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HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title SUICIDE AND SELF-INJURY PREVENTION
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Legal References (includes but is not limited to) IC 11-8-2-5 IC 34-4-12.6	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidance regarding the identification and management of patients who are at increased risk for suicide or self-injurious behavior. .

II. DEFINITIONS:

- A. FACILITY STAFF: Any individual assigned to or permitted by the Warden to perform a job, including volunteers.
- B. QUALIFIED MENTAL HEALTHCARE PROFESSIONALS (QMHP): A person with professional training, experience, and demonstrated competence in the treatment of mental illness. QMHPs include physicians, psychiatrists, psychologists, social workers, mental health counselors, mental health nurse practitioners, mental health-trained nurses, or other qualified persons as designated by the Executive Director of Behavioral Health Services.
- C. MULTIDISCIPLINARY TEAM (MDT): A treatment team comprised of individuals from different disciplines that contribute a broad range of perspectives and treatment modalities in the management of patients' needs.
- D. PSYCHOLOGICAL AUTOPSY: A formal systematic review, conducted after a death presumed to be from suicide, to examine the mental and emotional state of the patient prior to suicide as well as a review of the other factors or circumstances including staff training, adherence to procedures, access to care, etc., to determine why the individual ended their own life.
- E. SELF-INJURIOUS BEHAVIOR: An intentional, self-inflicted act of bodily harm. Risk of lethality can range from small cuts with low lethality,

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head banging, swallowing foreign objects, insertion of foreign objects into the body, starvation, not complying with medical treatment for chronic conditions or allowing wounds to heal, to serious life-threatening mutilation and amputation. Self-injurious behavior may result in suicide, either intentionally or unintentionally. Patients who engage in self-injury must be evaluated by a QMHP who shall use their clinical judgment to determine appropriate intervention. Tattoos, decorative piercing, and similar markings are not considered self-mutilation for purposes of this HCSD. Self-injurious behavior which requires emergency medical treatment such as the level of care provided in a hospital or emergency department will be considered a serious self-injury.

- F. **SERIOUS SUICIDE ATTEMPT:** Serious self-injurious behavior with the intent to die by a patient which requires emergency medical treatment such as the level of care provided in a hospital emergency department.
 - G. **SUICIDE PREVENTION COORDINATOR:** A staff member assigned or appointed by the Warden or the Warden's designee to manage the Suicide Companion Program, including the training of the Suicide Watch Companions.
 - H. **SUICIDE WATCH:** The enhanced supervision or precautions taken for a patient who is at increased risk for suicidal behavior. One of two levels of Suicide Watch shall be implemented for a patient at risk for suicidal behavior; close or constant.
 - I. **SUICIDE WATCH COMPANION:** A patient who has satisfactorily completed specialized training to assist staff in the direct, constant, visual monitoring of a patient who has been placed on Constant Observation. A companion must not be placed in a supervisory, clinical or therapeutic role.
- III. **GENERAL GUIDELINES:**
- A. Suicide prevention is the responsibility of all staff.
 - B. Each facility must develop a written suicide prevention plan as a facility directive which includes all components of this HCSD as well as addressing the unique needs of the facility including the facility-specific process and chain of command for implementing safety measures and the responses to, and evaluation of, attempted and actual suicides. In addition, the facility-specific plan shall include a schedule for regular maintenance and inspection of the safety smocks, blankets, and intervention tools. The Warden or designee must review the facility-specific suicide prevention plan annually.

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- C. All facility staff with responsibility for supervision of incarcerated individuals must receive training regarding suicide prevention at the inception of employment and through annual in-service training. Facility staff must receive training on the facility's suicide and emergency plans as well as job-specific training regarding the responsibilities for suicide prevention and monitoring activities appropriate for the staff's assigned duties.
- D. All facility staff with direct patient contact must be trained in standard first aid and cardiopulmonary resuscitation (CPR) in accordance with HCSD 1.04A, "Credentialing of Employees," and HCSD 1.06A, "Health Related Training for Correctional Officers." An automated external defibrillator (AED) shall be readily available.
- E. The following supplies must be readily available, on every housing unit or in a common area immediately adjacent to every housing unit: a cut down or rescue tool, gloves, and a pocket mask for CPR. These supplies shall be inventoried daily.
- F. All reports of suicidal ideation, verbal threats of self-injury , or physical self-injury gestures, made by a patient shall be taken seriously. Close Observation shall be implemented when an MHP determines there is a clinical need for observation based on a patient's statement or presentation that they may be suicidal or may engage in self-injurious behavior that could result in death. QMHPs may use their clinical discretion to decide whether to place a patient on close observation, but the evaluation must occur and a treatment plan must be devised. When a QMHP is not on site, a shift supervisor or nurse trained in suicide-risk assessment in consultation with a QMHP may order the level of observation until the patient is evaluated by a QMHP.
- G. A patient placed on Suicide Watch shall be housed where the watch can be conducted properly, including the necessary observation checks. When restrictive status housing is the best available option for housing a patient at increased risk of self-injurious behavior, the cell must be as suicide-resistant as possible.
- H. The Shift or Housing Area Supervisor shall make periodic visits to the housing units where patients on Suicide Watch are housed to ensure that monitoring forms are being used and accurately completed. At a minimum, these visits shall occur once each shift.

