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Joe M. Allbaugh, Director Oklahoma Department of Corrections		Signature on File	

Suicide Prevention

I. Purpose

The Oklahoma Department of Corrections (ODOC) recognizes that the prevention of suicide by offenders is a critical issue to be addressed at all

correctional facilities by all correctional staff. Suicide risk management is an ongoing process, not limited to a single event or series of events. All correctional personnel with responsibility for offender supervision will identify and report at-risk offenders to the appropriate qualified mental health professional (QMHP) and/or shift supervisor.

The purpose of this procedure is to provide comprehensive guidance regarding suicide prevention principles and additional guidelines for correctional staff and administrators. (4-4373M, 4-ACRS-4C-16M)

For the purpose of this procedure, the term “facility” includes institutions/prisons or a community-based facility, operated by or contracted with the ODOC for the authority, custody or care (confinement) of an offender.

For the purpose of this procedure, the term “offender” will apply to anyone under the authority, custody, or care of a prison or a community based facility operated by or contracted with the ODOC.

II. Suicide Prevention Plans and Staff Training

A. Facility Suicide Prevention Plans

Each facility will develop a written facility Suicide Prevention Plan. The plan will include all elements of this procedure with additional specifications applicable to the unique needs of the facility. All Suicide Prevention Plans will be developed by the facility mental health authority, reviewed by the facility head/district supervisor, with final approval by the chief mental health officer.

1. Essential components of the Suicide Prevention Plan include:
 - a. Suicide prevention training;
 - b. The process for implementing safety measures to prevent suicides;
 - c. Responses to, and evaluation of, attempted and actual suicides; and
 - d. The development of continuous quality improvement mechanisms designed to evaluate the efficacy and improve upon suicide prevention efforts.
2. One critical element of a comprehensive suicide prevention plan is the identification and appropriate response to suicide warning signs. To facilitate appropriate identification and response to potentially suicidal offenders, all staff who interact with offenders will wear a card containing a listing of potential suicide warning signs and suggestions for appropriate crisis response.

3. The facility plan will include the certification of observation/safe cells according to the guidelines in [OP-140141](#) entitled "Therapeutic Restraints and Seclusion."
4. The facility plan will also require the mental health authority, in conjunction with security staff, to develop guidelines for maintenance and inspection schedules for safety smocks and blankets, as well as cell searches for Level I and II watches.

B. Training (4-4373, 4-ACRS-4C-16M)

A second critical element of a comprehensive Suicide Prevention Plan is suicide prevention training. Training will consist of two components; the agency lesson plan and any additional enhanced facility specific content. The curriculum for all suicide prevention training lesson plans must be approved by the chief mental health officer prior to implementation. The suicide prevention training will be composed of sections pertaining to the levels of core competencies applicable to the affected staff groups as described below:

1. Core Competency Level I Suicide Prevention Training

All DOC staff who interact with offenders will receive training in understanding, identifying and managing suicidal offenders. This training is provided in person by a qualified mental health professional (QMHP) and is provided during pre-service and annual in-service training. Core level suicide prevention training for all staff will include but not be limited to:

- a. Essential elements and principles of a successful suicide prevention program;
- b. Warning signs and symptoms of impending suicidal behavior; (4-4373, b #1)
- c. The demographic and cultural parameters of suicidal behavior in a correctional setting, to include incidence and variations in precipitating factors; (4-4373, b #2)
- d. Importance of accurate and complete documentation; and
- e. Required response to suicidal and depressed offenders as outlined in this procedure, including: (4-4373, b #3)
 - (1) Identification and placement of offenders on suicide watch;

- (2) Communication and referral procedures between security, unit and other facility staff and mental health staff (4-4373, b #4, 5);
- (3) Housing observation and suicide watch level procedures (4-4373, b #6); and
- (4) Follow-up monitoring of offenders who make a suicide attempt (4-4373, b #7).

2. Core Competency Level II Suicide Prevention Training

Those personnel designated in the facility Suicide Prevention Plan as having authority to initiate a suicide watch are required to complete more specialized training provided by a QMHP. This annual training includes the Level I Suicide Prevention Training described in this procedure and, as developed by the facility's Suicide Prevention Team, a minimum of four additional hours of more in-depth training in assessing suicide risk and procedures for initiating a suicide watch.

