intervention:

- A. Staff who encounter an offender attempting suicide or an offender suicide in progress will remain in the presence of the offender if possible and it is safe to do so.
  - 1. In the case of offenders in DOC custody, staff should summon assistance immediately through institutional emergency procedures. Community Corrections staff will contact emergency assistance (911 to request police, fire and/or ambulance) as needed for incidents that occur in a community setting.
  - 2. In the case of offenders in DOC custody, staff will initiate suicide precautions until Behavioral Health staff responds, or the on call person can be contacted for further orders. If the situation involves an offender in the community, staff will continue suicide precautions until police, fire and/or ambulance personnel respond to the scene.
  - 3. Staff must always first assess the situation/scene for personal safety before making direct contact with a suicidal offender.

**Note:** Offenders have faked suicide attempts to lure staff into a dangerous situation and have injured staff attempting to stop an offender suicide in progress.
- B. Staff will begin life saving measures if and when it is safe to do so; i.e. cut down an offender who is hanging, stop bleeding, open or maintain airway, begin CPR and any other life saving measures deemed appropriate.
  - 1. Staff will continue life saving measures until relieved by medical staff or first responders (police, fire, ambulance personnel).
- C. Adult offenders in DOC custody should be placed in full restraints after any acute medical problem(s) have been addressed for the safety of the offender, staff and others (See DOC policy 1.3.A.3 [Use of Force - Adult Institutions](#))
  - 1. If the offender is in DOC custody, staff will notify Health services immediately when an offender has injured, attempted to injure or is likely to injure himself/herself through self harm behaviors and have been placed in restraints as a result of their behavior or the offender will be placed in four-point restraints.
  - 2. Health Services staff will examine the offender for appropriate placement of the restraints following the application of four-point restraints. (See DOH policy P-I-01 [Restraint and Seclusion](#)).
- D. Medical staff will determine if the offender's condition is serious enough to require emergency room care or if the offender should be transferred to the local hospital/emergency room for further medical treatment.

## 6. Documentation and Reporting:

- A. All staff members involved in the reporting of potentially suicidal offenders or an actual offender suicide will adhere to the following reporting procedures:
1. Adult and Juvenile Institution staff will complete an [Informational Report](#) (See [Attachment 1](#)) or an informational CIRF (for juvenile offenders), which will be submitted to the respective mental health staff and the reporting staff member's immediate supervisor by the end of the staff member's shift.
    - a. The supervisor, at his/her discretion, may request additional information and/or documentation as needed.
    - b. The Juvenile Corrections Monitor (JCM) will be notified anytime a juvenile offender on suicide precaution engages in self harm/physical harm and requires medical attention.
  2. Parole Services staff will complete a [Special Incident Report](#) (See [Attachment 2](#)) and report the incident to their immediate supervisor.
    - a. The supervisor, at his/her discretion, may request additional information and/or documentation as needed and will report the incident to the Director of Parole Services.
  3. Juvenile Community Corrections staff will document the incident in COMS and forward the report to their supervisor.
    - a. The supervisor, at his/her discretion, may request additional information and/or documentation as needed and will report the incident to the Director of Community Corrections.
- B. Any serious injury requiring immediate medical attention, emergency treatment or hospitalization of an offender in DOC custody will be reported to the Secretary of Corrections in accordance with DOC policy 1.1.A.3 [Reporting Information to DOC Administration](#).
- C. Staff witnesses and staff who respond to an offender suicide or suicide attempt will to the best of their ability apply the respective guidelines provided herein and in accordance with any applicable DOC policies or institutional OMs.
- D. Each DOC unit will maintain records documenting completed offender suicides and suicide attempts, which shall include at a minimum:
1. Offender's name;
  2. Location;
  3. Date and time;
  4. Outcome;
  5. Specifics of the incident; and
  6. Staff response to the incident.
- E. Completed suicides will be handled pursuant to DOC policy 1.4.E.6 [Management of Offender Deaths](#).

- F. When a juvenile offender is placed on a suicide precaution level, has attempted suicide or self harm, is placed in restraints or confinement, or requires medical attention as result of a suicide attempt or self harm, staff will contact the juvenile's parent(s) or guardian(s) in accordance with DOC policy 1.4.B.8 [Parent Guardian Notification](#).

## 7. Debriefing and Mental Health Services:

- A. A separate debriefing is **required** for staff responding to the incident and may be **offered** to offenders in the vicinity of a completed offender suicide, severe self harm or suicidal behaviors (defined as requiring immediate medical attention, emergency treatment, hospitalization or life saving measures).
1. The Warden, Superintendent, Executive Director of Board of Pardons and Parole, Director of Juvenile Community Corrections or his/her designee will assign a DOC staff member to coordinate the debriefing.
  2. The assigned DOC staff member (with input from Behavioral Health staff) will determine the staff members who are required to participate in the debriefing and any offenders who may participate in the debriefing.
  3. Staff trained in debriefing may conduct the debriefing(s) with the assistance of a qualified mental health professional from the community
- B. Staff requesting additional counseling due to witnessing a completed suicide, severe self harm or suicidal behaviors is responsible for all costs not covered under their health insurance carrier.
- C. Any offender requesting counseling due to witnessing a completed suicide, severe self harm or suicide behaviors is responsible for sending a written request/kite to the respective Behavioral Health staff.
- D. In the event of a completed suicide, severe self harm or suicidal behaviors by an offender in DOC custody, a separate staff-only debriefing will take place with all staff involved in the incident. The debriefing should include at a minimum:
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. Review of pertinent medical and Behavioral Health services/reports involving the offender.
  5. Identification of possible factors leading to the suicide at attempted suicide.
  6. Recommendations, if any, for changes in policy, OMs, training, medical or Behavioral Health services/response, and operational procedures.

## V Related Directives:

- DOC policy 1.1.A.3 – [Reporting Information to DOC Administration](#)
- DOC policy 1.3.A.3 – [Use of Force – Adult Institutions](#)
- DOC policy 1.3.A.4 – [Use of Force – Juvenile Institutions](#)
- DOC policy 1.4.B.8 -- [Parent Guardian Notification](#)
- DOC policy 1.4.E.6 -- [Management of Offender Deaths](#)
- DOC policy 1.5.H.3 – [Use of Force – Juvenile Community Corrections](#)
- 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 inmates 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 inmates at minimum custody level facilities who 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 inmate 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 ss (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 inmates 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** inmate 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.

*Denny Kaemingk* (original signature on file)

10/23/2013

Denny Kaemingk, Secretary of Corrections

Date