Govorchin, Peter (AG)

From: Govorchin, Peter (AG)
Sent: Monday, April 29, 2013 4:41 PM
To: 'Nelson, Mellie (CRT)'; Levy, Judith (USAMIE) (Judith.Levy@usdoj.gov); DeClercq, Susan (USAMIE) (Susan.DeClercq@usdoj.gov)
Subject: FW: Huron report
Attachments: 20130429162211983.pdf; 20130429163304086.pdf; 20130429163331823.pdf; 20130429163355084.pdf

Mellie, Judith and Susan, you requested several documents in anticipation of the May 1, 2013 meeting at WHV:

Pages 1, 5: Suicide training curricula for the 8 hour and 4 hour training and documentation of the staff trained:
Response: These are being collected and will be emailed separately.

Page 3: Behavioral Health Intake Admissions Evaluation form:
Response: First Attachment.

Page 4: Does Attachment O "Department of Corrections, Mental Health Services, Suicide/Self-Injury Risk assessment and Interventions Management Guidelines," revised May 4, 2012, supplement other referenced policy directives, including WHVCF's Operating Procedure on "Suicide Prevention-In-Patient Units," WHVCF's "Suicide Prevention for Women in General Population," and MDOC's Policy Directive on "Suicide Prevention"?
Response: Yes.

If so, please provide the revised policy directives.
Response: Second, third and fourth Attachment.

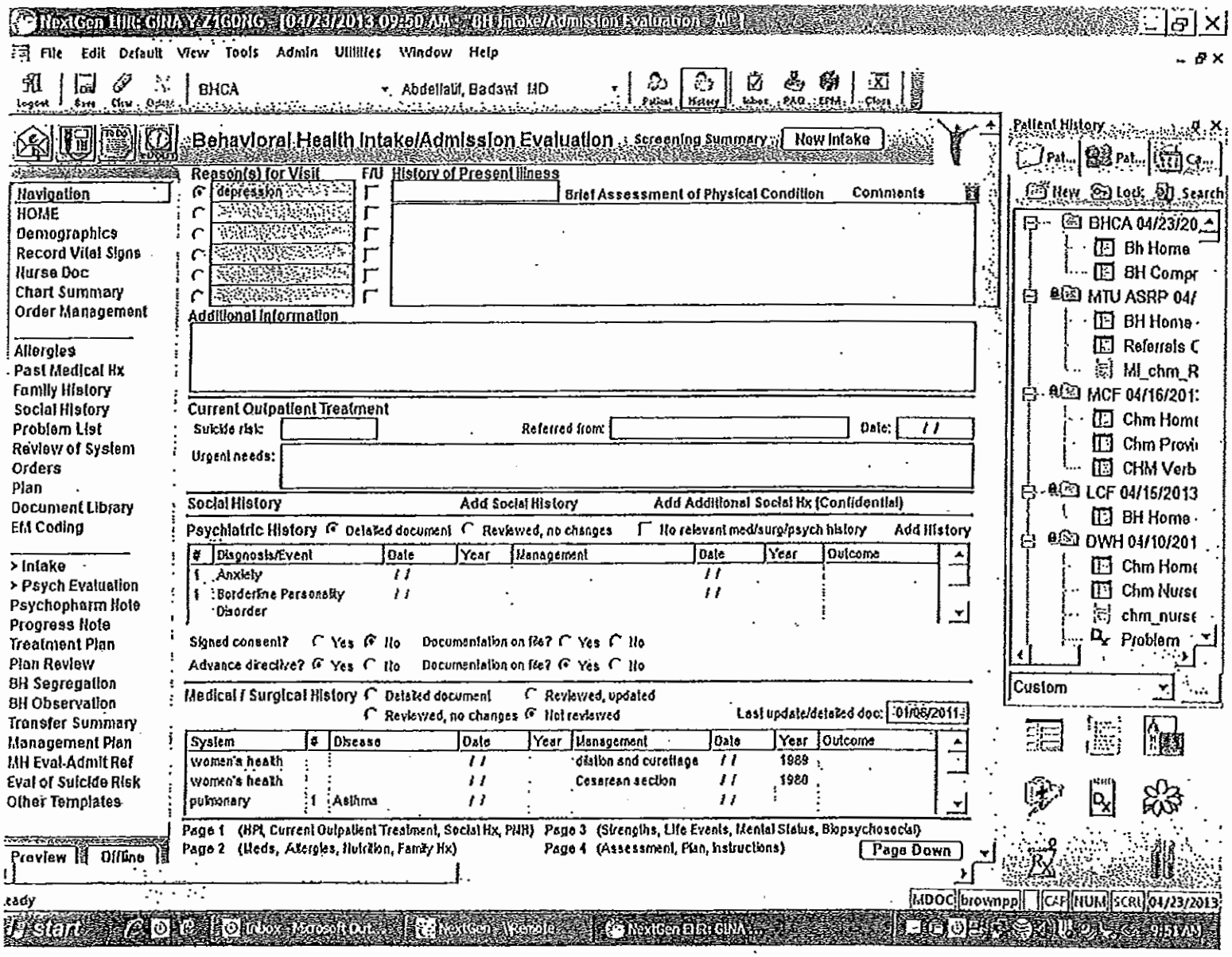
For Wednesday's meeting, how many on behalf of DOJ will be attending?

From: Nelson, Mellie (CRT) [mailto:Mellie.Nelson@usdoj.gov]
Sent: Tuesday, April 16, 2013 4:47 PM
To: Govorchin, Peter (AG)
Cc: DeClercq, Susan (USAMIE); Levy, Judith (USAMIE)
Subject: Huron report

Attached is Lindsay Hayes' report of his review of your March 7, 2013 letter and attachments. We wanted you to have this before our May 1st meeting. As you will note, Mr. Hayes mentions several items he would like to review. We request that you provide the following documents he references in this report:

Pages 1, 5: Suicide training curricula for the 8 hour and 4 hour training and documentation of the staff trained
Page 3: Behavioral Health Intake Admissions Evaluation form
Page 4: Does Attachment O "Department of Corrections, Mental Health Services, Suicide/Self-Injury Risk assessment and Interventions Management Guidelines," revised May 4, 2012, supplement other referenced policy directives, including WHVCF's Operating Procedure on "Suicide Prevention-In-Patient Units," WHVCF's "Suicide Prevention for Women in General Population," and MDOC's Policy Directive on "Suicide Prevention"? If so, please provide the revised policy directives.

Thank you for your help in this matter. We look forward to our upcoming meeting. Mellie