3. Core Competency Level III Suicide Prevention Training

Core Competency Level III training addresses the roles and responsibilities of the Suicide Prevention Team (SPT) as described in Section XII. In addition to completing Level I Suicide Prevention Training, all SPT members are required to complete a minimum of four additional hours of advanced training, which will be provided annually by a QMHP. This training will address the philosophy behind suicide prevention, the review/debriefing process, and management issues involved in continuous quality improvement of the facility's suicide prevention plan as outlined in this procedure.

4. Clinical Continuing Education

All QMHP's are required to complete advanced training in suicide prevention on an annual basis. The content of this training is developed and/or approved by the chief mental health officer

III. Suicide Prevention Screening at DOC Assessment and Reception Centers (4-4370M)

A. Mental Health Screening

1. All offenders entering an assessment and reception center will undergo a mental health screening to assess mental health treatment needs. This screening includes the need for placement into treatment programs and also the levels of risk of harm to self, including suicide risk and possible risk to other offenders and/or staff. Screening procedures are administered through the phase

system described in detail in [OP-140201](#) entitled “Mental Health Services Duties and Responsibilities.”

2. As detailed in the facility Suicide Prevention Plan, appropriately trained staff at each of the four phases of intake evaluation also screen and assess offenders for the risk of suicide.
3. Alerts will be placed in the electronic health record of all offenders who have a history of suicide attempt or self-injurious behavior.

B. Findings of the Screening Process

Based on the findings of the screening process, the QMHP may make one or more of the following determinations:

1. Determine if the offender is able to function in the assigned correctional environment or requires placement on suicide watch/therapeutic seclusion for reasons outlined below. If placed on suicide watch, appropriate documentation will be made in the medical/mental health records indicating the offender’s current status and the reason for such and appropriate staff notifications will be made in accordance with local procedures;
2. Refer the offender to the psychiatrist or advance practice nurse for evaluation of possible medication needs; or
3. Determine there is no indication of suicide risk at that time.

IV. Prison Suicide Risk Management Interview Worksheet

When a question of suicide risk has been determined and/or a referral for risk assessment has been made, the responsible QMHP may utilize the “Risk Management Interview Worksheet” ([DOC 140129B](#), attached) to guide and document the content of the risk management interview, subsequent conclusions and recommendations.

V. Implementation of Suicide Prevention Procedures

A. Identified Suicidal Risk

1. In acute emergency situations, with possible imminent danger of self-harm, the shift supervisor or health care professional trained in suicide-risk assessment may order a Level I (continuous watch) suicide watch.
 - a. During normal working hours, the QMHP will be contacted immediately after the watch is instigated.

- b. After normal working hours, the on-call QMHP will be contacted immediately after the watch is instigated so that the QMHP can determine whether to come in immediately or if the first available scheduled QMHP can do an in-person evaluation of the need for continuation of the suicide prevention procedures.
 2. Suicide watch procedures will be implemented for the following reasons:
 - a. An offender engages in behavior that is likely to cause physical harm to him/herself;
 - b. An offender makes suicidal gestures or threats;
 - c. An attempt to commit suicide is made;
 - d. Results of the "Risk Management Interview Worksheet" ([DOC 140129B](#)) indicate a need; or
 - e. All less restrictive measures have failed or are judged not to be effective.
 3. An offender with a serious mental illness may be referred to the Mental Health Unit (MHU) for acute care and stabilization if necessary. Referrals to these units will be made in accordance with [OP-140127](#) entitled "Mental Health Units, Intermediate Care Housing Units and Habilitation Programs."

B. Conditions of the Suicide Watch

Based on the results of a more in-depth clinical suicide risk assessment, the QMHP will specify and document the following conditions for the suicide precautions utilizing [DOC 140129D](#) entitled "Suicide Watch Conditions/Precautions" (attached):

1. Housing

The QMHP will determine if the offender must be observed in a safe cell, in accordance with [OP-140141](#) entitled "Therapeutic Restraints and Seclusion," or regular housing.

2. Level of Supervision

The QMHP will specify the level of supervision needed, from continuous observation to periodic checks. Also, whether to use offender observers/orderly will need to be determined and initiated in accordance with Section V. C. 1. item c. of this procedure. Observations and log entries must be consistent with the time frames outlined in this procedure.

3. Clothing

The QMHP will specify the type and amount of clothing ranging from a safety smock to regular clothing.

4. Property

The QMHP will specify restrictions to be placed on allowed property. Offenders who are being housed on a suicide watch in a segregated housing unit (SHU) will not be allowed property that is not normally allowed on the unit. Any exceptions must be approved by the facility head.

