


**STATE OF ALASKA  
DEPARTMENT OF  
CORRECTIONS**



**POLICIES & PROCEDURES**

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CHAPTER: <b>807</b>	NUMBER: <b>807.20</b>	P&P TYPE: <b>Public</b>
TITLE: <b>Suicide Prevention and Intervention</b>		
APPROVED BY:  Nancy A. Dahlstrom, Commissioner		DATE: <b>09/06/2019</b>
ATTACHMENTS / FORMS: <b>A. Suicide Prevention Status Orders - Placement B. Suicide Prevention Status Orders - Removal C. SAFE-T Form D. Suicide Prevention Safety Plan</b>		AUTHORITY / REFERENCES: <b>22 AAC 05.005 22 AAC 05.120 22 AAC 05.121</b>

**EFFECTIVE DATE:**

This policy has a future effective date of October 17, 2019.

**POLICY:**

- I. It is the policy of the Department of Corrections (DOC) to have in place procedures to provide staff with the tools and skills needed to successfully prevent, intervene, and treat prisoners at risk of self-injury and / or suicide.
  
- II. It is the policy of the Department to have in place a comprehensive suicide prevention program to ensure prisoners are properly screened, that those at risk of suicide are identified, and therapeutic interventions are provided. Elements of the program shall include:
  - A. Training;
  - B. Identification;
  - C. Referral;
  - D. Evaluation;
  - E. Treatment;
  - F. Housing and monitoring;
  - G. Communication;
  - H. Intervention;
  - I. Notification;
  - J. Review; and
  - K. Debriefing.
  
- III. It is the policy of the Department that each institution shall establish a suicide prevention plan which must be approved by the Chief Mental Health Officer.

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**APPLICATION:**

This policy and procedure shall apply to all Department employees and prisoners housed in institutions and Community Residential Centers (CRC).

**DEFINITIONS:**

As used in this policy, the following definitions shall apply:

**Acutely Suicidal:**

Prisoners who engage in self-injurious behavior or threaten suicide with a specific plan.

**Chief Mental Health Officer:**

Position responsible for the oversight of behavioral health services to include mental health, substance abuse and sex offender services.

**Clinical Precautionary Diet:**

A meal provided to prisoner in a suicide resistant container (i.e. paper sack lunches) that is free of any potential hazards and can be eaten without the use of utensils. This meal shall contain the same nutritional quality as meals served to the general population.

**Close Observation:**

Observation of a prisoner by staff at irregular staggered intervals not to exceed every 15 minutes.

**Constant Observation:**

The continuous, clear and unobstructed visual observation of a prisoner, that allows staff to respond immediately to immediate threats of harm. A single staff member may provide constant observation to one (1) or more prisoners in the same room. A camera cell is not a substitute for constant observation.

**Critical Incident Stress Debriefing (CISD):**

Specific technique designed to assist others in dealing with the physical or psychological symptoms that are generally associated with exposure to a traumatic event.

**Emergency Mental Health Care:**

Care for an acute mental health symptom(s) that cannot be deferred until the next scheduled mental health clinic or routine appointment.

**Health Care Staff:**

Includes physicians, psychiatrists, psychologists, physician assistants, registered or practical nurses, advanced nurse practitioners, dentists, dental assistants, dental hygienists, mental health clinicians, social workers, psychological associates, and that provide preventive, curative, promotional or rehabilitative health care services.

**Imminent Risk of Harm:**

Based on the totality of the circumstances, there is a risk that the prisoner will harm or kill themselves without

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immediate intervention.

**Least Restrictive Alternatives:**

Treatment and placement options that are interventions that are no more intrusive or restrictive of freedom than reasonably necessary to achieve a substantial therapeutic benefit or to protect prisoners from physical injury.

**Mental Health Staff:**

A person with professional training, experience and demonstrated competence in the treatment of mental illness, emotional and behavioral issues who is a physician, psychiatrist, psychologist, masters level clinician or social worker, psychiatric nurse practitioner or other qualified person as determined by Alaska statute.

