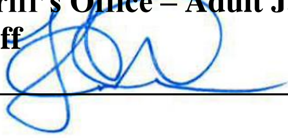

SUICIDE PREVENTION AND REPORTING

POLICY.

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) to have established procedures for identifying and responding to life-threatening situations and behaviors that could increase the risk for suicide. Further, the AJ shall establish procedures in order to minimize the potential risk for those inmates identified as suicidal.

PURPOSE:

The purpose of this policy is to outline procedures that govern the proper handling and reporting of inmates at risk for suicide.

OREGON JAIL STANDARDS:

- B-209 Suicide Risk Screening
- B-210 Mental Health Screening
- G-105 Emergency Notification
- G-201 Screening Follow-Up

DEFINITIONS:

Behavioral Health Specialist (BHS). A non-sworn member of the AJ designated to provide behavioral health services during regular business hours.

Close Supervision. Inmates are personally observed by AJ members a minimum of once every hour with documentation. Close supervision is observation in 15 or 30-minute intervals.

Constant Supervision. Inmates receive constant one-to-one supervision by corrections members.

Health Trained Deputy (HTD). A deputy who has received specialized training in identifying persons suspected of having behavioral health disorders.

Housing. Suicidal inmates should not be housed or left alone unless close or constant supervision can be maintained.

Mobile Crisis Assessment Team (MCAT). An employee of Deschutes County Behavioral Health (DCBH) designated as a Qualified Mental Health Professional (QMHP) who provides after hours and weekend behavioral health services.

Para suicidal Behavior. A self-destructive act which may or may not be life-threatening but which should be taken seriously (i.e., hitting head on wall, inflicting wound with writing or eating utensil, and tying clothing around neck).

Possibly Suicidal. A person who is a suicide risk because they have one or more of the following conditions:

a. A history of suicide attempts with or without current suicidal ideation.
b. A noticeably depressed mood, with or without current suicidal ideation.
c. Real or perceived recent significant loss such as loss of spouse or loved one, job, health, or community status.
d. Is sentenced to what the inmate considers to be an intolerably long term; or
e. The inmate's job, community standing, religion, or other factor demonstrates an unusually high degree of embarrassment or guilt due to the arrest or incarceration.

Protected Health Information (PHI). Inmate health information created or received by the AJ, which relates to:

a. The past, present or future physical or behavioral health of an inmate;
b. The provision of health care to an inmate; or
c. The past, present or future payment for the inmate's health care to be protected. The information must identify the inmate or provide a reasonable basis to believe the information can identify the individual. See 45 CFR 164.508.

Qualified Mental Health Professional (QMHP). A member of Deschutes County Behavioral Health designated as a Qualified Mental Health Professional pursuant to OAR 1309-32-040 (9) who provides after hours and weekend behavioral health services.

Self-Harm Prevention Plan. A mutually agreed upon course of action between an inmate and behavioral health professional to support behavioral health stability during incarceration. This safety plan will not take the place of appropriate, in person, periodic monitoring.

Suicide. The intentional taking of one's life. In correctional settings, death by hanging is the most common form of successful suicide.

Suicide Prevention Cell. A cell where a camera and close supervision may be maintained.

Suicidal Ideation. Having thoughts of taking one's life. Suicidal ideation can occur without specific plan or intent to act on these thoughts.

Suicide in Progress. A self-destructive act, which will result in serious bodily harm and/or potential death without intervention by AJ members.

PROCEDURES.

SECTION A: KEY COMPONENTS OF THE SELF-HARM PREVENTION PLAN

A-1. Identification. Early identification of suicidal inmates is the most crucial factor in successful intervention. The Health Trained Deputy (HTD) will complete the *Pre-Booking Questionnaire Form No. 500* and observe arrestees for situational and behavioral risk factors that may indicate potential for suicide. The *Intake Medical Screen Form No. 501* is completed by the HTD or nurse and offers appropriate questions to determine if intervention is needed to prevent self-harm.

a. Situational and Behavioral Risk Factors:

1. First 48 hours of incarceration (with the first 3 hours being the most critical).
2. Inmate is under the influence of alcohol or drugs.
3. Inmate makes suicidal statements or gestures.
4. Inmate has known history of suicide attempt, with or without current suicidal ideation.
5. Recent significant loss, such as loss of spouse or loved one, job, health, or status.
6. Inmate is a high-profile person in the community.
7. Inmate exhibits noticeably depressed mood, anxiety, emotional distress, agitation, psychosis, or impulsivity, with or without current suicidal ideation.
8. Crime that produces guilt or shame (i.e., sex offense, or embezzlement).
9. Known family history of suicide.
10. Following adjudication, when an inmate is returned to the AJ from court and has received a lengthy sentence in the opinion of the inmate.
11. Significant changes in mood, behavior or appearance (i.e., social withdrawal, difficulty thinking, concentrating, apparent preoccupation, overwhelming guilt or remorse). An inmate may give away possessions or commissary.

b. Any member may place an inmate determined to be a self-harm risk on suicide prevention precautions and close supervision.

c. Inmates at risk for self-harm shall be closely monitored and evaluated by a BHS or QMHP.

d. Identifying and recognizing situational and behavioral risk factors in the first 48-hours is critical. However, risk of self-harm may continue for two weeks and up to 4 months after initial incarceration. During each welfare check, the HTD or BHS will look for situational and behavioral suicide risk factors.

A-2. Admission Acceptance of Possibly Suicidal Inmates. If the HTD determines during pre-booking the arrestee is a potential suicide risk, they will contact an on duty BHS. If a BHS is unavailable, the shift supervisor must determine the need to contact MCAT based on a reasonable assessment of the situation. Unless someone is suicidal and will not agree to any safety precautions, they made a recent suicide attempt, or will not contract to any safety precautions available in this facility; they will not meet the criteria for hospitalization.

If the shift supervisor does not feel an individual will be safe with full precautions and/or other accessible in-house services, MCAT should be contacted.

MCAT should complete an in-person evaluation within one hour of notification. Following a behavioral health evaluation, if the arrestee is appropriate for admission to the AJ, MCAT will recommend an appropriate housing assignment and suicide prevention precautions. MCAT will make relevant evaluation notes and provide observation instructions to AJ members in the inmate's Electronic Health Record (EHR). The *Intake Medical Screening Form* will be reviewed by a nurse and information will be given to a BHS for follow up.

A-3. Admission Denial of Possibly Suicidal Inmates. If the BHS, MCAT or shift supervisor determines the arrestee is a danger to self or others and in need of immediate treatment, admission to the AJ will be denied. See *AJ Policy CD-10-13, Behavioral Health*. MCAT will recommend the arrestee be transported to the nearest hospital for further evaluation and/or care.

A-4. Housing. Once a new arrestee is willing and able to comply with current safety precautions, the individual will be accepted into the jail by a supervisor. The inmate will be housed with full precautions until a BHS is on duty. Suicidal inmates should not be housed or left alone unless close or constant supervision can be maintained by deputies following the precautions set by a behavioral health professional.

a. If a supervisor determines an arrestee needs an evaluation by MCAT, the arrestee will be placed in a holding cell, which allows for observation. All articles of clothing or objects that could be used for self-harm will be removed from their possession.

b. After a suicide attempt within the jail, the inmate must be evaluated medically and they should likely be taken to the hospital for evaluation, particularly in hanging attempts. After the inmate has been cleared medically, they will be placed under constant monitoring pending assessment by a BHS, MCAT, or a hospital social worker. The behavioral health professional will provide members with precaution instructions to safely house the inmate. These instructions will be entered into the inmate's JMS and EHR files.

c. If a current inmate makes suicidal statements, they should be placed on full precautions until a BHS can meet with them. It is not necessary for behavioral health to meet with them immediately, as their safety will be monitored through precautions. If this occurs after hours, and the individual is willing to comply with restrictions, MCAT does not need to be contacted and the inmate can wait for assessment until a regularly scheduled BHS is on duty. If a current inmate makes suicidal statements and a supervisor believes it is not possible to keep the inmate safe on full precautions, MCAT should be contacted to assess the individual.

d. Deputies will follow instructions from BHS, QMHP, or qualified behavioral health professional.

Full precautions are:

- 15 minute checks (can increase in 5 minute increments, if necessary)
- Suicide prevention smock
- Suicide prevention blanket(s) – up to 2 at the discretion of the shift supervisor and/or BHS
- No towel
- No socks
- No shoes
- No undergarments
- No sharps
- Hygiene items with supervision – at the discretion of the shift supervisor and/or BHS
- Regular meal trays (may be limited or restricted based on housing assignment)
- Regular soft cup

A-5. Monitoring. Monitoring requirements for suicidal inmates will be documented in the inmate's JMS and EHR files by a qualified BHS or QHMP. The required frequency of monitoring checks (5 to 30 minutes) will be listed, in addition to all suicide precautionary requirements (hygiene kit, suicide blanket, suicide smock, etc.). Members will follow these instructions. HTDs will log all checks in the EHR.