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- I. When a suicide attempt occurs, staff shall not assume the patient is deceased. Staff must provide first aid or CPR, if appropriate, while waiting for facility Health Services staff or external emergency services to arrive. Scene preservation shall be secondary to the provision of immediate life-saving measures.
 - J. Critical incident reporting should be completed on State Form 46896, "Report of Clinical Critical Incident" and a review shall be completed for Serious Suicide Attempts and Serious Self-Injuries as clinically indicated in accordance with applicable critical incident reporting procedures. A summary of the critical incident debriefing or other post event analysis shall be submitted to the Chief Medical Officer (CMO), Executive Director of Behavioral Health, Director of Mental Health, Health Services vendor's Regional Director of Behavioral Health and Regional Director of Mental Health in accordance with HCSD 2.24, "Clinical Critical Incident Reviews."
- IV. STAFF TRAINING:
- All facility staff with responsibility for supervision of incarcerated individuals shall be trained, in pre-service orientation and annual in-service training, in the identification, referral, and monitoring of potentially suicidal patient. Training must address:
- A. The reasons the environment of correctional facilities is conducive to suicidal behavior including the demographic and cultural parameters of suicidal behavior and,
 - B. Identifying the situations, warning signs, and symptoms of impending suicidal behavior as well as how to access help for the patient including:
 1. Understanding the demographic and cultural parameters of suicidal behavior, including the incidence and variations in precipitating factors;
 2. High risk suicide periods;
 3. Responding to suicidal and depressed patients;
 4. Referral procedures;
 5. Housing observation and Suicide Watch level procedures;
 6. Procedures for initiating Close or Constant Observation;
 7. Communication and referral procedures between Custody staff, Unit staff, Nursing and Mental Health staff;
 8. Reporting and notification procedures;
 9. Follow-up monitoring procedures for patients who made a suicide attempt;

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10. Population-specific factors; and,
11. Review procedures.

The curriculum used for training must be approved by the Executive Director of Behavioral Health Services.

V. CLINICAL SERVICES:

A. Identification at Intake

All incarcerated individuals shall be screened for suicide risk at Intake immediately upon arrival in accordance with HCSD 2.02A, "Reception Screening" and HCSD 4.03A, "Adult Mental Health Services." In addition, facility staff receiving a new patient shall also obtain information regarding conduct and demeanor during transport from the transporting officer or staff. Facility staff in the intake area must not rely exclusively on a patient's denial that they are suicidal; any behavior or actions which suggest the patient is at risk of suicide or self-injurious behavior shall be documented and the nursing staff notified.

Mental health trained nursing staff shall assess each patient and complete the suicide potential screening template of the nursing intake section, on the suicide/behavioral health screen template in the electronic medical record (EMR). Whenever a patient responds "yes" to any bolded question or whenever the patient has answered "yes" to five (5) or more questions, the nurse shall immediately contact the designated QMHP for guidance regarding management.

No patient shall be assigned to a housing unit until the intake suicide risk assessment has been completed.

B. Identification and Referral

An incarcerated individual may become suicidal at any point during confinement and facility staff shall not assume that an individual's ability to successfully function in general population eliminates any risk of suicide. Facility staff that interact with patients shall be aware at all times while on duty of increased suicide risk.

