OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-G-05

SUBJECT: SUICIDE PREVENTION PROGRAM

POLICY: Inmates who are potentially suicidal will receive early identification, evaluation, treatment and protection from self-harm.

The purpose of this policy and procedure is to provide further guidance and direction to the Department of Corrections Rule on Suicide Prevention in correctional facilities, OAR 291-076-0010 through 291-076-0030.

REFERENCE: NCCHC Standard P-G-05
ACA Standard 3-4364
OAR 291-076-0010 through OAR 291-076-0030
DOC Rule 291-076, Suicide Prevention in Correctional Facilities
DOC Policy 20.5.2, Emergency Staff Services and Critical Incident Trauma Management

DEFINITIONS:

- Case Manager: Department of Corrections mental health specialist.
- CTS: Counseling and Treatment Services of the Department of Corrections.
- Mental Health Professional: Employee or contracted mental health provider.
- Prescribing Practitioner: A licensed psychiatrist or psychiatric nurse practitioner.
- Treatment Provider: A Case Manager, Mental Health Professional, prescribing Practitioner, or CTS clinical supervisory staff.
- SMU: Special Management Unit, inpatient psychiatric unit for the Department of Corrections.

PROCEDURE:

A. All new admissions to the Oregon Department of Corrections will receive a mental health screening interview as part of receiving screening Procedure #P-E-02. The mental health screening includes mental health history, suicide potential, evidence of psychosis, or other acute mental health emergency, i.e., drug intoxication, upon arrival.

B. All new employees will receive training regarding suicide risk and identifying factors during new employee orientation and at least every two years thereafter. This will be documented through the training department.

C. When an inmate is at risk for suicide or self-injury, necessary steps will be taken to ensure the inmate's safety. The inmate will remain under the direct observation of a correctional officer or other institution staff until a suicide risk evaluation is completed. Possessions that the inmate could use to harm him/herself may be removed as needed.

If an inmate has already attempted suicide, necessary steps will be taken to stabilize the inmate's physical condition before other steps are taken.

1. If an inmate is taken to a hospital emergency room for medical treatment due to a suicide attempt, the inmate must be re-assessed upon return to the institution by Health Services staff prior to admission to SMU.

2. Once the inmate is medically assessed as not needing infirmary level of care, a health services nurse will contact the appropriate Mental Health professional to arrange for SMU admission. An inmate who has required medical treatment at a hospital emergency room will be admitted to SMU unless SMU staff is unable to provide the appropriate level of physical care needed.

3. Should a staff member come upon a suicide in progress, the following steps are to be followed using universal blood and body fluid precautions.

    a. Call for assistance.
    b. If it is a hanging, cut the inmate down and initiate emergency first aid.
    c. If lacerations are present, apply direct pressure and initiate first aid if indicated.
    d. Emergency first aid procedures should be followed in the event of any form of self-destructive behavior.
    e. Note the time and be prepared to write a clear and concise report of the events as they occurred.
    f. As per DOC policy, the area will be secured as a crime scene until released by Security.

4. The shift officer-in-charge shall be notified of any potential attempted or completed suicide.

5. If a suicide occurs, a formal suicide review will be completed as assigned by the Administrator of Counseling and Treatment Services, or designee, including a review of the inmate's medical and related files and debriefing of staff.

6. Arrangements will be made for critical incident debriefing for staff as outlined in Department of Corrections procedure #45 (Emergency Staff Services and Critical Incident Trauma Management).

7. Arrangements will be made for critical incident debriefing of inmates by referral to Counseling and Treatment Services.

D. When an inmate has been identified as potentially suicidal, a Registered Nurse will evaluate the inmate to determine if there is a suicide risk when a mental health professional is not immediately available. This evaluation will be completed using the Suicide Risk Screening form (attached). If a potential suicide risk exists, consultation with the on-call Mental Health professional will occur to determine the level of monitoring. The assessment and consultation will be documented in the health care record.

E. To determine the appropriate Mental Health professional to contact, refer to the "CTS On-Call Schedule" (sample attached). A current copy of the CTS on-call schedule is available via Outlook Public Folder.

F. Inmates for whom suicide is a high risk will be placed on suicide watch and receive continuous monitoring by staff. If an inmate is placed in an infirmary cell for suicide monitoring, Health Services will consult with Security prior to the inmate's arrival to ensure that it is as suicide-proof as possible. When a mental health professional is not present in an institution and if there has been a change in the inmate's behavior indicating a decreased risk for suicide, a Registered Nurse will complete the Suicide

Risk Screening form and contact the mental health professional on call. After review of the Suicide Risk Screening form, if both the mental health professional and the nurse agree that the inmate is safe off suicide watch, the nurse will document this in the health care record and inform the Officer-in-Charge that the suicide watch may be decreased or stopped.

