

 <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES</p> <p style="text-align: center;"><b>DIRECTIVE</b></p>	TITLE		NO. 4101
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REFERENCES (Include but are not limited to)	APPROVING AUTHORITY 		

**I. OVERVIEW.** It is the policy of the Department of Correctional Services (DOCS) to effectively monitor all inmates for the potential for self-harm or suicide attempts in order to effectively deliver mental health care and to preserve the safety and lives of the inmates under its custody. Each of the sections contained in this policy is an important component of a complete suicide prevention program and the Department will ensure that all staff are aware of the provisions contained herein and that the mandates of each section are followed. All staff have responsibility for preventing suicides by effectively monitoring inmates, understanding potential suicide indicators and knowing the appropriate responses when it is determined that an inmate may be at risk for self-harm or suicidal behavior. It is understood that all suicidal threats, attempts or indicators are to be taken seriously given the potential risk to the life of an inmate.

The Department shares responsibility with the New York State Office of Mental Health (OMH) for the prevention of inmate suicides through our collaborative working relationship as set forth in the DOCS/OMH Memorandum of Understanding. Through mutual respect and cooperation each agency will be able to fulfill its respective role in preserving the lives and safety of the inmate population as well as the safety and security of the DOCS Correctional Facilities and the staff.

The Department also has an ethical responsibility to all staff who are involved in an incident in which an inmate has had a serious attempt or successful suicide.

**II. SCREENING AND ASSESSMENT.** Initial entry to the Department can be a critical time of risk for suicidal behavior. Other points during incarceration may also be associated with an increased risk for suicidal behavior. Formal screening and assessment of inmates for potential suicidal behavior will occur at several times and under certain circumstances during an inmate's time in the DOCS.

**A. Initial Departmental Reception and Classification**

1. As part of the reception process OMH staff will provide mental health screening to all inmates. In addition, within 24 hours of arrival, all newly admitted inmates to the Department's Reception Centers will be screened for suicidal tendencies using the Department's standardized "Suicide Prevention Screening Guidelines," Form 3152. This form may be completed by any properly trained member of the Health Services staff or the Classification staff.
2. As part of the reception process, other formal screening will be provided. Health Services staff will complete the Department's standardized "Health Screening for Reception/Classification Form," Form 3278RC, and Classification staff will complete the Department's standardized "Reception Assessment Worksheet," Form 2900.
3. Health Services will also complete the Department's standardized "Health Screening for Intrasystem Transfer," Form 3278TR for inmates being transferred within the DOCS system.
4. In addition to these screening measures, all inmates, as part of the reception process, will be given the Suicide Prevention pamphlet designed for inmates to keep in their possession (see attached). They will also be given an orientation about the mental health services that are provided by staff of the Office of Mental Health (OMH) and how to access that mental health care if they feel the need.
5. Lastly, they will be encouraged to be alert for suicidal potential in themselves or their fellow inmates and to let a member of the DOCS or OMH staff know if they notice someone who may be contemplating an act of suicide or self-harm.

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**B. Admission to Special Housing Unit (SHU).**

1. Placement in a Special Housing Unit is a time when an inmate may be especially emotional and feeling agitated. Staff should be especially alert for signs and symptoms of the potential for self-harm or suicidal behavior at this time.
2. Completion of Form #3152-SHU, "Suicide Prevention Screening Guidelines - SHU Admission." The suicide prevention screening form shall be completed immediately upon admission to SHU or as indicated below. If an inmate is taken to the infirmary on the way to SHU, the form shall be filled out by health care staff. At all other times, the form shall be filled out by the SHU Area Supervisor. Any score indicating the presence of suicidal thoughts will trigger an immediate referral to OMH staff (see referral procedures below).
3. OMH evaluation.
  - a. Per Central New York Psychiatric Center's (CNYPC) Outpatient Operations Policy and Procedure Manual, Section 6, all inmates admitted to a SHU cell in OMH Level 1 and 2 facilities must be evaluated by an OMH clinician within one business day.
  - b. For facilities other than OMH Service Level 1 or 2, evaluation by OMH staff will take place within 30 days.
4. Inmates admitted to the OMH caseload will be followed within the guidelines set forth for active cases in the OMH Outpatient Operations and Policy and Procedure Manual. Inmates not admitted to the active caseload will be re-evaluated by OMH staff every 90 days while in SHU.

