

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE: Suicide Management/Risk Reduction		
	CHAPTER: 13	POLICY NUMBER: 13-84	Page 1 of 8
	EFFECTIVE DATE: JULY 17, 2006		SUPERSEDES DATE: MARCH 13, 2006
SIGNATURE ON FILE AT FACILITY SUPPORT CENTER DIII Andrade, MD Chief Medical Officer	FACILITY NAME: BAY COUNTY JAIL AND ANNEX		
SIGNATURE ON FILE AT FACILITY SUPPORT CENTER Richard P. Selter Executive Vice President/Chief Corrections Officer	FACILITY EFFECTIVE DATE: AUGUST 18, 2006		FACILITY SUPERSEDES DATE: APRIL 13, 2006
SIGNATURE ON FILE AT FACILITY SUPPORT CENTER G.A. Puryear, IV Executive Vice President/General Counsel			

13-84.1 POLICY:

Every CCA Facility will have a Suicide Management/Risk Reduction Training Program. The program will be implemented by trained qualified Health Services Staff.

13-84.2 AUTHORITY:

CCA Company Policy

13-84.3 DEFINITIONS:

Licensed Independent Practitioners (LIP) – Physicians, Physician's Assistant, Advanced Registered Nurse Practitioner, Dentist, and Psychiatrist. Each LIP shall perform duties according to the state scope of practice guidelines.

Licensed Mental Health Professional (LMHP) – Psychiatrist, Psychologist, Licensed Clinical Social Worker, and other individuals with appropriate mental health licensure in accordance with state scope of practice guidelines.

Qualified Health Services Staff (QHSS) – Includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice acts to evaluate and care for patients.

Self-Injurious Behavior – Actions that result in self-harm.

Suicidal – Pre-occupation with thoughts of self-harm or actively engaging in behavior that is likely to cause serious bodily harm, with the intended and explicit purpose of ending one's life.

Suicidal Gestures – Statements, threats and behavior that suggests thoughts, intent or plan to harm oneself.

Suicide Precautions with Constant Observation – Twenty-four (24) hour direct one-on-one observation (per written order of a psychiatrist, physician, or mid-level practitioner) of inmates/residents who are actively suicidal as evidenced by engaging in behavior that is likely to cause death.

Suicide Precautions without Constant Observation – Twenty-four (24) hour observation (per written order of a psychiatrist, physician, or mid-level practitioner) of inmates/residents who are engaged in suicidal ideation, verbal threats, self-harm, or who exhibit self-injurious or destructive behavior, or demonstrating other concerning behaviors. This type of observation requires staff to be within sight or sound distance, and to perform direct visual observation on a variety of occasions, but not to exceed fifteen (15) minutes.

13-84.4 PROCEDURES:

CCA
2006

PROCEDURES INDEX

SECTION	SUBJECT
A	Suicide Prevention Plan
B	Training
C	Initial Identification/Screening
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F	Suicide Precaution Levels
G	Downgrading and Discontinuation
H	Safe Housing
I	Transfer
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A. SUICIDE PREVENTION PLAN

1. Each facility will develop a Suicide Prevention Plan that addresses specific facility initiatives and the facility's plan for compliance with this policy. The 13-84AA Suicide Prevention Facility Risk Assessment (Sample) may be used as a guide for the development of the Suicide Prevention Plan. At a minimum, the Suicide Prevention Plan will include:
 - a. Facility overview addressing facility size, population, annual intakes, and other facility facts that may be relevant in developing the plan;
 - b. Areas of focus needing improvement;
 - c. Program structure to include coordinator, facility multi-disciplinary taskforce, meeting schedules, drills, and other structural aspects of the facility program;
 - d. Monitoring and quality improvement activities; and
 - e. Pre-service and in-service training plans.
2. The facility Suicide Prevention Plan requires review and approval from the FSC Regional Director, Health Services and the Warden/Administrator.
3. Each facility will conduct an annual review of the Suicide Prevention Plan. The plan will be updated as necessary utilizing a risk assessment process to identify areas of potential risk and target the facility plan toward continuous improvement. Revisions to any approved Suicide Prevention Plan require review and approval from the FSC Regional Director, Health Services.

B. TRAINING

All facility personnel receive training during pre-service orientation and at least annually in in-service training on the following:

1. Facility Suicide Prevention Plan;
2. Identifying the warning signs and symptoms of impending suicidal behavior;
3. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
4. Responding to suicidal and depressed offenders;
5. Communication between correctional and health services staff;
6. Referral procedures;

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7. Housing observation and suicide watch procedures;
8. Follow-up monitoring of inmates/residents who make a suicide attempt; and
9. Avoiding obstacles (negative attitudes) to prevention.

