
 State of Connecticut Department of Correction ADMINISTRATIVE DIRECTIVE	Directive Number 8.14	Effective Date 3/16/2026	Page 1 of 8
	Supersedes Suicide Prevention, dated 8/15/2009		
Approved By  Commissioner Angel Quiros	Title Suicide Prevention and Intervention		

1. **Policy.** The Department of Correction shall actively identify and monitor inmates who may be at risk of self-harming. Each facility shall establish procedures for suicide prevention and intervention.
2. **Authority and Reference.**
 - a. Connecticut General Statutes, Section 18-81.
 - b. Administrative Directives 1.10, Investigations; 2.7, Training and Staff Development; 2.18, Critical Incident Stress Response Program; 6.1, Tours and Inspections; 6.2, Facility Post Orders and Logs; 6.6, Reporting of Incidents; 6.7, Searches Conducted in Correctional Facilities; 7.3, Emergency Plans; 8.1, Scope of Health Services Care; 8.2, Offender Death; 8.5, Mental Health Services; 9.3, Inmate Admissions, Transfers and Discharges; and 10.12, Inmate Orientation.
3. **Definitions.** For the purposes stated herein, the following definitions apply:
 - a. **Constant Observation.** Continuous uninterrupted visual observation of an inmate at all times, which may include an open door. If the door cannot remain open, a clear and unobstructed view of the inmate must be maintained. One staff member may provide constant observation to one or more inmates in the same room.
 - b. **Direct Admission Facility.** The following correctional facilities shall be designated as direct admission facilities:
 - i. Bridgeport Correctional Center;
 - ii. Corrigan-Radgowski Correctional Center;
 - iii. Hartford Correctional Center;
 - iv. Manson Youth Institution;
 - v. New Haven Correctional Center; and,
 - vi. York Correctional Institution.
 - c. **Direct Contact Employee.** An employee who has daily or regular supervision of inmates as part of the employee's job.
 - d. **Infirmatory Unit.** An area designated for medical and/or mental health care with 24-hour nursing coverage.
 - e. **Mental Health Emergency.** A situation or circumstance requiring an immediate response to an inmate in crisis when the lack of intervention may jeopardize the safety or wellbeing of the inmate, staff, or other inmates.
 - f. **Mental Health Clinician.** A psychiatrist, psychologist, psychiatric nurse clinician, psychiatric advanced practice registered nurse (APRN), clinical social worker, or professional counselor.
 - g. **Near Miss Clinical Event.** An error in clinical activity without a consequential adverse outcome.
 - h. **Observation.** Visual assessment of living, breathing inmate and entering the cell to do so if necessary.
 - i. **Qualified Mental Health Professionals.** Psychiatrists, psychologists, psychiatric social workers, professional counselors, psychiatric nurses and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of inmates.
 - j. **Staggered Observation.** Visual checks made on an inmate at irregular intervals not to exceed 15 minutes.
4. **Staff Training.** Each direct contact employee shall receive training in suicide prevention and related topics in accordance with Administrative Directive 2.7, Training and Staff Development.

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- a. Pre-Service Orientation Training. Newly hired staff with direct inmate contact shall complete one (1) full day of suicide prevention training prior to being assigned to a facility. Staff shall be trained in the following:
 - i. recognize the signs indicative of a potential suicide;
 - ii. the referral process;
 - iii. suicide intervention techniques;
 - iv. administration of first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED);
 - v. the use of the Suicide Rescue tool in accordance with Attachment C, Suicide Rescue Tool; and,
 - vi. the provisions of this Directive.
 - b. Facility Orientation Training. Staff with direct inmate contact shall receive facility-based training related to provisions of this Directive.
 - c. In-Service Training. Staff with direct inmate contact shall complete two (2) hours of combined suicide prevention and emergency procedures training annually.
 - d. Roll Call Notices. Each facility shall advise staff regarding suicide prevention as needed via roll call notices as directed by the Unit Administrator in consultation with the Chief Operating Officer or designee.
5. Inmate Assessment, Identification and Referral. Upon admission or transfer, each inmate shall be assessed in accordance with this section to identify suicide risk factors prior to housing assignment.
- a. Assessment. Suicide potential shall be assessed by a Mental Health Clinician or Qualified Mental Health Professional, who shall determine the inmate's level of suicide risk utilizing Mental Health Risk Assessment, in conjunction with a clinical assessment and/or consultation with a psychiatrist.
 - b. Identification. Each newly admitted or inter-facility transferred inmate shall be assessed in order to determine the inmate's level of suicide risk.
 - i. Custody staff shall solicit information regarding an inmate's potential for self-harm or suicidal behavior upon admission or transfer from another authority's custody (i.e., a jurisdiction other than the Connecticut Department of Correction, who has custody and responsibility for the inmate) and document the information on form CN 9306, Inmate Intake Form.
 - ii. Custody staff shall immediately relay information which suggests a risk of suicide or potential suicide to health services staff, to include:
 1. court mittimus;
 2. Attachment B, Detainee Behavior Questionnaire (JD-MS-5); or,
 3. reported information from any other organization or person.
 - iii. Health services staff shall conduct comprehensive health screening for each newly admitted inmate utilizing Intake Health Screening. In the case of inter-facility transfers an abbreviated health screening for each inmate admitted shall be completed utilizing Transfer Summary in accordance with Administrative Directive 8.1, Scope of Health Services Care.
 - iv. If health services staff believe that an inmate may be at risk of suicide, the inmate shall be screened by a Mental Health Clinician for history or other indications. Such assessment shall be documented using Mental Health Screening and/or, Suicide Risk Assessment
 - c. Referral. Any inmate who requests or are referred for a mental health assessment and/or services, shall be evaluated by a licensed mental health clinician.
 - i. Inmate Requests. Inmates may request mental health services on a routine or an emergency basis.
 1. Requests for mental health services shall be documented on form CN 9601, Inmate Request form, and in accordance with HSU policies and procedures.
 2. Emergency requests shall be made verbally to any Department of Correction staff member. Such requests shall be relayed to a Qualified Mental Health Professional.
6. Communication. All staff shall promote and maintain awareness, share information and make appropriate referrals concerning any suicidal or potentially suicidal inmates. An