C. Parole Hearing. Depending on the outcome of a parole hearing, inmates may experience emotional changes that could make them more at risk for suicidal behavior. Staff should also be aware that even if parole was granted, some inmates may have difficulty with this transition, especially if the inmate has been incarcerated for a lengthy sentence. The prospects of release can be stressful and anxiety-producing. Staff should be especially alert for signs and symptoms of potential self-harm or suicidal behavior following a parole hearing. Any concerns should prompt an immediate referral for an OMH evaluation.

D. Return from Parole Status. There may be an increased risk of suicide when an inmate is returned to prison, particularly when s/he is returned directly from the community. Not only is this transition often difficult, it may include situations in which the inmate returns to custody while addicted to alcohol or drugs or while still under the influence of these substances.

**III. TRAINING**

A. Staff Training. Suicides are usually attempted in inmate housing units and often occur during late evening and on weekends when inmates are not engaged in program activities or interacting with program/ mental health staff. Therefore, it is much more likely that a suicide may be prevented by security staff that have been trained in suicide prevention and have developed an intuitive sense about the inmates under their custody and care. Since correction officers are often the only staff available 24 hours a day, they form the "front line" of defense in preventing suicides. A comprehensive Suicide Prevention Training Program will include:

1. Pre-Service Training. Correction Officer recruits shall complete eight (8) hours of suicide prevention training prior to being assigned to a facility. Training shall include the following ten (10) module areas:
  - a. Introduction
  - b. Model for Understanding Suicide
  - c. Myths and Misconceptions of Suicide
  - d. Substance Abuse and Suicide
  - e. Mental Illness and Suicide
  - f. Screening for Suicide Risk Among Prison Inmates

- g. Communication Skills
  - h. Suicide During Incarceration: The Suicidal Inmate in the Housing Area
  - i. Facility/Hub: Procedures for Accessing Crisis and Other Mental Health Services
  - j. Impact of Suicide on Staff
2. In-Service Training. At least annually, all security, program services, mental health and medical staff with direct inmate contact will receive a one hour formal Suicide Prevention and Intervention training. Areas covered will include, but not be limited to: symptoms and predisposing factors of potentially suicidal inmates; risk factors in the evaluation of suicidal potential; management of potentially suicidal inmates; and completion of Form 3152.
  3. Additional Mental Health Training. In addition to training specifically related to suicide prevention, DOCS and OMH collaborate in the provision of other training related to mental health issues. All staff regularly assigned to SHU's at facilities designated as OMH Level 1 and 2 are scheduled to receive 8 hours of training annually that specifically deal with the issues of mental illness and SHU confinement, suicide prevention, and the appropriate use of Form 3152. All staff regularly assigned to OMH Satellite Units and Intermediate Care Programs (ICP) are scheduled to receive 8 hours of training annually that relate to mental health issues and the operations of those units.
  4. Medical Training. All security staff who have regular contact with inmates shall receive standard first aid and cardiopulmonary resuscitation (CPR/AED) training. All staff shall also be trained in the use of various emergency equipment located in each housing unit.
- B. Inmate Awareness. Inmate awareness of suicide risk factors is important since they are most likely to see or hear any early signs or symptoms of suicidal behavior. Therefore, inmates will be provided with the following information to help them identify these potential suicide indicators and determine the appropriate response:
1. Facility Orientation. In addition to the information provided to each inmate at Reception, facility orientation will include information about mental health services, potential suicide indicators, and referral procedure.
  2. Inmate Program Associate (IPA) awareness. As part of the IPA Curriculum, inmates will be provided with information as described above. This information will not be designed to train the IPA candidate how to teach other inmates about suicide prevention, but simply to increase IPA awareness of the issue and ways to support their peers by alerting staff as necessary.