A-6. Communication. If an inmate is identified as possibly suicidal, results of the BHS assessment and recommendations will be communicated verbally to the shift supervisor and in writing in the inmate's JMS and EHR files. The BHS is responsible for communicating the inmate's status to the Medical Unit when appropriate.

A-7. Reporting. Prompt reporting of all suicidal inmates to the appropriate parties is critical for successful intervention.

a. Upon the identification of a suicidal inmate at pre booking, HTDs are responsible for communicating the need for prompt behavioral health assessment to the shift supervisor and BHS. This is documented on *Pre Booking Questionnaire Form No. 500.* HTDs will immediately report all attempted suicides to the shift supervisor and behavioral health staff. Such reports will be documented in an AJ Incident Report.

b. Supervisors will promptly report all attempted suicides to the Captain. Such reports will be documented in an AJ Incident Report.

c. The BHS is responsible for reporting results of behavioral health assessment and recommendations of any suicide precautions to the shift supervisor and the Medical Unit.

A-8. Self-Harm Prevention Plan. A BHS may use a *Self-Harm Prevention Plan Form No. 516* as a means to communicate and document a mutually agreed upon course of action between an inmate and behavioral health professional to support behavioral health stability during incarceration. This safety plan will not take the place of appropriate, in-

person, periodic monitoring, and is only to be used with individuals assessed as low risk. A copy of the form is provided to the inmate, and the original placed in inmate's EHR.

A-9. Referrals. Potentially suicidal inmates can be referred to a local hospital or outside behavioral health facilities upon release from the AJ. A BHS can refer to outpatient behavioral health for continuity of care and follow-up treatment.

a. Inmates released while under suicide precautions will be assessed for level of suicide risk upon leaving the AJ. If a BHS, or QMHP consider level of risk for suicide high, and:

1. The inmate is willing to go voluntarily; the inmate will be given a courtesy ride to an appropriate local hospital to be assessed there.
2. A Peace Officer Hold or a Director's Hold may be initiated and the inmate will be transported by a deputy to be assessed at an appropriate local hospital.

b. Inmates released while under suicide precautions and assessed as low risk, will:

1. Be given information on how to access services of DCBH if they are not already a current client.
2. Be encouraged to contact DCBH in a timely manner. If they are a current client of DCBH, a BHS will contact DCBH or other caseworker to notify them of the release and provide appropriate behavioral health information.

A-10. Intervention. The first responding deputy will be in control of a suicide in progress until a nurse arrives. Deputies will make all reasonable effort to ensure the safety of inmates and attending members.

a. Notify control to call 9-1-1 Dispatch and request immediate Emergency Medical Services (EMS).
b. Medical Unit nurses will respond to the scene.
c. If suicide by hanging, deputies will use the cut-down tool as quickly as possible. Location of the cut-down tool should be known by all members.
d. Until EMS arrives, the inmate should be treated for shock, airway maintained, and in the absence of both pulse and respiration, CPR initiated. When appropriate, a cervical collar will be applied to their neck to stabilize.
e. The inmate will be transported to the hospital for medical evaluation.
f. The inmate will be on constant supervision until the BHS evaluation and further instructions from the BHS.
g. Notify the Captain through the chain of command.
h. Notify a BHS (or MCAT) to complete an evaluation within one hour of notification.
i. Involved deputies will complete an incident report.
j. A supervisor will set a date and time for debrief. A BHS will be available to assist in the debriefing process.

A-11. Training. All members will receive eight hours of initial suicide awareness and prevention training during new hire orientation. Training will include situational and behavioral risk factors of potentially suicidal inmates. Annually, members will receive two hours of continuing suicide prevention training.

A-12. Notification. The Captain or designee, with cooperation of the investigating agency, will notify supervisors, concerned outside authorities, and family members of potential, attempted, and/or completed suicides. A BHS will be available to assist in the notification of family members in a timely manner.

A-13. Review. All suicide attempts and completed suicides will be investigated and reviewed.

FORMS.

- Pre-Booking Questionnaire Form No. 500
- Self-Harm Prevention Plan Form No. 516
- Medical Close Supervision Housing Form No. 808
- Inmate Round Record Form No. 402