



POLICY TITLE: SUICIDE AND SELF-INJURY PREVENTION PROCEDURES		PAGE 1 OF 16
POLICY NUMBER: 10.2		
CHAPTER 10: RISK BEHAVIOR MODIFICATION		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner (Acting): 	PROFESSIONAL STANDARDS: See Section VII
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I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities

III. POLICY

The Department has a comprehensive approach to suicide and self-injury prevention, to include, but not be limited to, the training of staff in the recognition of possible suicide risk, screening and evaluation of residents for suicide risk, and appropriate responses to suicide risk.

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VI. PROCEDURES

Procedure A: Suicide and Self-Injury Prevention, General

1. All suicidal ideation, suicide attempts, and self-injurious behaviors shall be taken seriously and responded to immediately in an appropriate manner.
2. The level of response shall depend upon the lethality of the resident’s statements and/or actions.
3. No suicidal ideation, suicide attempt, or self-injurious behavior shall be determined to be manipulative without being evaluated by a licensed clinician (psychiatrist, psychologist, psychiatric nurse practitioner, licensed clinical social worker, or licensed clinical professional counselor).
4. Upon the death of a resident from any cause, including a resident suicide, appropriate steps, including, but not limited to, counseling and debriefing, shall be taken to help other residents cope with the death and to prevent other residents from engaging in copycat behavior.

Procedure B: Training

1. The Department’s Director of Training, or designee, shall ensure that all staff who have direct contact with residents receive eight (8) hours of initial training on suicide prevention.
2. The initial training shall be based on information supported by evidence-based research on suicide by juveniles, especially those who reside in juvenile facilities, and shall include:
 - a. a review of the policy;
 - b. identifying the warning signs and symptoms of suicide risk, even when the resident denies being at risk;
 - c. identifying the precipitating factors for when residents are most likely to become suicidal;
 - d. understanding the demographic and cultural parameters of suicidal behavior, including high-risk populations;
 - e. responding to suicidal, self-injurious, and depressed residents, including avoiding attitudes and behaviors that might be counter-productive;
 - f. facilitating communication between security and health care staff;
 - g. understanding the procedures for referring possibly suicidal and self-injurious residents for evaluation and intervention;

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- h. understanding the use of special housing and/or observation status for suicidal and self-injurious residents;
 - i. understanding the use of watch levels for suicidal and self-injurious residents; and
 - j. monitoring and reevaluating of residents who make a suicide attempt or engage in self-injurious behavior.
3. As part of the initial training on identifying the warning signs and symptoms of suicide risk, the following signs and symptoms shall be reviewed:
- a. despair/hopelessness;
 - b. poor self-image/feelings of inadequacy;
 - c. greater than normal concern regarding his or her future;
 - d. past history of suicide attempt;
 - e. verbalization of a suicide plan;
 - f. extreme restlessness, exhibited by such behavior as continuous pacing;
 - g. loss of interest in personal hygiene and daily activities;
 - h. giving away of personal property;
 - i. refusal of visits from previous visitors;
 - j. depressed state indicated by crying, withdrawal, insomnia, lethargy, and indifference to surroundings and other people;
 - k. sudden drastic changes in eating and sleeping habits;
 - l. hallucinations, delusions, or other manifestations of loss of touch with reality;
 - m. sudden marked improvement in mood following a period of obvious depression; and
 - n. family history of suicide attempts or completed suicide.
4. The initial training shall include identifying the precipitating factors and times residents are most likely to be at risk for suicide. The following events shall be reviewed:
- a. upon admission;
 - b. upon any return from a court;
 - c. after court adjudication and/or disposition for a juvenile offense;
 - d. following bad news about a family member, significant other, close friend, or pet; and
 - e. after experiencing humiliation, rejection, or bullying.
5. The Department's Director of Training, or designee, shall ensure that all staff who have direct contact with residents receive a minimum of two (2) hours of annual training on suicide prevention.

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6. The annual training shall include a review of the policy and any policy revisions, which shall be signed; warning signs and symptoms of suicide risk; and the precipitating factors for when residents are most likely to be at risk for suicide.
7. The annual training shall also include a general discussion of any recent suicides and/or serious suicide attempts in the facility.

