

<p style="text-align: center;">POLICY OF</p> <p style="text-align: center;">STATE OF DELAWARE</p> <p style="text-align: center;">DEPARTMENT OF CORRECTION</p>	<p>POLICY NUMBER</p> <p>G-05</p>	<p>PAGE NUMBER</p> <p>1 of 15</p>
	<p>RELATED NCCHC/ACA STANDARDS: P-A-10, J-A-10 (important), P-E-02, J-E-02 (essential), P-E-05, J-E-05 (essential), P-G-05, J-G-05 (essential)/4-ACRS-4C-16, 4-4371 (Mandatory), 4-4373 (Mandatory)</p>	
<p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</p>	
<p>EFFECTIVE DATE: 11/14/07</p>	<p>REVISED: 8/01/2010; 3/25/2011; 9/29/2011; 9/15/2015; 10/10/2016</p>	
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE:
- A. To implement specific procedures designed to prevent offender suicide and offender harm resulting from intentional self-injurious behaviors and to identify offender risk factors for suicide and self injury.
 - B. To delineate each department's role and responsibilities in suicide prevention and response to suicide attempts or self-injury relative to the various aspects of suicide prevention.
 - C. To implement, maintain and monitor a compliant suicide prevention program, in the correctional setting. Components will include but not be limited to the following:
 - 1. Staff Training
 - 2. Offender Screening/Referral
 - 3. Offender Assessment
 - 4. Housing
 - 5. Observation
 - 6. Communication
 - 7. Intervention
 - 8. Notification/Reporting
 - 9. Morbidity and Mortality Review
 - 10. Critical Incident
 - 11. Program Evaluation

GENERAL CONSIDERATIONS:

- A. The risk of suicide is higher during certain periods of time in the spectrum of incarceration. These include:
 - 1. The first twenty four (24) hours
 - 2. Arrival at prison
 - 3. Intoxication and/or substance abuse
 - 4. Acute or chronic mental illness
 - 5. Debilitating physical illness
 - 6. Isolation (segregation, single cell)
 - 7. Long sentence
 - 8. Court proceedings (added charges, denied parole, unexpected outcome)

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9. Significant loss (job, significant other, death)
10. Bad news (divorce, break-up, foreclosure)
11. Significant position in the community
12. Feeling unsafe in jail or prison
13. History of prior suicide attempts and/or self-injury
14. Juveniles

B. All custody, medical, and mental health staff have roles and responsibilities in identifying, referring, and managing offender suicidal and self-injurious behaviors. Moreover, mental health and medical staff are directly responsible for the following throughout the entire period of incarceration:

1. Assessing suicide risk
2. Assigning levels of risk and care
3. Evaluating changes in an offender's mental health status
4. Communicating clearly, effectively, and often with custody, mental health and medical staff on a day to day basis about the status of offenders at risk for suicide and self-injury and about observations of offenders' behaviors in housing units that would suggest they are at risk for suicide or self-injury; and
5. Providing adequate and appropriate treatment and follow-up to offenders at risk. Such responsibilities do not end with the intake period but continue through the entire period of incarceration.

III. APPLICABILITY: All Department of Correction (DOC) employees and Contracted Provider staff, offenders, and any outside healthcare provider servicing DOC offenders.

IV. DEFINITIONS: See glossary.

V. SUMMARY OF CHANGES:

Added the requirement of permissible items for PCO.

Added the change for feminine hygiene products for female offenders on PCO.

Change to reflect an approved site specific procedure by the Health Services Administrator and the Site Mental Health Director.

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VI. POLICY: Each DOC facility where offenders are housed will implement a Department approved program that is consistent with this policy.

VII. PROCEDURES:

A. Training:

1. All DOC and Contracted Provider contractual staff having regular contact with offenders shall undergo an eight (8) hour initial Suicide Prevention Training and a two (2) hour annual Suicide Prevention Refresher. Training will be, at a minimum, consistent with this policy and consist of DOC approved "Suicide Intervention and Prevention" curricula as periodically updated.
2. The DOC Employee Development Center will maintain documented evidence of training as set forth above in every DOC employee training file, as appropriate. Documentation of medical and mental health Contracted Provider employee training as set forth above will be maintained by the respective site Contracted Provider. The site Health Service Administrator ("HSA") shall maintain documented evidence of initial and annual suicide prevention training in every healthcare employee's training file and shall report compliance with training requirements to the DOC BCHS on a quarterly basis.
3. Contracted Provider and DOC site administrators will ensure that all appropriate employees receive annual suicide prevention training as set forth above.
4. The BCHS and the Employee Development Center will provide the training as set forth above.
5. The health care Contracted Provider in all Level IV and Level V facilities shall submit signed site specific procedures from their supervising authority, the HSA and the site Mental Health Director, to the BCHS Bureau Chief or his designees, the BCHS Medical Director and the BCHS Behavioral Health Director, for final approval.

