

INS DETENTION STANDARD

SUICIDE PREVENTION AND INTERVENTION

I. POLICY

All staff working with INS detainees in detention facilities will be trained to recognize signs and situations potentially indicating a suicide risk. Staff will act to prevent suicides with appropriate sensitivity, supervision, and referrals. Any clinically suicidal detainee will receive preventive supervision and treatment.

II. APPLICABILITY

The standards provided in this Detention Standard shall apply to the following facilities housing INS detainees:

1. Service Processing Centers (SPCs);
2. Contract Detention Facilities (CDFs); and
3. State or local government facilities used by INS through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours; referred to as "IGSA facilities."

Within the document additional implementing procedures are identified for SPCs and CDFs. Those procedures appear in italics. IGSA facilities may find such procedures useful as guidelines. IGSAs may adopt, adapt or establish alternatives to, the procedures specified for SPCs/CDFs, provided they meet or exceed the objective represented by each standard.

See the separate "Definitions" Standard for the meaning of certain terms used in this document.

III. STANDARDS AND PROCEDURES

A. Training

All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee.

B. Identification and Intervention

Suicide potential will be an element of the initial health screening of a new detainee, conducted by either the health care provider or a specially trained officer.

Detainees identified, as “at risk” for suicide will be promptly referred to medical staff for evaluation.

Upon change of custody, the staff with custody will inform the staff assuming custody about indications of suicide risk.

All staff working with detainees will keep current on the proper course of intervention and referral for a detainee who shows signs of suicide risk.

In SPCs/CDFs, this screening will be documented on the processing health form (I-794) and forwarded to the medical unit. Medical staff will immediately follow up with detainees identified as at-risk or, in facilities that are not staffed 24 hours a day, no later than the next working day. Since detainees can become suicidal at any stage of detention, all staff working with detainees shall be trained to recognize and watch for such signs among the detainees.

C. Housing/Hospitalization

The OIC may allow a potentially suicidal detainee who presents no imminent danger to life or property (as determined by medical staff), to remain in the general population, but only under close observation, and only upon the written recommendation of the Clinical Director (CD). Officers shall check on the safety of such detainees at intervals ordered by the CD. Precautions must be taken with any personal possessions that could aid in a suicide attempt.

If danger to life or property appears imminent, the medical staff has the authority, with written documentation, to segregate the detainee from the general population. A detainee segregated for this reason requires close supervision in a setting that minimizes opportunities for self-harm. The detainee may be placed in a special isolation room designed for evaluation and treatment. The isolation room will be free of objects or structural elements that could facilitate a suicide attempt. If necessary, the detainee may be placed in the Special Management Unit, provided space has been approved for this purpose by the medical staff.

Observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The CD may recommend constant direct supervision.

In CDFs or IGSA facilities, the OIC shall report to INS any detainee clinically diagnosed as suicidal or requiring special housing for suicide risk.

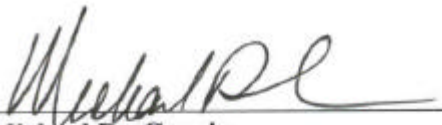
When imminent risk of bodily injury or death is determined, medical staff will make a recommendation for hospitalization for evaluation and treatment. If the detainee refuses, it may be necessary to petition the appropriate federal court to intervene against the detainee’s will for hospitalization and treatment.

A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD.

IV. AMERICAN CORRECTIONAL ASSOCIATION STANDARDS REFERENCED

American Correctional Association 3rd Edition, Standards for Adult Detention Facilities:
3-ALDF-3D-08, 4E-34


Approval of Standard



Michael D. Cronin
Acting Executive Associate Commissioner
Office of Programs

SEP 20 2000

Date



Michael A. Pearson
Executive Associate Commissioner
Office of Field Operations

SEP 20 2000

Date

**U.S. Immigration and Naturalization Service
NATIONAL DETENTION STANDARDS
MONITORING INSTRUMENT**

Policy: All detention staff working with INS detainees will be trained to recognize suicide-risk indicators. Staff will handle potentially suicidal individuals with sensitivity, supervision, and referrals. A clinically suicidal detainee will receive preventive supervision and treatment.

SUICIDE PREVENTION AND INTERVENTION			
Components	Yes	No	Remarks
1. Does every new staff member receive suicide-prevention training?			
2. Does suicide-prevention training occur during the employee orientation program?			
3. Does training prepare staff to: a. Recognize potentially suicidal behavior? b. Refer potentially suicidal detainees, following facility procedures? c. Understand and apply suicide-prevention techniques?			
4. Does a health-care provider or specially trained officer screen all detainees for suicide potential as part of the admission process? a. Does this screening ever occur later than one working day after the detainee's arrival?			
5. Do written procedures cover when and how to refer at-risk detainees to medical staff? a. Does the referral process vary, depending on when the detainee is identified as potentially suicidal? b. Does the referral process vary, depending on who identifies the detainee as potentially suicidal? c. Are procedures followed?			
6. Has the OIC designated an isolation room for evaluation and treatment?			
7. Does the designated isolation room contain any structures or smaller items that could be used in a suicide attempt?			

SUICIDE PREVENTION AND INTERVENTION

Components	Yes	No	Remarks
8. Has medical staff approved the room for this purpose?			
9. Does staff observe a suicide-watch detainee at least once every 15 minutes?			

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SUICIDE PREVENTION AND INTERVENTION

Verification Sources:

The following may serve as sources of information for auditors verifying the facility's compliance with this detention standard:

SOURCE	TIME	DATE	LOCATION
A. Special Management Unit logbook			
B. Inspection of Special Management Unit			
C. Observation of detainee intake process.			
D. Facility's written policy and procedures			
E. Detainee and staff interviews			

Facilities must complete the attached Plan of Action for bringing operations into compliance. For each element found out of compliance, the plan of action will specify remedial action and the estimated timetable for compliance.

Remarks: *(Record significant facts, observations, other sources used, etc.)*

Auditor's Signature

Date