#### IV. REFERRAL AND EVALUATION

- A. Through observation, screening measures, or personal request, an inmate may be referred for OMH evaluation whenever s/he appears to be at risk of self-harm or suicidal behavior. When making a mental health referral, there are four (4) steps which must be followed in the proper sequence:
  1. Call mental health services located in the facility or catchment area. If the inmate has injured himself, call medical first. Staff priority is the preservation of life.
  2. Staff are directed to telephone the area supervisor and inform him/her of the situation.
  3. Staff are to document all actions and recommendations from OMH staff in the logbook located in the assigned area.
  4. Written follow up should then be made to Mental Health staff using the DOCS "Mental Health Referral Form," Form 3150. These should always be accessible in each work area.
- B. Once Mental Health staff have been notified, they will respond with an evaluation of the inmate within one business day. The inmate will be placed on a suicide watch with any additional action from DOCS pending the outcome of the evaluation.

**V. SUICIDE WATCH.**

- A. Generally. Suicide watches may be imposed to monitor inmates who by their words or observed behavior appear to be threats to themselves. Suicide watches serve to maintain good order and safety within a facility and also facilitate management and assessment of inmates with acute mental illnesses.
- B. Authorization. Any member of the OMH clinical staff may place an inmate on a suicide watch. In the absence of OMH staff, the highest ranking member of the medical staff and/or the watch commander may place an inmate on a suicide watch. The watch commander shall notify the officer of the day whenever an inmate has been placed on a suicide watch.
- C. Location. The primary location for a suicide watch is a correctional facility with an OMH satellite unit. A facility without a satellite unit may request a 10-day emergency transfer in accordance with Directive #4301, "Mental Health Satellite and Commitments to CNYPC."

Non-satellite unit facilities shall identify cells or rooms suitable for suicide watches. These designated cell(s) or room(s) will be utilized should access to an observation (OBS) cell be required and the inmate is unable to be moved at that time, or if all existing OBS cells are occupied.

D. Type of Suicide Watches

1. One-on-One Suicide Watch - In cases where a single inmate is to be watched or where uninterrupted observation is required, the watch will consist of direct, continuous, around the clock visual observation of the inmate by a correction officer.
2. One-on-Multiple Suicide Watch - In cases where there are more than one but no more than three inmates on watch, a correction officer must either be stationed so that the correction officer can directly view each inmate simultaneously or make continuous, around the clock rounds between the watch cells, so as to keep direct observation on the inmates at all times. Inmates on a multiple suicide watch must be placed in adjacent individual cells/rooms. \*This type of watch must be authorized by OMH staff.

- E. Notification. In those instances when medical staff order a suicide watch in the absence of facility OMH staff, it will be their responsibility to notify the appropriate OMH staff in the regional satellite "catchment areas" and the watch commander, by phone. The watch commander will then log who made the notification, the time and the name of the OMH staff notified. The notification of the watch commander will be done immediately and OMH staff will be notified at the beginning of their next shift or business day, whichever is earlier. Upon notification, OMH staff will evaluate the inmate on a suicide watch and make a determination regarding the need for continued suicide watch and/or other treatment/management recommendations.

Note: In the event that the watch commander orders a suicide watch, he/she shall follow the same guidelines as stated above regarding the notification of the appropriate OMH staff.

F. Minimum Standard Items

1. When an inmate is placed on a suicide watch, the following minimum standard items must be issued until he/she has been evaluated by an OMH clinician:
  - \* 2 mats
  - \* Smock or paper gown
  - Footwear (no laces)
  - Standard mattress (non-satellite units) Densified polyester mattress (satellite units)
  - Toilet paper as needed
  - Female inmates shall be provided with basic feminine hygiene items as required.