**Modified Observation:**

Observation status modified by a mental health professional that details the level of intervention required to observe a prisoner on suicide prevention status.

**Non-Acutely Suicidal:**

Prisoners who express current suicidal ideation and / or have a recent history of self-destructive behavior, or prisoners who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior(s).

**Non-Suicidal Self-Injury:**

Deliberately injuring oneself without suicidal intent.

**Observation:**

Visual assessment to ensure that a prisoner is safe, alive and well. Staff shall observe to ensure skin and movement are visible during the assessment.

**Protective Factors:**

Factors that reduce the likelihood of suicide and enhance resilience.

**Serious Suicide Attempt:**

A suicide attempt that without intervention would result in death.

**Suicide Assessment Five-Step Evaluation and Triage (SAFE-T):**

A tool to assist clinicians in conducting a suicide assessment of a prisoner.

**Suicide Blanket:**

Specialty blanket designed to reduce the risk of being utilized for self-harm which is made from tear resistant material.

**Suicide Prevention Aide:**

A prisoner specifically trained by mental health staff to be a peer observer for individuals on close or modified suicide prevention status, in addition to staff observation.

**Suicide Prevention Cell:**

A housing assignment that is as suicide resistant as reasonably possible, free of obvious protrusions and that

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provides full visibility.

**Suicide Prevention Status:**

Precautionary measures for all prisoners identified as being at risk for suicide. This shall include constant observation, close observation or modified observation.

**Suicide Sleep System:**

A suicide prevention sleeping mat designed to reduce the risk of being utilized for self-harm which is made from tear resistant material.

**Suicide Smock:**

A tear-resistant single-piece outer garment designed to reduce the risk of being utilized for self-harm which is made from tear resistant material.

**Therapeutic Restraint:**

An intervention initiated by a mental health professional using devices designed to safely limit a prisoner's movement. (DOC P&P 1207.02, Therapeutic Restraint and Seclusion)

**PROCEDURES:**

I. Identification and Screening:

- A. All prisoners shall be screened for potential suicide risk by health care staff or security staff (when no health care staff are available (within 30 mins of arrival at an institution, but no later than one (1) hour after booking).
- B. As part of the initial booking process, mental health screenings shall be conducted on all prisoners within 24 hours of arrival and documented on the Criminal Booking Screen or Title 47 Remand Screen of the DOC offender management system per DOC P&P 807.14 (Health Examinations).
- C. All suicidal statements and behaviors by prisoners shall be taken seriously and referrals made to a mental health clinician.
- D. Prisoners identified as being at risk for suicide shall receive follow up by mental health staff, within four (4) hours of being admitted to the institution. If there are no mental health staff on-site, the prisoner shall be placed on suicide prevention status until a mental health assessment can be completed. The mental health assessment shall occur within 24 hours of being placed on suicide prevention status and shall be conducted by mental health staff or their designee.
- E. Communication between security, health care, mental health staff and remanding officers regarding a prisoner's status plays a vital role in identifying a prisoner's potential suicide risk. Employees remanding the prisoner should ask arresting officers for information regarding possible suicidal statements or behavior during arrest.

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- F. Security and health care staff shall update the Criminal Booking Screen of the DOC offender management system within 24 hours of initial admission to an institution or prior to moving the prisoner from the booking area.
- G. Health care staff shall review previous suicide prevention statuses from other institutions and prior incarcerations.

II. Authorization to Implement and Remove Suicide Prevention Status:

- A. Suicide prevention status shall not be used as a means of coercion or punishment; for the sole purpose of convenience of the staff; or when less restrictive alternatives can be used safely and effectively.
- B. Suicide prevention status may be ordered by mental health staff, or if mental health staff are unavailable, by the Superintendent or designee and documented on the Suicide Prevention Status Orders – Placement (Attachment A). Any employee who identifies a prisoner as being at risk for suicide shall follow the procedures outlined in section III below, to ensure the safety of the prisoner.
- C. Suicide prevention status shall be removed as soon as the prisoner no longer presents at risk of self-injury or suicide. The order shall be documented on the Suicide Prevention Status Orders – Removal (Attachment B). This form shall be completed by the mental health staff or their designee in consultation with mental health staff.
- D. If a member of the mental health staff is unavailable, a member of the nursing staff shall interview the prisoner and in consultation with the psychiatric on-call provider may discontinue suicide prevention status.
- E. Removal of suicide prevention status shall include the procedures outlined in DOC P&P 804.01, (Administrative Segregation) for removal or modification of segregation status.

