
 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.14	Effective Date 8/15/2009	Page 1 of 8
	Supersedes Suicide Prevention, dated 12/15/2006		
Approved By 	Title Suicide Prevention and Intervention		

1. Policy. The Department of Correction shall actively identify and monitor inmates who may be at risk of self-harm. Each facility shall establish procedures for suicide prevention and intervention.

2. Authority and Reference.
 - A. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2007.
 - B. Connecticut General Statutes, Section 18-81.
 - C. 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.
 - D. University of Connecticut Health Center/Correctional Managed Health Care, Policy E2.03, Referral-Assessment: Mental Health.
 - E. University of Connecticut Health Center/Correctional Managed Health Care, Policy G5.02, Suicide Prevention.
 - F. University of Connecticut Health Center/Correctional Managed Health Care, Policy G5.05, Mental Health Observation.
 - G. University of Connecticut Health Center/Correctional Managed Health Care, Policy I1.01, Therapeutic Restraints.
 - H. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
 - I. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4350, 4-4351, 4-4362, 4-4363, 4-4373, 4-4389 and 4-4414.
 - J. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-4C-22 through 4-ALDF-4C-24, 4-ALDF-4C-27, 4-ALDF-4C-29 through 4-ALDF-4C-33 and 4-ALDF-4D-08.
 - K. National Commission on Correctional Health Care, Prison Health Standards, 2008, Standard P-G-05.
 - L. National Commission on Correctional Health Care, Jail Health Standards, 2008, Standard J-G-05.

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:
 1. Bridgeport Correctional Center;

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2. Corrigan-Radgowski Correctional Center;
 3. Hartford Correctional Center;
 4. Manson Youth Institution;
 5. New Haven Correctional Center; and,
 6. 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. Infirmiry 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 a living, breathing inmate and entering the cell to do so if necessary.
 - I. Qualified Mental Health Professionals. Psychiatrists, psychologists, psychiatric social workers, professional counselor, 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.
 - 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:
 1. recognize the signs indicative of a potential suicide;
 2. the referral process;
 3. suicide intervention techniques;
 4. administration of first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED);
 5. the use of the Suicide Rescue tool in accordance with Attachment H, Suicide Rescue Tool; and,
 6. 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.

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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. In accordance with Section 2(E) of this Directive, 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 Attachment F, Suicide Risk Assessment (HR-517), 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.
1. 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.). Custody staff shall complete each item in the Custody Information section of Attachment A, Intake Health Screening (HR-001) on each inmate admitted prior to transferring the inmate to health services for intake evaluation.
 2. Custody staff shall immediately relay information which suggests a risk of suicide or potential suicide to health services staff, to include:
 - a. court mittimus;
 - b. Attachment G, Detainee Behavior Questionnaire (JD-MS-5); or,
 - c. reported information from any other organization or person.

The information shall initially be communicated verbally to health services intake staff then promptly documented by custody staff on Attachment A, Intake Health Screening (HR-001). Inmates with a court mittimus indicating "Suicide Watch" shall be placed on Constant Observation Status, until such time as the inmate is evaluated by health services staff in accordance with Administrative Directive 8.5, Mental Health Services. A Mental Health Clinician shall make the determination if the watch is to continue. Custody staff shall review a newly admitted inmate's RT-74 information for any previous medical, mental health or suicide risk information and shall document such information on Attachment A, Intake Health Screening (HR-001). A copy of the RT-74 information shall be forwarded along with Attachment A, Intake Health Screening (HR-001).

3. Health services staff shall conduct a comprehensive health screening for each newly admitted inmate utilizing Attachment A, Intake Health Screening (HR-001) after the Custody Information section has been completed. In the case of inter-facility transfers an abbreviated health screening for each inmate admitted shall be completed utilizing Attachment B,

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Transfer Summary (HR-005) in accordance with Administrative Directive 8.1, Scope of Health Services Care.

4. If health services staff believe that an inmate may be at risk of suicide, said inmate shall be screened by a Mental Health Clinician for history or other indications in accordance with Section 2(E) of this Directive utilizing and Administrative Directive 8.1, Scope of Health Services Care prior to placement in general population. Such assessment shall be documented using Attachment D, Mental Health Screening (HR-504) and/or Attachment F, Suicide Risk Assessment (HR-517).

- C. Referral. An inmate who may be at risk of self-harm shall be referred in accordance with the provisions of this Directive. Each referral shall be documented on Attachment C, Request for Mental Health Services (HR-501) and forwarded to the Health Services Unit for action. The Unit Administrator, in consultation with the Regional Chief Operating Officer, shall develop and maintain a system to refer and document inmate referrals to the Health Services Unit.

