
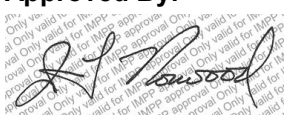


KANSAS DEPARTMENT OF CORRECTIONS

 <p>INTERNAL MANAGEMENT POLICY AND PROCEDURE</p>	<p>SECTION NUMBER</p> <p>10-105D</p>	<p>PAGE NUMBER</p> <p>1 of 5</p>
	<p>PROGRAMS AND SERVICES: Facility Suicide Prevention Programs</p>	
<p>Approved By:</p>  <p style="text-align: center;">Secretary of Corrections</p>	<p>Original Date Issued: 02-23-16</p> <p>Replaces Version Issued: 02-23-16</p> <p>CURRENT VERSION EFFECTIVE: 01-10-19</p>	

APPLICABILITY:	<input type="checkbox"/> ADULT Operations Only	<input type="checkbox"/> JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
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POLICY STATEMENT

All facilities shall have a written suicide prevention and intervention program, which has been reviewed and approved by qualified medical and behavioral health professionals shall be established by the Regional Psychiatric Director and Regional Medical Director and approved by the Director of Healthcare Services. (ACO 2-4E-01, ACI 4-4373). The program components shall include methods for the identification, monitoring, and housing of potentially suicidal offenders; referrals to behavioral health providers; communication between health care and facility staff; intervention/response techniques; notification procedures; and reporting and review procedures. (NCCCHC P-G-05)

To ensure the implementation of such programs, all facility staff with responsibility for offender supervision shall be trained to recognize behavioral and verbal signs, which might indicate suicide potential. (ACI 4-4373) The training curriculum shall be developed with input from facility staff and approved by the Facility Psychiatric Director, Facility Medical Director, Health Services Administrator and the warden/superintendent.

DEFINITIONS

Departmental Clinical Health Authority: The physician Regional Medical Director of the agency or organization responsible for the provision of health care services for the Kansas Department of Corrections. This position has full clinical autonomy and responsibility for clinical health care issues within the Kansas Department of Corrections.

Director of Health Care Services: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Regional Psychiatric Director: Responsible for the clinical supervision of all facility psychiatrists. The Regional Psychiatrist is supervised clinically by the Departmental Clinical Health Authority and administratively by the Regional Vice President and or his designee.

Facility Psychiatric Director: Responsible to the Regional Psychiatric Director clinically and the facility Health Authority administratively.

Observation: The offender and the offender's movement are observed as prescribed by a written plan outlined by the health authority. Observation of potentially suicidal offenders shall include irregular, unpredictable documented checks according to the prescribed crisis level, but no greater than 15 minutes apart. Offenders who are actively suicidal are placed on constant observation. Supervision aids such as closed-circuit television can be used as a supplement to, but never as a substitute for, direct staff monitoring.

Standard Precautions: An approach to infection control based on the concept that all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and other blood borne pathogens.

PROCEDURES

I. Establishment of a Suicide Prevention Program (ACI 3-4364 NCCHC P-G-05)

- A. The Regional Psychiatric Director and the Regional Medical Director shall develop a written program approved by the Director of Healthcare Services for identifying and responding to suicidal individuals. Such programs shall include the following elements:
1. Identification: Screening of newly received offenders shall be completed upon arrival and include observation and interview items related to the offender's potential suicide risk, per IMPP 10-117D. (ACO 2-4F-01) A follow-up evaluation shall be completed within eight (8) hours on all positive findings identified from the behavioral health screening intake form.
 2. Training: Procedure for training staff members in verbal and behavioral cues that indicate potential suicide, per IMPP 03-104D. (NCCHC P-C-04)
 3. Assessment/Evaluation: Procedures whereby qualified behavioral health professionals designate the offender's status with regard to suicidal activity.
 4. Monitoring: Procedures for monitoring an offender who has been identified as potentially suicidal.
 5. Housing: Procedures for housing offenders in accordance with the degree of risk and available staff, per IMPP 10-117D.
 6. Referral: Procedures for referring potentially suicidal offenders and attempted suicides to behavioral health care providers or facilities.
 7. Communications: Procedures for communicating between health care and correctional personnel regarding the status of the offender.
 8. Intervention/Response: Procedures for handling a suicide in progress, including how to cut down a hanging victim, administering other first aid measures, and use of universal precautions.
 9. Notification: Procedures for notifying appropriate staff, outside authorities, and family members of suicides or attempted suicides which shall be in accordance with IMPP 01-114D and IMPP 10-123D. (ACO 2-4E-01)
 10. Reporting: Procedures for documenting the identification and monitoring of potential or attempted suicides.
 11. Incident Review: Procedures for medical and administrative review should a suicide occur.
 12. Critical Incident Debriefing: Procedures for offering critical incident debriefing to all affected personnel and offenders involved in responding to and/or observing a suicide in progress. (NCCHC P-G-05)

II. Training of Staff Responsible for the Implementation of Suicide Prevention and Intervention Program

- A. The warden/superintendent shall identify those staff positions requiring training in the suicide prevention program, in accordance with IMPP 03-104D.
1. Such training shall be completed within 90 days of the employee's appointment.

- B. Tentative identification of a potentially suicidal offender may be made by any staff member of the facility.

III. Intervention Referral of Potentially Suicidal Offender

- A. Staff shall immediately refer to the unit team manager (adult facilities)/shift manager (juvenile facilities) any offender who exhibits behavior, which is suggestive of potential suicide.
 - 1. The unit team manager (adult facilities)/shift manager (juvenile facilities) shall arrange for an immediate evaluation by a qualified health care professional.
 - 2. Pending the immediate evaluation by the qualified health care professional, the offender shall be kept under continuous observation.
- B. If the unit team manager (adult facilities)/shift manager (juvenile facilities) is not available, referral shall be to the shift supervisor who shall arrange for immediate evaluation by a qualified health care professional.
- C. An offender who has attempted suicide shall receive immediate medical attention.
 - 1. After emergency medical treatment is completed, a behavioral health professional shall perform an immediate evaluation.
 - 2. Pending evaluation, the health care staff shall be contacted to obtain directives with regard to the level of observation required.
 - 3. Behavioral health care staff shall manage the offender as potentially suicidal (see Section V.).