B. Screening/Referral

1. All offenders, prior to placement in any housing unit, will be screened by qualified healthcare staff for potential signs and symptoms of suicide risk and referred for mental health intervention, as appropriate, in accordance with the applicable DOC Policy on Receiving Screening-Intake Unit.
2. BCHS promotes the use of offender tracking systems to identify offenders with prior suicide risk issues.

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3. Intake staff performing such screenings shall exercise prudent clinical judgment in assessing the risk of suicide and initiating mental health referrals. Staff should not rely exclusively on an offender's denial that they are suicidal and/or have no history of mental illness and suicidal behavior, particularly when their behavior or previous confinement suggests otherwise.
4. All offenders identified or suspected of being at-risk for suicide or self-injury at screening or at any other time by custody, medical or mental health staff will remain under constant observation by staff assigned by the mental health provider in a safe cell while an order for placement on psychiatric observation is obtained from the appropriate medical/mental health personnel. Licensed mental health staff shall evaluate as soon as possible, not to exceed twenty four (24) hours, any offender identified as potentially suicidal. All offenders identified as potentially suicidal are assigned a level by a licensed mental health professional. All Psychiatric Close Observation (PCO) offenders are to be evaluated by a psychiatrist or psychiatric nurse practitioner within twenty four (24) hours to evaluate if placement in a more acute setting is necessary. All PCO offenders who are placed in the infirmary for observation require a physicians order and all appropriate infirmary protocols are to be followed.
5. Once an inmate is placed on a level of observation after an evaluation by mental health, the inmate is to remain on each level for twenty four (24) hours prior to downgrading or removal. Unless level is adjusted or patient is discharged from PCO by psychiatrist.
6. All PCO inmates are removed from level by a psychiatrist, licensed PhD psychologist, or NP. If housed in the infirmary they are to be also cleared by medical.
7. All staff members of the institution will communicate clearly and immediately to appropriate medical and/or mental health providers **ANY** suspicion of offender self-injury or suicidal ideation.

C. Assessment

1. All offenders with a positive mental health screening will undergo a comprehensive mental health evaluation that includes a suicide risk assessment by a licensed mental health professional in accordance with DOC policy on Mental Health Screening and Evaluation (policy E-05).
2. Evaluation of offenders by mental health staff will include but not be limited to the following:

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- a. Mental status
 - b. Offender's self-report of behavior resulting in the referral
 - c. Current suicide risk: active/passive ideation, plans, lethality of plan, recent stressors, goal of behavior
 - d. History of suicidal behavior/ideation: when, method used or contemplated, reason/triggering event for attempt, consequences of prior attempts/gestures
 - e. Offender's report of his/her potential for suicidal behavior
 - f. Offender's willingness to verbally agree that he/she will not engage in self-injurious behaviors and will notify staff immediately if such feelings occur
3. Mental health staff will request a psychiatric consult whenever clinically indicated.
 4. Offenders who continue to engage in self-injurious behaviors after placement in Suicide Precaution will be evaluated by the psychiatrist and considered for transfer to an inpatient psychiatric setting.

D. Housing

1. The Health Service Administrator ("HSA") and/or Mental Health Director will work collaboratively with site correctional administration to facilitate appropriate housing for offenders placed on Suicide Precautions. Cells designated for such offenders should be made as suicide-resistant as is reasonably possible.
2. Prior to placement of an offender in a suicide precaution cell, correctional staff will search the cell to ensure that it is free of items that may be used by the offender to self-inflict injury. The cell must be searched by correctional staff each time an offender is removed from the cell to ensure it remains free of items that may be used by the offender to self-inflict injury.
3. Offenders on suicide precautions shall be permitted to have only items authorized according to their level of observation (see section E). Any additional restrictions/deviations will be specified by a mental health professional via a written order in the offender's health care record. Such restrictions/deviations will take into consideration security concerns. The Warden or his/her designee will work with mental health to resolve any disputes with custody staff regarding the appropriate restrictions/privileges in a particular instance.

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4. When the removal of clothing from a suicidal offender is indicated, they shall be issued a suicide-resistant safety garment.
5. The use of chemical/physical restraints shall be avoided whenever possible and used only as a last resort, when the offender is engaging in behavior that presents an imminent risk to self or others, and in accordance with the DOC policy titled Use of Clinical (Therapeutic) Restraints (policy I01.1).