5. Timeframe

The QMHP will determine the expected duration of the suicide watch and schedule in-person interviews at least twice daily and more often as necessary. Reasons for assignment for more than 72 hours on suicide watch must be documented and approved by the facility mental health authority in consultation with the facility head.

6. Water

Unless medically contraindicated, water will be available in the cell or offered and documented on the "Suicide Watch Log" ([DOC 140129A](#), attached) at least every two hours.

7. Meals

Unless contraindicated and alternative nutrition is provided, regular meals of sack lunches will be provided as specified in [OP-070202](#) entitled "Food Preparation, Service and Delivery."

C. Supervision Required During Suicide Watch

The level of supervision necessary while an offender is on suicide watch is based on the level of assessed suicidal risk. Extent of supervision will occur in a safe cell or on a unit as defined as follows. "Monitoring" includes other supervision aids (e.g., closed circuit television, offender observers/orderlies) that can be used as a supplement to, but never as a substitute for staff monitoring. Only the designated mental health authority can discontinue the watch.

1. Level I - Continuous Watch

- a. Initiated when an offender has recently attempted suicide or where there is an assessment of imminent danger of self-harm.

- b. The offender is placed in a safe cell. The offender will normally be placed in a safety smock. The QMHP will determine allowable property.
- c. Continuous one-to-one visual, line-of-sight monitoring is required. Offender observers/orderlies may be used to carry out the continuous observation procedures only and provided they are screened and trained in accordance with Section IX. of this procedure.
- d. If staff is utilized for continuous observation, they must document observations at least once every 15 minutes on an irregular basis. If an offender observer/orderly is utilized, the supervising staff person must document verification that the offender observer/orderly is maintaining visual watch and indicates no problems. These observations must be documented by utilizing the "Suicide Watch Log" ([DOC 140129A](#)).
- e. A QMHP will counsel with and evaluate the offender in person at least twice per scheduled working day while the suicide watch is in effect.

2. Level II - Close Watch

- a. Initiated when an offender is not assessed as being in imminent danger but presents a high risk of a suicide attempt. The QMHP will determine allowable property.
- b. The offender is placed in a safe cell.
- c. One-to-one visual monitoring is required at staggered intervals a minimum of once every 15 minutes.
- d. Staff must document their observations on the "Suicide Watch Log" ([DOC 140129A](#)) at a minimum of once every 15 minutes on an irregular basis.
- e. A QMHP will counsel with and evaluate the offender in person at least twice per scheduled working day while the suicide watch is in effect.

3. Level III - Routine Watch

- a. Initiated when an offender can function with continued placement in his/her current setting but indicators are present suggesting a potential for self-harm. If functioning worsens, based on the mental health assessment, which may include an analysis of the "Risk Management Interview

Worksheet” ([DOC 140129B](#)), routine watch may also include placement in a safe cell.

- b. One-to-one visual monitoring is required at staggered intervals a minimum of once every 30 minutes on an irregular basis.
- c. Staff must document their observations on the “Suicide Watch Log” ([DOC 140129A](#)) for every observation that occurs.
- d. A QMHP will counsel with and evaluate the offender in person at least twice daily per scheduled working day while the suicide watch is in effect or more frequently as deemed necessary by the QMHP.

VI. Authorization of Changes or Discontinuance of Suicide Watch

Only the facility mental health authority or official qualified designee, after consultation with the facility head or designee, has the authority to change or discontinue the conditions of a suicide watch. Those personnel designated in the facility Suicide Prevention Plan as having authority to initiate a suicide watch may place an offender on a Level I (continuous watch) suicide watch, but only clinically qualified staff can make decisions about changing or discontinuing watch conditions.

A QMHP will conduct an assessment in person before discontinuing a suicide watch.

VII. Physical Restraint Use

Any physical restraints will be used in accordance with [OP-050108](#) entitled “Use of Force Standards and Reportable Incidents” and [OP-140141](#) entitled “Therapeutic Restraints and Seclusion.”

VIII. Suicide Attempt Response

Despite legitimate prevention efforts, unfortunately there may be occasions when a suicide attempt occurs. The critical principle when such an incident occurs is that the preservation of an offender’s life takes precedence over the preservation of a crime scene. However, in all correctional facilities, professional judgment must include safety risk factors for staff. Any delay in response for security reasons must be reported in detail in the incident report. With those two principles in mind, the following actions will be taken under normal conditions when an offender has attempted to commit suicide or has sustained deliberate self-inflicted injury:

- A. The first responder will call for help and initiate first aid and/or cardiopulmonary resuscitation (CPR) as needed. If the offender is found

hanging, the responder will immediately cut him/her down and begin appropriate medical care. The first responder should not wait on the arrival of Medical staff to begin the process of cutting the offender down or to begin appropriate medical care (e.g., first aid and/or CPR).