IV. Assessment of Potentially Suicidal Offender and Follow-up Procedures (NCCHC P-G-05)

- A. If an offender is referred to a behavioral health professional for suicide assessment and the examiner(s) determines that the offender is not potentially suicidal:
 - 1. Such determination shall be documented, in writing.
 - 2. The housing/supervision of such offenders shall be determined by the warden/superintendent or designee.
- B. If an offender is referred to a behavioral health professional for suicide assessment and the examiner is unable to make a judgment regarding suicide potential, the offender shall be managed as potentially suicidal.

V. Housing/Placement and Supervision of Potentially Suicidal Offenders (NCCHC P-G-05)

- A. Offenders assessed as potentially suicidal shall be:
 - 1. Placed on a crisis level as approved by the behavioral health professional and/or psychiatrist and kept under observation;
 - a. The frequency and type of observation shall be as prescribed in a written plan of care as outlined by the qualified health care professionals.
 - (1) Actively suicidal offenders will be placed on constant observation status.
 - (2) Potentially suicidal offenders will be monitored on an unpredictable (staggered) schedule according to the prescribed plan with no more than 15 minutes between checks.

- (3) The checks shall be documented on a monitoring form, approved by the Regional Medical Director and the Director of Health Care Services (example provided in Attachment A [adult] and Attachment B [juvenile]), for suicide precautions, close observation, and therapeutic restraints.
 2. Evaluated daily by behavioral health staff; and,
 - a. Facilities not able to provide for daily evaluation by behavioral health staff, shall arrange for the immediate transfer of potentially suicidal offenders to a facility where such services are available.
 - b. Offenders medical assessments by medical staff are in accordance with procedures established by the psychiatrist.
 - c. Staff, including program staff, shall be informed of the offender's status.
 3. **ADULT:** Considered for transfer to El Dorado Correctional Facility (EDCF) (for male offenders) or Topeka Correctional Facility Mental Health Unit (TCF-MHU) (for female offenders) for further evaluation and/or for intensive mental health supervision and counseling. (NCCHC P-G-05)
 - a. After a female offender is transferred to TCF Behavioral Health Unit, if staff at that facility determine it to be necessary and appropriate, transfer to Larned State Security Hospital shall be considered in accordance with IMPP 11-109. (NCCHC P-G-05)
- (1) All offenders must be medically stable and cleared medically by the Facility Health Authority before they are transferred to EDCF, TCF, or the Larned State Security Hospital.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

IMPP 01-114D, 03-104D, 10-117D, 10-123D, 11-109
ACO 2-4E-01, 2-4F-01
ACI 3-4364, 4-4373
NCCHC P-C-04, P-G-05

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Monitoring Sheet for Suicide Precaution/Close Observation/Therapeutic Restraints	1 page
B	Juvenile Services Monitoring Sheet for Suicide Precaution/Close Observation/Therapeutic Restraints	1 page

DATE:

**ADULT BEHAVIORAL HEALTH SERVICES MONIOTRING SHEET FOR
 CLOSE OBSERVATION, SUICIDE PRECAUTION, THERAPEUTIC RESTRAINTS
 AND FORCED PSYCHOTROPIC MEDICATION**

- ____ **Crisis Level II:** Close Observation: Staggered Observation no > than 15 minutes
- ____ **Crisis Level III:** Suicide Precaution: **Continuous** Observation & Log every 15 minutes
- ____ **Crisis Level IV:** Therapeutic Restraints: **Continuous** Observation & Log every 15 minutes
- ____ **Crisis Level V:** Forced Psychotropic Med: **Continuous** Observation & Log every 15 minutes

Time	Restraints Intact (X)	Sleeping or Awake (S/A)	Sitting on Floor (X)	Quiet or yelling (Q/Y)	Agitated or Calm (A/C)	Signs of Injury (Y/N?)	Officer's Signature

** Any signs of suspected injury or physical distress must be reported to medical staff immediately.

Offender Name (Last, Middle, First)	DOC#	DOB	Race/Sex	Facility

DATE:

JUVENILE SERVICES BEHAVIORAL HEALTH SERVICES MONIOTRING SHEET FOR CLOSE OBSERVATION, SUICIDE PRECAUTION, THERAPEUTIC RESTRAINTS AND FORCED PSYCHOTROPIC MEDICATION

___ Crisis Level I: BH Placement: Staggered Observation; documentation not to exceed 15 minutes
___ **Crisis Level II:** Close Observation: **Continuous** Observation & Log every 15 minutes
___ **Crisis Level III:** Suicide Watch: **Continuous** Observation & Log every 15 minutes
___ **Crisis Level IV:** Therapeutic Restraints: **Continuous** Observation & Log every 15 minutes
___ **Crisis Level V:** Forced Medication: **Continuous** Observation & Log every 15 minutes

Time	Restraints Intact (X)	Sleeping or Awake (S/A)	Sitting on Floor (X)	Quiet or yelling (Q/Y)	Agitated or Calm (A/C)	Signs of Injury (Y/N?)	Officer's Signature

** Any signs of suspected injury or physical distress must be reported to medical staff immediately.

Offender Name (Last, Middle, First)	DOC#	DOB	Race/Sex	Facility

Completed logs shall be submitted to the Shift Manager, who shall save all logs for documentation purposes.