C. INITIAL IDENTIFICATION/SCREENING

1. At the time of receiving inmates/residents, the receiving personnel will make every effort to obtain information from the arresting and/or transporting officer(s) regarding their assessment of the inmate/resident's medical, mental health, or suicide risk to include any observed behavior. The type of information requested should include:
 - a. Whether the inmate/resident appeared to be under the influence of alcohol or drugs;
 - b. Whether the inmate/resident or other individual was making any comments that would be cause for concern;
 - c. Whether the inmate/resident appeared to be overly ashamed, embarrassed, scared, depressed, or exhibiting bizarre behavior;
 - d. Whether there were any facts or circumstances surrounding the arrest and/or alleged crime that would suggest the inmate/resident to be a suicide risk;
 - e. Whether the inmate/resident received a sentence; and
 - f. Any other information that may be helpful.

NOTE: The 13-84BB Arresting/Transporting Officer Questionnaire may be used as a guide for obtaining and documenting appropriate medical, mental health, or suicide risk information.

In the event the assessment reflects medical, mental health, or suicide risk, the receiving officer will notify the health service department immediately.

2. An initial mental health screening will be performed by health trained or qualified health services staff upon inmate/resident arrival to the facility.
 - a. Inmates/residents will be screened utilizing the 13-50B Intake Mental Health Screening Form. Screening will include inquiry regarding past suicidal ideation and/or attempts; current ideation, threat, plan; prior mental health treatment/hospitalization; recent significant loss (job, relationship, death of family member/close friend, etc.); history of suicidal behavior by family member/close friend; and suicide risk during prior confinement.
 - b. The 13-50B Intake Mental Health Screening form is a screening inventory and **IS NOT** the only guide for referral to mental health services.
 - c. The inmate/resident's prior medical, mental health, and suicide risk during prior confinement will be verified through either manual or management information system review.
3. During the full health appraisal, the LIP will evaluate any signs, symptoms, or information received by the inmate/resident that may necessitate a referral to mental health staff.
4. A comprehensive mental health evaluation will be completed in accordance with CCA Policy 13-61 Mental Health Services.

D. ON-GOING IDENTIFICATION/SCREENING

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1. Any staff member identifying an inmate/resident who appears to be potentially suicidal will complete a 13-61B Referral for Mental Health or Chemical Dependency Services form and immediately forward it to health services staff.
2. Correctional Officers or other personnel are to immediately advise the Unit Manager and/or Shift Supervisor of any potentially self-destructive behavior (related to potential suicide) displayed by the inmate/resident. Health Services staff will receive immediate notification of such behavior.
3. If an Inmate/resident declares a Psychological Emergency, the Shift Supervisor will be advised. The Shift Supervisor will notify the appropriate QHSS.
4. In **ALL** cases of attempted suicide, security personnel will immediately notify health services staff and the Warden or Administrative Duty Officer.

AT THIS FACILITY ADDITIONAL NOTIFICATION PROCEDURES ARE AS FOLLOWS:

1ST Notification:

HEALTH SERVICES AUTHORITY AND CHIEF OF SECURITY

2nd Notification OR after regular hours:

HEALTH SERVICES AUTHORITY AND CHIEF OF SECURITY

5. Due to the strong association between inmate/resident suicide and special management housing assignment (e.g. disciplinary, administrative, or protective custody segregation), any inmate/resident assigned to a special management unit will receive a pre-segregation health evaluation (See CCA Policy 13-42, Health Evaluations for Pre-Segregation/Segregation Access to Health Care) for early detection of potential suicide risk.

E. INTERVENTION

1. In the event information obtained during the initial intake process, observation, history, or interview information suggests that an inmate/resident is potentially suicidal, the QHSS will be immediately notified. The following steps may be directed by the QHSS and implemented by appropriate staff:
 - a. Inmate/resident may be temporarily held or housed in a cell that is as suicide resistant as is reasonably possible (free of all obvious protrusions and provides full visibility to staff) and placed on Suicide Precautions. Appropriate referral will be made to mental health staff for further evaluation/directions.
2. Procedures Following a Suicide Attempt
 - a. Any correctional officer or other staff member who discovers an inmate/resident engaging in self-harm shall immediately survey the scene to assess the severity of the emergency, alert other staff to call for health services staff, retrieve the housing unit's first aid kit and cut-down tool; and begin standard first aid and/or CPR as necessary.

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- b. The first responder shall always enter the cell and initiate appropriate life-saving measures. Further, staff shall never presume that the victim is dead, but rather initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.
- c. Although not all suicide attempts require emergency medical intervention, all suicide attempts shall result in immediate intervention and assessment by qualified health services staff.