NextGen Ulic GINA YZ1GONG - [04/23/2013 09:50 AM - BH Intake/Admission Evaluation - MI]
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BHCA
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Behavioral Health Intake/Admission Evaluation
Screening Summary
New Intake
Navigation
HOME
Demographics
Record Vital Signs
Nurse Doc
Chart Summary
Order Management
Allergies
Past Medical Hx
Family History
Social History
Problem List
Review of System
Orders
Plan
Document Library
EM Coding
> Intake
> Psych Evaluation
Psychopharm Note
Progress Note
Treatment Plan
Plan Review
BH Segregation
BH Observation
Transfer Summary
Management Plan
MH Eval-Admit Ref
Eval of Suicide Risk
Other Templates
Preview
Offline
Reason(s) for Visit
F/U
depression
History of Present Illness
Brief Assessment of Physical Condition
Comments
Additional Information
Current Outpatient Treatment
Suicide risk:
Referred from:
Date:
Urgent needs:
Social History
Add Social History
Add Additional Social Hx (Confidential)
Psychiatric History
Detailed document
Reviewed, no changes
No relevant med/surg/psych history
Add History
Diagnosis/Event Date Year Management Date Year Outcome
1 Anxiety
1 Borderline Personality Disorder
Signed consent? Yes No Documentation on file? Yes No
Advance directive? Yes No Documentation on file? Yes No
Medical / Surgical History
Detailed document
Reviewed, updated
Reviewed, no changes
Not reviewed
Last update/detailed doc: 01/06/2011
System # Disease Date Year Management Date Year Outcome
women's health
women's health
pulmonary 1 Asthma
dation and curettage 1989
Cesarean section 1980
Page 1 (HPI, Current Outpatient Treatment, Social Hx, PMH)
Page 2 (Meds, Allergies, Nutrition, Family Hx)
Page 3 (Strengths, Life Events, Mental Status, Biopsychosocial)
Page 4 (Assessment, Plan, Instructions)
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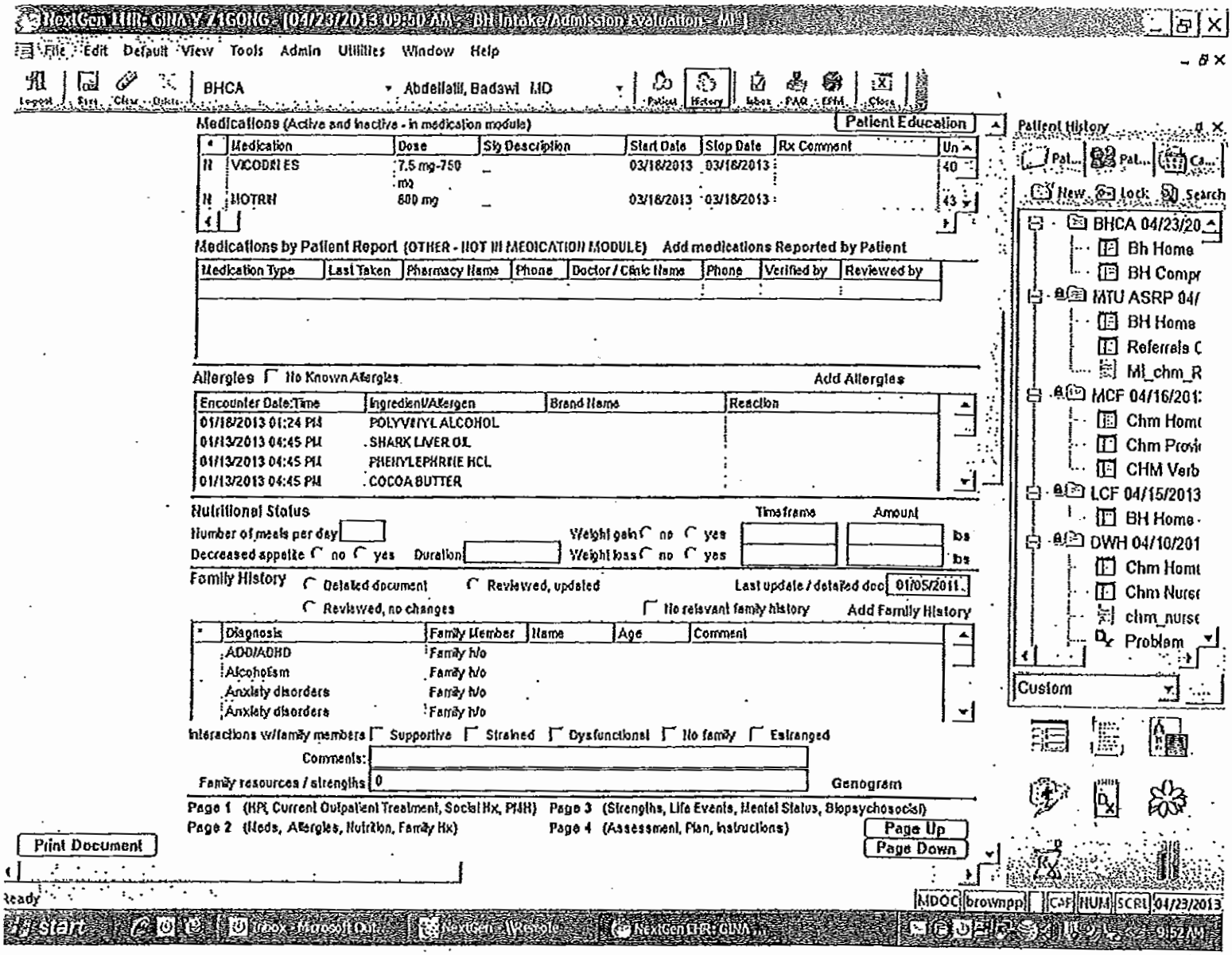
NextGen EHR: GLIMA Y ZAGORG - [04/23/2013 09:50 AM - BH Intake/Admission Evaluation - MI]
File Edit Default View Tools Admin Utilities Window Help
BHCA
Abdellatif, Badawi MD
Medications (Active and Inactive - in medication module)
Patient Education
Medication
Dose
Sig Description
Start Date
Stop Date
Rx Comment
VICODIN ES
7.5 mg-750 mg
03/18/2013
03/18/2013
MOTRIN
800 mg
03/18/2013
03/18/2013
Medications by Patient Report (OTHER - NOT IN MEDICATION MODULE) Add medications Reported by Patient
Medication Type
Last Taken
Pharmacy Name
Phone
Doctor / Clinic Name
Phone
Verified by
Reviewed by
Allergies
No Known Allergies
Add Allergies
Encounter Date:Time
Ingredient/Allergen
Brand Name
Reaction
01/18/2013 01:24 PM
POLYVINYL ALCOHOL
01/13/2013 04:45 PM
SHARK LIVER OIL
01/13/2013 04:45 PM
PHENYLEPHRINE HCL
01/13/2013 04:45 PM
COCOA BUTTER
Nutritional Status
Timeframe
Amount
Number of meals per day
Decreased appetite no yes
Duration
Weight gain no yes
Weight loss no yes
lbs
Family History
Detailed document
Reviewed, updated
Reviewed, no changes
Last update / detailed doc
01/05/2011
No relevant family history
Add Family History
Diagnosis
Family Member
Name
Age
Comment
ADD/ADHD
Family h/o
Alcoholism
Family h/o
Anxiety disorders
Family h/o
Anxiety disorders
Family h/o
Interactions w/family members
Supportive
Strained
Dysfunctional
No family
Estranged
Comments:
Family resources / strengths
0
Genogram
Page 1 (HPI, Current Outpatient Treatment, Social Hx, PMH)
Page 2 (Meds, Allergies, Nutrition, Family Hx)
Page 3 (Strengths, Life Events, Mental Status, Biopsychosocial)
Page 4 (Assessment, Plan, Instructions)
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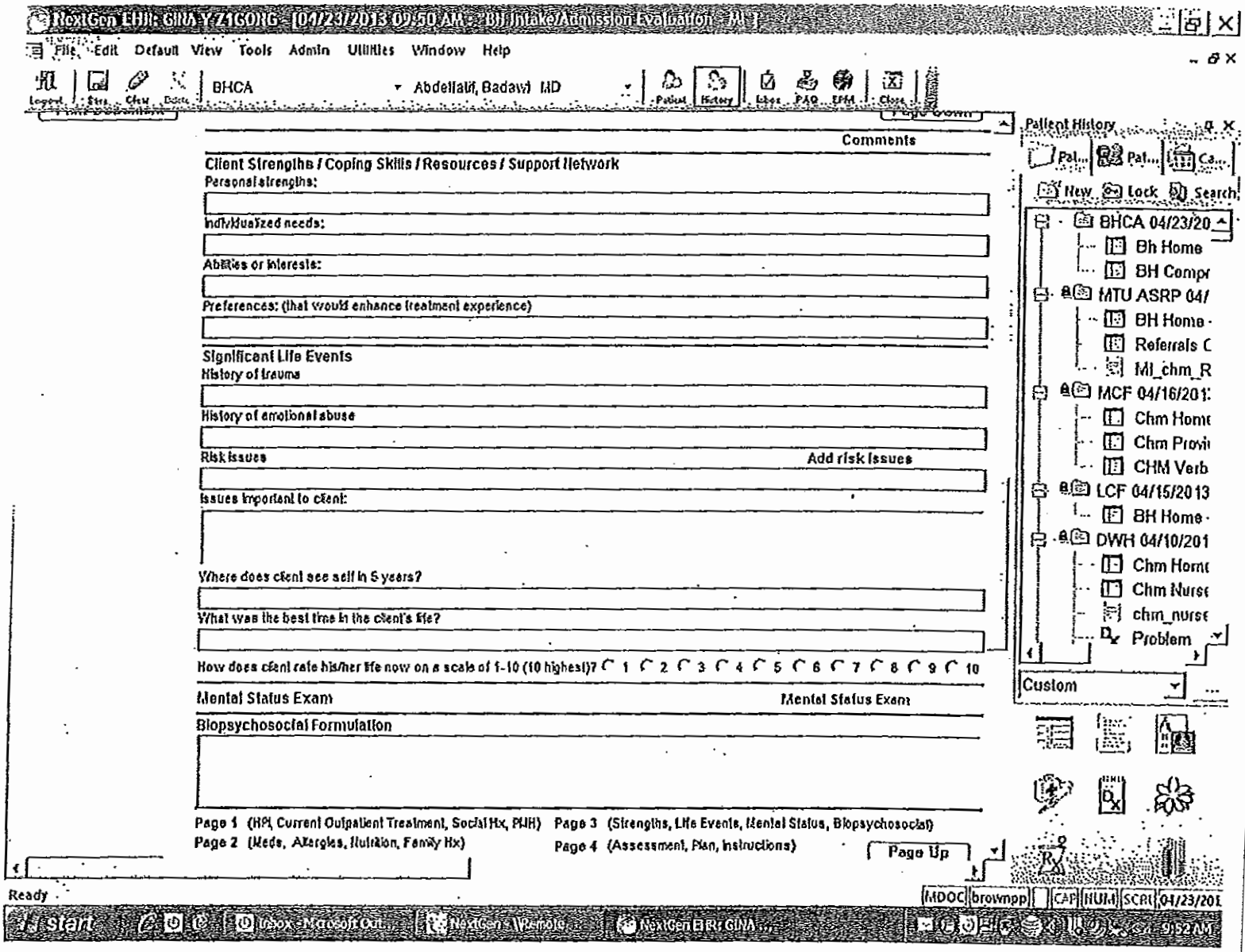
RextGen EHR: GINA Y ZIGONG - 04/23/2013 09:50 AM - BH Intake/Admission Evaluation
File Edit Default View Tools Admin Utilities Window Help
BHCA
Abdellatif, Badawi MD
Patient History
Comments
Client Strengths / Coping Skills / Resources / Support Network
Personal strengths:
Individualized needs:
Abilities or interests:
Preferences: (that would enhance treatment experience)
Significant Life Events
History of trauma
History of emotional abuse
Risk Issues
Add risk issues
Issues important to client:
Where does client see self in 5 years?
What was the best time in the client's life?
How does client rate his/her life now on a scale of 1-10 (10 highest)? 1 2 3 4 5 6 7 8 9 10
Mental Status Exam
Mental Status Exam
Biopsychosocial Formulation
Page 1 (HPI, Current Outpatient Treatment, Social Hx, PMH)
Page 2 (Meds, Allergies, Nutrition, Family Hx)
Page 3 (Strengths, Life Events, Mental Status, Biopsychosocial)
Page 4 (Assessment, Plan, Instructions)
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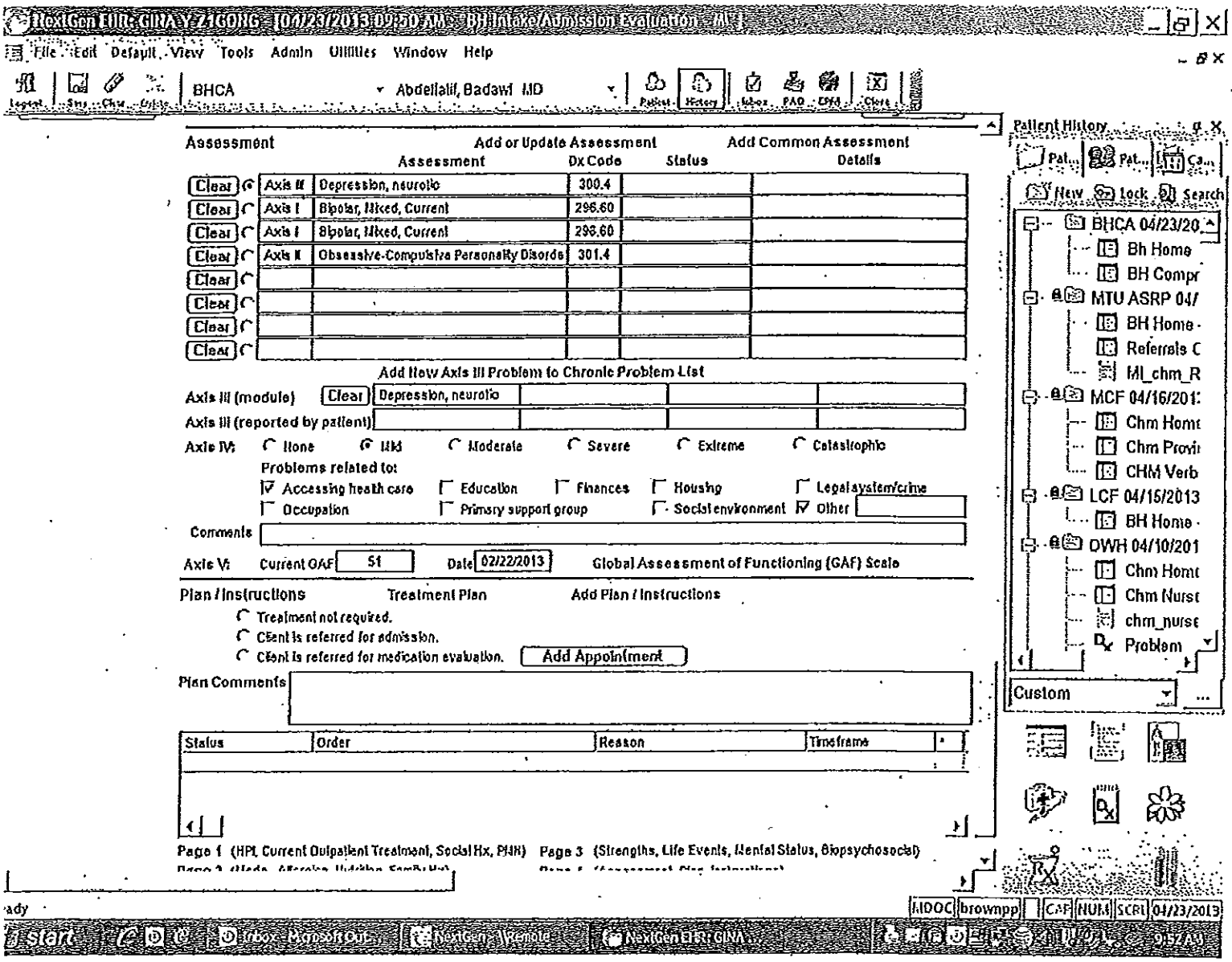
NextGen Ellis, GINA YZ1GONG - 04/23/2013 09:50 AM - BH Intake/Admission Evaluation - MU1
File Edit Default View Tools Admin Utilities Window Help
BHCA
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Assessment
Add or Update Assessment
Add Common Assessment
Assessment
Dx Code
Status
Details
Clear
Axis III
Depression, neurotic
300.4
Axis I
Bipolar, Mixed, Current
296.60
Axis I
Bipolar, Mixed, Current
296.60
Axis II
Obsessive-Compulsive Personality Disorde
301.4
Add New Axis III Problem to Chronic Problem List
Axis III (module)
Depression, neurotic
Axis III (reported by patient)
Axis IV:
None
Mild
Moderate
Severe
Extreme
Catastrophic
Problems related to:
Accessing health care
Education
Finances
Housing
Legal system/crime
Occupation
Primary support group
Social environment
Other
Comments
Axis V:
Current GAF
51
Date
02/22/2013
Global Assessment of Functioning (GAF) Scale
Plan / Instructions
Treatment Plan
Add Plan / Instructions
Treatment not required.
Client is referred for admission.
Client is referred for medication evaluation.
Add Appointment
Plan Comments
Status
Order
Reason
Timeframe
Page 1 (HPI, Current Outpatient Treatment, Social Hx, PMH)
Page 3 (Strengths, Life Events, Mental Status, Biopsychosocial)
Patient History
New
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Search
BHCA 04/23/20
Bh Home
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BH Home
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MICHIGAN DEPARTMENT OF CORRECTIONS **WHV - Women's Huron Valley Correctional Facility** **OPERATING PROCEDURE**	EFFECTIVE DATE 07/13/2010	NUMBER 04.06.115A
	SUPERSEDES NEW	
SUBJECT SUICIDE PREVENTION - INPATIENT UNITS	AUTHORITY PD 04.05.115, PD 04.06.183; DOM 2005-7; MCL 330.1742	
	ACA Standards 4-4190, 4-4191, 4-4281, 4-4373	
	PAGE 1 OF 10	

