

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

### I Policy Index:



**Date Signed:** 05/24/2016  
**Distribution:** Public  
**Replaces Policy:** 4E.11  
**Supersedes Policy Dated:** 11/18/2014  
**Affected Units:** All Units  
**Effective Date:** 05/25/2016  
**Scheduled Revision Date:** September 2016  
**Revision Number:** 13  
**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 responding to and supervising offenders exhibiting behavior dangerous to self or others and those who are potentially suicidal and/or who may engage in significant self-harm.

### 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 placed in an 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.

#### Behavioral Health Staff:

A psychiatrist, psychologist, or mental health professional employed or contracted by the Division of Behavioral Health to provide behavioral 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.

#### Interdisciplinary Team (IDT):

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

**Mental Health Watch:**

A status whereby a potentially suicidal offender or offender who has engaged in self harm or is at risk of self harm is placed in a segregation (safety) cell on a close 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 behavioral health staff.

**Interdisciplinary Phase Program (IDPP):**

A structured phase system designed collaboratively by the IDT to keep inmates safe during incidents when they choose to engage in self-injurious behaviors.

**Close Observation:**

A mental health watch level ordered by mental health staff that consists of random and staggered fifteen (15) minute cell front checks conducted by a DOC staff. The observations shall be documented.

**Constant Observation:**

The highest level of control, containment and monitoring of an offender. This is an intense level of suicide precaution that is applied when an offender is actively suicidal or engaging in serious self-harm and requires continuous, uninterrupted observation. Constant observation is ordered by mental health staff. The observation shall be documented at staggered intervals not to exceed fifteen minutes.

**Companion Watcher:**

A paid volunteer offender 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 random and staggered 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 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.

**Self-Injurious Behavior:**

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

**Danger to Self:**

A reasonable expectation that the offender will inflict serious physical injury upon himself/herself in the near future, due to a serious mental illness, 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 Others:**

A reasonable expectation that the offender will inflict serious physical injury upon another person in the near future, due to a serious mental illness, 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.

**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.

**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, 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 for suicidal behaviors and history of, or any current suicidal ideation/behaviors, prescribed medications and any 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). Offenders will receive post admission mental health screening and evaluation by Behavioral Health staff within fourteen (14) days of commitment (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 *Inmate Admission*).

1. If there are no immediate concerns of suicide risk, danger to self or danger to others due to serious mental illness noted, 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 danger to others due to serious mental illness, health services staff, behavioral health staff, senior security staff and program/unit staff will be notified immediately. The offender will be housed in an area that has regular direct staff observation (may include placement in the infirmary or a camera cell/room) until an evaluation is completed by behavioral health staff (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), may be assembled to participate in the evaluation and to determine if the offender has suicidal ideations, the risk to the offender's safety, and to develop or modify the offender's individual treatment plan.
  - b. Inmates received by the DOC who are currently on suicide precaution from the county jail or other holding authority shall be maintained on constant observation until seen by behavioral health staff.
3. If an offender in DOC custody presents immediate suicide risk concerns, is a danger to self or danger to others due to serious mental illness when behavioral health staff is not present at the facility, staff will utilize the on-call list to immediately contact the designated on-call behavioral health staff person.
4. The multi-disciplinary team will direct the immediate protective interventions and identify appropriate suicide precautions to ensure offenders with dangerous behaviors are kept safe and offered any treatment or programming deemed appropriate.

**B. Offenders placed in community corrections:**

1. Any time community corrections staff (juvenile corrections staff or parole staff) become aware an offender on supervision or aftercare may be a suicide risk, is a danger to self or danger to others due to serious mental illness, staff will take immediate steps to contact an appropriate community mental health provider, law enforcement or local emergency services.

2. If community corrections staff encounter an offender they believe may be suicidal, is a danger to self or danger to others due to serious mental illness, they should attempt to remove all items from the immediate area that may jeopardize the safety of the inmate or staff member, and if safe to do so, remain with the offender until emergency responders arrive.