III. Initiation of Suicide Prevention Status:

When a prisoner is identified as being at risk for suicide, the prisoner shall be placed on suicide prevention status and staff shall:

- A. Not leave the prisoner unattended;
- B. Secure the environment and remove any items that may be used to inflict harm;
  - 1. Immediate removal of items may be delayed in circumstances where the prisoner is non-compliant, but is not actively engaged in suicidal or self-harming behaviors and is in constant observation of staff;
- C. Notify the Superintendent or designee of the prisoner's suicidal behaviors or ideations;
- D. Notify the mental health staff or if they are unavailable, the health care department;

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- E. Ensure the prisoner is housed in a suicide prevention cell on the appropriate suicide prevention status. If a suicide prevention cell is not available, the prisoner shall be housed in a safe location designated by the Superintendent;
- F. Ensure that a Suicide Prevention Status Orders-Placement (Attachment A) is completed and routed to designated staff; and
- G. Observe the prisoner based on the order documented on the Suicide Prevention Status Orders – Placement (Attachment A).

IV. Management of Suicidal Title 47 Commitments:

The Department shall provide suicide prevention and intervention services for all Title 47 commitments placed in protective custody with the Department.

- A. All individuals shall be screened for potential suicide risk using Title 47 Remand Screening Form (Attachment B of DOC P&P 807.14).
- B. As part of the initial booking process, mental health screenings shall be conducted on all Title 47 commitments within 24 hours of arrival and documented on the Title 47 Remand Screen of the DOC offender management system.
- C. In cases where individual(s) committed to the custody of the Department under Title 47 are in danger of hurting themselves or others, and less restrictive alternatives have been exhausted, staff are authorized to place Title 47 commitments on suicide precautions status.
- D. Staff shall utilize the Mental Health Progressive Referral System in the Procedures Section A. In addition, T47 commitments shall be managed as outlined in Section B (Authorization and Removal from Suicide Precautions).
- E. Title 47 commitments identified as being at risk for suicide shall receive follow up by mental health staff, as soon as possible and within four (4) hours of being admitted to the institution.
  - 1. If there are no mental health staff on-site, the individual shall remain on suicide prevention status until a mental health assessment can be completed.
  - 2. The mental health assessment shall occur within 24 hours of being placed on suicide prevention status and shall be conducted by either a:
    - a. Mental health contractor;
    - b. Telehealth provider; or
    - c. Health care or security staff in consultation with the mental health on call.
- F. If employees have concerns regarding potential suicide risk for an intoxicated prisoner or non-criminal

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hold, the prisoner or hold shall be placed on suicide prevention status, close observation until cleared by a mental health staff or their designee. If a higher level of observation is required, this must be approved by mental health staff or designee.

V. Referral:

All prisoners identified as at risk of self-injury, suicide and / or injury to others shall be referred to mental health.

A. Referrals can be initiated verbally to mental health staff but shall be followed up in writing:

1. Using an either Incident Report Form per DOC P&P 809.04 (Disciplinary Committee, Hearing Officers and Basic Operation) or a Special Incident Report Form per DOC P&P 104.01 (Special Incident Reporting) to document the self-injurious and / or suicidal behavior.
2. A copy of the incident report shall be provided to mental health staff or their designee to review.