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inmate suspected of being suicidal or potentially suicidal shall be referred immediately to health services staff for assessment. A Shift Supervisor shall be immediately notified. At no time shall the inmate suspected of being suicidal be left alone. All mental health referrals shall be documented in the unit logbook in accordance with Administrative Directive 6.2, Facility Post Orders and Logs. The Health Services Unit shall maintain a bound or electronic log of mental health referrals, subsequent triage and assessment. Additional communicative measures shall include, but not limited to, the following:

- a. Arresting/Transporting Officer. The arresting/transporting officer shall complete Attachment B, Detainee Behavior Questionnaire (JD-MS-5) to document the inmate's behavior, physical condition and verbal statements while in custody of the arresting/transporting officer in accordance with Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges.

7. Housing and Management of Inmates on Mental Health Observation Status. An inmate determined to be potentially suicidal shall be placed on the appropriate mental health observation status by health services staff and Attachment A, Observation Checklist (HR-505) shall be initiated and maintained. Potentially suicidal inmates shall be moved immediately to an environment in which the inmate can be safely monitored. Health services staff shall monitor the inmate in accordance with the provisions of this Directive. In those facilities without the capability of providing adequate supervision of the inmate, the health services staff shall contact the on-call psychiatrist for follow-up instruction.

8. Levels of Mental Health Observation.

- a. Staggered Observation Status. At this level of observation, staff shall observe the inmate at staggered intervals not to exceed 15 minutes and document the inmate's behavior and general condition at the time observed utilizing Attachment A, Observation Checklist (HR-505).
- b. Constant Observation Status. At this level of observation, staff shall visually observe the inmate on a continuous uninterrupted basis and document the inmate's behavior and general condition at 15-minute intervals utilizing Attachment A, Observation Checklist (HR-505). Constant Observation status shall be valid for a maximum of 8 hours, at which time the inmate must be re-evaluated for the need to continue his or her Constant Observation. Staff members assigned to Constant Observation duties must rotate every two hours. No individual may exceed two consecutive hours of inmate monitoring, with the exception of exigent circumstances.
- c. Discontinuation of Mental Health Observation. The determination to discontinue mental health observation shall be made by the facility supervising psychologist or the psychiatrist/APRN after a face-to-face interview with the inmate. Discontinuation may also be ordered by the on-call psychiatrist via telephone following discussion with a facility mental health professional who has conducted a face-to-face interview with the inmate.

9. Observation Protocols. The following procedures shall be implemented when an inmate is placed on Constant or Staggered Observation status:

- a. The room or cell in which the inmate is to be assigned shall be searched in accordance with Administrative Directive 6.7, Searches Conducted in Correctional Facilities.
- b. The inmate shall be subject to a strip-search in accordance with Administrative Directive 6.7, Searches Conducted in Correctional Facilities.
- c. Safety gowns and/or safety blankets may be issued at the discretion of the individual who authorized the inmate's placement.
- d. Assigned staff shall document observations on Attachment A, Observation Checklist (HR-505).
- e. The inmate shall be allowed to attend to bodily functions as needed.
- f. The inmate shall be offered fluids at least every two (2) hours.
- g. The inmate shall be provided with bite-sized foods and liquids at mealtimes.
- h. Food and fluid intake/output and refusal shall be documented.

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- i. When available, health services staff shall conduct an assessment of an inmate on observation status at a minimum of every two (2) hours.