Procedure C: Emergency Interventions

1. Any staff who discovers a resident appearing to attempt suicide or engaging in serious self-injurious behavior, whether or not on a watch, shall immediately use his or her personal distress alarm and/or radio and in plain English notify the Central Control Officer of the situation. The Central Control Officer shall notify the Juvenile Facility Operations Supervisor (JFOS).
2. The staff shall assess the situation to determine whether there is an actual emergency. If there is an actual emergency, that staff shall alert the facility's health care staff, who shall respond as set out in Department Policy (JF) 13.3, Access to Health Care Services, Procedure E. The staff shall communicate the exact nature (e.g., resident hanging) and location of the emergency to facility health care staff and to the Central Control Officer, who shall immediately ensure that sufficient and appropriate security staff respond to the scene.
3. If it is obvious to the staff who discovers the situation that a suicide attempt or self-injurious behavior is life-threatening or the health care staff determines it is life-threatening, the staff shall notify the Central Control Officer to call for outside Emergency Medical Services (EMS). The exact nature (e.g., resident hanging) of the emergency shall be communicated to EMS personnel. The JFOS shall designate staff to meet EMS personnel at the entrance to the facility and escort them to the scene.
4. The staff shall take any other appropriate actions, including, but not limited to, removing other residents from the area.
5. In the case of an actual emergency, if security staff have not already entered the room, the first security staff person on scene shall use his or her professional discretion in regard to whether to enter the room without waiting for backup security staff to arrive. If backup security staff do not arrive within four (4) minutes of when the Central Control Officer has been informed that there is an actual emergency, the first security staff person on scene shall enter the room.
6. Upon entering the room, security staff shall never presume that a resident is dead and shall immediately initiate appropriate life-saving measures. Security staff shall not wait for health care staff to arrive before entering a room or before initiating life-saving measures. Should a resident lack vital signs, security staff shall immediately initiate CPR after placing the resident on his or her back on the floor. All life-saving measures shall be continued by security staff until relieved by facility health care staff or told to discontinue by facility health care staff or

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Emergency Medical Services (EMS) personnel.

7. In the case of a resident hanging, security staff shall immediately relieve the pressure by lifting the resident's body and loosening anything tied around the neck. The resident shall be released from the ligature using the emergency rescue tool if necessary. The material used for hanging shall be cut above the knot, if possible, and the knot shall be preserved for evidence. Staff shall assume there is a neck/spinal cord injury and carefully place the resident on the floor (not bunk).
8. The Juvenile Facility Operations Supervisor (JFOS), or other supervisory staff, shall ensure that both arriving facility health care staff and outside EMS personnel have unimpeded access to the scene in order to provide prompt health care services to and evacuation of the resident if necessary.
9. In the case of an actual emergency, after the resident is removed from the area, the JFOS, or other supervisory staff, shall clear the area of all non-essential persons and ensure the area is secure pending an investigation and arrange for the collection of evidence and maintenance of the chain of custody for evidence.

Procedure D: Evaluation for Suicide Risk at Arrival

1. Upon a juvenile initially arriving at the facility, but prior to admission, the facility intake officer shall request the transporting officer to complete a Transporting Agency Observation Form (Attachment A).
2. After the form has been completed, but still prior to admission, a facility nurse or other qualified mental health care staff shall review the Transporting Agency Observation Form and meet with the juvenile, assess the juvenile, and document the assessment on the Receiving Screening form in the juvenile's electronic health care record and also ensure the Transporting Agency Observation Form is scanned into the juvenile's electronic health care record.
3. After reviewing the form and assessing the juvenile, the nurse or other qualified mental health care staff shall determine whether the juvenile needs to be transported to a hospital prior to admission or whether the juvenile can be admitted to the facility as a resident.
4. The juvenile may be denied admission to the facility by the nurse or other qualified mental health care staff if it is determined that the juvenile requires an evaluation at a hospital for possible psychiatric hospitalization. The juvenile may also be denied admission to the facility by the nurse or other qualified medical staff if it is determined that the juvenile requires evaluation or treatment at a hospital for an injury that might have been suffered by the juvenile as a result of a recent suicide attempt or recent serious self-injurious behavior.
5. The nurse or other qualified mental health care staff shall inform the JFOS if it is determined that the juvenile needs to be transported to the hospital. The intake staff or JFOS, if necessary, shall inform the transporting officer that it is the

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transporting agency's responsibility to take the resident to the hospital and bring the juvenile back to the facility after the juvenile is cleared by the hospital for admission to the facility.