Psychiatric Close Observation (PCO)

6. PCO is considered an observational status initiated for offenders deemed to be at risk for suicide or experiencing extreme de-compensation and requiring increased surveillance and management by staff.
7. The PCO plan includes three levels of observation as defined below. Restrictions and required actions under Level I, II, and III are indicated on the Mental Health/Psychiatry Observation Level Sheet (see Attachment A).

a. **PCO Level I** - Initiated for an offender who is actively suicidal, either threatening or engaging in self-injurious behavior. These offenders must be housed in cells designated as appropriate for Level I observation and approved by DOC/BCHS. These offenders must be monitored by direct and continuous visual observation by staff assigned by the mental health provider and documented on an observation sheet at least every fifteen (15) minutes. One copy of the observation log is given to the site Mental Health Director, one copy is filed in the offender's medical chart and one copy is given to the Watch Commander. Offenders on PCO Level I may have a one (1) suicide gown, one (1) suicide blanket, one (1) mattress, one (1) Styrofoam plate, one (1) Styrofoam Bowl, one (1) Styrofoam cup, and one (1) Styrofoam utensil (or other utensil approved by DOC and MH). The Behavioral Health Statewide Director or Chief Psychologist shall approve any reading and/or writing materials, including therapeutic materials, for any offender placed on PCO I status. The Mental Health Site Director or his/her designee shall notify the shift commander of authorization of materials prior to any distribution and document the approval in iCHRT. The facility Warden or his/her designee has the authority to override any approval of written or therapeutic materials.

b. **PCO Level II** - Initiated for an offender who is not actively suicidal, but expresses suicidal ideation (i.e., expressing a wish to die without a

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specific threat or plan) and/or has a recent prior history of self-destructive behavior or an offender who denies suicidal ideation or does not threaten suicide, but demonstrates other behaviors suspicious for potential self-injury as noted by the offender's actions, current circumstances, or recent history. This level of observation is also used for offenders who due to psychiatric de-compensation, are at risk of injury to self or others. These offenders must be housed in a cell designated as appropriate for Level I or II observation and approved by BCHS. Staff assigned by the mental health provider observes offenders at staggered intervals, not to exceed every fifteen (15) minutes and documents on an observation log. One copy of the observation log is given to the Mental Health Director, one copy is filed in the offender's medical chart and one copy is given to the Watch Commander. Offenders on PCO Level II may have a one (1) suicide gown, one (1) suicide blanket, one (1) mattress, one (1) Styrofoam plate, one (1) Styrofoam Bowl, one (1) Styrofoam cup, and one (1) Styrofoam utensil (or other utensil approved by DOC and MH). The Mental Health Site Director shall approve any reading and/or writing materials, including therapeutic materials, for any offender placed on PCO 2 status. The Mental Health Site Director or his/her designee shall notify the shift commander of authorization of materials prior to any distribution and document the approval in iCHRT. The facility Warden or his/her designee has the authority to override any approval of written or therapeutic materials.

- c. **PCO Level III-** Initiated for an offender who is not expressing suicidal ideation or severe de-compensation but requires observation until further stabilized or has certain risk factors suggesting a higher potential for becoming severely de-compensated and/or suicidal as compared to the offender without such risk factors. These offenders must be housed in a cell designated as appropriate for Level I, II, or III observation and approved by BCHS. Staff assigned by the mental health provider observes offenders at staggered intervals, not to exceed every fifteen (15) minutes and document on an observation log. One copy of the observation log is given to the Mental Health Director, one copy is to be filed in the offender's medical chart, and one copy is to be given to the Watch Commander. Offenders on PCO Level III may have one (1) DOC uniform or one (1) suicide gown, one (1) suicide blanket, one (1)

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Styrofoam plate, one (1) Styrofoam Bowl, one (1) Styrofoam cup, and one (1) Styrofoam utensil (or other utensil approved by DOC and MH). The Mental Health Site Director shall approve any reading and/or writing materials, including therapeutic materials, for any offender placed on PCO 3 status. The Mental Health Site Director or his/her designee shall notify the shift commander of authorization of materials prior to any distribution and document the approval in iCHRT. The facility Warden or his/her designee has the authority to override any approval of written or therapeutic materials.