Any employee who:

1. Observes an incarcerated individual engaging in self-injurious, suicidal, or unusual behavior which is believed to present a credible risk of self-injury;

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2. Hears an incarcerated individual make suicidal threats;
3. Is made aware of an incarcerated individual verbal comments expressing a desire or intent to commit suicide; or,
4. Observes an incarcerated individual behaving or displaying any concerning or unusual behavior which for any other reason is believed to demonstrate a credible risk of injury to themselves;

shall directly observe the incarcerated individual until the Shift Supervisor or designated Health Services staff contacts a QMHP and the QMHP gives orders for supervision.

The least restrictive intervention necessary to ensure the incarcerated individual's safety shall be implemented. However, in an emergency, when the incarcerated individual is engaging in physical acts of self-injury or there is imminent danger of self-injury, staff must take action to ensure the physical safety of the incarcerated individual.

The on-call system shall be used to contact a QMHP whenever the QMHP is not on-site. Telephone contact with the on-call QMHP should be limited to the decision about whether to place a patient on observation or the decision to raise the observation level from Close to Constant Observation. A patient's status shall not be downgraded and a patient shall not be discharged from Suicide Watch without a face-to-face assessment by an QMHP.

A QMHP shall provide mental health evaluation and treatment to patients with suicidal ideation or behaviors. When notified by facility staff that an incarcerated individual is suicidal, a QMHP must complete a suicide evaluation within the time frames required by HCSD 2.01, "Access to Care," but no later than the next business day.

An alert shall be placed in the patient's electronic medical record (EMR) whenever they have had a Serious Suicide Attempt or engaged in Serious Self-Injurious behavior.

C. Evaluation

Whenever a patient has been referred, a QMHP shall evaluate the patient's;

1. Behavior or factors resulting in the referral;

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2. Mental health status;
3. Current suicidal risk; ideation, intent to end life, plans, lethality of plan;
4. History of suicidal behavior / ideation: how often, when, precipitating stressors, method used or contemplated, circumstances surrounding rescue, consequences of prior attempts / gestures;
5. Recent stressors and other pertinent social or family history; and,
6. Likelihood of further self-injurious or suicidal behavior in the short-term.

The QMHP shall determine the patient's level of suicide risk, the level of supervision required, and the type of treatment that is needed including, if necessary, transfer to a facility with on-site mental health services or a mental health treatment unit.

Consultation with a psychiatrist and/or other staff shall be obtained to assist in the evaluation as needed.

A patient on Suicide Watch shall be re-assessed daily to identify any change in condition which would necessitate a change in level of supervision or a transfer to another facility. This reassessment shall be documented in the EMR and the results communicated to the multidisciplinary treatment team.

D. Housing

The level of suicide risk shall guide housing unit placement. Patients shall be housed in the least restrictive environment indicated by the level of risk for suicidal behavior, including general population close to staff, specific areas of designated housing units, medical infirmary, or a mental health treatment unit.

Rooms or cells used to house incarcerated individuals at risk of suicidal behavior must be free from significant protrusions, free from any loose or breakable objects, conditions, or fixtures with which the patient could harm themselves. The door shall provide for full visibility inside the cell. The cell shall not contain any object that provides an easy anchoring device for hanging, including but not limited to, any type of clothing hook or towel rack or toothbrush holder on sinks or desks. There shall be no live electrical switches or outlets. Before any patient at risk of suicidal behavior is housed in a cell, the cell shall be inspected using the Safe Cell Check List. When a cell does not meet all of the conditions listed on the Safe Cell Check List, facility staff shall identify and plan for accommodations or special precautions which shall have to be taken, up to and including Constant Observation.

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F. Monitoring

Interventions and monitoring including scheduled follow up shall be based on the patient's individual level of risk. Two levels of increased supervision shall be used for patients at increased risk of suicidal behavior: Close Observation and Constant Observation. Orders for Close Observation and Constant Observation shall be completed at the discretion of QMHPs, based on clinical need.

A patient on Close Observation shall continue to be provided with educational services, showers, visits, etc., commensurate with the patient's security level and treatment plan unless the QMHP determines these activities are contraindicated. Toileting and bathing may or may not be visually supervised, depending on the provisions of the treatment plan.

The Shift Supervisor or designee or mental health trained nurse may raise the observation level of a patient, if circumstances warrant, until the QMHP is consulted. However, only a QMHP may downgrade or discontinue Close or Constant Observation.