G. If the inmate is at high risk of a lethal suicide attempt or severe self-injury, a suicide watch will be instituted.

1. The inmate will be dressed in a safety smock. All clothing and other possessions will be removed.

2. The inmate may have a safety blanket and/or safety mat if the temperature is cold and s/he is at low risk of using the blanket or mat to hide self-injurious behavior.

3. The inmate may have reading material without stapes and/or paper and non-toxic crayons at the discretion of the Mental Health professional.

4. Security staff will maintain continuous observation of the inmate.

5. In institutions were there is 24 hour nursing coverage, Health Services nursing staff will reassess the inmate every four hours and document the assessment in the health care record. For institutions without 24 hour nursing coverage, an evaluation is to be completed every four hours when nursing staff are on duty, as well as at the end of the last shift of the day, and at the beginning of the shift of the following day. During the interim, specific written instructions are to be given to the officer-in-charge regarding what actions should be taken if the inmate's mental status appears to deteriorate, or, if any acts of self-destruction are carried out. The evaluations, as well as any written instructions which are given to the officer-in-charge, are to be documented in the inmate's health care record.

6. A Mental Health professional will assess the inmate at least once a day in person or through telephone consultation with a Health Services nurse. When a Mental Health professional is not on site, a Health Services nurse will initiate the consultation and document the consultation in the health care record.

7. A plan will be made with Health Services and security staff for safe management of the inmate at the institution.

8. If the inmate remains on suicide watch for 48 hours and the Mental Health case manager or Mental Health professional on call determines that the inmate cannot safely be moved to suicide close observation, the Mental Health case manager or Mental Health professional will consult with SMU.

9. Final decision to admit an inmate to SMU will be made by SMU Program Manager or designee (or if no SMU Mental Health professional is on site then by the Mental Health professional on call).

10. If a decision is made not to admit the inmate to SMU, Mental Health staff will help institution medical and security staff plan for safe management of the inmate in another setting. The plan will include conditions under which SMU admission would be reconsidered.

11. If there is a disagreement between the Officer-in-Charge (OIC) and the Mental Health professional on call, the OIC can place an inmate on administrative hold in SMU per OAR 291-048-0190.

H. If an inmate is at moderate risk of self-injury, suicide close observation will be instituted:

1. The inmate may be dressed in a safety smock. Clothing and other possessions may be removed if necessary to ensure the inmate's safety.

2. The inmate may have a safety blanket and/or safety mat if the inmate is cold and s/he is at low risk of using the blanket/mat to hide self-injurious behavior.

3. The inmate may have reading material without staples and/or paper and non-toxic crayons at the discretion of the Mental Health professional.

4. Security staff will observe the inmate at staggered intervals of no more than 15 minutes.

5. In institutions were there is 24 hour nursing coverage, Health Services nursing staff will reassess the inmate every four hours and document the assessment in the health care record. For institutions without 24 hour nursing coverage, an evaluation is to be completed every four hours when nursing staff are on duty, as well as at the end of the last shift of the day, and at the beginning of the shift of the following day. During the interim, specific written instructions will be given to the officer-in-charge regarding what actions should be taken if the inmate's mental status appears to deteriorate, or, if any acts of self-destruction are carried out. The evaluations, as well as any written instructions which are given to the officer-in-charge, are to be documented in the inmate's health care record.

6. A Mental Health professional will assess the inmate at least once a day in person or through telephone consultation with a Health Services nurse. When a Mental Health professional is not on site, a Health Services nurse will initiate the consultation and document the consultation in the health care record.

7. The Mental Health professional will make a plan with Health Services for safe management of the inmate at the institution.

I. If the inmate is assessed to be at low risk of self-injury, s/he may be placed on low risk monitoring.

1. Low-risk monitoring may be implemented in the inmate's regular housing unit or another location which allows frequent monitoring by security staff.

2. Exact conditions of low-risk monitoring will be coordinated among Mental Health, Health Services, and Security staff.

3. A Mental Health professional will assess the inmate at least once a day in person or through telephone consultation with a Health Services nurse. When a Mental Health professional is not on site, a Health Services nurse will initiate the consultation and document the consultation in the health care record.

J. Changes in monitoring level:

1. Any inmate that has been placed on increased monitoring (suicide watch, suicide close observation, low risk monitoring) shall continue in this status until a Mental Health professional determines that the inmate can be removed from the monitoring because it is no longer necessary.

2. When a Mental Health professional determines that monitoring may be decreased or stopped, s/he will notify the OIC and the Health Services nurse. Any follow-up recommendations will be documented.