1. Special consideration will be given to female offenders on PCO Level I, PCO Level II, or PCO Level III for feminine hygiene products as necessary and authorized by medical and mental health.
- d. Other supervision aids, including closed circuit television monitoring and offender observers should only be considered for use as a supplement but never as a substitute for physical observation checks provided by clinical observers.
- e. At least one or more of the following staff shall assess and interact with all offenders on Suicide Precautions on a daily basis:
 1. A licensed mental health professional (LPC)
 2. A licensed eligible psychologist under the supervision of a licensed psychologist
 3. A licensed psychologist
 4. A psychiatric nurse practitioner
 5. A psychiatrist
- f. Each interaction with mental health staff is to be recorded in the progress record on a Psychiatric Observation Note form (see Attachment C) and filed in the offender's medical record.
- g. When an offender is placed on any level of observation the referring licensed mental health staff or the first licensed mental health staff to see the offender (if placed on observation through a verbal order) must complete the following:
 1. An Initial Psychiatric Observation Note including a suicide risk assessment and treatment plan (see Attachment B)

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2. An order for placement on watch, if housed in the infirmary.
 3. The Mental Health/Psychiatry Observation Level Sheet which is placed on cell door once completed
 4. Documentation of placement on observation on the problem list
 5. Documentation of placement on observation in the observation log
 6. Any memos or other notifications of observation status for custody/administration as required by local policy or procedure
- h. All offenders placed on any level of psychiatric observation must have a comprehensive mental health evaluation, including a suicide risk assessment completed prior to their discharge from PCO.
 - i. A treatment plan for use after discharge will be developed or the current treatment plan updated for all offenders placed on suicide precautions.
 - j. All offenders on psychiatric observation will undergo a medical evaluation by a psychiatrist or medical provider as soon as possible, but not later than twenty four (24) hours following placement on psychiatric observation. Ongoing medical observation will be provided by nursing staff, who will interact with offenders on psychiatric observation a minimum of one time per day and document each interaction on a progress note.
 - k. Only a psychiatrist, psychiatric nurse practitioner or licensed PhD psychologist, after a face to face evaluation may downgrade an offender from Suicide precaution level or discharge.
 - l. An order from a psychiatrist, psychiatric nurse practitioner or licensed PhD psychologist, after a face to face assessment is required to downgrade an offender from PCO Level I, PCO Level II, PCO Level III or to discharge an offender from PCO. An order from an MD is required for discharge from the infirmary.
 - m. Offenders on psychiatric observation shall be seen daily by at least one of the following:
 1. a licensed mental health professional clinician (LPC or LCSW)
 2. licensed psychologist

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3. a licensed eligible psychologist under the supervision of a licensed psychologist
 4. a psychiatric nurse practitioner
 5. or a psychiatrist.
- n. Offenders can only be discharged from Suicide Precautions after a face to face with a licensed PhD psychologist, psychiatrist, or psychiatric nurse practitioner.
- o. The decision to continue or remove an offender on psychiatric observation is made following a multidisciplinary discussion among custody and medical/mental health providers.
- p. All offenders discharged from psychiatric observation shall receive regularly scheduled post-psychiatric observation follow-up assessments by licensed mental health staff, for as long as is clinically indicated or as directed by the offender's individual treatment plan. All assessments will be documented on approved progress note forms or in SOAP format in the offender's medical record. The site Mental Health Director will ensure that a log is maintained to track psychiatric observation and post psychiatric observation visits and placed in a binder in the infirmary available for review at all times.

Post-psychiatric observation assessment by licensed mental health staff is as follows:

1. Within twenty four (24) hours of removal from observation
 2. Within seven (7) days of removal, or more frequently if clinically indicated by the offender's condition
 3. Fourteen (14) days after removal, or more frequently if clinically indicated by the offender's condition
 4. Twenty-one (21) to thirty (30) days after removal, or more frequently if clinically indicated by the offender's condition
 5. The site Mental Health Director will ensure that a log is maintained to track post psychiatric observation visits and available at all times.
- q. All offenders returning from the hospital for emergency or inpatient treatment following a suicide attempt/gesture will be admitted to the

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infirmery on Level I Observation until they receive an evaluation by a licensed PhD psychologist, a psychiatrist, or a psychiatric nurse practitioner. The site Mental Health Director shall ensure that a psychiatrist is designated as on-call at all times.

- r. The mental health professional performing the transfer assessment shall contact the on-call psychiatrist or licensed psychologist for consultation and to determine if further precautions are required. This contact shall be documented by the healthcare professional in the offender's medical record.

8. Communication

- a. Medical staff is responsible for immediately notifying mental health regarding offender suicide/self-injury events and placement of the offender on Suicide Precautions. Notification shall be documented in the health care record.
- b. The site Mental Health Director shall ensure that a psychiatrist is designated as on-call during non-working hours and that contact information for the individual(s) is made available to medical and custody staff.
- c. The Mental Health Director or his/her designee is responsible for overseeing maintenance of a daily roster of all offenders on Suicide Precautions and shall have a process for communicating this information to appropriate medical, mental health and correctional staff. The Observation Log is to be kept in a visible area and maintained by all mental health staff doing infirmary rounds.
- d. Regular communication between health care and correctional personnel regarding the current status of offenders on psychiatric observation will occur at a minimum of one (1) time per day; ideally during medical shift report and/or custody briefings. The procedure to facilitate such communication will be as consistent as reasonable between facilities.
- e. As part of their daily interaction with and assessment of offenders on suicide precautions, mental health staff shall proactively seek input from the correctional officers regarding the offender's behavior, mood, sleeping pattern, appetite, communication, and any other pertinent factors and document such on the daily psychiatric observation note.