A patient at increased risk of suicide or intentional or unintentional death by self-injury shall remain on Suicide Watch until they are removed from this status by a QMHP. Once a patient has been released from Suicide Watch, unless justified otherwise in an assessment and documented in the EMR, the patient shall remain on the mental health caseload and shall receive follow-up assessments by Mental Health staff at the following intervals: within twenty-four (24) hours of the watch being discontinued, once a week for two (2) weeks, and again within thirty (30) days. Follow-up monitoring may occur at more frequent intervals in accordance with the patient's Individualized Treatment Plan (ITP).

ITPs must be unique and specific to the patient and include the problem being addressed, a list of goals and objectives specific to the problems, and a description of the specific interventions to be provided. The treatment plan should include the staff responsible for the interventions to be provided and the frequency or interval of follow up encounters.

A patient who has made a Serious Suicide Attempt while incarcerated in a correctional setting shall remain on the mental health case load for a minimum of one year and be seen by a QMHP every ninety (90) days, at a minimum, or at intervals specified in the Individualized Treatment Plan. After one year, a QMHP may assess the individual's risk and provide

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documentation in the EMR to change the behavioral health code to something more appropriate at that time

G. Levels of Observation

1. Close Observation

Close Observation shall be implemented when a QMHP determines there is a clinical need for observation based on a patient's statement or presentation that they may be suicidal or may engage in self-injurious behavior that could result in death. QMHPs may use their clinical discretion to decide whether to place a patient on close observation, but the evaluation must occur and a treatment plan must be devised.

At this level of observation, staff shall conduct regular visual checks at varying intervals not to exceed fifteen (15) minutes (e.g., 5, 11, 8 minutes). Camera surveillance or a Suicide Watch Companion may be used to supplement staff monitoring but not replace it. When cameras are used, regular checks shall be conducted at regular random intervals no longer than fifteen (15) minutes apart. All visual checks shall be documented.

The patient on Close Observation shall be provided with bedding dependent upon their level of safety as determined by the mental health staff who writes the observation order.

One set of clothes without belts, shoelaces, or similar item(s) that can be easily used for hanging may be provided as determined by the QMHP. The patient shall have no additional personal property unless authorized by a QMHP in writing.

Regular meals shall be provided unless the QMHP specifies no utensils/no packaging diet. When special diets are provided, the number of calories must be equal to the number of calories in the regular diet. For patients on a therapeutic diet, the special diet shall equal the restrictions or accommodations of the prescribed diet if possible. When it is not possible to accommodate the therapeutic diet, the provider shall be contacted and an alternative diet prescribed for the duration of the observation period; the dietician shall be consulted when necessary. Water shall be offered every two (2) hours while the patient is awake if the water has been turned off due to intentional flooding of the observation area, the patient is being observed for water intake, or the cell has no water in it.

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Re-evaluation by a MHP shall be completed daily on business days. When the QMHP is not on site, a mental health trained nurse shall complete a mental status assessment once per day. Telephone contact with the on-call QMHP shall not be required except for initial placement on either Close or Constant Observation, or the decision to raise the observation level from Close to Constant Observation. Close Observation shall not be downgraded without a face-to-face assessment by a QMHP.

2. Constant Observation

Constant Observation shall be implemented in situations where a patient has attempted suicide or when there is an imminent risk of self-injury that may intentionally or unintentionally result in death.

Staff or Suicide Watch Companions shall perform continuous, one-to-one, line-of-sight, direct visual observation while a patient is on Constant Observation. At no time shall a cuff port/food slot be used as a means for observation. Cuff ports/food slots are to remain closed at all times unless being used to place / remove cuffs or deliver / remove food trays. An appropriately selected and trained Suicide Watch Companion may be used to carry out the Constant Observation procedures. When a staff member is used for Constant Observation, the staff member must document observations at least once every fifteen (15) minutes. When a Suicide Watch Companion is utilized, an assigned staff person shall confirm that the Suicide Watch Companion maintained the visual watch by conducting routine visual checks at staggered intervals not to exceed thirty (30) minutes and noting if any problems occurred.

Unless otherwise specified by the QMHP, a patient on Constant Observation may not have personal property or clothing other than underwear and a safety smock for modesty. The cell shall be empty and stripped with only a mattress and approved suicide blanket.

If the patient's risk of suicidal or self-injurious behavior escalates due to the destruction of smock or other protective clothing or destruction of the bedding, a QMHP or, when the danger is imminent, the Shift Supervisor may order all clothing and bedding removed. When all clothing has been removed, a staff member of the same gender identity as the patient shall be assigned to constantly observe the patient. When these measures are not successful and the patient continues to engage in acts of self-

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injurious behavior, restraints may be used in accordance with HCSD 4.02A, “Therapeutic Restraint.”