F. SUICIDE PRECAUTION LEVELS

1. When observation, history, or interview suggests that an inmate/resident is potentially suicidal or following a suicide attempt, the following steps are to be implemented by QHSS. In the absence of QHSS, the Warden/Administrator, Assistant Warden/Administrator, Chief of Security, or Shift Supervisor will implement the following steps:
 - a. The inmate/resident will be placed on **SUICIDE PRECAUTIONS:**
 - In order to provide immediate safety, QHSS will place an inmate/resident on suicide precautions upon recognition of or notification of suicidal ideation/behavior. The appropriate LIP will be notified and an order will be written in the chart with a SOAP note detailing reasons for placement.
 - Suicide precautions **with** or **without** constant observation may be authorized by a Licensed Independent Provider who has order-writing privileges. The inmate/resident will be evaluated by an LMHP as soon as reasonably possible but within forty-eight (48) hours of placement. At that time, the LMHP will develop a plan of care for the inmate/resident that will include at least daily assessment by the LMHP or QHSS.
 - Initially inmates/residents will be placed in a cell that is as suicide resistant as is reasonably possible (free of all obvious protrusions and provides full visibility to staff). Personal belongings, objects, and clothing that could be used in a suicidal manner are to be initially removed. When clothing is removed from a suicidal inmate/resident, the inmate/resident will be issued a safety garment or other protective clothing that is suicide resistant and prevents humiliation and degradation. Finger foods only, eating utensils will not be permitted
 - Upon assessment from an LMHP, certain personal belongings that could not be used in a suicidal manner may be returned to the inmate/resident.
 - The inmate/resident's behavior will be observed and documented by staff on the 13-83A Observation Monitoring form.
 - Inmates/residents under suicide precautions **with** constant observation will have twenty-four (24) hour direct one-on one observation.
 - Inmates/residents under suicide precautions **without** constant observation will have *twenty-four (24) hour observation with staff present, within sight or sound distance*. Observation will include *direct visual observation on a varied schedule of one*

(1) minute to fifteen (15) minutes but not to exceed fifteen (15) minutes.

- b. Use of soft restraints and protective helmets may be authorized by the LIP or by QHSS with verbal approval from the LIP. Written orders must be secured within twenty-four (24) hours. Restrain/Equipment use must be in accordance with CCA Policy 13-69, Personal Restraint. QHSS are to use the least restrictive management orders that are consistent with clinical conditions.

G. DOWNGRADING/DISCONTINUATION

Inmates/residents under suicide precaution with or without constant observation may not be downgraded or discharged from suicide precautions until an LMHP reviews the inmate/resident's healthcare record, confers with correctional personnel regarding the inmate/resident's behavior, assesses the inmate/resident, writes a progress note, develops and/or updates a written plan of care, and writes an order to remove the inmate/resident from suicide precaution or level of precaution. The LMHP will communicate with the appropriate LIP to confer on the inmate/resident's status. In the event that the state does not permit orders by an LMHP, the LIP will write the order based on the LMHP consultation and recommendation.

H. SAFE HOUSING

Any inmate/resident placed on suicide precaution shall be housed in a cell that is as suicide resistant as is reasonably possible, free of all obvious protrusions, and provides full visibility to staff.

I. TRANSFER

In the event an inmate/resident on suicide precaution is being transferred from the custody of CCA, the inmate/resident's suicide precaution status will be documented on the 13-86A Transfer In/Transfer Out Screening form and the 13-86B Special Instructions for Transporting Officers form to ensure continuity of care.

J. FOLLOW-UP

1. In order to ensure continuity of care for suicidal inmates/resident, all inmates discharged from suicide precautions shall remain on the mental health caseload and receive regularly scheduled follow-up assessments by mental health staff until the inmate/resident is transferred or released from the facility. Unless the inmate/resident's individual treatment plan directs otherwise, the reassessment schedule shall be as follows: daily for the first five (5) days, then once a week for two (2) weeks and then once every month until the inmate/resident is released from treatment by the LMHP. In the absence of an LMHP, follow-up assessments may be performed by an LIP.
2. Mortality and Morbidity Review Process
 - a. All completed suicides and suicide attempts requiring outside medical treatment shall be examined through a mortality and morbidity review process in accordance with CCA Policy 13-52, Quality Management Program.
 - b. The review shall be multidisciplinary and include correctional, medical, and mental health personnel.
 - c. The review process shall include a critical inquiry of the following:
 - i. Circumstances surrounding the incident;
 - ii. Facility procedures relevant to the incident;

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- iii. All relevant training received by involved staff;
- iv. Pertinent medical and mental health services/reports involving the victim;
- v. Possible precipitating factors leading to the suicide or serious attempt.
- vi. Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

3. Critical Incident Debriefing

Health Services staff will participate in critical incident debriefings as described in CCA Policy 5-1, Incident Reporting. The Chaplain, mental health staff or appropriate designee will provide debriefing to staff and inmates/residents who are affected by critical incidents at the facility.

13-84.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-84.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-84.7 APPENDICES:

- 13-84AA Suicide Prevention Facility Risk Assessment
- 13-84BB Arresting/Transporting Officer Questionnaire

13-84.8 ATTACHMENTS:

- 13-80B Intake Mental Health Screening
- 13-81B Referral for Mental Health or Chemical Dependency Services
- 13-83A Observation Monitoring Form
- 13-86A Transfer In/Transfer Out Screening
- 13-86B Special Instructions for Transporting Officers

13-84.9 REFERENCES:

- CCA Policy 5-1
- CCA Policy 13-42
- CCA Policy 13-50
- CCA Policy 13-52
- CCA Policy 13-61
- CCA Policy 13-63
- CCA Policy 13-69
- CCA Policy 13-86
- ACA 4-4373M/4-ALDF-4C-32M/3-JTS-4C-37M/3-JCRF-4C-06
- 4-4416/4-ALDF-4C-33
- NCCHC P-G-05E/J-G-05E

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