Procedure E: Evaluation for Suicide Risk at Admission or at Return

1. If a juvenile is transported to the hospital, after the juvenile is cleared by the hospital and returned to the facility for admission, a facility nurse or other qualified mental health care staff shall meet with the juvenile at the time of the return, assess the juvenile, and document the assessment on the Return to Facility Screening form in the juvenile's electronic health care record.
2. Upon a juvenile's admission into the facility, whether at the time of the juvenile's initial arrival or after being cleared by the hospital, the intake officer shall complete a Risk Assessment form (Attachment D) and instruct the resident to complete a Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) form.
3. Regardless of the score on the MAYSI-2, a facility nurse shall review the Risk Assessment form and complete the Resident Admission Health Screening and Addendum form in the resident's electronic health care record as set out in Department Policy (JF) 13.4, Health Screening and Assessment, and ensure the Risk Assessment form is scanned into the resident's electronic health care record.
4. In addition, if a resident is being transferred from another Department facility, the nurse shall review the sending portion of the Medical Transfer Form completed at the sending facility in the resident's electronic health care record. The nurse shall also complete the receiving portion of the Medical Transfer Form in the resident's health care record as set out in Department Policy (JF) 13.4, Health Screening and Assessment, any time a resident has been transferred from another Department facility or a facility outside the Department's jurisdiction.
5. If a detained resident is returned from a court on an indeterminate commitment, the intake officer shall complete a Risk Assessment form (Attachment D) and instruct the resident to complete a Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) form. In addition, a facility nurse shall assess the resident in person as soon as possible and document the assessment on the Return to Facility Screening form in the resident's electronic health care record.
6. If a resident is returned to the facility due to a return from another Department facility, court, hospital, furlough pass or furlough leave, work or education release, off-grounds work assignment, funeral attendance or deathbed visit, off-grounds activity, etc. during the same detention, confinement, or commitment, a MAYSI-2 is not required upon the resident's return, except as set out above. However, a facility nurse or other qualified mental health care staff shall assess the resident in person as soon as possible and document the assessment on the Return to Facility Screening form in the resident's electronic health care record.

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7. If any resident scores "2" or higher on the suicidal ideation scale of the MAYSI-2 or if the nurse or other qualified mental health care staff assessing a resident at admission or at return otherwise determines that there is a risk of suicide or serious self-injurious behavior, the staff shall notify the Juvenile Facility Operations Supervisor (JFOS). The JFOS shall notify a licensed clinician at the facility. As soon as possible, the licensed clinician shall evaluate the resident in person.
8. If there is no licensed clinician on duty, a facility nurse shall complete the Nursing Assessment for Potentially Suicidal Residents (Attachment B) and shall notify the on-call licensed clinician and the JFOS of the results. The nurse shall ensure the form is scanned into the resident's electronic health care record.
9. The licensed clinician shall determine what interventions, if any, are necessary. The licensed clinician, or if the licensed clinician is on call, the nurse shall inform the JFOS of the determinations of the clinician.
10. If the licensed clinician determines a watch is necessary, the licensed clinician, or if the licensed clinician is on call, the nurse shall initiate the Suicide and Self-Injury Watch form (Attachment C) and inform the JFOS of the watch and any related determinations, as set out on the form.
11. The JFOS shall arrange for the implementation of the watch and any related determinations and shall ensure the watch and any related determinations are documented in the Unit Logbook, as applicable.
12. If the resident has been placed on a watch, the JFOS shall determine the housing unit in which the resident is to be housed while on the watch.
13. If, at any time, the JFOS believes a resident should be placed on a watch or a watch level should be higher and/or any related determination should be more restrictive, and if, after discussion, it is not possible to resolve the disagreement, the JFOS shall notify the Superintendent, or designee, and the facility Director of Behavioral Health, or designee, of the matter in dispute. The Director of Behavioral Health, or designee, in consultation with the Superintendent, or designee, shall make the final determination and shall ensure that the determination is documented in the resident's electronic health care record and on the Suicide and Self-Injury Watch form, if applicable.
14. The resident shall remain under continuous and uninterrupted direct security staff observation and supervision until all of the above procedures, as applicable, have been completed.
15. Regardless of whether a watch is determined to be necessary, the licensed clinician shall complete the Suicide Watch Initial Assessment form in the resident's electronic health care record.

