

Policy

- A. The Department shall manage suicidal prisoners in a safe and healthy environment. Employees must take a prisoner's suicidal or self-destructive behavior seriously and intervene appropriately.
- B. The Department shall take the action necessary to properly manage and treat suicidal or potentially suicidal prisoners to ensure the prisoner and other's personal safety. The Department may not use such actions for disciplinary or punitive purposes.
- C. The Mental Health Section shall monitor and clinically supervise the Department's suicide prevention program. The Mental Health Section shall establish and maintain a suicide prevention training program for staff in each institution.
- D. The Superintendent of each facility shall identify staff having contact with prisoners and ensure that they receive appropriate training. The Mental Health staff shall train institutional staff that have contact with prisoners in the skills necessary to recognize and manage suicidal behavior.

Procedures

- A. **Mental Health Progressive Referral System.** The Department shall provide suicide intervention services when a prisoner behaves in a way that could result in a self-inflicted injury. Staff must verbally notify the shift supervisor and the Mental Health Clinician if they observe such behavior.
 - 1. Correctional officers shall look for potentially suicidal behavior during the remand/intake process. Also, health care staff shall screen for suicidal behavior during the health screening (form 807.14A, Health Screening/Mental Status Screening). Screening must take place within 24 hours of initial admission to a facility and prior to moving the prisoner from the booking area.
 - a. When screening indicates that a prisoner is potentially suicidal, staff shall refer the prisoner to the institution's Mental Health Clinician and inform the shift supervisor that they did so. The Clinician shall examine and treat the prisoner as indicated. In facilities with no Mental Health Clinician or if the Clinician is not available, staff shall notify the on-duty health care staff or a designee who shall contact the Department's psychiatrist or clinical supervisor for diagnostic or emergency treatment.
 - 2. The on-duty shift supervisor is responsible for intervention procedures and the prisoner's welfare. The shift supervisor should consult mental health/medical staff who are responsible for treatment when in doubt as to what intervention procedure to implement.
-

3. The mental health/medical staff may take one or a combination of the following actions:
 - a. perform a mental status evaluation;
 - b. assess for psychotropic medication (if not already receiving such). See policy #807.16, Involuntary Administration of Psychotropic Medication;
 - c. assess the type of housing and monitoring required and make a recommendation to the shift supervisor.
4. Based on the recommendation of the mental health staff, the shift supervisor shall:
 - a. place the prisoner in the general population with other prisoners, observed and closely supervised by staff; or
 - b. place the prisoner in a single cell/segregation. If the prisoner is placed in a single cell, the shift supervisor will place the prisoner under close cumulative observation (mandatory) so staff immediately may intervene to prevent suicide. Such action may include placement in a camera cell, use of therapeutic restraints per policy #807.03, and a suicide watch (visual check of the prisoner no less than every five to 15 minutes with observations recorded on form 602.01B, Observation Cumulative). Prior to placing the prisoner in a single cell, the shift supervisor must ensure that:
 - (1) security staff thoroughly search the cell to remove items, devices, and materials that the prisoner could use to continue the destructive behavior. If it is determined that any of the following items could be used by the prisoner to continue the destructive behavior, they will be removed: clothing, bedding, housekeeping items, medications, razors, hobby craft, personal entertainment devices, and matches; and
 - (2) security staff strip search the prisoner, paying particular attention to the prisoner's hair, beard, groin, armpits, mouth, and other orifices to prevent the prisoner from bringing potentially dangerous material into the cell. See policy #803.08, Searches of Prisoners and Institutional Areas.
5. Mental health/medical staff that recommend placing a prisoner on suicide precautions shall complete form 807.20A, Suicide Precautions. Staff shall forward copies of the form to the Superintendent, Assistant Superintendent, health care staff, and shift supervisors.
6. Intervention procedures must continue until the prisoner is no longer a danger to him or herself. See section B below. The situation must be assessed every 24 hours.

B. Authorization and Removal from Suicide Precautions

1. Mental health/medical staff may recommend but not order or remove suicide precautions except at Mike Module at CIPT. At Mike Module, mental health staff
-

shall order or remove a prisoner from suicide precautions. Mental health/medical staff shall give the appropriate correctional officers, supervisors, and administrative staff their recommendations using form 807.20A, Suicide Precautions.

- a. In emergency situations, the shift supervisor shall order suicide precautions when no mental health or medical staff are available. The shift supervisor shall notify mental health and medical staff as soon as possible.
 2. Mental health staff shall determine when a prisoner no longer requires observation for suicidal behavior and coordinate appropriate management and follow-up care. In institutions without mental health staff, the Institutional Health Care Officer shall make this determination in consultation with the Department's Psychiatrist or Clinical Psychologist.
- C. **Suicide or Attempted Suicide.** If there is a suicide or attempted suicide, the shift supervisor will initiate on-site emergency medical services and notify the medical staff. When a prisoner has made an apparent suicide attempt, the medical or mental health staff shall make every effort to promptly assess the prisoner's medical or mental health needs and provide appropriate treatment.
1. Reporting
 - a. Verbal reporting of the incident must be in accordance with policy #104.01, Special Incident Reporting.
 - b. All correctional and health care staff who have personal knowledge of the incident shall complete written reports of the incident involving a prisoner's attempted suicide and submit it to the Superintendent as soon as possible but before COB next duty day.
 - c. The Superintendent is responsible for ensuring that the incident report is completed and submitted to the Director of Institutions in accordance with policy #104.01, Special Incident Reporting.
 - d. The Superintendent shall summon the Alaska State Troopers to conduct an investigation into the death of the prisoner per policy #807.04, Notification of Serious Illness, Injury or Death of a Prisoner.
 - e. The Superintendent shall notify family members or others designated by the prisoner in case of serious illness, injury, or death of a prisoner per policy #807.04.
 2. Suicide Investigation. The Director of Institutions shall assure that an investigation is conducted on each suicide or attempted suicide. The investigation must include a review of the possible causes, staff actions, recommendations for change, and necessary services. The investigator shall report the investigation results and any recommendations to the Commissioner and Directors of Institutions.
-

August 21, 1995
Date

Margaret M. Pugh
Margaret M. Pugh, Commissioner
Department of Corrections

ORIGINAL

Authority:
Cleary Final Order, 3AN-81-5274 CIV, Sept. 1990

Applicable Forms:
602.01B
807.14A
807.20A