- B. The facility's health services unit will be contacted when a second responder arrives on the scene. The facility's emergency medical procedures will be initiated in accordance with [OP-140118](#) entitled "Emergency Care."
- C. The facility mental health authority and facility head/duty officer will be notified immediately.

Both medical and mental health evaluations will be conducted after the offender's condition is stabilized. The mental health evaluation will include a recommendation for placement into an appropriate housing unit with recommendations for the appropriate level of suicide watch. These evaluations will be made a part of the electronic health record (EHR) via a progress note or by a written summary in accordance with [OP-140106](#) entitled "Healthcare Record System." A copy of these evaluations required by [OP-050108](#) entitled "Use of Force Standards and Reportable Incidents" will be forwarded to the facility head and chief mental health officer within the timeframes required by OP-050108.

IX. Offender Observer/Orderly (4-4393)

Each facility will determine whether offender orderlies/observers will be utilized in continuous watch conditions as outlined in local procedures. The following guidelines will be followed for those facilities that may utilize offender observers/orderlies.

A. Selection

All offender observers/orderlies will be carefully screened. Preference should be given to those offenders who have a significant record of positive, responsible behaviors, such as serving as peer counselor in a therapeutic treatment program.

B. Training

All offender observers/orderlies will complete training in understanding the role of an observer/orderly and understanding and knowledge of signs of suicide risk behaviors. This training will be based on a curriculum approved by the chief mental health officer. Documentation of completed training will be filed in the offender's field file as well as the offender's electronic healthcare record

X. Post Suicide Watch Treatment Plan

Every offender who has been placed on suicide watch and/or assessed as a suicide risk will have an individualized treatment plan developed by the responsible QMHP containing, at a minimum, relapse prevention and risk management protocol to include:

- A. Signs, symptoms, and the circumstances under which the heightened risk of suicide is likely to recur;
- B. How recurrence of suicidal thoughts can be avoided;
- C. Actions the offender or staff can take if suicidal thoughts do occur; and
- D. Procedures for periodic follow-up assessment after the individual's discharge from suicide precautions. Treatment strategies and services will address the underlying reasons for the offender's suicide attempt as well as follow-up treatment interventions and monitoring strategies to reduce the likelihood of relapse.

If an offender's electronic health record (EHR) does not already exhibit an alert indicating a history of suicide watch, such an alert will be added to the EHR.

When an offender transfers to another facility and has been on suicide watch within 30 days prior to the day of transfer, the mental health authority (MHA) or designee of the transferring facility is responsible for communicating with the MHA or designee at the receiving facility as soon as the transferring facility's MHA becomes aware of the transfer to discuss the offender's suicide risk and continued service needs.

XI. Reporting Requirements

Suicide attempts will be reported to the chief mental health officer in writing within 72 hours of the incident.

A. Placements on Suicide Watch

Every placement of an offender on suicide watch will be recorded on the "Suicide Watch List" ([DOC 140129C](#), attached). Copies of this list will be forwarded to the chief mental health officer and the facility head with the minutes of the quarterly Suicide Prevention Team meetings outlined in Section XII. item B. of this procedure.

B. Attempted or Completed Suicides

The chief mental health officer will be notified verbally by the responsible QMHP of any mortality due to a suspected suicide immediately.

XII. Suicide Prevention Team (SPT)

Each facility will establish a Suicide Prevention Team according to the following guidelines.

A. Suicide Prevention Team Purposes (4-4373M)

The purposes of the SPT are:

1. To review the existing facility and agency policy and procedure, making recommendations as needed;
2. To review the adequacy of facility training and develop training curriculum and/or exercises relevant to the facility's needs;
3. To review all cases involving suicide issues during the previous quarter (to include the management of suicide incidents/deaths, watches and prolonged threats); and
4. To assess and refer offenders identified as possible suicide risks.

B. Membership

SPT membership will consist of the facility mental health authority or designee and at least two individuals appointed by the facility head from various services in the facility including: correctional officers, case managers, teachers, chaplain, health service personnel, mental health staff, and volunteers. The facility head will designate one member of the team as chair.