At a minimum, nursing staff shall obtain vital signs and conduct a mental status assessment twice per day, with no less than six (6) hours between assessments. The nurse shall document the results of these assessments in the electronic medical record.

The provisions noted above in the Close Observation section shall be followed in regard to meals, therapeutic diets, and the client being offered water.

A QMHP must evaluate the patient at least daily on business days. When the QMHP is not on-site, a mental health trained nurse shall complete a mental status assessment twice per day and consult with the MHP, if clinically indicated. Suicide Watch may not be discontinued or downgraded unless an QMHP has evaluated the patient in person.

H. Intervention

1. General Population

Any facility staff that discovers a patient attempting suicide, bleeding profusely, or unresponsive shall respond immediately, alerting other staff to call for the facility’s nursing staff if available and bringing the emergency response bag to the cell (Signal 3000). When no nurse is on duty, facility staff must contact 911 and access external emergency medical services (EMS). The exact nature of the emergency (e.g., “hanging attempt”) and location of the emergency must be communicated to facility nursing staff or EMS personnel.

Once facility staff and, if indicated, external emergency medical services have been notified, the responding facility staff must respond as quickly as possible. Two (2) facility staff must be present before entering the cell or area where the patient is found. (At least one [1] of the staff must be Custody staff.) Facility staff must never wait for nursing staff or external emergency services to arrive before initiating appropriate life saving measures.

If a patient is hanging, facility staff must use necessary measures including the cut-down tool to release the patient from the ligature. Facility staff must assume a neck/spine cord injury and stabilize the neck with a cervical collar or other means (e.g., rolled blankets) and

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the spine with a backboard. When external emergency services are necessary, the Shift Supervisor or designee shall ensure emergency services personnel have unimpeded access to the patient. All life-saving measures must be continued by facility staff until on-site nursing staff or external emergency medical personnel assume care.

Any incarcerated individual attempting suicide shall receive a comprehensive psychological assessment as soon as medically feasible.

Each incarcerated individual attempting suicide or otherwise placed on Suicide Watch shall have a treatment plan that includes goals and specific interventions designed to address and reduce suicidal ideation and threats, self-injurious behavior, and suicidal threats perceived to be motivated by secondary gain. The plan shall be discussed with the patient.

2. Restrictive Status Housing and Specialized Mental Health Units

In restrictive status housing or on specialized Mental Health Units, activation of the cell extraction team is not required in an emergency situation when the patient is inside a cell and unresponsive, is already hanging, or is bleeding profusely. To ensure the safety of staff, at least two (2) staff persons must be present to enter a cell when a patient is hanging or bleeding profusely or for a non-responsive patient.

When a patient is found hanging , the following procedures shall be implemented:

- a. The first staff person on the scene shall conduct a visual assessment of the patient from outside the cell and quickly determine if the patient has an article around their neck and is in fact attempting to or has completed connecting it to an object in an effort to hang themselves.
- b. The first staff person on the scene shall remain at the cell front for observation and summon a correctional officer on the radio to come to the cell for assistance. In addition, the first staff person on the scene shall contact Control and announce a Signal 3000 on the radio. While waiting for assistance the staff person on the scene shall observe the patient's hands for any objects that may be a possible weapon.

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- c. Immediately upon the arrival of at least one (1) correctional officer (minimum of two [2] staff must be present), staff shall enter the cell. Both staff shall lift the patient up and one (1) staff member shall cut the patient down with the designated cutting device (this device is to be located in all secured control rooms and on official stations in individual housing units). The first responders' Officer-In-Charge (OIC) shall be responsible to ensure the cutting device is ready for use at incident area. The patient shall be laid on the floor (hard surface if possible) and the article around his neck shall be removed. The correctional officers/staff shall begin basic life saving techniques. When medical assistance arrives, the Health Services staff shall assume the lead role in life saving techniques assisted by the correctional officers/staff if necessary.