6. Communication. All staff shall promote and maintain awareness, share information and make appropriate referrals concerning any suicidal or potentially suicidal inmates. An inmate suspected of being suicidal or potentially suicidal shall be referred immediately to health services staff for assessment. In addition, the Shift Commander or designee shall be immediately notified. At no time shall the inmate suspected of being suicidal be left alone. Referrals may be made via telephone, but shall be documented on Attachment C, Request for Mental Health Services (HR-501) and forwarded to the Health Services Unit. 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 in accordance with Section 2(D). Additional communicative measures shall include, but not limited to, the following:
 - A. Arresting/Transporting Officer. The arresting/transporting officer shall complete Attachment G, Detainee Behavior Questionnaire (JD-MS-5) to document the inmate's behavior, physical condition and verbal statements while in the custody of the arresting/transporting officer in accordance with Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges.
 - B. Interdisciplinary Meetings. In an effort to ensure ongoing communication between custody and health and addiction services staff, a meeting shall be conducted on a quarterly basis at a minimum to ensure continual communication among disciplines for the health and wellbeing of inmates.

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 E, 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 Section 2(F) of this Directive. In those facilities without the capability of providing adequate supervision of the inmate, the health services staff or the Shift

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Commander or designee 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 E, 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 E, 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 Constant Observation.
 - 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 E, 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 bite-sized foods and liquids at meal times.
 - H. Food and fluid intake/output and refusal shall be documented.
 - 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. Orientation Unit Procedures. In accordance with Administrative Directive 10.12, Inmate Orientation the following procedures shall be followed at each direct admission facility:
 - A. Orientation units shall be identified as specialized housing units and toured at 15-minute intervals, at a minimum, in accordance with Administrative Directive 6.1, Tours and Inspections. Health services personnel shall tour each orientation unit at least once per shift.
 - B. Shoelaces shall be removed from all inmates housed in orientation units.

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- C. Telephone monitoring shall be randomly conducted to review telephone calls made from orientation units.
- D. Inmates shall be double-celled unless approved for single cell status by the Unit Manager/Supervisor.
- E. The Unit Manager/Supervisor shall see that all information, issues and concerns are communicated and shared with unit and health services staff to include the second and third shift staff.
- F. Unit tours shall emphasize staff/inmate interaction and observation of inmates assigned to the unit.
- G. Inmates identified with difficulties adjusting to incarceration or about whom staff have concerns regarding medical, mental health, and/or detoxification issues shall be reported immediately to the Health Services Unit for appropriate follow-up. Such concerns shall be documented in the station log in accordance with Administrative Directive 6.2, Facility Post Orders and Logs.

11. 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.
 - 1. 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:
 - a. Communicate the emergency;
 - b. Secure the unit and immediate area as a suspected crime scene;
 - c. 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. Staff shall attempt to render first aid before additional staff arrive;
 - d. Notify Control Center to contact ambulance services and request "Advanced Life Support";
 - e. Provide basic first aid to include CPR and the use of an AED device. Continue basic first aid and CPR until emergency professionals arrive;
 - f. Do not leave the inmate unattended; and,

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- g. Upon removal of inmate by emergency professionals, continue to secure the unit and immediate area as a crime scene.
 2. 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:
 - a. Communicate the emergency;
 - b. Secure the unit and immediate area as a suspected crime scene;
 - c. Wait for assistance;
 - d. Practice universal precautions;
 - e. 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;
 - f. 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;
 - g. If consistent with staff safety, apply pressure directly to the injured area. Be cognizant of the inmate's reaction (i.e. kicking, etc.);
 - h. If consistent with staff safety, monitor signs of breathing and maintaining direct pressure of the wound;
 - i. Never leave the inmate unattended; and,
 - j. Upon removal of inmate, continue to secure the unit and immediate area as a crime scene.
 3. 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.
12. Reporting/Notification of a Suicide.
- A. In the event of a 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 6601, Incident Report or a supplemental page in accordance with Administrative Directive 6.6, Reporting of Incidents.
13. Critical Incident Review. Each Completed Suicide or Near Miss Clinical Event shall be examined with the following actions taken:
- A. Completed Suicide.
 1. Review. In the event of an inmate 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

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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.

2. 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.
 3. 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 completed 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 assessments, suicide threats, suicide attempts and completed suicides to the Unit Administrator, and the Chief Operating Officer or designee.
 4. 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 a facility-based 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.
14. 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.
 15. Forms and Attachments. The following forms and attachments are applicable to this Administrative Directive and shall be utilized for the intended function:
 - A. Attachment A, Intake Health Screening (HR-001);
 - B. Attachment B, Transfer Summary (HR-005);
 - C. Attachment C, Request for Mental Health Services (HR-501);
 - D. Attachment D, Mental Health Screening (HR-504);
 - E. Attachment E, Observation Checklist (HR-505);
 - F. Attachment F, Suicide Risk Assessment (HR-517);
 - G. Attachment G, Detainee Behavior Questionnaire (JD-MS-5); and,
 - H. Attachment H, Suicide Rescue Tool.
 16. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.