\* Note: Observation smocks and flame retardant cell pad (mats) may be obtained by purchase order from:

Corcraft Marketing and Sales (Attention: Order Services)

by mail or by FAX

Corcraft, 550 Broadway (800)898-5895

Albany, NY 12204

2. Personal Hygiene Items (e.g., toothbrush, toothpaste, washcloth and soap) may be issued when authorized by an OMH staff member. In the absence of OMH staff, these items may be issued at the discretion of medical and security staff. Issuance and return of any item must be noted in the suicide watch logbook (see section V-H, below). Note: only one Styrofoam cup may be retained in the cell/room.
3. A minimum standard item may be changed or removed if the psychiatrist, unit chief or designee determines that there is substantial risk that the inmate will engage in self-harm. In the absence of OMH staff, if an inmate subsequently attempts to or uses any of these items in a way to harm him/herself, the watch commander may order such item(s) removed.

G. Admission/Documentation/Equipment

1. The correction officer assigned to directly observe an inmate placed on a suicide watch will be issued a Radio/PAS. The volume should be maintained at the lowest level and the radio used to communicate in an emergency situation.
2. Suicide watch cell(s) or room(s) shall be thoroughly searched prior to and at the conclusion of a watch. The person performing the search shall record the date, time and findings in the suicide watch logbook.
3. Prior to placement in the watch cell or room, the inmate shall be subjected to a metal detector search (with a hand-held metal detector, B.O.S.S. chair or both) and a strip frisk. Form 1140 shall be completed. As soon as possible, the inmate shall be examined by the medical staff.
4. The correction officer responsible for conducting the watch and maintaining direct and continuous observation as required in V-D, above, shall record the behavior and condition of the inmate in the suicide watch log at 15 minute intervals, and shall make an immediate logbook entry whenever a significant change in behavior or condition (i.e. mood change, eating pattern, etc.) occurs.
5. All meals shall be inspected prior to delivery. Only plastic utensils shall be used, and the issuance and return of all items noted in the suicide watch logbook.
6. Whenever an inmate is on a suicide watch, the watch commander and area supervisor on each shift shall conduct an unscheduled inspection and ensure that the procedures set forth in this directive are followed. They shall review and sign the suicide watch log in red ink.
7. The assigned correction officer shall maintain a high degree of alertness and must not leave the post until properly relieved. The officer shall report any pertinent information or special instructions to the relieving officer.

H. Suicide Watch Log: A separate log book shall be created to keep a record of suicide watches. Entries shall include, but are not limited to, the following:

1. Name, DIN, date and start time of watch.
2. Name of the officer conducting watch.
3. Who authorized the watch (obtained from watch commander).
4. Type of watch.
5. Name and title of any individual that visits the inmate and the reason for the visit.
6. Name of the unit security supervisor.

7. A list of the minimum standard items issued to the inmate, as well as the name and title of the staff who authorized or removed any item.
8. The name of the OMH clinician, date, time the inmate is removed from a suicide watch and his/her final placement.

I. Evaluation

1. An OMH psychiatrist or unit chief will review the need for a continued suicide watch at least once every regular business day.
  - a. At facilities with satellite units, OMH staff will evaluate an inmate on a suicide watch at least once every shift between the hours of 7:00 a.m. and 11:00 p.m., seven days a week. Inmates placed on a suicide watch in non-satellite units will be evaluated by OMH staff.
  - b. In the absence of OMH staff, the highest ranking DOCS medical staff person shall contact the mental health unit chief in the catchment area and follow procedures outlined in DOCS Directive #4301, "Mental Health Satellite and Commitments to CNYPC." If a suicide watch exceeds 48 hours in a non-satellite facility, DOCS medical staff shall notify the watch commander and OMH unit chief or designee via e-mail, followed by a telephone call. The watch commander shall then notify the officer of the day or superintendent and record such notification in the watch commander's log.
2. A suicide watch may only be discontinued by the OMH psychiatrist, OMH unit chief or designee. When a suicide watch is discontinued, the watch commander will be notified immediately. The watch commander shall record the time and name of the person authorizing the discontinuation of the suicide watch in the watch commander's log, and notify the officer of the day.