## 2. Training and Suicide Risks:

- A. DOC staff having direct, regular contact with offenders will receive at a minimum, annual in-service training on identification, assessment and monitoring of offenders who may be potentially suicidal or at risk of committing self harm and intervention techniques. Training shall be provided to new hires during pre-service training (See DOH policy P-G-05 [Suicide Prevention Program](#) and ACA #4-4373).
- B. DOC staff should 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 in the early stages of recovering from serious 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.

- 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 to complete the training and for documenting the staff member's compliance in completing the training.

### **3. Staff Monitoring of Offenders in DOC Custody:**

- A. Any staff member identifying an offender who is exhibiting signs of self-injurious behavior (danger to self) and/or accompanying suicidal ideations/thinking, is a danger to others due to serious mental illness, or an offender 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. The level of monitoring for offenders in DOC custody identified as requiring mental health watch will be determined by behavioral health staff and the shift commander, unit manager, or multi-disciplinary team. Monitoring will occur at irregular, staggered intervals, not to exceed fifteen minutes unless otherwise ordered by behavioral health staff.
- C. Offenders in DOC custody placed on mental health watch status may be assigned to a camera room, which shall be monitored by control room staff.
  - 1. Use of confinement for juvenile offenders identified as having self-injurious behavior or requiring mental health watch should be avoided whenever possible.
  - 2. Offenders requiring mental health watch status may be allowed to remain in their room and assigned an offender attendant (companion watcher).
  - 3. Offenders placed on constant or close observation require evaluation by behavioral health services a minimum of once a day.
  - 4. The room where an offender is placed will be searched by staff prior to placing the offender in the room. Offenders on close or constant observation will be searched prior to placement in a room.
  - 5. Whenever possible, a staff member of the same sex as the offender shall be utilized when maintaining constant observation of the offender while using the toilet.
- D. Offenders in DOC custody on mental health watch 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, limited/modified access to personal property, telephone privileges and general correspondence (will not limit an offender's access to their Attorney of Record) property limitations, (including certain articles or types of clothing) when access to such items or activity is contradictory to protective interventions set in place to help ensure the safety of the offender and others.
- E. Mental health watch for an offender will not be downgraded or discontinued without authorization from behavioral health staff and/or the IDT.
- F. 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) and with the authorization of the Warden or designee. Staff shall maintain unobstructed visual observation of the offender during the transport.

#### 4. Suicide Intervention:

- A. Staff encountering an offender exhibiting behavior dangerous to self or danger to others due to mental illness, including offenders actively attempting suicide or significant self-harm, will take immediate and reasonable steps to intervene and halt the dangerous behavior.
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 until behavioral health staff responds, or the on-call person can be contacted. Staff will notify the shift commander and provide direct/visual supervision of the offender until additional staff respond, including behavioral health staff if present within the facility. Appropriate intervention may include the following actions:
      - 1) Giving verbal directives, orders or threats by institutional staff to gain voluntary compliance (non-physical force).
      - 2) The use of hands or restraints (physical handling) by trained DOC staff.
      - 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/danger to self, will contact emergency assistance (911) to request emergency responders.
      - c. Community service staff encountering an offender in the community who may potentially be suicidal, or actively attempting suicide or serious self-harm/danger to self, will remain in the presence of the offender, if safe to do so, until emergency responders arrive on the scene.
    3. Staff must always first assess the situation/scene for personal safety before making direct contact with an offender in the community. Preservation of staff safety shall be a priority.

**Note:** Offenders have faked suicide attempts to lure staff into a dangerous situation and 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 that threatens life 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 life saving measures, as deemed appropriate by the responding staff person(s).

