

# ICE/DRO DETENTION STANDARD

## SUICIDE PREVENTION AND INTERVENTION

**I. PURPOSE AND SCOPE.** This Detention Standard protects the health and well-being of immigration detainees through a comprehensive Suicide Prevention and Intervention Program that minimizes risk.

This Detention Standard applies to the following types of facilities housing detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

*Procedures in italics are specifically required for SPCs and CDFs.* IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. All staff responsible for supervising detainees will be trained, initially during orientation and at least annually, on effective methods of suicide prevention and intervention with detainees.
2. Staff will act to prevent suicides with appropriate sensitivity, supervision, and medical referrals.
3. Any clinically suicidal detainee will receive preventive supervision, treatment, and therapeutic follow-up, in accordance with ICE policy.
4. The information in this standard will be communicated in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Suicide Prevention and Intervention** dated 9/20/2000.

### IV. REFERENCES

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-4C-32, 4C-33, 2A-52.

American Correctional Association Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions: 1-HC-1A-27, 1-HC-1A-30.

National Commission on Correctional Health Care, Standards for Health Services in Jails. (2008): J-E-02, J-E-05, J-G-05, Appendix C

ICE/DRO National Detention Standard on Medical Care

## **V. EXPECTED PRACTICES- Suicide Prevention and Intervention Program Requirements**

Each detention facility shall have a written suicide prevention and intervention program (the "Program") that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and facility administrator and reviewed annually.

At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:

- staff training,
- identification,
- referral,
- evaluation,
- treatment,
- housing,
- monitoring,
- communication,
- intervention,
- notification and reporting,
- review, and
- debriefing.

### **A. Staff Training**

All facility staff who interact with and/or are responsible for detainees shall be trained, during orientation and at least annually, on:

- recognizing verbal and behavioral cues that indicate potential suicide,
- demographic, cultural, and precipitating factors of suicidal behavior,
- responding to suicidal and depressed detainees,
- effective communication between correctional and health care personnel,
- necessary referral procedures,
- constant observation and suicide-watch procedures,
- follow-up monitoring of detainees who have already attempted suicide, and
- reporting and written documentation procedures.

### **B. Identification**

Detainees may be identified as being at risk for suicide at any time.

#### Initial Screening

All detainees shall receive an initial mental health screening, by a qualified health care professional or health-trained Correctional Officer, who has been specially trained, within 24 hours of admission. The results of the screening will be documented on the approved intake screening form which contains observation and interview items related to potential suicide risk.

### Ongoing Identification

Detainees also may be identified as being at risk for suicide at any time while in ICE custody. This identification may be through self-referral or through daily observation and/or interaction with medical staff, contract security staff, or an ICE officer.

### Suicidal Detainee

If a detainee is identified as being suicidal, the detainee is removed from general population, placed on suicide precautions and is referred immediately to qualified medical staff.

If medical staff determines that a detainee is at imminent risk of bodily injury or death, medical staff may make a recommendation to hospitalize the detainee for purposes of his or her evaluation and/or treatment. If the detainee is mentally competent and refuses, it may be necessary to petition the appropriate federal court to intervene against the detainee's refusal for purposes of his or her hospitalization and treatment. In such cases, ICE counsel should be consulted as to appropriate further action.

## **C. Referral**

Detainees who are identified as being "at risk" for suicide shall immediately be referred to the mental health provider or other appropriately trained medical staff member for evaluation. The evaluation will take place within 24 hours. Until this evaluation takes place, security staff will place the detainee in a secure environment on a constant one-to-one visual observation.

## **D. Evaluation**

Appropriately trained and qualified medical staff shall evaluate the detainee within 24 hours of the referral.

This evaluation will be documented in the medical record and include:

- relevant history,
- environmental factors,
- lethality of suicide plan,
- psychological factors,
- a determination of level of suicide risk,
- level of supervision needed,
- referral/transfer for inpatient care (if needed),
- instructions to medical staff for care, and
- reassessment time frames.

Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee's medical record.

Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed.

#### **E. Treatment**

Based on the evaluation, the appropriately trained and qualified medical personnel will develop a treatment plan placed and documented in the patient's medical record.

This treatment plan will address the environmental, historical, and psychological factors that contribute to the detainee's suicidal ideation. The plan should include: strategies and interventions to be followed by the staff and detainee if suicidal ideation reoccurs, strategies for improved functioning, and regular follow-up appointments based on level of acuity.

#### **F. Housing and Monitoring**

##### Constant Observation

Suicidal detainees should be housed in a room that has been made as suicide-resistant as possible. The area selected for suicide watch may be the Short Stay Unit, in specially designated cells in the Special Housing Unit, or in other appropriately designated locations.

Security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety.

When standard-issue clothing presents a security or medical risk, the detainee is to be provided an alternative garment that promotes detainee and staff safety, while preventing the humiliation and degradation of the detainee. The clinical medical authority or designee will determine appropriate clothing.

Suicidal detainees will be monitored by assigned security officers who maintain constant one-to-one visual observation, 24 hours a day, until the detainee is released from suicide watch. The assigned security officer makes a notation every 15 minutes on the behavioral observation checklist.

##### Post-Discharge from Suicide Watch

All detainees discharged from suicide watch should be re-assessed by an appropriately trained and qualified medical staff member at intervals consistent with the level of acuity.

#### **G. Communication**

##### Transfer of detainee to ICE/DRO custody:

Upon change of custody to ICE/DRO from federal, state or local custody, ICE/DRO staff or designee shall inquire about any known prior suicidal behaviors or actions, and, if behaviors or actions are identified, shall ensure detainee safety pending evaluation by a medical provider.

Continuity of communication regarding detainees in ICE/DRO custody:

Consistent communication is maintained between medical, mental health and correctional staff through a variety of mechanisms to include: intake forms, daily briefings, shift change briefings, medical progress notes, special needs forms, medical/psychiatric alerts, and transfer summaries.

**H. Intervention**

Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel. The arriving medical personnel shall perform the appropriate medical evaluation and intervention. The clinical medical authority or designee will be notified in situations when referral to the emergency room of a local hospital is required.

**I Notification and Reporting**

In the event of a suicide attempt or a completed suicide, all appropriate ICE and DIHS officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified. Medical staff shall complete an Incident Report Form within 24 hours.

As with all detainee deaths, the DHS Office of Inspector General shall be notified of a suicide within 48 hours.

All staff who came into contact with the victim before the incident should submit a statement including their knowledge of the detainee and the incident.

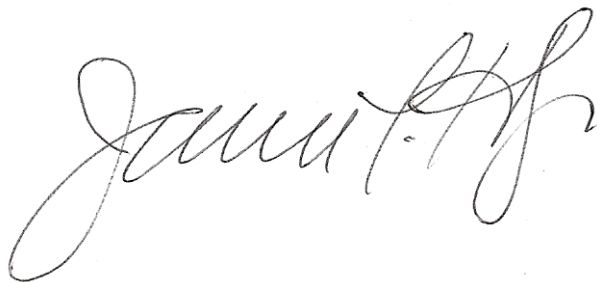
**J. Review**

Every completed suicide and serious suicide attempt shall be subject to a mortality review process. ICE shall make arrangements to have a psychological reconstruction of the suicide completed.

**K. Debriefing**

A critical incident debriefing shall be offered to all affected staff and detainees.

**Standard Approved:**



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**James T. Hayes, Jr.**  
**Acting Director**

**September 12, 2008**  
**Date**

## Office of Detention and Removal Operations