OBJECTIVE:

To prevent acts of self-injury, suicide, or imminent behavior that represents a danger to one self as a result of mental illness or suicide ideation who are housed in the WHV Inpatient Unit.

AUDITING:

The Warden has responsibility for ensuring that this procedure is complete and accurate. This responsibility includes: 1) ensuring that the procedure complies with all applicable Department administrative rules, policies, DOMs and procedures; 2) reviewing the procedure at the time of annual review; 3) submitting draft revisions when the procedure needs updating; and, 4) auditing staff compliance.

FORMS USED:

CAJ-571	Critical Incident Participant Report
CHJ-177	Health Management Plan
CHJ-180	Evaluation of Suicide Risk
CHJ-194	Mental Health Record
CHJ-335	Close Observation
CHJ-543	Mental Health Progress Note
CHX-122	Physician Orders
CSJ-156	Prisoner Accident Report

RELATED POLICIES/PROCEDURES:

Health Information Systems Manual
Health Record Management Standards
Inpatient Mental Health Record Documentation Standards
Corrections Mental Health Program Guidelines Suicide/Self-Injury Risk Assessment and Interventions dated January 6, 2009

DEFINITIONS:

A. **CLOSE OBSERVATION**: Used for prisoners who are assessed as "moderate" risk of suicide or self-harm. These prisoners cannot be safely managed in a less restrictive fashion. There may be significant risk to the prisoner's personal reputation, financial affairs, or sexual safety. The prisoner is to be reviewed by a psychiatrist or QMHP daily (Monday to Friday) in consultation with nursing staff. The on-call psychiatrist will be contacted during weekends and holidays each day by the unit RN and if prisoner's condition warrants, the psychiatrist will come to the facility to evaluate. The prisoner is in a locked unit and is checked every 15 minutes. She is to be checked for signs of life (i.e., respiration) each 15 minute period throughout this observation period. Patient must be escorted by a custody officer when off the unit for whatever purpose. Individual observations are maintained on the Close Observation Form CHJ-

335. Close Observation does not necessitate that the prisoner be maintained solely in her cell. This level of observation will occur both in cell and in unit.

B. **COMPREHENSIVE INDIVIDUAL TREATMENT PLAN (CITP):** Is a treatment plan that identifies problems and guides therapeutic interventions.

C. **DIRECT OBSERVATION:** Used for prisoners assessed as "high" risk to themselves and/or high risk of aggression/violence to others. These prisoners cannot be safely managed in a less restrictive fashion. Environmental limitations preclude other levels of care. Prisoner requires daily review by a psychiatrist or QMHP on Monday to Friday in consultation with nursing staff. Weekends/holidays, the on-call psychiatrist will be contacted daily by the unit RN and if prisoner's condition warrants, will come to facility to evaluate. This Direct Observation requires that the RUO/C/O must maintain continuous visual contact with the prisoner and be within visual range of the prisoner at all times. Prisoner is to be contained on the unit and is to be checked for signs of life (i.e., respiration) each 15 minute period throughout this observation period. If prisoner is in a therapy or group activity, the Direct Observation coverage will be provided by the group facilitator. Individual observations are maintained on the CSJ-335 and retained in the medical record. Direct Observation does not necessitate that the prisoner be maintained solely in her cell. This level of observation will occur both in cell and in unit.