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- f. Formal multidisciplinary case management meetings, including mental health, medical, and custody staff, shall be held on a weekly basis to discuss the status of all offenders on psychiatric observation. Information gathered from these meetings will be taken into consideration in the development of offender treatment plans. It is the responsibility of the site Mental Health Director to coordinate these meetings.
- g. Should an offender on observation require a transfer to an off-site facility or another correctional facility, a member of the healthcare staff (Mental Health Director, Health Service Administrator (“HSA”) or their designees) will contact the Watch Commander, who will coordinate the transfer.
- h. Should an inmate be scheduled to appear in court while on Psychiatric Close Observation, the court is to be notified by the DOC of the offenders PCO status. Patients on PCO status may attend court hearings at the Court’s discretion.

9. Intervention

- a. Healthcare staff will respond immediately and provide appropriate medical attention to any offender who has attempted suicide or engaged in a self-injurious act in accordance with DOC Emergency Services policy.
 - 1. Hanging attempts will be handled in accordance with the procedure “Disposition Following a Hanging Attempt.” (see Attachment D)
- b. In accordance with site protocols, mental health staff shall be notified regarding any incidence of self-injury or suicide attempts.
 - 1. After the offender’s medical condition has been stabilized, mental health staff shall perform a clinical evaluation, including mental status, review of staff and offender’s report of self-injurious act, and offender’s risk of lethality.
 - 2. Based on the results of this evaluation, mental health staff will determine the need for further mental health and/or psychiatric intervention and will indicate the required level of suicide precaution.

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- c. When clinically indicated, administration of emergency psychotropic medication to suicidal offenders shall be in accordance with the DOC Emergency Psychotropic Medications policy.
- d. Application of restraint, when clinically indicated, shall be in accordance with the DOC use of Clinical (Therapeutic) Restraints policy.

10. Notification/Reporting

- a. Notification and reporting of offender death and/or suicide attempt will be in accordance with the following DOC policies and procedures: *Procedure In The Event of an Offender Death and Morbidity and Mortality Review*.
- b. The healthcare staff who is notified first of a suicide or suicide attempt will immediately notify the Warden, Health Service Administrator (“HSA”) or designee, and Site Mental Health Director.
- c. The Site Mental Health Director is responsible for notifying the BCHS Bureau Chief, the Treatment Service Administrator for Mental Health and the DOC Medical Director immediately regarding attempted or completed suicides and a twenty four (24) hour report of the incident is to be completed no later than the next business day. The twenty four (24) hour report is outlined in Policy A-10.1 (Mortality and Morbidity Review).
- d. The Warden or designee is responsible for notifying the BCHS Bureau Chief or his/her designee, family members, and any applicable outside authority regarding attempted or completed suicides.
- e. All medical and mental health staff who have relevant information regarding a suicide or suicide attempt (e.g. interaction with the offender just prior to the incident, responder to the incident, etc.) shall provide input to the Health Service Administrator (“HSA”) and/or Mental Health Director, as requested, regarding their knowledge of the victim and the incident and complete an incident report in DACS, prior to the end of their shift.
- f. The Site Mental Health Director shall submit a summary report to the Warden or designee and the BCHS Mental Health Director for Mental Health or designee by the next business day following any attempted or completed suicide. At a minimum, the report will include an overview of previous involvement with mental health, previous suicide attempts, any

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current mental health treatment, including any issues with compliance and/or interruption of treatment (e.g. missed medication doses), relevant information surrounding the immediate incident, medical/mental health response to the incident, and a current status report, with treatment plan, as applicable.

11. Morbidity and Mortality Review

- a. The site Health Services Administrator (“HSA”) will coordinate a morbidity and mortality review within thirty days of a completed suicide or a *serious suicide attempt*.
- b. The review will be conducted in accordance with DOC Morbidity and Mortality Review policy. At a minimum the review will include:
 1. the circumstances surrounding the incident
 2. facility procedures relevant to the incident
 3. relevant training received by staff involved
 4. pertinent medical and mental health reports involving the victim
 5. possible precipitating factors
 6. recommendations for corrective action, if any
- c. A written plan shall be developed to address any identified areas requiring corrective action.