When a patient is found unresponsive:

- a. The first staff person on the scene of an unresponsive patient in a cell shall conduct a visual assessment from outside the cell to determine if the patient is in fact not responding to any questions about their condition and appears either to be unconscious or experiencing a medical emergency.
- b. The first staff member on the scene shall remain at the cell front for observation and shall call Control and announce a Signal 3000. While waiting on assistance the staff person shall observe the location of the patient's hands and if they hold any objects that may be used as weapons. While waiting for staff assistance, the staff person on the scene shall call the Shift Supervisor on the radio, if possible, and request to go to specified Tac Channel to inform them that they have a patient that is unresponsive along with the patient's condition and location. The Shift Supervisor shall quickly make a determination of the appropriate response. If the Shift Supervisor's directions are different than those stated in the following paragraph, a written justification shall be required after the incident is over.
- c. Once a minimum of two (2) staff persons (at least one [1] correctional officer) have arrived at the cell, the door shall be opened and the staff shall enter the cell. Staff shall enter the cell with caution and be prepared to use an O/C streamer

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but they shall move quickly to secure a hold on the patient's arms. Restraints shall not be applied to the patient's hands, instead one (1) of the staff shall secure the patient and the other staff person shall assess the patient and begin life saving measures.

I. Communication

Facility staff shall converse with a patient whenever a critical event such as the death of a loved one has occurred or whenever loud arguments occur during family visits to identify feelings of hopelessness or suicidal intent. Facility staff shall encourage family and friends of the patient, including other patients to notify facility staff if they believe a patient is at risk of suicide or self-injurious behavior.

All facility staff shall share pertinent information and make appropriate referrals to Health Services staff whenever a patient is suicidal or is suspected to be at increased risk for self-injurious behavior. Facility staff must use various communication skills with the patient including active listening, staying with the patient when imminent danger is suspected, and maintaining contact through conversation.

Each facility must have a mechanism to notify the Warden, the Health Services staff and incoming shift's custody staff of the status of each patient on Suicide Watch. Officers transporting a patient to another jurisdiction or to another facility shall also be advised of a patient's suicide risk. When an patient on Suicide Watch is transferred from one facility to another, the sending facility staff and the transporting officer must communicate the patient's level of Suicide Watch and the provisions of the safety plan to receiving officers and Health Services staff.

Whenever a patient is placed on Suicide Watch, the Shift Supervisor or designee shall notify designated facility staff including the caseworker or case manager of the specific level of observation and associated precautions or orders. The Shift Supervisor must keep a separate daily roster of all patients on Suicide Watch. The roster must be distributed to appropriate facility staff including nursing and mental health staff.

When a patient returns following transfer to another facility or local hospital for self-injurious or suicidal behavior, the Shift Supervisor must contact the on-site nursing or mental health staff and obtain direction regarding what measures or observations are necessary. The on-call system shall be used to contact an QMHP whenever the QMHP is not on site.

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All incidents of suicidal behavior including authorizations for Close or Constant Observation, reassessments, and any changes in Suicide Watch level must be documented on the suicide monitoring forms and in the electronic medical record.

J. Notification and Reporting

All appropriate facility staff including the Warden, nursing staff, site psychiatrist or psychiatric prescriber, and the QMHP shall be notified of a patient's suicide attempt.

For a completed suicide, the Warden, appropriate Department Executive Staff, including the Executive Director of Behavioral Health, the Chief Medical Officer, Director of Mental Health, and the Director of Physical Health Services must be notified in accordance with applicable procedures and directives.

K. Documentation

All facility staff involved in assessing suicide risk and suicide watches must record their observations and interventions on applicable forms and on appropriate templates in the electronic medical record. At a minimum, staff must record:

- Patient name and identifying data
- Date, time, location of events
- Description of behaviors of concern
- Identification of staff who were present or participated in the suicide watch
- Identification of QMHPs involved and direction received
- Interventions provided;
- Patient's response to interventions
- Updated orders

Personnel carrying out Close or Constant Observation Suicide Watch must document the checks as they are completed or as soon as possible after the check is completed. Staff must not defer documentation to the end of a shift and record all checks simultaneously. When Suicide Watch Companions are used, the designated staff person must verify and document that the companion maintained the visual watch and note if any problems developed.