3. If the decision was made during telephone consultation, the Health Services nurse on site will inform the OIC and document accordingly. The Mental Health professional will document on the next working day.

4. If either the nurse or the Mental Health professional believes suicide watch should continue, the nurse will document and suicide monitoring will continue.

K. When an inmate is placed on suicide watch, suicide close observation or low risk monitoring, the Mental Health Special Status sheet will be completed and filed in the mental health section of the health care record and a copy will be distributed to the OIC. Completion of this sheet will trigger a continuous system of communication between medical, CTS and security.

Effective Date: _____
Revision date: February 2007
Supersedes P&P dated: November 2006

Department of Corrections
Counseling and Treatment Services

SUICIDE RISK SCREENING

(Instructions: Evaluate and comment as suggested – add other significant information as needed.)

Referral source and reason for screening:

Affect/Mood (hopeless, helpless, depressed, angry, worthless, guilty, agitated, anxious, changed, happy, flat, irritable, neutral, sad, etc.):

Activity/Vegetative signs (energy – eating - sleep):

Thought Process/Perception (especially hallucinations, delusions, preoccupations, aggressive/violent thoughts):

Suicidal Ideation:

□ Onset/frequency/duration

□ Precipitants/stressors/losses?

□ How compelling? (0 = easy to resist; 10 = can't ignore/must act)

□ Methods being considered (type, level of detail, lethality, access, familiarity)

□ Intent (especially desire to die, when)

□ Reasons for living and other protective factors

Name:
SID#:

Steps inmate has taken to prepare for self-harm:

History of previous suicide/self-injury attempts? (Self and/or family) (If yes, describe event & outcome):

History of mental/emotional problems? (Self and/or family) (Especially depression, psychosis, impulsive acting out, A & D and prior treatment/hospitalization/SMU):

Current/recent A&D use:

Current medications (note if any recent medication changes):

Overall assessment of current risk:

Action taken (People notified/consulted, suicide monitoring implemented, follow-up, etc.):

_____Suicide Watch _____Suicide Close Observation _____Low Risk Monitoring

_____ Other Action Taken (Describe below)_____ No Action Taken

Evaluator:_____Date:_____Time:_____
(Print name below signature)

Name:

SID#:

Attachment 2
P&P P-G-05

MENTAL HEALTH SPECIAL STATUS

Start Date and Time_____Stop Date and Time_____

(When status changes a new form must be completed)

SUICIDE WATCH:

Continuous one-to-one observation with a clear and unobstructed view of the inmate by staff at all times. TV monitors may be used as a supplemental tool but cannot be used as a substitute for one-to-one observation. Face to face assessment by Health Services staff every 4 hours and by a Mental Health Professional (in person or via phone) every 24 hours.

Property Allowed	**Start Date/Time/Changes**
Teflon Smock	
Teflon Blanket	
Black Mat	
Paper Cup/Tray	
Other	

SUICIDE CLOSE OBSERVATION:

Staff must physically observe the inmate in staggered intervals at least every 15 minutes. A TV monitor cannot be used as a substitute for physical observation but can supplement observation. Staff should enter the cell if necessary to determine the status of an inmate. Face to face assessments by Health Services staff every 4 hours and by a Mental Health Professional (in person or via phone) every 24 hours.

Property Allowed	**Start Date/Time/Changes**
Teflon Smock	
Teflon Blanket	
Paper Cup/Tray	
Crayons	
Black Mat	
Reading Material Paper	
Other	

LOW RISK MONITORING:

Property Allowed/Restricted	**Start Date/Time/Changes**

Treatment Plan:

_____

_____

Recommended by_____

Authorized by_____

LABEL

Cc: OIC/Designee, Health Services Manager, Housing Unit, Mental Health Case Manager, Mental Health Prescriber, CTS Manager, CTS Office Specialist, HS Record

EXAMPLE

Attachment 3
P&P P-G-05

Counseling & Treatment Services On-Call Schedule (Revised 8-23-06)

When you have a mental health crisis **after hours, on weekends or holidays**, please contact the person who is the primary on-call Psychiatric Mental Health Nurse Practitioner (PMHNP) for your institution. If you cannot reach that person within 15 minutes, then contact the secondary on-call PMHNP for that institution. If you cannot reach either of them within 30 minutes, call any other on-call PMHNP.

During regular working hours, please contact the Mental Health Case Manager, or the local CTS manager, in crisis situations as usual. For institutions that do **not** have Mental Health Case Managers, contact Dr. Shari Melton, Mental Health Services Supervisor, at 503-378-8373 (ofc) or 503-551-6699 (cell). Please do **not** contact the PMHNP during regular working hours. They have heavy patient schedules and need to concentrate on those responsibilities during regular working hours.