12. Critical Incident Debriefing

- a. In the event of a serious suicide attempt or completed suicide, critical incident debriefing is available to all correctional and healthcare staff as well as offenders affected by the incident.
 1. The site HSA and Mental Health Director shall collaborate with the custody administrative staff to determine the facility’s debriefing protocol.
 2. Mental health staff will work collaboratively with the facility’s designated debriefing team to ensure that information is made available to staff regarding accessing the designated employee assistance entity.
 3. Mental health staff will make available educational material regarding critical incident stress to affected staff and offenders.

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4. Affected offenders will be reminded of the process for requesting mental health services, in the event that they should need to do so in the future.
 5. Mental health staff does not provide ongoing psychological support services to healthcare or correctional staff.
- b. For offenders in need of additional psychological services, mental health staff will perform a mental health evaluation and, when clinically indicated, develop a treatment plan to provide psychological and/or psychiatric services necessary to prevent psychological decompensation and promote optimal functioning of the offender within the correctional environment.
- c. For maximum effectiveness, the critical incident debriefing and other appropriate support services should be offered within twenty four (24) to seventy-two (72) hours following the critical incident.

Attachments:

- Attachment A: PCO Level Sheet
- Attachment B: PCO Note – Initial
- Attachment C: PCO Note – Daily
- Attachment D: Disposition following a hanging attempt

Approval:

Marc D. Richman Ph.D., BCHS Bureau Chief	Date	Robert Coupe Commjssioner	Date
	10/20/16		10/20/16

DOC MENTAL HEALTH/PSYCHIATRY OBSERVATION LEVEL SHEET

Form to be posted on inmate's door and then filed in the medical chart when released from watch

Name: _____ SBI: _____ Location: _____

Date/Time: _____ Ordering Provider: _____

Nurse Signature: _____ Date: _____

Shift Commander Signature: _____ Date: _____

The authorized provider has ordered the patient to be placed on (Please circle level; housing recommendation, restrictions that apply, and backup recommendation):

LEVEL I (High Risk)	LEVEL II (Moderate Risk)	LEVEL III (Low Risk)
May or May not house alone	May or May not house alone	May or May not house alone
<p>Permitted Materials: 1 Suicide gown; 1 blanket; 1 mattress 1 Styrofoam plate 1 Styrofoam cup 1 Styrofoam bowl 1 plastic utensil (or other utensil approved by facility and mental health staff) BH Statewide Director or Chief Psychologist must approve ANY reading (soft cover) and/or writing materials (security safe writing implements). Warden/his/her designee can override the above.</p> <hr/> 1:1 Observation 15 minute interval documentation 1:1 Observations when bathing/shaving 6 minute interval documentation 1:1 Observation when bathing/shaving	<p>Permitted Materials: 1 Suicide gown; 1 blanket; 1 mattress 1 Styrofoam plate 1 Styrofoam cup 1 Styrofoam bowl 1 plastic utensil (or other utensil approved by facility and mental health staff) MH Site Director must approve ANY reading (soft cover) and/or writing materials. (safe security writing implements) Warden/his/her designee can override the above.</p> <hr/> 15 minute checks (staggered intervals no greater than 15 minutes) 1:1 Observation when bathing/shaving	<p>Permitted Materials: 1 DOC inmate uniform or 1 gown; 1 blanket; 1 mattress 1 Styrofoam plate 1 Styrofoam cup 1 Styrofoam bowl 1 plastic utensil (or other utensil approved by facility and mental health staff) MH Site Director must approve ANY reading (soft cover) and/or writing materials. (security safe writing implements) Warden/his/her designee can override the above.</p> <hr/> 15 minute checks (staggered intervals no greater than 15 minutes) 1:1 Observation when bathing/shaving
2/3 man back up YES/NO <b style="text-align: center;">PINK FORM	2/3 man back up YES/NO <b style="text-align: center;">GREEN FORM	2/3 man backup YES/NO <b style="text-align: center;">BLUE FORM

A mental health evaluation is required to downgrade suicide level. A new sheet is required for each level change.

Security Override:

Reading materials/writing ARE NOT permitted in PCO cell.

Reason Provided: _____

Special Conditions Permitted (i.e. feminine hygiene/menstrual products): _____

Shift Commander Signature

Date

PSYCHIATRIC OBSERVATION NOTE: INITIAL EVALUATION

Inmate Name:		SBI#		DOB:	
Date of Evaluation:	Time of Contact:	Institution:		Housing Unit:	
Location of Evaluation	<input type="checkbox"/> Office/Interview Room	<input type="checkbox"/> Cell-Front	Chart Reviewed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Precipitating Events/Reason for PCO					
Statement(s) of Inmate					

Historical (Static) Risk Factors				Review all items.			
Family/close friends history of suicide	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	History of physical or sexual abuse	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Prior suicidal/self-injurious behavior	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	History of severe impulsivity	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Prior suicidal/self-injurious ideation	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	History of mental illness/psychiatric tx	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
History of substance abuse	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Cluster B Personality Traits	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
<i>Describe above/Additional Narrative:</i>							

