

STANDARD 4.5

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION

I. POLICY

The facility shall have a written suicide prevention and intervention program that includes procedures to address suicidal detainees and detainees at risk of self-harm. Staff shall be trained to recognize signs, symptoms, and situations which indicate the potential for self-harm and/or suicide risk. Staff shall act to prevent suicides with appropriate sensitivity, supervision, and referrals. Any suicidal detainee shall receive preventive supervision and treatment.

II. STANDARDS AND PROCEDURES

A. General

The facility shall have policy and procedures for a comprehensive suicide prevention and intervention program.

B. Training

All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.

All of the following topics shall be covered:

1. Potential stressors related to incarceration and how detention facilities can be conducive to suicidal behavior;
2. Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each housing area of the detention facility);
3. Liability issues associated with detainee suicide;
4. Recognizing verbal and behavioral cues that indicate potential suicide;
5. Demographic, cultural, and precipitating factors of suicidal behavior;
6. How to respond to suicidal and depressed detainees;
7. Effective communication between correctional and health care personnel;

8. Necessary referral procedures;
9. Suicide precautions, including constant observation and close observation;
10. Follow-up monitoring of detainees who have already attempted suicide; and
11. Reporting and written documentation procedures.

C. Identification

All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer. Information regarding a history of suicidal behavior and current suicidal ideation shall be obtained. The results of the screening shall be documented on an intake screening form.

Detainees may be identified as being at risk for self-harm or suicide at any time. This identification may be the result of a self-referral, observation, or interaction with medical, mental health, or correctional staff.

If a detainee is observed to display or express any intent, threat, or gesture of self-harm, any custody official may place the detainee on suicide precautions. Only a mental health provider or a physician may remove the detainee from suicide precautions.

D. Referral and Evaluation

Detainees identified as at risk for suicide or self-harm shall be immediately referred to a mental health provider. An evaluation shall take place within 24 hours. Until this evaluation takes place, security staff shall place the detainee in a secure environment on constant (one-to-one) visual observation.

The mental health provider's evaluation shall be documented in the medical record and must include the following information:

1. Relevant history;
2. Environmental factors;
3. Lethality of suicide plan;
4. Psychological factors;
5. Diagnoses;
6. A determination of seriousness of suicide risk;
7. Level of supervision needed;
8. Referral/transfer for inpatient care (if needed);
9. Instructions to medical staff for care; and
10. A treatment plan, including reassessment time frames.

Detainees placed on suicide precautions shall be reevaluated by a mental health provider (or a health care practitioner) on a daily basis to assess any changes that indicate a need for

change in the level of supervision (i.e., constant watch, close observation, or removal from suicide precautions). Each re-evaluation must be documented in the detainee's medical record.

E. Treatment

For a detainee who has been identified at risk for self-harm or suicide, a mental health provider will develop a treatment plan. This plan will be documented and placed in the detainee's medical record.

This treatment plan shall include strategies and interventions to be followed by staff and the detainee if suicidal ideation or intent reoccurs, and a plan for follow-up care. The timing of follow up appointments should be based on the level of acuity.

F. Housing and Monitoring

A mental health provider may place a detainee in a suicide-resistant cell with constant monitoring (one-to-one). A suicide-resistant cell must be free of objects and structural elements that could facilitate a suicide attempt and must be approved by a health care practitioner. The monitoring must be documented every 15 minutes or more frequently if necessary. A mental health provider will perform welfare checks every 8 hours.

Only a mental health provider may remove a detainee from constant monitoring (one-to-one). A mental health provider may immediately move or later place the detainee under close observation status. A detainee on close observation may be housed in general population or other medical or suicide-resistant housing, as appropriate. A detainee on close observation shall be regularly monitored. The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes) and be documented. A mental health provider will perform welfare checks every 8 hours.

The facility administrator shall promptly report to ICE/ERO any detainee who is placed on constant observation or close observation status (suicide precautions).

G. Hospitalization

If a detainee faces an imminent risk of injury or death, appropriate staff will make a recommendation for hospitalization.

If the detainee refuses, it may be necessary to petition the appropriate court to intervene against the detainee's will for hospitalization and treatment. At a minimum, refusal of hospitalization should prompt immediate placement of the detainee in a suicide-resistant cell under one-to-one observation.

H. No Excessive Deprivations

Deprivations and restrictions placed on suicidal detainees must be kept at a minimum. Suicidal detainees may be discouraged from expressing their intentions if the consequences of reporting those intentions result in punitive treatment. Placing suicidal detainees in conditions of confinement that are worse than those experienced by detainees in the general population may result in the detainee not discussing his or her suicidal intentions and falsely showing an appearance of a swift recovery.

I. Clothing, Hygiene, and Privacy

The facility may allow suicidal detainees under constant (one-to-one) monitoring to wear the standard issue clothing, as long as extraneous items that could aid in self-harm are removed, such as shoe laces or belts.

A mental health provider shall assess the detainee to determine whether a suicide smock is necessary, and if so, whether to provide underwear. Under no circumstances shall detainees be held without clothing.

Suicidal detainees shall be allowed to shower, perform bodily functions, and change clothing with as much privacy as possible under the continuous observation of staff, and without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. Although staff of the opposite gender may be assigned to suicide precautions, including constant observation, the facility must have procedures in place that enable a detainee on suicide precautions to avoid exposing himself or herself to nonmedical staff of the opposite gender. This may be accomplished, for example, by substituting medical staff or same gender security staff to observe the periods of time when a detainee is showering, performing bodily functions, or changing clothes. It may also be accomplished by providing a shower with a partial curtain or other privacy shields. The privacy standards apply whether the viewing occurs in a cell or elsewhere.

However, any privacy accommodations must be implemented in a way that does not pose a safety risk for the individual on suicide precautions. Safety is paramount when conducting suicide precautions, and if an immediate safety concern or detainee conduct makes it impractical to provide same gender coverage during a period in which the inmate is undressed, the detainee should continue to be observed, and any such incident should be documented.

J. Intervention

Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel. Arriving medical personnel shall perform appropriate medical evaluation and intervention. The CMA or designee shall be notified when a detainee requires transfer to a local hospital or emergency room.

K. Notification and Reporting

In the event of a suicide or suicide attempt, placement of a detainee on suicide precautions, or transfer of a detainee to a local hospital or emergency room, the facility shall immediately notify ICE/ERO and appropriate outside authorities.

Medical staff shall complete a preliminary Incident Report within 24 hours of any suicide or suicide attempt, and all staff who came into contact with the detainee immediately before the suicide attempt or death shall submit a statement describing their knowledge of the detainee and the incident.

The preliminary Incident Report must include detainee name, alien number, relevant medical history/diagnosis, reason for suicide placement (if applicable), date of death, and name and title of person providing information.

L. Review

The facility will cooperate with ICE/ERO on any mortality review process triggered by a death resulting from suicide.

M. Debriefing

Facilities are encouraged to offer a critical incident debriefing following a suicide or serious suicide attempt for all affected staff and detainees within 24 to 72 hours after the critical incident.

N. Detainee Mental Health Follow-up

Following a suicide or serious suicide attempt, the facility should offer appropriate mental health services to other detainees who may have been affected.