

 <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
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Authority/References	Subject	
<p>KRS 196.035, 197.020 CPP 4.2, 8.4, 9.1, 10.2, 18.5, 18.11 ACA 5-ACI-4A-11, 5-ACI-6A-06, 5-ACI-6A-08(M), 5-ACI-6A-31(M), 5-ACI-6A-32(M), 5-ACI-6A-35(M), 5-ACI-6B-08(M), 5-ACI-6B-12, 5-ACI-6E-01, 5-ACI-6C-10, 5-ACI-5E-09</p>	<p>SUICIDE PREVENTION AND INTERVENTION PROGRAM</p>	
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	September 11, 2009	August 11, 2021

I. DEFINITIONS

“Continuous Observation” means constant, uninterrupted supervision and is reserved for inmates believed to be at high-risk for harm as determined by a mental health professional. Continuous observation may be conducted by a Correctional Officer or by a trained Inmate Observer.

“Crisis Treatment Plan” means written tactic containing general objectives reflecting the overall strategy for managing a suicidal inmate.

“Inmate Observer” means an inmate that is selected and approved by the mental health, medical, and administrative staff for a work assignment with specialized training to assist in the monitoring and observation of inmates on suicide watch.

“Special Management Inmate” means an inmate requiring particular supervision for administrative, disciplinary, behavioral or other reasons.

“Suicide Attempt” means a conscious, deliberate, self-injurious act intended to take one’s own life or commit suicide with non-fatal outcomes. The conscious and deliberate act intended to take one’s own life or commit suicide may include but is not limited to injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, injury by firearm, and poisoning. A determination of the act is the responsibility of the institution’s mental health professional.

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“Restrictive Housing Inmate” means an inmate separated from general population offenders who pose a direct and clear threat to the safety of persons or are a clear threat to the safe and secure operation of the facility.

“15 Minute Suicide Watch” means that the inmate will be observed every 15 minutes if deemed by a mental health professional to not be actively suicidal but has expressed suicidal ideation or has a recent history of suicide and is exhibiting significant symptoms of mental illness.

II. POLICY AND PROCEDURE

In an effort to provide maximum health care delivery services to the inmate population, a suicide prevention and intervention program which emphasizes training, screening and identification, communication and referral, housing, assessment, levels of supervision, documentation, intervention, and reporting and review has been developed and implemented by the Kentucky Department of Corrections. All staff with responsibility for inmate supervision, including Correctional Officers, Mental Health Professionals, Administrative Staff and Medical personnel shall be trained and responsible for the implementation of this program. The goal of these procedures is to reduce the potential for suicides and suicide attempts by inmates and to minimize the harm when suicide attempts occur. The procedures are consistent with security requirements and accepted mental health practices.

III. Training

A. Basic Pre-Service Training

1. Special training in the supervision and interaction with a suicide prone inmate shall be incorporated into basic pre-service training for all staff with responsibility for inmate supervision. This training shall be an integral part of a workshop, which shall focus on the Special Management inmate and Restrictive Housing inmate. The training will be reviewed annually by the Division of Mental Health and Substance Abuse for revisions that reflect updates in the literature.
2. In general, this lesson plan shall present a basic overview of the Special Management inmate and Restrictive Housing inmate and emphasis shall be placed on identification of individuals at-risk for suicide. The lesson plan shall also include methods for effective communication with a Special Management inmate and Restrictive Housing inmate and techniques for documenting observations regarding these individuals.
 - a. Identifying the warning signs and symptoms of impending suicidal behavior;

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- b. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
- c. Responding to suicidal and depressed inmates;
- d. Communication between correctional and health care personnel;
- e. Referral procedures;
- f. Housing observation and suicide watch level procedures;
- g. Follow-up monitoring of inmates who attempt suicide;
- h. Review of institutional procedures regarding suicide prevention including the location, access to, and use of the approved cut-down device.

B. Annual In-Service Training

- 1. Suicide prevention and intervention shall be offered as a component of the Mental Health training provided as part of the annual in-service training for all institutional staff. The lesson plan will be reviewed annually by the Division of Mental Health and Substance Abuse for revisions that reflect updates in the literature.
- 2. In general, the purpose of the training shall be to enhance the knowledge base and set of skills designed to enable a Correctional Professional to perform the work of handling inmate crises and suicide prevention and intervention with a greater degree of confidence and efficiency.
- 3. The suicide prevention and intervention portion of the training shall include the following areas:
 - a. During the in-service training, the staff member shall review the major characteristics of behavior that indicate suicide symptomology.
 - b. The staff member shall be advised to document and report any threats, changes in behavior or warning signals that indicate an inmate may be contemplating suicide.