Clinical (Current, Dynamic) Risk Factors				Review each item and check all that apply.			
Recent suicidal/self-injurious behavior	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Auditory command hallucinations	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Recent/current impulsivity	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Hopelessness and/or helplessness	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Recent assaultive/violent behavior	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Feelings of worthlessness	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Recent suicidal/self-injurious ideation	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Current insomnia with poor appetite	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Premeditated, lethal plan/behavior	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Social withdrawal atypical for inmate	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Lack of future orientation or plans	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Shame, threat to self-esteem, or guilt	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Rigid, all-or-nothing thinking	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Intense turmoil, agitation, anxiety, anguish or despair	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Fatalistic delusions or fantasies	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?				
Belief that death will bring relief	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Elevated anger, hostility or alienation	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Fixed determination to harm/kill self	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Sudden calm following suicide attempt	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Treatment noncompliance	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Affective instability or lability	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Suicide notes/giving belongings away	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Fearfulness regarding safety	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
<i>Other/Additional Narrative:</i>							

Situational (Current, Dynamic) Risk Factors			Review all items.	
Signs of withdrawal/detoxification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent parole violation/new charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic, serious or terminal illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First jail/prison sentence	<input type="checkbox"/> Yes <input type="checkbox"/> No
New disciplinary charge or sanctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent loss, rejection or separation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single cell placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other recent bad news	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administrative/disciplinary segregation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trauma or sexual/physical abuse in facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
High profile/heinous/shocking crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conflicts with peers/officers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential for long/life sentence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:	
<i>Describe above:</i>				

Inmate Name:	SBI #:	Housing:
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Protective Factors			Review each item and check all that apply.		
Family support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Realistic future orientation and plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Support from spouse/significant other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Positive goal orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Role in caring for children or dependents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High school or greater level of education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Positive, supportive peer relations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treatment compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Strong protective spiritual/religious beliefs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Positive coping skills (<i>describe below</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other/Additional Narrative:					

Current Mental Status					
Orientation	<input type="checkbox"/> Normal	<input type="checkbox"/> Disoriented to Time	<input type="checkbox"/> Disoriented to Place	<input type="checkbox"/> Disoriented to Person	
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Dirty/Malodorous	<input type="checkbox"/> Bizarre	
Attitude	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Dismissive	<input type="checkbox"/> Guarded/Suspicious	<input type="checkbox"/> Hostile/Negative	
Interview Behavior	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated/Restless	<input type="checkbox"/> Threatening	
	<input type="checkbox"/> Violent	<input type="checkbox"/> Slow	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Tearful	<input type="checkbox"/> Disorganized/Ritualized
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Elated/Expansive	<input type="checkbox"/> Depressed	<input type="checkbox"/> Other:	
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Labile	<input type="checkbox"/> Flat/Blunt	<input type="checkbox"/> Inappropriate/Disorganized	
Perception	<input type="checkbox"/> No Hallucinations	<input type="checkbox"/> Hallucinations (describe):			
Cognition	<input type="checkbox"/> No Delusions	<input type="checkbox"/> Delusions (describe):			
Suicidal/Self-Injurious Ideation	<input type="checkbox"/> No	<input type="checkbox"/> Yes (describe):			
Homicidal/Assaultive Ideation	<input type="checkbox"/> No	<input type="checkbox"/> Yes (describe):			
Insight	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	Judgment	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired
Current Stressors:					

Collateral Information	Describe any additional data regarding inmate behavior as reported by Nursing, Custody or Other staff.

Assessment of Current Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Comments/Discussion of Rationale:			

Diagnostic Impressions	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V:	Current: _____ Past Year: _____

Inmate Name:	SBI #:	Housing:
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Crisis Treatment Plan

While on Psychiatric observation status, inmate is to be seen by medical staff each shift and by mental health on a daily basis, each business day. Mental health staff will reassess need for psychiatric observation and Crisis Treatment Plan each business day.

Goal of Crisis Treatment Plan:

Behavioral safety and stability will be restored, such that the inmate remains free from suicidal, self-injurious, homicidal and/or assaultive ideation, plan or intent.

Measurable Objectives of Crisis Treatment Plan:

- Inmate will report any changes in lethality to security, mental health or medical staff
- Inmate will use effective coping skills described under strategies to reduce risk
- Inmate will submit sick call to request mental health services as needed
- Other:

Strategies to Manage Risk:

- Place on psychiatric observation at Level __ due to:
- Step-down to psychiatric observation at Level __ due to:
- Discontinue psychiatric observation due to:
- Refer to medical for the following issue or concern:
- Refer to psychiatrist for evaluation or review of medication
- Request information/records from:
- Refer for placement on mental health unit
- Other:

Strategies to Reduce Risk:

(Identify how suicidal/self-harm ideation can be avoided, and specific actions staff and inmate can take to reduce risk and establish safety. Indicate specific interventions for providing interventions, and any communication strategies likely to promote safety.)