C. Meetings

1. All SPT meetings will be documented in writing, with date, attendance, and minutes with copies sent to the chief mental health officer and facility head.
2. Meetings will be conducted at least quarterly.

D. Training

1. Training for SPT members will be the Core Competency Level III Training described in Section II. B. item 3. of this procedure.
2. Additional training in suicide assessment and intervention will be provided as deemed necessary by the facility head, as outlined in the facility suicide prevention plan.

XIII. Psychological Autopsy

In a mortality, where suicide is suspected and the circumstances involved are not clear, the chief mental health officer will determine if further clinical information is needed and whether to appoint a psychologist to conduct a psychological autopsy according to guidelines and training promulgated by the chief mental health officer as outlined on [Attachment A](#) entitled "Psychological Autopsy" (attached). The appointed psychologist will complete the psychological autopsy and submit a written report within seven working days of notice to the chief mental health officer, who will forward it with comments to the facility head by the end of the next working day.

XIV. Administrative Review

Each facility will establish a clinical review team to conduct a systematic analysis of any offender suicides in order to study the context in which death occurred. The facility head will ensure that the team's first meeting is within five working days following any successful suicide. Team members must not include either facility administrators or facility staff whose performance or responsibilities may be directly involved in the suicide incident. (4-4373)

A. Team Membership

Review team membership will, at minimum, include:

1. A psychologist not involved in the direct treatment of the deceased offender in the past twelve months;
2. A psychiatrist, physician, physician assistant, advanced practice nurse, or nurse practitioner trained in suicide prevention issues and not involved in the direct treatment of the deceased offender in the past 12 months;
3. A registered or licensed practical nurse not involved in the direct treatment of the deceased offender in the last 12 months;
4. The offender's case manager or unit manager; and
5. A supervisory level correctional officer.

B. Review/Debriefing Process

1. The facility head will convene the team and assign a chairperson.
2. The chairperson will ensure that the offender's field record, electronic health record (EHR), psychological autopsy (if ordered by the chief mental health officer and available), medical examiner's report and other appropriate documentation are available for team review prior to arriving at conclusions about the factors that may have played a role in the suicide and prior to issuance of the team's report to the facility head.

3. The team will meet and review the offender's records to determine if:
 - a. Personal, social, or medical circumstances may have played a role in the suicide;
 - b. There was a pattern of symptoms in the offender's behavior that might have indicated suicide risk prior to the incident;
 - c. Emerging patterns of behavior should have prompted earlier diagnosis and intervention;
 - d. Appropriate precautions were implemented;
 - e. The agency policy and facility's local procedures were followed; and
 - f. A personal interview with appropriate staff or other offenders is indicated. If so, arrangements will be made to conduct an interview and review their written reports concerning the incident.
4. The team may evaluate the facility's training records to determine if all involved staff participated in the appropriate annual suicide prevention training program.
5. Information gathered during the review process is to be kept strictly confidential.

C. Reports and Recommendations

1. The chairperson will submit a confidential written report to the facility head following the administrative review with a copy sent to the chief mental health officer and the appropriate division manager.
2. The report will summarize the review team's findings and may include recommendations to:
 - a. Revise current policy and procedure;
 - b. Revise the current suicide prevention training program; and
 - c. Evaluate the need for incorporating structural improvements into the physical plant.

3. Any recommendations pertaining to staff training should be summarized in a written report, excluding confidential information, and submitted to the facility's training officer.

XV. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP-050108 entitled "Use of Force Standards and Reportable Incidents"

OP-070202 entitled "Food Preparation, Service and Delivery"

OP-140106 entitled "Healthcare Record System"

OP-140118 entitled "Emergency Care"

OP- 140127 entitled "Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs"

OP-140141 entitled "Therapeutic Restraints and Seclusion"

OP-140201 entitled "Mental Health Services Duties and Responsibilities"

XVI. Action

Each facility head/affected district supervisor, in conjunction with the facility mental health authority, is responsible for developing local procedures.

The chief mental health officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140129 entitled "Suicide Prevention" dated July 25, 2014

Distributed: Policy and Operations Manuals
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140129 A	"Suicide Watch Log"	Attached
DOC 140129B	"Risk Management Interview Worksheet"	Attached
DOC 140129C	"Suicide Watch List"	Attached
DOC 140129D	"Suicide Watch Conditions/Precautions"	Attached

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	"Psychological Autopsy"	Attached