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- c. A review of appropriate therapeutic techniques which may be utilized with the suicide prone inmate shall accompany this lesson plan (for example: specific methods of communicating with an inmate).
- d. An emphasis on documenting, referring, and report writing, shall be included in this workshop.
- e. An open forum shall be included in order to allow in-service trainees to ask questions which pertain to suicide related issues.

IV. Screening and Identification

- A. All inmates entering or transferring within the Department of Corrections shall be screened for suicide potential as part of the Mental Health Screening and Mental Health Appraisal procedure.
 - 1. A Mental Health Screening will be completed on all intra and intersystem inmate transfers upon admission.
 - 2. Mental Health Appraisals will be completed within 14 days for intersystem inmate transfers.
- B. Special Management and Restrictive Housing Units including Mental Health Units shall include routine monitoring for onset of depression and suicidal ideation among inmates assigned to their unit.
 - 1. A Classification and Treatment Officer shall tour an assigned walk or wing once each week and document these interactions.
 - 2. Mental health professionals will conduct an initial 30-day screen and thereafter 90-day evaluation.
 - 3. Correctional Officers will conduct rounds every 30 minutes.
- C. All inmates interviewed for identification and screening of suicide risk shall be seen in an environment that ensures privacy and protects confidentiality. Barriers to meeting with the inmate individually must be documented in the mental health progress note.
- D. Offenders who are pregnant while in the custody of the Department shall be provided pre- and post-natal behavioral health services. All pregnant women shall be screened for depression at regular intervals throughout their pregnancy. Any results indicating depression or suicidal ideation/intent shall initiate a referral to

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mental health services in order that a Treatment Plan can be created to guide appropriate services or watch status.

V. Communication and Referral

- A. Any staff member that hears an inmate verbalizing a desire or intent to commit suicide, observes an inmate making an attempt or gesture, receives information from the community of an inmate's suicide risk, or otherwise believes an inmate is at risk for suicide is responsible for assuring the safety of the inmate. Staff shall take immediate steps to ensure that the inmate is continuously observed and prevented from self-harm until appropriate medical, mental health, or supervisory assistance is obtained, consistent with existing security procedures. The inmate shall remain on continuous watch in a safe cell until the inmate's mental health status can be assessed by a mental health professional.
- B. Any staff member shall immediately refer both verbally and in writing, an inmate who exhibits behavior that is indicative of potential suicide to the institutional mental health professional.
- C. The senior captain shall ensure that appropriate correctional staff is properly informed of the status of each inmate placed on suicide watch. The previous shift captain shall be responsible for briefing the incoming shift captain on the status of all inmates on suicide watch.
- D. A summary Suicide Watch Log entry will be completed on all inmates placed on suicide watch by the assigned observing officer and trained inmate observer, if applicable, each shift and for any unusual occurrences.

VI. Housing Placement in a Safe Cell

Where physical plant permits, the following shall apply:

- A. Safe Cells
 - 1. Suicide Watches only occur in approved locations.
 - a. Single cell within a mental health unit.
 - b. Segregation cell, for brief assignment unless necessitated by documented security concerns.
- B. Specifications of Safe Cells

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1. Stainless fixtures sink/toilet combination with push button flush and faucet. (Push button is important so the inmate cannot hang himself from the faucet handles, etc).
2. High security beds bolted to the floor are acceptable. They may be 12” off the floor. However, all bedposts or bars at the head and foot of the bed must be removed and the sharp edges covered.
3. Fixtures, pipes, etc. that an inmate may use to hang himself must be covered with steel or fine mesh. Fine mesh must be placed over windows and should be hinged to allow cleaning on both sides. Hinging should be between the screen and windows with a key lock rather than a padlock.
4. No furniture attached or unattached to walls and floor, other than stated in this policy.
5. Visibility to all areas of the cell. Convex mirrors may be used if needed. Convex mirrors’ edges must be flush with the wall so that nothing can hang from them.
6. If there is a shower, fixtures must be breakaway or recessed with push buttons.
7. Cuff port or tray slot.
8. No functional electrical outlets or switch plates.
9. Adequate ventilation.
10. Adequate lighting.
11. Camera in cell, if available, although this does not take the place of direct observation.