D. **MANAGEMENT PLAN:** For the purpose of this operating procedure, a management plan is developed when a prisoner is treated for suicidality and is ready to be transferred to another level of care to aid mental health and corrections staff. The plans used for prisoners on interventions for suicide/self-injury risk and may employ aspects of safety precautions. The plan will have the following sections:

1. Problem or Rationale: The reason for the management plan, such as safety precautions for suicide or self-injury.

2. Restrictions: Type and duration of safety precautions to be taken. Therapeutic seclusion or restraint should be documented separately. Out-of-cell activity should be specified. Generally, the suicidal prisoner should not remain continuously in a cell absent an order for therapeutic seclusion or restraint.

3. Frequency of Observation: Required frequency of staff observation of the prisoner, ranging from continuous to a minimum of once per shift, depending on the level of suicide risk.

4. Behaviors to Observe and Report: Types of behaviors, which should be observed and reported by staff. Description of the prisoner's behavior, which requires immediate notification to the QMHP.

5. Actions to be taken: By housing unit staff when certain behaviors are observed.

6. Frequency of Contact: Frequency of planned prisoner contact by a member of the treatment team and description of prisoner behaviors that require immediate notification to the nurse, psychiatrist, or other QMHP.

E. **QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP):** A physician,

psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed by the State of Michigan to practice within the scope of his/her training and licensure.

F. **SUICIDAL BEHAVIOR:** Written or verbal threats, acts or gestures which would cause serious self-injury and are motivated by a decision to kill one self.

G. **SUICIDAL IDEATION:** Active fantasy, thought, or planning of suicidal behavior, or morbid preoccupation with one's own death as a desirable outcome.

H. **SELF-INJURIOUS BEHAVIOR:** Self-harm or self-mutilation deliberately inflicted but without suicidal intent, by acts such as puncturing, cutting, swallowing objects, hanging, head banging, and ingesting of harmful drugs, chemicals, or poisons.

I. **SUICIDE PREVENTION PLAN:** A plan for the aid of managing a person at risk of suicide in the inpatient setting to ensure their safety in a supportive and therapeutic environment until the suicide risk reduces significantly to a level where they can be safely maintained in the prison setting. Prisoners who are assessed to be at risk of suicide must have detailed suicide prevention plans developed, and whenever possible, this should be done in collaboration with the patient. The plan should be documented in the Electronic Medical Record using the CHJ-543, Mental Health Progress Note and should include the following:

* Level of assessed suicide risk
* Nature of associated risk, for example, self harm
* Steps to be taken to ensure safety, (i.e.: limited access to items that could be used for suicide), level and frequency of observations; requirement for a RUO/CO to observe; frequency of re-assignment and documentation of each suicide risk assessment, including a review rating as high, medium or low.
* The patient's treatment status as voluntary or involuntary
* Diagnosis and treatment interventions including provision of appropriate treatment therapy or support to reduce the patient's level of distress and to promote hope and recovery, medication, problem solving, cognitive thinking, and de-escalation
* Appropriate medication considered for anxiety, agitation, depression and sleep
* Information regarding family, friends, and significant relationships
* Identification of prisoner's difficulties, stressors, triggers
* Identification of adaptive coping responses to use
* Identification of support persons
* Recognition of significant events, especially those which involve loss, death or a significant person or anniversary of divorce or death
* Individual importance of various factors to the patient including anticipation of likely circumstances that may escalate the patient's risk
* Promotion of recovery through supportive or other psychotherapy including documentation of the patient's developing understanding of their recovery pathway

J. **SUICIDE RISK LEVEL:** For Inpatient Services, there are two risk levels that constitute precautions – High and Moderate. Each level, based on clinical indicators, have specific suicide prevention plan interventions and observations. The appropriate level is to be applied in a way that is responsive to changes in

the patient's clinical condition to minimize the level of unnecessary restriction. A clear explanation is to be given to the prisoner about the reason for each particular observation level. The levels are reviewed on-going throughout each shift by the treatment team. When a prisoner's clinical condition requires a higher level of observation, the nursing manager or designee may raise the level and consult with the psychiatrist/QMHP as soon as possible.

NOTE: When changing suicide risk levels, a CHJ-194 is to be completed to reflect the change – "H" for high and "M" for moderate.

K. THERAPEUTIC RESTRAINT: The use of physical, mechanical, or other means pursuant to the order of a psychiatrist to temporarily subdue a prisoner or otherwise limit a prisoner's freedom of movement.

L. TREATMENT TEAM: Consists of the Unit Chief/designee who will chair the team, a psychiatrist who provides clinical leadership, social worker, psychologist, at least one RN, activity therapist, at least one RUO/C/O Resident Unit Manager (RUM) and Assistant Resident Unit Supervisor (ARUS). A quorum for treatment planning purposes should, whenever possible, include Unit Chief/designee, ARUS/designee and one other QMHP.

NOTE: Decisions regarding seclusion/restraint must also include a psychiatrist/RN.

INFORMATION:

A. All staff have roles and responsibilities in the identification, referral, and management of suicidal and self-injurious behavior. Critical periods include the initial arrival in prison, a parole denial, an additional term of incarceration, family crisis or loss, involvement as a victim or perpetrator in a traumatic critical incident, and the diagnosis of debilitating or terminal illness. In order to minimize the number of successful suicides, staff response to all suicidal gestures or behaviors as if they are serious and genuine suicide attempts until determined otherwise by a Qualified Mental Health Professional. Whenever staff has a question of suicide risk, the prisoner is to be managed in accordance with this operating procedure.

B. Because lengthy periods of seclusion promote suicidal thoughts and behaviors, the mental health code does not provide for the use of seclusion as a mechanism for preventing self-harm (MCL 330.1742 [1]-[2]).

C. Risk assessments shall be conducted in accordance with Suicide/Self-Injurious Risk Assessment Guidelines. A Suicide Risk Assessment guide is attached as an addendum to this operating procedure. A broad view of all the risk factors associated with suicidal behavior is important for the clinician to consider during the assessment. However, the most important risk factors for estimating the current and immediate risk are the personal risk factors, including the current mental state, that are impacting on the individual's life at the present time.

The most important suicide risk factors are how depressed an individual is and whether they have made suicidal plans (as opposed to having passive suicidal thoughts). It is also important to note that a person might not reveal their plans and might try to hide their suicidal intent. Other personal risk factors include: recent major life events especially involving loss or humiliation; 'at risk" mental states especially hopelessness, despair, agitation, shame, guilt, anger, psychosis; recent suicide attempt; personality/vulnerability, challenges to

dependency, impulsivity. The greater the anxiety, agitation and/or anger, the higher risk the prisoner is for suicide attempts in the near future.

A comprehensive suicide risk assessment should explore: psychological distress, mental status; history of suicidal behavior, current suicidal thoughts; lethality/intent; presence of a suicide plan; access to means and knowledge; safety of others (thoughts of harming someone else, history of harming others and the rationale); coping potential or capacity and person's meaning/motivation.

Various protective factors have been identified that may protect a person from suicide. These include: Strong perceived social supports; family cohesion; peer group affiliation; good coping and problem solving skills; positive values, beliefs, or religion, ability to seek and access help.

D. Risk levels and changes in risk level shall be communicated to team members (including RUOs/C/Os) via the treatment plan and shall be placed in the suicide intervention plan.

E. Suicide potential may be indicated by a wide range off behaviors. All staff should alert the nurse/QMHP of such behaviors, regardless of whether the prisoner is known to be at risk for self-injury. The following are examples of the sorts of behaviors that should be reported:

1. Prisoner states that he is suicidal, wishes to die, etc.

2. Prisoner threatens self-harm or suicide;

3. Prisoner hints that he won't be around for some anticipated even without explanation;

4. Change in mood, depression, anger, agitation, marked anxiety, and panic attacks.

5. Unexpected, rapid improvement in mood;

6. Hallucinations containing suicidal instructions;

7. Fear that others will kill her, especially an unfounded fear associated with marked anxiety; panic attacks;

8. Despair, hopelessness, absence of plans for future;

9. Hoarding of medications;

10. Possession of contraband that could be used for self-harm (e.g., ligature);

11. Unexplained injuries, lacerations;

12. Giving things away;

13. Preparing a will;

14. Other indications of putting affairs in order;

15. Preoccupation with death;

16. Recent disappointments, e.g.: "Dear John" letter, break with family, denial of parole, failure of appeal, unexpected result of misconduct hearing, etc.

F. The usual sequence of reporting information regarding critical behaviors (such as those described above) is to inform the RN/QMHP, who assesses the situation to determine if it may require immediate action.

INTERVENTIONS TO MANAGE SUICIDE RISK

G. A suicide prevention plan is based on the prisoner's risk level and should clearly and legibly state the type of observations the RUO/C/O will implement. Although specific definitions are given in this procedure, the suicide prevention plan should provide as much information about the type of restrictions and interventions required.

H. Corrections staff shall document observations on form CHJ-335. The completed form is placed in the mental health record.