**VI. RESPONSE TO SUICIDE ATTEMPTS**

- A. Any correction officer who discovers an inmate engaging in self-harm shall immediately survey the scene to assess the severity of the emergency. The correction officer shall remain at the scene and alert other staff to call for medical personnel, retrieve the housing unit's emergency response bag (that includes a first aid kit; pocket mask, face shield, or Ambu-bag) and begin standard first aid and/or CPR as necessary per Directive # 4059.
- B. Correctional personnel shall never wait for medical staff to arrive before entering a cell and initiating appropriate life-saving measures. Further, staff shall not presume that the victim is dead. Staff must initiate and continue appropriate lifesaving measures until relieved by arriving medical personnel.
- C. Although not all suicide attempts require emergency medical intervention, all suicide attempts shall result in immediate intervention and follow up assessment by mental health staff or, if no mental health staff are available, a suicide watch will be initiated as necessary.
- D. All precautions will be taken to preserve evidence of the incident in its original state.

**VII. BEHAVIORALLY SPECIFIC REPORTS**

- A. Per Directive # 4004, "Unusual Incident Report," each facility shall report to the Command Center all occurrences which satisfy the definition of an "Unusual Incident" using the Department's computerized Unusual Incident System (UIS). See Directive #4004 for specifics related to report contents and procedures. Categories of incidents warranting an Unusual Incident Report include many areas, but those related to Suicide Attempt should include, at a minimum, the following information:
  1. How attempted
  2. Exact location of attempt
  3. Who discovered the attempt (i.e., staff or inmate)
  4. Emergency response including names of staff who performed CPR
  5. Was inmate brought to an outside hospital
  6. Name of hospital, extent of injury, reported prognosis for recovery

7. Placement of inmate after treatment (suicide watch or observation)
  8. Inmate's alleged reason for his or her actions, if known.
- B. If death occurred as a result of this attempt, after the preliminary is approved, the Category 04 "Death" - 04 "Inmate - Suicide" must be added to the final report.
- C. Following a suicide, the victim's family or predesignated individual shall be notified, as well as appropriate outside authorities, in accordance with Directive # 4013, "Inmate Deaths- Administrative Responsibility".

## VIII. INCIDENT REVIEW

### A. Interdisciplinary Review.

1. In the event of an inmate suicide, as well as serious suicide attempt (i.e., requiring hospitalization), a comprehensive report and clinical and administrative review shall occur in accordance with Directive # 4013 and Corr. Law Sect. 47.
2. A mortality review should be conducted by appropriate facility DOCS and OMH staff, separate and apart from other formal investigations that may be required to determine the cause of death, and should include:
  - a. review of the circumstances surrounding the incident;
  - b. review of facility procedures relevant to the incident;
  - c. review of all relevant training received by involved staff;
  - d. review of pertinent medical and mental health services/reports involving the victim;
  - e. review of possible precipitating factors (i.e., circumstances which may have caused the victim to commit suicide); and
  - f. recommendations, if any, for change in policy, training, physical plant, medical or mental health services, and operational procedures.

All findings and recommendations shall be forwarded to the facility Superintendent

- B. Staff Critical Incident Debriefing. In accordance with Directive #4026, "Critical Incident Stress Management Plan", it is the policy of the Department to maintain Critical Incident Stress Management (CISM) teams at each HUB.
1. The Superintendent of each facility is responsible for making the determination of need for CISM services. This determination will be made in accordance with procedures delineated in Directive 4026 Section II B.
  2. When it is indicated, every effort will be made to schedule sessions to occur within 24 to 72 hours after the incident.
  3. These sessions include confidential individual and group sessions without the presence of command personnel to encourage and allow exposed employees to speak freely, debrief, and partake in a comprehensive stress management program.
- C. Inmate Support. In the event that another inmate(s) has witnessed a suicide attempt or death related to suicide and is experiencing difficulty coping with the event, support is available per the regular mental health call-out/ referral procedure.