C. For each inmate placed on suicide watch the following shall occur:

1. The inmate shall be housed in a safe cell, if available.
2. The safe cell shall be inspected immediately before the inmate’s placement. Documentation of the cell search shall be entered into the Suicide Watch Log.
3. The inmate shall be strip-searched before being placed in the designated safe cell and the search shall be documented in the Suicide Watch Log.

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4. A Department of Corrections (DOC) approved suicide-resistant gown or suicide blanket will be provided at the conclusion of the strip search. Provision will be made to supply the inmate with a security garment that will promote inmate safety in a way that is designed to prevent humiliation and degradation.

VII. Assessment

- A. All inmates placed on a suicide watch shall be evaluated by the institutional mental health professional as soon as possible, but no later than 24 hours after the initiation of the watch excluding weekends and holidays. Assessments shall be conducted following a review of the inmate's mental health file.
- B. A mental health professional's evaluation may include both subjective and objective methods of gathering information regarding the inmate's psychological state and intent to do self-harm.
- C. Based on this evaluation, the mental health professional shall determine the appropriate level of monitoring, which will include either Continuous Watch or 15 Minute Watch.
- D. The mental health professional will communicate to the Unit Administrator and Security the level of monitoring required.
- E. Reassessment of the suicide status shall occur daily by the mental health professional. No reassessment will be conducted without access to, and a full review of, any day-to-day changes after the initial review of the mental health file.
- F. The mental health professional shall monitor inmate as needed and adjust the Watch Status as appropriate. The Watch Status can only be terminated by a mental health professional.
- G. While an inmate is on suicide watch, physical restraints for mental health purposes may only be used as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. The restraint will be in compliance with CPP 9.1.

VIII. Suicide Watch – Levels of Observation and Supervision

- A. Continuous Observation:
 1. A Correctional Officer or trained inmate observer must observe inmates on a continuous, uninterrupted basis at this level.

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2. If the cells utilized for suicide watch at a given institution are physically located next to one another, with an unobstructed view of both inmates and their entire cells, one officer or trained inmate observer may be assigned to observe two inmates at this level of observation.
3. Property shall be limited to mattress, approved suicide-resistant gown or suicide blanket, and other items at the discretion of the mental health professional. Any property of an offender placed on continuous observation may have property removal or allowance reviewed by the Warden or designee for appropriateness.
4. Any staff member may place an inmate on Continuous Observation through the shift supervisor until the inmate is seen by a mental health professional.

B. 15 Minute Watch:

1. This level of watch requires that staff observe inmates at irregular, staggered intervals, not to exceed 15 minutes, with documentation of the inmate's condition as the observation occurs.
2. The property of the inmate shall be determined at the discretion of the mental health professional. Any property of an offender placed on 15 Minute Watch may have property removal or allowance reviewed by the Warden or designee for appropriateness.
3. Any staff member may request upgrading the suicide watch level of an inmate from 15 Minute Watch to Continuous Watch by notifying the shift supervisor. However, only a mental health professional may downgrade suicide watch from Continuous Watch to a 15 Minute Watch or discontinue a Suicide Watch after a face-to-face assessment in an environment that ensures confidentiality.

IX. Documentation

- A. The Suicide Watch Log shall be completed on all inmates placed on suicide watch.
- B. The mental health professional shall respond as soon as possible upon notification of the watch request to conduct a face-to-face evaluation of the inmate in an individual session. A brief progress note shall be made in the inmate's medical record with reference to the completed suicide consultation, any clinical intervention utilized to stabilize the inmate, and the Crisis Treatment Plan.

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- C. Reassessments or changes in Watch Status shall be completed by the mental health professional and documented in the medical record.
- D. The mental health professional shall make daily progress notes in the medical record of inmates on suicide watch plan. Any changes in property or Crisis Treatment Plan will be included in the daily progress note.
- E. The discontinuation of or any changes in watch status are documented by the mental health professional in the medical record.
- F. The correctional officer or trained inmate observer shall maintain the Suicide Watch Log until the mental health professional removes the watch.
- G. The Shift Commander will sign the Suicide Watch Log being utilized on their shift during their institution rounds.