Inmate Strategies:

Staff Interventions:

(Psychiatric Staff Only) Medications and Labs Ordered:

- Observation status and behavioral crisis added to Master Problem List in medical record
- Inmate's Individualized Treatment Plan has been reviewed in light of Crisis Treatment Plan

Staff Name (printed) with Credentials	Staff Signature	Date and Time
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Inmate Name:	SBI #:	Housing:
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DE Dept of Correction		PSYCHIATRIC OBSERVATION NOTE: DAILY CONTACT			
Inmate Name:		SBI #		DOB:	
Date of Contact:		Time of Contact:		Institution:	
Location of Evaluation		<input type="checkbox"/> Office/Interview Room <input type="checkbox"/> Cell-Front		Chart Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Statement(s) of Inmate Regarding Current Safety					
Observations of Inmate Behavior and Responses to Treatment			<i>Describe inmate behaviors that evidence current use of risk reduction strategies identified in Crisis Treatment Plan</i>		
Current Mental Status					
Orientation	<input type="checkbox"/> Normal	<input type="checkbox"/> Disoriented to Time	<input type="checkbox"/> Disoriented to Place	<input type="checkbox"/> Disoriented to Person	
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Dirty/Malodorous	<input type="checkbox"/> Bizarre	
Attitude	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Dismissive	<input type="checkbox"/> Guarded/Suspicious	<input type="checkbox"/> Hostile/Negative	
Interview Behavior	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated/Restless	<input type="checkbox"/> Threatening	
	<input type="checkbox"/> Violent	<input type="checkbox"/> Slow	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Tearful	<input type="checkbox"/> Disorganized/Ritualized
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Elated/Expansive	<input type="checkbox"/> Depressed	<input type="checkbox"/> Other:	
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Labile	<input type="checkbox"/> Flat/Blunt	<input type="checkbox"/> Inappropriate/Disorganized	
Perception	<input type="checkbox"/> No Hallucinations	<input type="checkbox"/> Hallucinations (describe):			
Cognition	<input type="checkbox"/> No Delusions	<input type="checkbox"/> Delusions (describe):			
Suicidal/Self-Injurious Ideation	<input type="checkbox"/> No	<input type="checkbox"/> Yes (describe):			
Homicidal/Assaultive Ideation	<input type="checkbox"/> No	<input type="checkbox"/> Yes (describe):			
Insight	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	Judgment	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired
Assessment of Current Risk:			<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<i>Comments/Discussion of Change from Status at Initiation of Psychiatric Observation and Rationale:</i>					
Plan:			<input type="checkbox"/> Referral to special needs unit / transition unit		
<input type="checkbox"/> Refer for inpatient psychiatric hospitalization due to continued high risk behavior/failure to improve					
<input type="checkbox"/> Change Observation Level to:			<input type="checkbox"/> Consider discharge from PCO on: (date)		
<input type="checkbox"/> Referral for substance abuse treatment			<input type="checkbox"/> Referral to Medical for (specify):		
<input type="checkbox"/> Additional planned interventions and recommendations:					
<i>(Psychiatric Staff Only) Any New Meds/Labs Ordered:</i>					
Staff Name (printed) with Credentials		Staff Signature		Date and Time	
Inmate Name:		SBI#:		Housing:	

DISPOSITION FOLLOWING A HANGING ATTEMPT

1. Extricate inmate, protecting head and neck as much as possible.
2. Have someone call medical clinic immediately.
3. Give basic first aid
 - A. Monitor and maintain open airway
 1. Look, listen and feel for breathing, if unconscious.
 2. Maintain airway, if necessary, using the modified jaw thrust technique.
DO NOT tilt the head back.
 - a. Place your fingers behind the angles of the lower jaw
 - b. Bring the jaw forward
 - c. Use your thumbs to pull lower lip down to allow breathing through the mouth.
 - B. If there is no pulse, give cardiopulmonary resuscitation.
 - C. Assume the inmate has spinal cord injury and treat appropriately.
 1. Place inmate flat on floor with head held stable
 2. Do not let inmate or anyone else lift or twist inmate's head
 3. Do not give inmate anything to eat or drink, or any medication
 - D. If there is swelling or discoloration, apply an ice bag to the area.
 - E. Do not leave inmate alone.
 4. Provide medical care prior to mental health involvement.

Never leave inmate unattended until suicide precaution procedures have been implemented.