Additionally, QMHPs shall provide documentation of:

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- Date, time, and location of situation
- Chronological account of the development and handling of the crisis
- Description of patient's behavior and mood
- Information gathered from other staff involved
- Psychiatric history review
- Rationale for the crisis status placement
- Current mental health status
- Current psychotropic medications, if any
- Individual Treatment Plan with clearly stated and relevant problems, goals, objectives, interventions, time frames, and staff responsible
- QMHP's orders

L. Review

Critical Incident Stress Debriefing (CISD) provides affected staff an opportunity to process their emotional reactions to and thoughts about the incident, develop an understanding of critical stress symptoms, and ways of dealing with those symptoms. In the event of a serious suicide attempt or suicide, all affected staff shall be offered CISD. Patient's shall be offered the opportunity to speak with mental health staff following a serious suicide attempt or suicide of an patient whom they lived close to or interacted with socially. For maximum effectiveness, the CISD process and other appropriate support services shall occur within seventy-two (72) hours of the critical incident when possible.

Every suicide shall be reviewed within thirty (30) days. A mortality review must be completed in accordance with procedures established by HCSD 2.24, "Clinical Critical Incidents." The Review Team must include representatives of both line and management level staff from the direct care, medical, and mental health divisions. The Review process shall comprise a critical inquiry of:

- Circumstances surrounding the incident
- Facility procedures relevant to the incident
- All relevant training received by involved staff
- Pertinent medical and mental health services/reports involving the victim
- Possible precipitating factors leading to the suicide
- Recommendations, if any, for changes in policy, training, physical plant, medical services, mental health services, and/or operational procedures.

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When appropriate, the Review Team shall develop a written plan (and timetable) to address areas that require corrective action.

In addition to the critical incident debriefing, facility Health Services staff shall conduct a mortality review and psychological autopsy for suicides that occur in Department facilities.

M. Suicide Prevention Committee

Each facility shall establish a suicide prevention committee which shall review the adequacy and effectiveness of suicide prevention practices.

Facility committees shall consist of the facility's Lead QMHP (chair), the Suicide Prevention Coordinator, and at least two (2) individuals appointed by the Warden from various services in the facility including Correctional Officers, Unit Team staff, Chaplains, other Health Services personnel, and volunteers. The committee shall review the following points quarterly:

1. Quality and extent of suicide prevention training;
2. Effectiveness of the Suicide Watch Companion program;
3. Quality and thoroughness of the mental health evaluations;
4. Completeness of observation records; and,
5. Quantitative measures and outcomes of Close and Constant Observations.

All meetings shall be held quarterly and meeting minutes shall be maintained with a copy forwarded to the Warden and the facility's Quality Assurance Manager.

N. Suicide Watch Companion

Each adult facility with a security level of 2 or higher shall establish a Suicide Watch Companion program to enhance and complement the facility's Suicide Watch procedures. Each facility shall establish a facility specific program for Suicide Watch Companions using the following guidelines:

1. Selection

Suicide Watch Companions must be carefully screened. Preference shall be given to those patients who have a record of positive responsible behaviors, such as serving as peer mentor in a treatment program. The Warden or designee shall select patients for the Suicide Watch Companion program.

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In order to be a Suicide Watch Companion, a patient must:

- a. Be a graduate of Purposeful Living Units Serve (PLUS);
- b. Have maintained a conduct record clear of any Class A or Class B guilty findings for at least one (1) year;
- c. Have maintained a conduct record clear of violence for at least four (4) years;
- d. Have volunteered or applied for the position as a job;
- e. Be free of medical or behavioral health issues which the medical/behavioral health staff believe would impair the patient's ability to perform the duties of a Suicide Watch Companion; and,
- f. Demonstrate measurable progress on their Case Plan.

Each facility operating a Suicide Watch Companion Program shall develop incentives for exemplary program participation. Such incentives may include, but are not limited to, the following:

- a. Public recognition ceremonies;
- b. Special media or other events;
- c. Certificates of Achievement; and,
- d. Community service "credit" for the PLUS Program.

2. Training

All Suicide Watch Companions shall complete training based on a curriculum, approved by the Executive Director of Behavioral Health Services or designee. This training shall include, but not be limited to, the following elements:

- a. Scope and limits of role and responsibilities;
- b. Methods for reporting emergencies to staff;
- c. Nature and etiology of suicide;
- d. Accountability (i.e., sanctions for malfeasance);
- e. Risk factors related to suicidal crises;
- f. Signs and symptoms of imminent suicidal ideation;
- g. Active listening skills;
- h. Prohibition of transmittal of food, drink, or other items;

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- i. Length of shift;
- j. Limits of confidentiality; and,
- k. Debriefing with Suicide Prevention Coordinator.