Psychiatric Mental Health Nurse Practitioners:

Ted Chase	Cell Phone (541) 240-4094
Rosanne Harmon	Cell Phone (503) 881-5916
Scott Haynes	Cell Phone (503) 551-6939
Barbara Miller	Cell Phone (503) 887-1913
Becki Sauer	Cell Phone (503) 510-2988

Western Oregon Institutions

CCCF Women
Primary – Scott Haynes
Secondary –Becki Sauer

CCCF Men
Primary –Becki Sauer
Secondary – Scott Haynes

CRCI/SFFC
Primary – Becki Sauer
Secondary – Scott Haynes

OSCI
Primary – Barbara Miller
Secondary –Scott Haynes

OSP
Primary – Barbara Miller
Secondary – Scott Haynes

SCCI
Primary – Barbara Miller
Secondary – Becki Sauer

SCI/MCCF
Primary – Barbara Miller
Secondary – Becki Sauer

Eastern Oregon Institutions

EOCI
Primary – Ted Chase
Secondary – Rosanne Harmon

PRCF
Primary – Rosanne Harmon
Secondary – Ted Chase

SRCI
Primary – Rosanne Harmon
Secondary – Ted chase

TRCI
Primary – Ted Chase
Secondary – Rosanne Harmon

WCCF
Primary – Ted Chase
Secondary – Rosanne Harmon

STATE OF OREGON **Department of Corrections** Coffee Creek Correctional Facility	**FACILITY PROCEDURE** **Title: SUICIDE PREVENTION SMOCKS** **Tab # 22**
Approved: _____ Joan Palmateer, Superintendent _____ Stan Czerniak, Assistant Director Institutions Division	**Effective Date: December 1, 2003** **Supersede Date: N/A** Certified by: _____ Carolyn Schnoor, Administrator Rules/Compliance/Hearings Cross Reference ODOC Rule 76

I. Purpose

The purpose of this procedure is to establish a protocol for the use of suicide prevention smocks for the male population at Coffee Creek Correctional Facility.

II. Definitions

(1) General Population Housing: CCCF / Male Intake GP housing units – A, B, C & D.

(2) Health Services Staff: Any on duty Registered Nurse.

(3) Intake Operations Manager: Supervises intake staff and facilitates inmate transfers.

(4) Mental Health Professional: Mental Health Case Manager, on call Mental Health provider for after hours on weekdays, weekends and holidays.

(5) Officer-in-Charge: The ranking security staff member in charge of daily operation of the facility.

(6) Suicide Assessment: A brief but formal assessment of mental health conducted by a registered nurse or mental health professional, concluding with a determined level of suicide risk.

(7) Suicide Prevention Smock: An article of tear resistant clothing utilized to prevent the use of clothing for self-harm purposes.

(8) Mental Health Special Status for MALE INMATES form (attached): a form listing special status needs – Suicide Watch, Suicide Close Observation or Low-Risk Monitoring.

III. Procedures

(1) After a suicide assessment is completed and risk is determined present, an inmate may be housed in a general population while wearing a smock from 8:00 pm to 8:00 am, a Special Status form may be implemented. The timeframes listed, are in place to reduce the amount of time an inmate would be in a smock during open dayroom periods. Some variance may be expected due to the timing of the event.

(2) The inmate will be restricted to his cell unless otherwise ordered by health services or mental health.

(3) At 8:00 am on Monday through Friday, a Mental Health Professional will evaluate the inmate. If the inmate is determined not to be a threat to himself or others, his intake clothing will be returned; the Special Status form will be updated. The Mental Health Professional will update the OIC.

(4) At 8:00 am on Monday through Friday, a Mental Health Professional will evaluate the inmate. If the inmate is determined to be a threat to either himself or others, the Mental Health Professional staff will notify the OIC and the Intake Operations Manager. The Operations Manager will arrange to have the inmate transferred to a facility with a segregation unit or special housing.

(5) At 8:00 am on Saturday, Sunday and Holidays, a Registered Nurse will evaluate the inmate. The Registered Nurse will consult with the on call Mental Health Professional. After the consultation, if the inmate is determined not to be a threat, his intake clothing will be returned, the Special Status form will be updated. The Registered Nurse will update the OIC.

(6) At 8:00 am on Saturday, Sunday and Holidays, a Registered Nurse will evaluate the inmate. The Registered Nurse will consult with the on call Mental Health Professional. After the consultation, if the inmate is determined to be a threat to himself or others, the Registered Nurse will notify the OIC. The OIC will arrange to have the inmate transferred to a facility with a segregation unit or special housing.