VI. Evaluation:

All prisoners identified as at risk of self-injury, suicide or injury to others shall be evaluated by the mental health staff or designee within 24 hours to determine the degree of risk, level of supervision needed, treatment, and to determine if the prisoner's suicide risk is associated with symptoms of mental illness, substance use or situational. The SAFE-T assessment protocol shall be used in the evaluation:

- A. While on suicide prevention status, mental health staff shall meet with the prisoner every work day to reassess the prisoner's suicide risk using the SAFE-T assessment protocol on the SAFE-T form (Attachment C).
- B. If mental health staff are unavailable, a member of the nursing staff shall use the SAFE-T form (Attachment C) and call the on-call provider for consultation.
- C. If a prisoner is actively engaging in self-harm, mental health staff may authorize the use of therapeutic restraints as outlined in DOC P&P 1207.02 (Therapeutic Restraint and Seclusion). Staff shall notify the Superintendent or designee of any use of restraints.
- D. It is the mental health staff or designee responsibility to communicate the prisoner's suicide prevention plan to all employees responsible for the safety of the prisoner.
- E. Any suicidal prisoner who cannot be safely managed at the institution shall be considered for transfer to another institution which can provide the additional mental health services needed by the prisoner. This determination shall be made by the Superintendent in conjunction with mental health staff. If a transfer cannot occur, the reasons shall be documented by the Superintendent or mental health staff.

VII. Housing:

Any prisoner determined to be at increased risk of self-injury or suicide shall be housed in a suicide prevention cell. Employees shall respect and ensure the safety and well-being of prisoners when on suicide prevention status:

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- A. Each institution shall designate a suicide resistant cell(s) or areas that ensure:
  - 1. A clear and unobstructed view of the prisoner at all times. Windows shall not be covered;
  - 2. Staff interaction with the prisoner; and
  - 3. Quick intervention should the prisoner engage in self-injurious behaviors.
- B. Prior to the prisoner being placed in the suicide prevention cell or area, a thorough search of the prisoner and cell shall be conducted per DOC P&P 1208.08 (Searches of Prisoners and Institutional Areas). All items, devices, and materials the prisoner could use to engage in self-injurious behavior shall be removed.
- C. Prisoners shall only be given items specified on the Suicide Prevention Status Orders – Placement (Attachment A). Property restrictions may only be used to ensure safety of the prisoner and may not be used as a punitive measure.
- D. Under emergency conditions, a prisoner considered at risk of self-injury or suicide may be placed in an alternate cell / location until a designated suicide resistant cell is available. The prisoner must be moved to a designated suicide prevention cell as soon as possible.
- E. Prisoners on suicide precautions may be housed with other prisoners on suicide precautions, based upon the recommendations of the mental health staff or designee.
- F. Any prisoner at a Community Residential Center (CRC) or work farm who is considered to be at risk of self-injury or suicide shall be transferred immediately to the closest correctional institution with suicide resistant cells for monitoring and evaluation.

VIII. Treatment:

A safety plan shall be developed by mental health staff or designee for all prisoners at risk of self-injury and suicide. The treatment plan shall be based on the SAFE-T assessment protocol:

- A. The mental health staff shall address the underlying reason for the suicidal behaviors or ideations. The mental health staff shall develop an initial safety plan using the Suicide Prevention Safety Plan (Attachment D) to address the suicide risk which shall incorporate identifying protective factors, future goals, and support system.
- B. The mental health staff shall develop a treatment plan to include monitoring strategies to prevent future relapse. This treatment plan shall be documented in the prisoner’s medical record.
- C. The mental health staff or designee shall document any condition which indicates a need to change the suicide prevention status. Changing the suicide prevention status includes:
  - 1. Moving to a higher suicide prevention status;

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2. Gradual removal of suicide prevention status; or

3. Discharge / release from suicide prevention status.

D. Discontinuation of suicide prevention status shall be determined only by mental health staff or their designee in consultation with mental health staff and documented using the Suicide Prevention Status Orders-Removal (Attachment B).

E. Any prisoner who has been on suicide prevention status for a serious suicide attempt while in DOC custody shall be monitored by mental health staff for a minimum of one (1) year following removal from suicide prevention status. The mental health staff shall have contact with the prisoner:

1. At least weekly for the first month post removal, and

2. At least monthly thereafter, if assessed to be clinically stable.

IX. Approved Safety Interventions:

A. Employees shall give consideration to the following interventions when determining the least restrictive means to provide for the safety of the prisoner and others. These interventions shall only be implemented by mental health staff or their designee in consultation with mental health staff:

1. Suicide prevention status:

- a. Constant;
- b. Close; or
- c. Modified.