Suicide Watch Companions must complete this training prior to assisting staff in monitoring any patient on Constant Observation. In addition, Suicide Watch Companions shall receive four (4) additional hours of training every six (6) months. At the completion of the initial training and after the completion of the four (4) hour semiannual training, the Suicide Watch Companion must review and sign and receive a copy of the “Responsibility Agreement” form. The Suicide Prevention Coordinator shall maintain the original copy of this form and a copy shall be filed in the patient’s facility packet.

It is the responsibility of the Suicide Prevention Coordinator to maintain an updated record of Suicide Watch Companions who have been trained as well as who needs re-training.

3. Assignment of Suicide Watch Companion

When a patient is placed on Constant Observation, the Warden or designee shall determine, in consultation with the Suicide Prevention Coordinator, whether staff or a Suicide Watch Companion shall conduct the observation. If it is decided that a Suicide Watch Companion is to be used, the Shift Supervisor shall assign the Suicide Watch Companion based on a roster, continuously updated by the Suicide Prevention Coordinator, maintained in the Control Center. Suicide Watch Companion shall be positioned at a table, desk, or chair directly in front of the Constant Observation cell or room where they can maintain a line-of-sight, direct visual observation of the patient.

The Suicide Watch Companion on duty must complete the “Suicide Companion Program – Companion Watch Report.” Correctional officers shall document their twice-per-hour checks in the same record. At the conclusion of the watch, all logs shall be forwarded to the Suicide Prevention Coordinator for review and forwarded to Health Services to be uploaded to the EMR. Meals, showers, medication issuance, and similar activities shall be exclusively overseen and documented by staff. Visits by an QMHP, chaplains,

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and other staff shall be documented by those individuals at the time of their visit.

A correctional officer designated by the Shift Supervisor must check on both the incarcerated individual working as a Suicide Watch Companion and the patient on Constant Observation at least twice each hour, at varied intervals, which may not exceed thirty (30) minutes. The Suicide Watch Companion time “on duty” is limited to four (4) hours in any twenty-four (24) hour period.

In the event of an emergency or any other situation that requires immediate staff attention, the Suicide Watch Companion shall seek assistance by contacting the Control Officer and/or the designated correctional officer via a pre-determined method of communication, such as a telephone, bell, whistle, intercom, or panic button. If such an emergency involves self-destructive behavior and/or the application of restraints, the Suicide Watch Companion shall be immediately removed from the area and replaced by a staff person. At any point, the QMHP may determine an officer watch is clinically indicated. If that clinical decision is made, Suicide Watch Companion watch shall be discontinued, and a Custody officer will resume the watch.

The Suicide Watch Companion may engage in verbal interaction with the patient on Observation if the QMHP permits. However, at no time shall the Suicide Watch Companion attempt to compel the patient to talk or offer solutions to the patient’s current problems, nor shall the companion give any item to the patient on Suicide Watch.

The Suicide Watch Companion is not authorized to bring any item to the watch. They shall be thoroughly searched prior to and following each four (4) hour shift. Water shall be provided by staff for the Suicide Watch Companion at the beginning of and as necessary during each four (4) hour shift. Restroom breaks shall be afforded, preferably when the correctional officer conducts their checks. The Companion shall not consume a meal during the course of a Watch, although staff shall make certain that the Suicide Watch Companion is served a regular meal before or after any shift that occurs during meal time.

The Suicide Prevention Coordinator shall maintain a log documenting:

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- a. The name and DOC number of the patient placed on Constant Observation;
- b. The date and time Constant Observation was started and stopped;
- c. The names and DOC numbers of the Suicide Watch Companions; and,
- d. Any comments regarding issues or problems which occurred during the Constant Observation period.

If a Suicide Watch Companion refuses to report for an assigned shift, fails to adhere to the guidelines and expectations set forth in the Suicide Watch Companion Voluntary Service Form, or engages in behavior which jeopardizes the safety of a patient on Constant Observation, the Suicide Watch Companion shall be subject to any or all the following sanctions:

- a. Receipt of a Report of Conduct for Code 356, "Refusing an Assignment;"
- b. Expulsion from the PLUS program and Unit, if applicable;
- c. Assignment to "Idle" (no-pay) status for a ninety (90) day minimum if employed as a Suicide Watch Companion; and/or,
- d. Other administrative actions deemed appropriate by the Warden.

At no time shall an incarcerated individual, or group of incarcerated individuals, be given control or authority over other incarcerated individuals.

VI. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date