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 as a result of their serious mental illness, has exhibited behavior dangerous to self or others 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). Documentation will be included if less restrictive measures were attempted and failed. Use of restraints shall not be used in place of providing constant observation of the offender.
- B. If an offender in custody has exhibited behavior dangerous to self or danger to others due to serious mental illness and less restrictive measures have been unsuccessful or are determined to likely not be effective, and Behavioral Health staff is not on-site, the OIC, shift supervisor or staff of equal or higher rank may order the offender placed in restraints. 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 floor and/or camera checks by security staff 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 if improper use of the restraints is jeopardizing the health of the inmate. 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 been ineffective in restraining the offender. Offenders may be placed in an approved restraint chair.
1. Metal restraints or hard plastic restraints may be used to temporarily secure an inmate until the inmate can be secured in soft restraints or the restraint chair.
- E. Offenders may not be placed in continued restraints for more than 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 adult offender in DOC custody, who is placed on an awareness list, will remain on the list for no less than one (1) year from the date he/she was placed on the list. One awareness list is maintained for all male offenders and one list is maintained for all female offenders.
- B. Adult offenders in DOC custody currently on the awareness list will not be single celled/roomed for six (6) months following placement on the awareness list **unless**:
1. Behavioral Health staff determine the offender is a low risk to commit serious bodily injury (danger to self) or suicidal ideation; or
  2. There is no available/appropriate offender(s) to cell/room with the offender (PREA/AIMS codes) and Behavioral Health staff have approved the offender be single celled; or
  3. DOC and/or Behavioral Health staff has determined an offender is a danger to others due to serious mental illness and poses a risk to other offenders if the offender is placed in a cell with other offenders.
- C. The awareness list will be maintained and updated as needed 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 may have property items restricted, as deemed appropriate by the inter-disciplinary team (including limiting clothing to a safety garment).

- F. Each institution shall develop a mechanism that allows for ease of sharing relevant crisis/suicide information between DOC security/corrections staff, behavioral health staff and health services staff.

## 7. Documentation and Reporting:

- A. All staff members reporting suicidal behaviors or self-harm committed by an offender or offenders who pose a danger to others due to serious mental illness, will adhere to the following reporting procedures:
1. Institution staff will complete an [Informational Report](#) (See [Attachment 1](#)) and submit the report to Behavioral Health staff and/or 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.
  2. Parole Services staff will complete a [Special Incident Report](#) (See [Attachment 2](#)) in COMS and report the incident 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 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 self injurious/danger to self or 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 will be reported to the Secretary of Corrections in accordance with DOC policy 1.1.A.3 [Reporting Information to DOC Administration](#).
- C. Each DOC unit will maintain records documenting completed offender suicides and serious 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.
- 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 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, Executive Director of Board of Pardons and Parole, Director of Juvenile Community Corrections or his/her 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, Executive Director of Board of Pardons and Parole, Director of Juvenile Community Corrections or Secretary of Corrections
    - a. Information may be offered to incarcerated offenders regarding the incident at the discretion of the Warden. Behavioral health service staff may provide input/recommendation regarding the information that may be offered.
  3. The DOC may request the assistance of a qualified mental health professional from the community as deemed necessary.
- B. The staff 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 including a review of the offender's involvement with behavioral health treatment and/or programming and a postmortem psychological evaluation, as available. ;
  5. Identification of possible factors leading to the suicide at attempted suicide; and
  6. Recommendations, if any, for changes in policy, OMs, training, medical or Behavioral Health services/response, and operational procedures.
- C. Staff requesting additional counseling is responsible for arranging for the counseling as all costs.
- D. Any offender requesting counseling may send a written request/kite to the respective behavioral health staff.

## V Related Directives:

- DOC policy 1.1.A.3 – [Reporting Information to DOC Administration](#)
- DOC policy 1.3.B.1 -- [Emergency Response](#)
- DOC policy 1.4.A.2 -- [Inmate Admission](#)
- DOC policy 1.4.B.8 -- [Parent Guardian Notification](#)
- DOC policy 1.4.E.6 -- [Death of an Offender or Unresponsive Offender](#)
- 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 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 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.

**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.

<i>Denny Kaemingk (original signature on file)</i>	<i>05/24/2016</i>
Denny Kaemingk, Secretary of Corrections	Date