2. Suicide Prevention Safety Plan (Attachment D);

3. Suicide smock, blanket, sleep system;

4. Suicide Prevention Aide;

5. Observation per DOC P&P 602.01 (Prisoner Case Record Management);

6. Therapeutic restraints;

7. Suicide prevention cell; and

8. Clinical precautionary diet.

B. The Superintendent or designee in conjunction with the mental health staff shall inspect / review safety interventions to include safety smocks and suicide prevention cells monthly. These inspections / reviews

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shall be noted on the Director's Monthly Report per DOC P&P 101.04 (Monthly Reports).

X. Monitoring:

The level of monitoring intervention can only be set by mental health staff or their designee in consultation with the mental health staff:

- A. The prisoner shall be placed on the appropriate suicide prevention status based on the prisoner's suicide acuity:
  1. Acutely suicidal prisoners shall be placed on constant observation.
  2. Non-acutely suicidal prisoners shall be placed on close observation.
- B. While on suicide prevention status, the prisoner and cell shall be searched at least once per shift for potentially harmful objects.
- C. Security staff shall observe the prisoner to ensure the prisoner is breathing. If it is not evident that the prisoner is breathing, security staff shall elicit a response from the prisoner.
- D. The minimal observation of a prisoner on suicide prevention status will be in accordance with the recommendations of mental health staff (typically 15-minute intervals).
- E. A prisoner on close or modified observation may be assigned a peer who is a trained Suicide Prevention Aide as outlined in section XIV below. Suicide Prevention Aides shall not be used as a substitute for required staff observation.
- F. A prisoner removed from constant observation shall be transitioned to close observation before being removed from suicide prevention status. The length of time a prisoner is to remain on close observation is at the discretion of mental health staff or designee.
- G. A prisoner's suicide prevention status may be modified by mental health staff based on the prisoner's clinical condition. The mental health staff shall document changes in suicide prevention status, interventions, property and privileges by using the Suicide Prevention Status Orders – Placement (Attachment A). Modifications the mental health staff may determine include:
  1. Housing;
  2. Clothing;
  3. Bedding;
  4. Clinical precautionary diet;
  5. Visitors;
  6. Off unit / off institution movement;
  7. Ability to use sharps, razor, utensils, hygiene items;
  8. Form 602.01B Observation Cumulative;
  9. Suicide Prevention Aides;

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10. Therapeutic restraints [Refer to DOC P&P 1207.02 (Therapeutic Restraint and Seclusion)]; and  
11. Restriction of phone access to legal calls only unless otherwise clinically indicated.

H. Travel / transport of a prisoner on suicide prevention status must be approved by the mental health staff or designee. The mental health staff or designee shall ensure all parties involved are aware of the prisoner's current status.

I. A camera cell shall not be substituted for a form of direct observation. Direct observations shall be conducted in person by security staff.

XI. Suicide Intervention:

Employees who discover a prisoner actively engaging in self-harm shall:

A. Immediately and quickly survey the scene to assess the severity of the emergency / safety concerns.

B. Immediately notify appropriate staff needed to respond to the incident including health care staff, rovers and the Shift Supervisor utilizing the incident command structure.

C. Take the appropriate steps to eliminate the risk of the prisoner's behaviors.

D. If the prisoner is unresponsive, employees shall not presume that the prisoner is dead, but initiate appropriate life-saving measures. If the employee is alone, he or she shall continue to observe the prisoner until a minimum of two (2) employees are available to ensure the safety and security of all individuals involved.

E. If the prisoner does not need emergency life-saving procedures, but requires medical attention, the health care staff shall be on scene to assess and respond to the prisoner's medical needs. If there is no health care staff available, the prisoner shall be transported to the local hospital emergency room.

F. If determined that additional medical care is needed beyond the capacity of the institution, the Shift Supervisor is responsible to ensure emergency medical services (EMS) is activated.