I. A doctor's order for "suicide precautions" and a management plan calling for "suicide precautions" may include any or all of the following, as specified in the plan:

1. A specific RUO/CO is assigned to maintain continuous visual contact with the prisoner. A prisoner may not be held in a cell solely for the purpose of observing her because of suicide risk, as this would constitute seclusion. Whether in her cell or out of cell, a prisoner shall be monitored through Direct supervision or close observation by the assigned officer. Prisoners on Direct or Close Observation shall be maintained on the unit.

2. An officer providing Direct or Close Observation must remain within visual contact of the prisoner at all times and have the ability to immediately respond to any suicidal behavior.

3. Direct Observation or Close Observation must be maintained, except that an officer need not over see the prisoner while the prisoner is participating in a therapeutic activity supervised by mental health staff on the unit.

4. Pertinent observations by all appropriate staff as identified in paragraph E. must be documented on the CSJ-335, and if significant behavior is noted, QMHP is to be notified. The QMHP (which may also be a nurse) makes a note in the prisoner's chart.

5. The prisoner's bed, locker, and clothing shall be searched at the onset of suicide precautions and following any interruption in continuous observation.

6. Personal belongings, including toiletry articles, pencils, etc., may be secured when not in use. All or some of the prisoner's personal and state issued property may be removed from the prisoner, depending upon the prisoner's clinical presentation and will be determined by the QMHP. Any restriction of personal belongings must be included in the management plan. This may include all clothing (including shoes,

shoelaces, belts, toiletry articles), eyeglasses and jewelry, except for a wedding band. Dentures, toilet paper, books and other reading materials may be retained. Eyeglasses may be kept at the officer's station and issued to prisoners as needed, under close supervision.

7. If warranted by clinical presentation and indicated on the management plan, staff may issue the prisoner a suicide prevention gown, a suicide prevention blanket, underpants, (paper if determined by management plan) toilet paper. Sheets and other linens are removed. Suicide blanket(s) are provided.

8. Finger foods will replace regular diet tray and chow hall if ordered in the suicide prevention plan.

9. Nothing in this standard shall restrict the prisoner's access to therapeutic materials or devices while under continuous supervision, unless the psychiatrist/QMHP specifies such restrictions in the plan.

10. Clinical staff, with the assistance of custody staff, shall ensure that all prisoners on suicide precautions are provided a minimum of 4 hours daily outside of their cells, preferably in social activity including therapeutic groups, unless current behavior requires additional restriction, in which case a physician's order is given. The 4 hours out of cell is in addition to time out of cell for meals, shower, and small yard.

11. Any exceptions, modifications or additions to the above shall be specified in writing in the suicide prevention plan.

12. A prisoner may be transferred to an observation cell equipped for video monitoring at the discretion of custody staff, but use of such a cell does not imply restriction to the cell and does not eliminate the need for direct observation, either Direct or Close Observation.

J. A psychiatrist/QMHP shall examine each prisoner on suicide precautions or similar alternative precautions and document the examination in a progress note at the onset of the precautions, at least once every 24 hours or until the suicide/alternative precautions are discontinued.

K. A nurse shall examine prisoners on suicide or similar alternative precautions each shift and record findings in a progress note.

L. Other variations in monitoring procedures include, but are not limited to, the following (see definitions):

1. Direct observation

2. Close observation

3. Therapeutic restraint

4. Visitation restrictions pursuant to the management plan.

M. Seclusion and other continuous cell restrictions are inappropriate for management of suicidal inpatient prisoners.

N. Interactions between suicidal prisoners and RUOs/COs can be therapeutic and can generate valuable information about suicide risk. The RUOs/COs is encouraged to interact therapeutically with the prisoner; interactions may include conversation, awareness and assessment, reflective listening, de-escalating techniques, problem solving, providing direct instruction, and/or other techniques as trained.

O. At each shift change report, nursing staff shall review the nature and purpose of suicide precautions for each prisoner under precautions, and provide a mental status update on the prisoner, noting in the medical record.

P. On each shift, nursing staff shall review with custody staff the status and needs of prisoners on suicide precautions or alternative precautions.

Q. Observations shall be communicated to incoming nursing and custody staff at shift changes.

R. When a prisoner is placed on suicide precautions or similar alternative precautions, the QMHP shall update the Suicide Risk Assessment and the management plan as soon as possible but no later than the end of the day. The management plan shall address interventions to reduce risk levels and resolution of the immediate suicidal crisis. The treatment team reviews and makes a plan for the long term reduction of suicidal behavior, including a relapse prevention plan.

S. Details of all suicide risk assessment, management plans, and observations are to be clearly documented in the prisoner's medical record. All staff on the unit must be made aware, both verbally at shift change and in the daily unit reviews, of the prisoner's current status, including level of suicide risk and the current management plan. The prisoner's management plan is regularly discussed with staff at shift change, as changes occur, and at team meetings.

T. Discharge and Follow up – When a decision has been made to discharge an inpatient prisoner who had been treated for suicidality, there are several factors involved in the process. The decision to discharge a person is based on the treating team's decision that further observation, care, and treatment are not longer necessary in the in-patient setting. Patients who have been at risk of suicide require follow up when discharged from inpatient. The first 28 days following discharge from a mental health inpatient unit is recognized as a period of elevated suicide risk. The key management principles for this period are: Assertive follow up; safety; dealing with triggers or other predisposing or related factors contributing to risk status; contingency and relapse prevention planning; continuity of service provision; working with the person and their family; consultation with the receiving team. Discharge planning should commence upon admission to an inpatient unit. A discharge summary and management plan must be documented for prisoners at risk of suicide. It must include the rationale for discharge and must be filed in the medical record.

PROCEDURE:

WHO	DOES WHAT
Psychiatrist/ QMHP	1. Conducts risk assessment upon admission to inpatient unit or as needed. Assessment is documented on the CHJ-180, Evaluation of Suicide Risk.

	2.	Orders appropriate precautions.
	3.	Develops a suicide prevention plan appropriate to risk (none required for low risk) on admission to the inpatient unit. The plan is documented on the CHJ-543, Mental Health Progress Note. Completes the CHJ-194, Mental Health Record noting the suicide risk level and forwards it to the unit secretary for data entry. The prevention plan will be completed immediately after the initial Risk Assessment.
Treatment Team & Custody Staff	4.	Follows verbal instructions of psychiatrist/QMHP until management plan is prepared as outlined in the Flow Chart for Seclusion and/or Restraints (Attachment A).
QMHP	5.	Completes the management plan based upon verbal directive of the psychiatrist.
	6.	Informs facility Deputy Warden and Control Center and provides a copy to the Control Center for placement in their files. The original signed plan is placed in the patient record, with a copy placed at the officer's station on the unit. Distribution of this document will be prior to the end of the current shift. **NOTE: If seclusion and/or restraint is deemed necessary, follow the Therapeutic Restraint and Seclusion of Inpatient Mentally Ill Prisoners – OP-WHV-04.05.112A.**
Psychiatrist	7.	Orders appropriate medication as necessary using the Physician Orders and follows the CMHP protocol for ordering medication. Completes the CHJ-194 and forwards to unit secretary for entry.
Nurse/QMHP/ ARUS	8.	Reviews the management plan with housing unit staff and ensures they are advised on the requirements and any special conditions of the plan.
	9.	Reviews and explains the reasons for the management plan with the prisoner, noting any special conditions.
All Treatment/ Custody Staff	10.	Implements the management plan.
	11.	Notes receipt of the management plan in the unit logbook and places it at the officer's station.
	12.	Observes prisoner engaging in behavior or making statement suggesting possibility of self-harm or increased suicide risk level.
	13.	Reports information/observations immediately to the

nurse/QMHP.

14. Implements Direct or Close Observation for prisoner until further instructions psychiatrist/QMHP (or until transfer of prisoner for medical care).

STAFF RESPONDING TO EPISODES OF SELF-INJURY

Staff

15. Provides first aid or cardiopulmonary resuscitation as may be appropriate.

16. Restrains if necessary to prevent further self-harm, pursuant to Inpatient OP-WHV 04.05.112A – Therapeutic Seclusion and Restraint.

17. Completes the Prisoner Accident Report, CSJ-156, immediately if prisoner is injured and forwards to the Health Care staff.

18. Documents observations in logbook and medical record.

19. Contacts Health Care for any apparent injury to the prisoner.

Health Care Nurse/Physician

20. Administers appropriate medical treatment to prisoner, and if transfer of the prisoner to a local hospital is necessary, contacts Control Center.

Nurse/QMHP

21. Assesses situation and determines whether risk of suicide and need for interventions have changed. Documents assessment on the CHJ-180, Evaluation of Suicide Risk Prisoner. Completes CHJ-194 documenting the change in risk level and forwards to secretary for entry.

22. Contacts team psychiatrist/QMHP to consult on course of action and any need for revised suicide prevention plan.

23. Documents sequence of events and prisoner status on the "Mental Health Progress Note" (form CHJ-543) and places in the medical record.