10. Suicide Intervention and Response.

a. Suicide Intervention. In accordance with Administrative Directives 7.3, Emergency Plans and 8.1, Scope of Health Services Care, each facility shall have a comprehensive written plan which directs staff response to a range of mental health emergencies and situations, maintains the appropriate level of staff training and communication and provides for emergency medical and/or mental health response and equipment. Procedures shall include methods for handling a suicide in progress, administration of first aid, CPR and AED, and the duties of first and subsequent responders, supervisors, and health services staff.

b. Response to Suicide Attempts. Staff shall use discretion when responding to a suicide attempt. Staff who are present during the suicide attempt shall communicate the emergency, observe the area and inmates, and determine if it is safe and necessary to attempt to render first aid before other responding staff arrive. Staff shall utilize universal precautions during any attempt to initiate life saving measures.

i. Hanging Attempts. Hanging may affect any or all neck structures including the airway, spinal cord, arteries and blood vessels. Steps that shall be taken are as follows:

1. Communicate the emergency;
2. Secure the unit and immediate area as a suspected crime scene;
3. Based on the circumstances, determine if it is safe to proceed to enter the room and cut down the inmate utilizing the suicide rescue tool. Staff shall use discretion with consideration given to safety and security concerns based on a single or double cell, status of the unit, appearance of the inmate, etc.
4. Notify Control Center to contact ambulance services;
5. Provide basic first aid to include CPR and the use of an AED device;
6. Continue basic first aid and CPR until emergency professionals arrive;
7. Do not leave the inmate unattended; and,
8. Upon removal of inmate by emergency professionals, continue to secure the unit and immediate area as a crime scene.

ii. Lacerations. Lacerations may be serious and can cause a large amount of blood loss. When an individual has caused a self-inflicted wound in an attempt to commit suicide or serious self-harm, the following steps shall be taken:

1. Communicate the emergency;
2. Secure the unit and immediate area as a suspected crime scene;
3. Wait for assistance;
4. Practice universal precautions;
5. If possible while maintaining staff safety, visually inspect the area surrounding the inmate for any sharp materials that may have caused the injury (to provide staff safety). Secure as evidence;
6. If possible while maintaining staff safety, visually inspect the lacerated area for any sharp instruments that may be protruding from the area. Do not remove any objects protruding from the inmate's body;
7. If consistent with staff safety, apply pressure directly to the injured area. Be cognizant of the inmate's reaction (i.e. kicking, etc.);
8. If consistent with staff safety, monitor signs of breathing and maintaining direct pressure of the wound;
9. Never leave the inmate unattended; and,
10. Upon removal of inmate, continue to secure the unit and immediate area as a crime scene.

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- iii. Securing the Area. The area of any attempted or actual suicide shall be treated as a crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence.

11. Reporting/Notification of a Suicide.

- a. In the event of a death by suicide, all appropriate officials shall be notified through the chain of command in accordance with Administrative Directive 6.6, Reporting of Incidents.
- b. Following the incident, the inmate's family shall be notified in accordance with Administrative Directive 8.2, Offender Death.
- c. All staff involved in the incident shall be required to complete CN 6604, Incident Report or a CN 6605, Incident Report Supplemental in accordance with Administrative Directive 6.6, Reporting of Incidents.

12. Critical Incident Review. Each Death by Suicide or Near Miss Clinical Event shall be examined with the following actions taken:

- a. Death by Suicide.
 - i. Review. In the event of an inmate death by suicide, a comprehensive report shall be prepared in accordance with Administrative Directives 6.6, Reporting of Incidents and 8.2, Offender Death. Such analysis shall include, at a minimum, the conclusion of administrative investigations in accordance with Administrative Directive 1.10, Investigations, and possible recommendations for system improvement. A copy of the report and recommendations shall be forwarded to an independent consultant for review.
 - ii. Critical Incident Debriefing. Each facility shall establish procedures for offering critical incident debriefing to potentially affected staff and inmates in accordance with Administrative Directive 2.18, Critical Incident Stress Response Program.
 - iii. Program Documentation. Each Health Services Unit shall establish procedures for maintaining a log of the name, number and date an inmate was placed on Staggered or Constant Observation, and/or threatened, attempted or death by suicide for the purpose of suicide prevention review. Each facility's Health Services Unit shall forward a monthly statistical report of the number of inmates placed on Staggered or Constant Observation, suicide risk assessments, suicide threats, suicide attempts and death by suicides to the Unit Administrator, and the Chief Operating Officer or designee.
 - iv. Reports. Critical incident review reports on shall be maintained by the Chief Operating Officer or designee and may be submitted to an independent consultant for review.
- b. Near Miss Clinical Event. All Near Miss Clinical Events shall necessitate an investigation that includes an interdisciplinary review of the incident in accordance with this Directive and Administrative Directives 1.10, Investigations and 6.6, Reporting of Incidents.

13. Safety Gowns and Blankets. Safety gowns and blankets shall be purchased and maintained by the Department. Each facility shall develop and maintain a written procedure to document serviceability inspections of safety gowns and blankets conducted by facility laundry staff. Prior to issuance, each safety gown and blanket shall be inspected by custody or health services staff to determine the item's continued use. Safety gowns and blankets that are faded, torn and/or have loose or missing stitching shall not be issued to the inmate. Damaged safety gowns and blankets shall be promptly returned to the laundry supervisor for appropriate disposition. After each laundering, safety gowns and blankets shall be inspected by laundry staff to determine continued serviceability.

14. Forms and Attachments. The following forms and attachments are applicable to this Administrative Directive and shall be utilized for the intended function:

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- a. Attachment A, Observation Checklist (HR-505);
- b. Attachment B, Detainee Behavior Questionnaire (JD-MS-5); and,
- c. Attachment C, Suicide Rescue Tool.

15. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.