XII. Suicide Attempts:

All suicide attempts shall result in automatic placement of the prisoner on suicide prevention status and require an assessment by mental health staff or their designee.

XIII. Staff Training:

A. All employees who have prisoner contact shall be trained on suicide prevention, intervention, and treatment. Employees shall receive a minimum of eight (8) hours of training within their initial year of hire and two (2) hours of training annually thereafter.

B. It is each Superintendent's responsibility to ensure that suicide prevention training is conducted.

C. The Superintendent shall identify employees who have contact with prisoners and ensure they receive the

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required training.

- D. All training records of suicide prevention training shall be maintained by the institution's Training Officer and copies forwarded to the DOC Training Academy.
- E. Health and Rehabilitation Services (HARS) shall develop and administer the training.
- F. All training on suicide prevention shall be approved by the Chief Mental Health Officer and shall be provided by mental health staff or their designee.
- G. The training shall include, but is not limited to:
  1. Identifying the warning signs and symptoms of suicidal behavior;
  2. Understanding the risk and protective factors;
  3. Understanding the cultural differences and demographics of suicidal behavior;
  4. Responding to suicidal and self-injurious prisoners;
  5. Communication between security, non-security, health care staff;
  6. Referral procedures;
  7. Suicide prevention status and procedures;
  8. Follow-up monitoring of suicidal and self-injurious prisoners;
  9. Reporting and documentation;
  10. Employees' roles in prevention, intervention, and treatment of suicidal prisoners; and
  11. Employee wellness and selfcare.

XIV. Suicide Prevention Aide Selection and Training:

- A. To assist with employees' close or modified observation requirements, a sufficient number of aides shall be selected, and trained by the institution; with alternate candidates available.
- B. Aides shall be selected based upon their ability to perform the specific task but also for their reputation within the institution.
- C. Aides must be able to perform their duties with minimal need for direct supervision.
- D. All aides shall be screened by mental health and approved by the Superintendent.

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- E. Prisoners selected as suicide prevention aides are considered to be on an institution work assignment.
- F. Each suicide prevention aide shall receive at least two (2) hours of initial training provided by mental health staff before being assigned their duties and at least two (2) hours of training semi-annually.
- G. Each training session shall review policy requirements and instruct the prisoners on their duties and responsibilities including: close or modified observation requirements; summoning staff during all shifts; and identifying the warning signs and symptoms of suicidal behavior. This training shall be conducted by mental health staff or their designee at each institution.
- H. Supervision of suicide prevention aides shall be provided by staff that are in the immediate area of the prisoner on suicide prevention status. In all cases, when a suicide prevention aide alerts staff to an emergency, staff must immediately respond to the prisoner on suicide prevention status and take necessary action to prevent further harm.
- I. In no case shall a suicide prevention aide be assigned to a watch without adequate provisions for staff supervision or without the ability to obtain immediate staff assistance. While performing their duties, the suicide prevention aide shall be in camera view. Aides shall not be considered a substitution for staff.

XV. Reporting:

In accordance with DOC P&P 104.01 (Special Incident Reporting):

- A. The Shift Supervisor or designee shall verbally notify the Superintendent or designee of any serious suicide attempt in an institution as soon as possible after emergency life-saving measures have been implemented.
- B. The Superintendent or designee is responsible for ensuring that a report regarding the incident is completed and submitted to the Director of Institutions per timeframes listed in DOC P&P 104.01.
- C. The Director of Institutions shall ensure that special incident reports are distributed to all other pertinent DOC Division heads.

XVI. Debriefing:

A timely debriefing shall be offered to affected employees and prisoners. The Superintendent shall ensure that all employees involved with a serious suicide attempt or completion shall be offered Critical Incident Stress Debriefing (CISD):

- A. The Superintendent shall make accommodations available within the institution for the debriefing and shall notify all employees involved of the debriefing.

XVII. Administrative Review:

If a prisoner commits suicide the Department shall conduct an administrative review of the incident following the procedures outlined in DOC P&P 104.04 (Death of a Prisoner).

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