QMHP/ Psychiatrist

24. If new information suggests a change in clinical status, interviews prisoner to conduct risk assessment.

25. Consults and reviews with other unit staff as part of the assessment.

26. Orders appropriate precautions.

27. Prepares revised or new management plan reflecting

		changes and follows actions steps 4 through 8. Documents assessment on the CHJ-180, Suicide Risk Prisoner. Completes CHJ-194, Mental Health Record, documenting change in risk level and forwards to secretary for entry.
RUO/CO	28.	Contacts Control Center and reports prisoner status, including precautions.
RUO/CO/ Health Care	29.	Carries out psychiatrist's or QMHP's instructions on management plan.
	30.	Completes the Critical Incident Participant Report (CAJ-571) per Health Care Staff PD 01.05.120, Critical Incident Reporting, when required and forwards to Shift Commander. **NOTE: This is to be completed within one hour of the incident but no later than the end of the shift.**
Treatment Team	31.	Meets next business day.
	32.	Revises Comprehensive Individual Treatment Plan and addresses long term interventions.
Psychiatrist/ QMHP	33.	Conducts daily rounds and reviews precautions, including data from custody, nursing, and other treatment staff.
Psychiatrist/Nurse/ Other QMHP	34.	Revises management plan, follow action steps 4 through 8.
	35.	Advises unit staff of changes in the plan.
QMHP	36.	Meets with prisoner at least daily or more frequently if determined by the treatment team.
Unit RN	37.	Conducts rounds twice per shift on prisoners with moderate-high suicide risk and assesses prisoner's risk status, or more frequently as indicated in the plan.
RUO/CO	38.	Records observations pursuant to management plan in the medical record.
Psychiatrist/ QMHP	39.	Assess prisoner mental status and suicide risk and adjusts orders and plan as appropriate. Completes the CHJ-180, Evaluation of Suicide Risk and CHJ-194, Mental Health Record and forward to secretary for data entry.
RUO/C/O	40.	Processes and implements revised plans in same manner as initial plans.

Unit Secretary	41.	Enters the CHJ-180, Evaluation of Suicide Risk and CHJ-194, Mental Health Record each time changes are made.
		TRANSFERRING PRISONERS CURRENTLY ON SUICIDE/SELF-INJURIOUS MANAGEMENT PLANS TO ANOTHER WHV MENTAL HEALTH TEAM
Unit Secretary	42.	Notifies the receiving team that prisoner is being moved.
QMHP/ Psychiatrist	43.	Ensures management plan is written to alert receiving team of necessary precautions. Ensures Unit Secretary has management plan.
Unit Secretary	44.	Sends a copy of the management plan to the receiving team.

PROCEDURE REVIEW:

The Warden will ensure that this operating procedure is reviewed at least annually and updated as necessary.

APPROVED: MW/KM/JCR/MJP/DT/LH

MICHIGAN DEPARTMENT OF CORRECTIONS **WHV - Women's Huron Valley Correctional Facility** **OPERATING PROCEDURE**	EFFECTIVE DATE 06/24/2010	NUMBER 04.06.115
	SUPERSEDES OP-WHV-04.06.115 (05/01/09)	
SUBJECT SUICIDE PREVENTION FOR WOMEN IN GENERAL POPULATION	AUTHORITY PD 04.06.115, PD 04.06.180	
	ACA Standards 4-4257, 4-4351, 4-4373, 4-4389, 4-4416	
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OBJECTIVE:

To prevent acts of self-injury or suicide ensuring immediate identification, evaluation and management of self-injurious or suicidal prisoners.

FORMS USED:

Electronic Medical Record (EMR)

CAJ-570	Critical Incident Report
CAJ-571	Critical Incident Participant Report
CAJ-894	Segregation Checklist
CAJ-959	Prisoner Detail for Inter-Institutional Transfers
CHJ-177	Mental Health Management Plan
CHJ-180	Evaluation of Suicide Risk Form
CHJ-246	Mental Health Referral/Evaluation Data Entry
CHJ-332	Mental Health Evaluation/Admission Referral
CHX-165	Request for Prisoner Transfer for Health Reasons
CHX-212	Mental Health Services Referral
CSJ-156	Prisoner Accident Report
CSX-225	Prisoner Detail

DEFINITIONS:

Observation Room – A room or cell which permits ongoing staff observation of a potentially self-injurious or suicidal prisoner and contains no structures that would aid self destructive acts.

Qualified Mental Health Professional (QMHP) – A psychiatrist, psychologist, social worker, psychiatric nurse, clinical nurse specialist or other trained mental health professional licensed or certified by the State of Michigan.

Direct and Continuous Observation – Continuous observation by staff, either directly or by continuous video-camera monitoring, which may be used only if staff are close enough to the prisoner to immediately respond in case of an emergency.

Self Injurious Behavior - Serious self harm deliberately inflicted by such acts as puncturing, cutting, swallowing objects, hanging, head banging, and ingestion of harmful drugs, chemicals, or poisons. Such acts are not always motivated by a desire to kill oneself but, through miscalculation, may result in death or serious injury.

Suicidal Behavior- Written or verbal threats or acts of self injury or mutilation motivated by a decision to kill oneself or to prepare for suicide.

Safety Precautions – A status used when a prisoner is placed in an observation room for the following reasons:

1. Suicidal or engaged in or threatened to engage in self-injurious behavior but

has not yet been evaluated by a QMHP.

2. Less than a high risk of suicide or serious self-injury who has been determined by a QMHP to require extended observation room and safety precautions.

   NOTE: This shall not exceed seven (7) days unless reasons for continued stay are documented by a QMHP. Prisoner may be held in an observation room located in Segregation Unit without a hearing as required by PD 04.05.120, Segregation Standards, as long as such placement is recommended by the QMHP and documented in the logbook.

3. Found by the QMHP to engaging in on-going self-injurious behavior to manipulate her environment.

4. Found by the QMHP to be genuinely suicidal and awaiting transportation to the Acute Care Unit.

Safety Precautions (Suicide/Self-Injury Precautions) – Include the following interventions and restrictions:

1. The use of an observation room.

2. The room shall be stripped except for a mattress. Sheets, blankets, pillows, pillow cases, and towels shall not be allowed.

3. All personal and state issued property shall be removed from the prisoner. This includes all clothing (including shoes, shoelaces and belts), eye glasses, prosthesis, and jewelry, except for a wedding band. Dentures may be retained.

4. Staff shall issue the prisoner only a suicide prevention gown, a suicide prevention blanket, underpants, toilet paper and, if a female prisoner, a brassiere and sanitary napkins, if needed.

   NOTE: All suicide prevention garments must be inspected by BHCS nurses within 24 hours of the garment being received from the MSI Laundry. Staff must assure that garments issued to prisoners have been inspected by a nurse and have no tears.

5. If a prisoner uses a mattress or an item identified above to impede observation by staff or to attempt suicide or self-injury, staff shall immediately respond and remove the item. As soon as possible after doing so, staff shall take the following action:

   ? If the item was being used to attempt suicide or self-injury, the Regional Health Administrator shall be immediately contacted by the on call Administrator telephone to determine if the item should continue to be withheld or if additional items should be withheld. If the Regional Health Administrator is not available, the Duty Administrative Officer shall be immediately contacted to determine whether the item should continue to be withheld. The Duty Administrative Officer shall be responsible for contacting the Regional Health Administrator as soon as possible for a final determination.

   ? If the item was being used to impede observation by staff, the Duty Administrative Officer shall be immediately contacted by telephone to determine if the item should continue to be withheld. The Duty

Administrative Officer shall notify the Regional Health Administrator of the decision as soon as possible.

6. Finger food shall be provided as a substitute for regular meals, unless otherwise directed by a QMHP upon completion of the suicide or self-injury assessment.

7. There shall be no out-of-cell activity except for life-threatening emergencies or as otherwise approved by the QMHP.

8. A prisoner in the observation room shall be maintained under direct and continuous observation until evaluation by QMHP and a management plan is developed. The management plan will specify the observation frequencies. These observations shall be documented in the unit logbook and, if applicable, via Segregation Checklist form (CAJ-894) or Special Housing Unit Record form (CAJ-278).

INFORMATION:

A. All staff has a role and responsibility in the identification, referral and management of suicidal and self-injurious behavior. Staff are to respond to suicidal gestures or behaviors by placing the prisoner under direct continuous observation until evaluated by a QMHP. All staff will document, in the housing unit logbook, pertinent information regarding the prisoner's behavior, including statements made by the prisoner and contact(s) with Health Care.

B. For all critical incidents involving suicide, attempted suicides or self-injurious behavior that require medical treatment, the reporting requirements pursuant to PD 01.05.120, Critical Incident Reporting, will be followed. The management of these prisoners will be pursuant to PD 04.05.110, Use of Force and PD 04.05.112, Management of Disruptive Prisoners.

Unfortunately, suicide occurs more frequently within correctional facilities that it does in the outside world. In order to minimize the number of successful suicides, we respond to all suicidal gestures or behaviors as if they are serious and genuine suicide attempts, until we determine otherwise.

C. The observation room(s) will be stripped, except for a mattress, and contain no sheets, blankets, pillows, pillow cases or towels. All personal and state-issued property will be removed from the prisoner including razor, toothbrush, cosmetics, eye glasses, prosthesis and jewelry, except for a wedding band, sanitary napkin, if needed and dentures may be retained.

D. The prisoner will be issued a suicide prevention gown, suicide prevention blanket, underpants, bra and toilet paper. Finger foods will be provided as a substitute for regular meals, unless otherwise directed by a QMHP, upon completion of his/her evaluation.

E. The Department of Community Health Corrections Mental Health Program (CMHP) Guidelines for Suicide/Self-Injury Risk Assessment and Interventions (January 6, 2009, will be followed when assessing level of prisoner risk for suicide/self-injury and developing management plans).

PROCEDURE:

WHO		DOES WHAT
Staff	1.	Becomes aware of suicidal or self-injurious behavior by a prisoner.
	2.	Responds immediately to stop self-injury pursuant to PD 03.04.125 Medical Emergencies and PD 04.05.112, Managing Disruptive Prisoners.
	3.	Advises Shift Command of situation and requests immediate assistance.
	4.	Manages and maintains prisoner, under direct continuous observation, until Shift Command arranges for prisoner to be escorted to Health Care for medical treatment and/or placed in observation room, seclusion room or segregation cell under direct continuous observation. Completes and forwards Mental Health Services Referral (CHX-212) to QMHP, if prisoner is not in RTP or Acute setting.
	5.	If prisoner is injured, completes Prisoner Accident Report (CSJ-156) and Critical Incident Participant Report (CAJ-571).
Shift Command	6.	Notifies Health Care Staff, when necessary, for medical services. **NOTE:** If medical emergency, contacts Health Care Staff and informs them of type and location of emergency or follows after hours care guidelines.
	7.	Directs supervisor to area to monitor and assist in management of situation.
	8.	Authorizes escort of prisoner to Health Care for medical treatment and/or placement in an observation seclusion room or segregation.
	9.	If prisoner's suicidal/self-injurious behavior does not require medical treatment, shift command will direct prisoner to be placed immediately on suicide precaution, in an observation room under direct continuous observation. During the work week, Shift Command will contact the QMHP requesting a prisoner suicide risk evaluation. On weekends and holidays the RTP RN will be contacted for the prisoner suicide risk evaluation. Suicide risk evaluation must be completed within 24 hours of prisoner being placed on suicide precautions.
Health Care Staff	10.	Directs emergency treatment and notifies Control Center if injury is life threatening.

11. Contacts Control Center, followed by a call to local hospital Emergency Room, if transportation to hospital is necessary.

12. Completes, if necessary, Critical Incident Participant Report (CAJ-571).

Shift Command

13. Prepares Critical Incident Report (CAJ-570) and forwards to Deputy Warden of Custody.

14. Arranges transportation, either by car or ambulance, to hospital notifying sallyport if ambulance access is required.

15. Completes Prisoner Detail (CSX-225).

16. Maintains a master file of all currently active Mental Health Management Plans.

QMHP

17. Receives referral from Shift Command during regular working hours, on a prisoner needing suicide risk assessment. On weekends and holidays the RTP RN will receive the referral.

18. Responds to referral immediately.

19. Reviews prisoner's Health Record and Institutional File.

20. Interviews prisoner and completes Evaluation of Suicide Risk Form (CHJ-180).

21. Follows CMHP Guidelines for Suicide Risk Assessment and Interventions. Documents interventions on the Mental Health Management Plan and obtains review and signature from Deputy Warden. The signature may be electronic.

22. Delivers copy of Mental Health Management Plan to Control Center, ARUS and prisoner's housing unit and original to chart.

23. Reviews Mental Health Management Plan (CHJ-177) with Housing Unit Staff and notes review in the housing unit logbook.

24. Refers prisoners determined to be at high risk of suicide/self-injury **to Acute Care** and completes Mental Health Evaluation/Admission Referral (CHJ-332).

25. Follows the transfer/admission procedures for Acute Care pursuant to MDOC OP 04.06.180, (Prisoner to remain on direct continuous observation until transfer to **Acute Care**).

26. Records suicide/self-injury risk assessment results on Mental Health Referral/Evaluation Data Entry (CHJ-246) and forwards to Unit Secretary for computer entry.

27. Provides follow-up services to the prisoner as well as reviews and revises the prisoner's existing Mental Health Management Plan, as necessary.

UNIT RUOs

28. Notes receipt of Mental Health Management Plan in housing unit logbook.

29. Reviews all active Mental Health Management Plans and performs the necessary conditions detailed in the plan.

30. Documents pertinent information regarding the prisoner's behavior, including statements made by the prisoner and contacts with Health Care in the housing unit logbook, while prisoner is on observation status.

PROCEDURE REVIEW:

The Warden will ensure that this operating procedure is reviewed at least annually and updated as necessary.

APPROVED: MW/CV/CW 06/24/10

MICHIGAN DEPARTMENT OF CORRECTIONS **POLICY DIRECTIVE**	EFFECTIVE DATE 12/20/1999	NUMBER 04.06.115
SUBJECT SUICIDE PREVENTION	SUPERSEDES 04.06.115 (03/07/94)	
	AUTHORITY MCL 791.203	
	ACA STANDARDS 3-4245; 3-ACRS-4E-16	
	PAGE 1 OF 5	

POLICY STATEMENT:

The Department shall provide services as set forth in this policy to prisoners in Correctional Facilities Administration (CFA) facilities to reduce the risk of suicide or self-injury during incarceration.

POLICY:

DEFINITIONS

A. Direct and Continuous Observation - Continuous observation by staff, either directly or by continuous video-camera monitoring, which may be used only if staff are close enough to the prisoner to immediately respond in case of an emergency.

B. Qualified Health Professional (QHP) - A physician, physician's assistant, psychologist, social worker, nurse practitioner, or registered nurse licensed by the State of Michigan and, if required, certified to practice within the scope of his or her training and licensure or certification.

C. Qualified Mental Health Professional (QMHP) - A physician, psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed by the State of Michigan, and, if required, certified to practice within the scope of his/her training and licensure or certification.

D. Self-Injurious Behavior - Self-harm or self-mutilation deliberately inflicted by such acts as puncturing, cutting, swallowing objects, head banging, and ingestion of harmful drugs, chemicals or poisons.

E. Serious Self-Injury - Self-inflicted physical injury to one's body which requires emergent or urgent medical intervention. Examples of injuries requiring emergent medical intervention are deep lacerations with profuse bleeding, severe head injury, open chest or abdominal wounds, coma, poisoning or drug overdose, and multiple injuries. Examples of injuries requiring urgent medical intervention are back injuries, severe abdominal pain, burns over body, major bone fractures, and bleeding from any orifice.

F. Suicidal Behavior - Written or verbal threats, acts or gestures which would cause serious self-injury and are motivated by a decision to kill oneself.

GENERAL INFORMATION

G. There are "critical periods" during which some prisoners may be at increased risk for suicide or self-injurious behavior. Such critical periods include the initial arrival in prison, a parole denial, an additional term of incarceration, a family crisis or loss, involvement as victim or perpetrator in a traumatic critical incident, and the diagnosis of debilitating or terminal illness.

H. All staff have a role and responsibility in the identification, referral, and management of suicidal and self-injurious behavior. The Training Section of the Office of Personnel and Labor Relations shall develop and maintain curricula materials and standards for staff training in reducing the risk of prisoner suicide or self-injurious behavior.

I. All critical incidents involving prisoner suicide, attempted suicide and self-injurious behavior which require medical treatment shall be reported as set forth in PD 01.05.120 "Critical Incident Reporting".

J. The Department of Community Health Corrections Mental Health Program (CMHP) guidelines for suicide/self-injury risk assessment and interventions shall be followed by all QMHPs and QHPs when assessing level of prisoner risk for suicide or self-injury and developing management plans to address these behaviors. The assessment shall include a personal interview with the referred prisoner and review of the prisoner's health record and institutional file, and shall be completed within 24 hours after the referral unless otherwise stated in this policy.

RECEPTION FACILITY SCREENING

K. When a prisoner is initially delivered to a reception facility, custody staff shall immediately review the Pre-Sentence Investigation (PSI) report and the Sheriff's Questionnaire. If any indications of suicidal or self-injurious behavior are noted, the prisoner shall be immediately referred to a QMHP for a suicide or self-injury risk assessment. The prisoner shall be maintained under direct and continuous observation until evaluated by a QMHP.

L. The QMHP shall complete a suicide or self-injury risk assessment on the day of the referral and document it on the Evaluation of Suicide Risk Prisoners form (CHJ-180). If the QMHP determines the referred prisoner is at risk for suicide or self-injury, the QMHP shall develop a management plan for the prisoner as set forth in Paragraphs BB and CC of this policy.

M. Prisoners who are not immediately referred as set forth in Paragraph K shall be routinely screened for suicide or self-injury risk on the day of arrival at a reception facility by BHCS staff, using the Suicide Prevention Screening form (CHJ-179). If the findings of this screening indicate a risk of suicidal or self-injurious behavior, the prisoner shall be referred to a QMHP for a suicide or self-injury risk assessment, which shall be completed on the day of the referral. The prisoner shall be maintained under direct and continuous observation until evaluated by a QMHP.

OBSERVATION ROOM

N. An observation room is a designated room or cell used on a temporary basis to facilitate unrestricted visual observation and secure management of a prisoner who exhibits suicidal or self-injurious behavior. Each warden and appropriate Regional Health Administrator shall jointly ensure the establishment and availability of an adequate number of observation rooms in the facility's health care or housing area.

O. If an observation room is located in a segregation unit, a prisoner who is placed in the room for observation shall not be classified to segregation based on the suicidal or self-injurious behavior. The prisoner may be held in an observation room located in a segregation unit without a hearing as required by PD 04.05.120 "Segregation Standards", as long as such placement is recommended by the QMHP.

P. An observation room shall not contain structures, fixtures, or objects which would reasonably aid self-destructive or self-injurious acts. In addition, the following restrictions shall be enforced:

1. The room shall be stripped, except for a mattress. Sheets, blankets, pillows, pillow cases and towels shall not be allowed.

2. All personal and state-issued property shall be removed from the prisoner. This includes all clothing (including shoes, shoelaces, and belts), eye glasses, prostheses, and jewelry, except a wedding band. Dentures may be retained.

3. Staff shall issue the prisoner only a suicide prevention gown, a suicide prevention blanket, underpants, toilet paper and, if a female prisoner, a brassiere and sanitary napkins, if needed.

4. If a prisoner uses a mattress or an item identified in number 3 to impede observation by staff or to attempt suicide or self-injury, staff shall immediately respond and remove the item. As soon as possible after doing so, staff shall take the following action:

   a. If the item was being used to attempt suicide or self-injury, the Regional Health Administrator shall be immediately contacted by telephone to determine if the item

should continue to be withheld or if additional items should be withheld. If the Regional Health Administrator is not available, the duty administrative officer shall be immediately contacted to determine whether the item should continue to be withheld. The duty administrative officer shall be responsible for contacting the Regional Health Administrator as soon as possible for a final determination.

b. If the item was being used to impede observation by staff, the duty administrative officer shall be immediately contacted by telephone to determine if the item should continue to be withheld. The duty administrative officer shall notify the Regional Health Administrator of the decision as soon as possible.

5. Finger foods shall be provided as a substitute for regular meals, unless otherwise directed by a QMHP upon completion of the suicide or self-injury assessment.

Q. A prisoner in an observation room shall be maintained under direct and continuous observation until evaluated by a QMHP and a management plan is developed, if required, and implemented. There shall be no out-of-cell activity except for life-threatening emergencies or as otherwise approved by the QMHP.

R. Nursing staff shall monitor the prisoner and conduct routine nursing assessments as needed.

S. All staff shall document in the logbook pertinent information regarding the prisoner's behavior, including statements made by the prisoner and contacts with health care.

T. A prisoner shall remain in an observation room until observation status is discontinued by a QMHP. Generally, a prisoner shall not be continued in an observation room for more than seven days. If it is necessary for the prisoner to remain in the observation room for more than seven days, the QMHP shall document the reasons for the extended stay in the prisoner's health record and in the unit logbook.

U. When observation status is discontinued, the prisoner shall be removed from the observation room in accordance with facility procedures.

IDENTIFICATION, REFERRAL AND ASSESSMENT

V. If a prisoner has engaged in suicidal or self-injurious behavior and life-threatening injury has occurred, staff shall immediately respond as set forth in PD 04.06.105 "Medical Emergencies". The prisoner shall then be referred by health care staff to a QMHP for a suicide or self-injury risk assessment. If it is necessary to release the prisoner from a health care unit prior to completion of a suicide or self-injury risk assessment, the prisoner shall be placed in an observation room.

W. If a prisoner has engaged in suicidal or self-injurious behavior which is not life-threatening but needs medical attention as soon as possible, BHCS staff shall be immediately notified. Following treatment, BHCS staff shall refer the prisoner to a QMHP for a suicide or self-injury risk assessment. If it is necessary to release the prisoner from the health care unit prior to completion of a suicide or self-injury risk assessment, the prisoner shall be placed in an observation room.

X. If a prisoner has engaged in suicidal or self-injurious behavior which does not require medical treatment, the prisoner shall be promptly placed in an observation room.

Y. If a prisoner in a camp engages in suicidal or self-injurious behavior, the prisoner shall receive any required medical care, and be immediately transferred to an appropriate CFA facility. Upon arrival at the CFA facility, the prisoner shall be immediately referred to a QMHP for a suicide or self-injury risk assessment. If the prisoner is not placed in a health care unit or it is necessary to release the prisoner from a health care unit prior to completion of the suicide or self-injury risk assessment, the prisoner shall be placed in an observation room.

Z. Whenever a prisoner is placed in an observation room, staff shall immediately initiate a referral for a suicide or self-injury risk assessment by a QMHP. The Mental Health Services Referral form (CHX-212) shall be used to document the referral.

AA. A QMHP shall complete a suicide or self-injury risk assessment as soon as possible but no later than 24 hours after receipt of the referral, except as set forth in Paragraphs L and M. If a QMHP is not available, the suicide or self-injury risk assessment shall be completed by a QHP, with corroboration of the QHP assessment by a QMHP on the next business day.

MANAGEMENT PLAN

BB. If indicated by the suicide or self-injury risk assessment, the QMHP shall develop a written management plan for the referred prisoner using the Mental Health Management Plan form (CHJ-177). A copy of the management plan shall be placed in the prisoner's health record.

CC. The management plan shall address, at a minimum, all of the following:

1. Type and duration of safety precautions to be taken and recommendations, if any, for additional physical restraints to be used.

2. Type and duration of allowed out-of-cell activity, if any.

3. Required frequency of staff observation of the prisoner, ranging from continuous to a minimum of once per shift, depending on level of suicide risk.

4. Types of behavior which should be observed and reported by staff.

5. Specific actions to be taken by housing unit and BHCS staff when certain behaviors are observed.

6. Frequency of planned prisoner contact with a QMHP and description of prisoner behaviors which require immediate notification of the QMHP.

DD. Upon completion of the management plan, BHCS staff shall personally deliver a copy of the plan to the control center and to the unit in which the prisoner is housed. Staff shall note receipt of the management plan in appropriate logs. Housing unit staff also shall review the management plan upon receipt and note review in the housing unit log.

EE. Upon delivery of the management plan, a QMHP shall immediately review the contents of the plan with appropriate housing unit staff, noting any special conditions required to be taken by unit staff. Housing unit staff shall note QMHP review in the housing unit log.

FF. The housing unit staff who reviewed the plan with the QMHP shall review the management plan with other housing unit staff and the prisoner. These reviews also shall be noted in the housing unit log.

GG. The management plan shall be reviewed by the QMHP at a frequency based on the prisoner's level of risk for suicide/self-injury. If the prisoner is at high or moderate risk and on observation status in an observation room, the management plan shall be reviewed, and revised as needed, at least every seven days. If the prisoner is at intermediate or low risk, the management plan shall be reviewed, and revised as needed, at least every 30 days. The management plan also shall be reviewed, and revised as necessary, whenever the prisoner's risk level is changed.

HH. The control center shall maintain a master file of all currently active management plans for prisoners within the facility. A file shall be maintained in each housing unit of all currently active management plans for prisoners within that unit.

II. When a prisoner for whom a management plan has been prepared is to be transferred to another facility, sending facility staff shall notify receiving facility staff that the prisoner requires special handling, in accordance with PD 05.01.140 "Prisoner Placement and Transfer", and shall immediately transmit a copy of the management plan by facsimile machine to receiving facility staff. Sending facility staff shall confirm receipt by telephone. In addition, the control center copy of the management plan shall be attached to the Prisoner Detail for Inter-Institution Transfer form (CAJ-959) to also alert receiving facility

staff of the prisoner's special needs.

ADMISSION TO CMHP UNIT OR SELF-MUTILATION PREVENTION UNIT (SMPU)

JJ. If a QMHP determines that a prisoner is at high risk for suicide or that a prisoner in active treatment with a diagnosis of major mental disorder is at high risk for serious self-injury, s/he shall refer the prisoner for admission to an in-patient unit or a crisis stabilization program unit of the CMHP, as described in PD 04.06.180 "Mental Health Services". The unit shall admit the prisoner for evaluation and treatment disposition. All transfers shall be in compliance with PD 05.01.140 "Prisoner Placement and Transfer".

KK. If the QMHP determines that a prisoner not suffering from a major mental disorder is at high risk for serious self-injury due to manipulation, s/he shall refer the prisoner to the SMPU as set forth in PD 04.05.120 "Segregation Standards". In such cases, the self-injurious prisoner shall remain in an observation room and the QMHP shall provide CFA staff with specific management recommendations for the prisoner while the SMPU transfer is pending. The SMPU shall admit the prisoner for evaluation and program disposition.

LL. When a prisoner admitted to a SMPU or CMHP unit for evaluation or treatment of suicide or self-injury is discharged, the following shall apply:

1. A management plan shall be developed as set forth in Paragraphs BB and CC.

2. Sending staff shall notify receiving staff of a prisoner requiring special handling in accordance with PD 05.01.140 "Prisoner Placement and Transfer".

3. Transportation shall be arranged so the prisoner's arrival occurs during normal business hours (Monday through Friday, 8:00 a.m. to 4:00 p.m.) In order for the local QMHP to review the discharge summary and tailor the management plan to conditions in that facility. The prisoner shall be maintained under direct and continuous observation until such review is completed and the management plan is communicated to custody staff.

OPERATING PROCEDURES

MM. Wardens, in conjunction with the appropriate Regional Health and Mental Health Administrators, shall ensure that within 60 days of its effective date, procedures implementing this policy directive are developed and forwarded to the appropriate CFA Regional Prison Administrator and the applicable health care administrator.

AUDIT ELEMENTS

NN. A Primary Audit Elements List has been developed and will be provided to wardens and Regional Health Administrators to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

BM:OPH:11/17/99