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Procedure F: Evaluation for Suicide Risk, General

1. Any time a resident is identified by any staff as being at possible risk for suicide or other serious self-injurious behavior, the staff shall stay with the resident and directly observe the resident on a continuous and uninterrupted basis and notify the Juvenile Facility Operations Supervisor (JFOS).
2. The JFOS shall notify the licensed clinician at the facility and shall place the resident in a safe environment with continuous and uninterrupted direct observation and supervision by security staff. As soon as possible, the licensed clinician shall evaluate the resident in person.
3. If there is no licensed clinician on duty, the JFOS shall notify a facility nurse and a facility nurse shall complete the Nursing Assessment for Potentially Suicidal Residents (Attachment B) and shall notify the on-call licensed clinician of the results. The nurse shall ensure the form is scanned into the resident's electronic health care record.
4. The licensed clinician shall determine what interventions, if any, are necessary. The licensed clinician, or if the licensed clinician is on call, the nurse shall inform the JFOS of the interventions determined by the clinician.
5. If the licensed clinician determines a watch is necessary, the licensed clinician, or if the licensed clinician is on call, the nurse shall initiate the Suicide and Self-Injury Watch form (Attachment C) and inform the JFOS of the watch and any related determinations, as set out on the form.
6. The JFOS shall arrange for the implementation of the watch and any related determinations and shall ensure the watch and any related determinations are documented in the Unit Logbook, as applicable.
7. If the resident has been placed on a watch, the JFOS shall determine the housing unit in which the resident is to be housed while on the watch.
8. If, at any time, the JFOS believes a resident should be placed on a watch or a watch level should be higher and/or any related determination should be more restrictive, and if, after discussion, it is not possible to resolve the disagreement, the JFOS shall notify the Superintendent, or designee, and the facility Director of Behavioral Health, or designee, of the matter in dispute. The Director of Behavioral Health, or designee, in consultation with the Superintendent, or designee, shall make the final determination and shall ensure that the determination is documented in the resident's electronic health care record and on the Suicide and Self-Injury Watch form, if applicable.
9. The resident shall remain under continuous and uninterrupted direct security staff observation and supervision until all of the above procedures, as applicable, have been completed.

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10. Regardless of whether a watch is determined to be necessary, the licensed clinician shall complete the Suicide Watch Initial Assessment form in the resident's electronic health care record.

Procedure G: Reevaluation for Suicide Risk

1. If a resident is on a watch as a result of a determination by an on-call licensed clinician, the resident shall be reevaluated in person as soon as possible by a licensed clinician.
2. A resident shall be reevaluated on a daily basis by licensed clinical staff, unless a reevaluation is required more frequently. The clinician may reevaluate the resident in person or by telephone. However, if the reevaluation is not in person, the watch level may not be decreased and any related determinations may not be changed to be less restrictive.
3. Any time any staff believes a resident on a watch requires reevaluation, the staff shall notify the Juvenile Facility Operations Supervisor (JFOS), who shall contact a licensed clinician. The licensed clinician shall determine whether a reevaluation is needed prior to the next scheduled daily reevaluation.
4. Every reevaluation and the results of the reevaluation shall be documented by the clinician in the resident's electronic health care record.
5. If the clinician changes the watch level or a related determination, the clinician shall ensure the changes are noted on the Suicide and Self-Injury Watch form (Attachment C) and inform the JFOS of the change(s).
6. The JFOS shall contact the applicable housing unit and ensure any change in a watch level or related determinations are implemented and documented in the Unit Logbook.
7. If the clinician ends the watch, the clinician shall ensure the Suicide and Self-Injury Watch form reflects the ending of the watch and inform the JFOS of the ending of the watch.
8. The JFOS shall contact the applicable housing unit and ensure the ending of the watch is implemented and documented in the Unit Logbook.
9. If, at any time, the JFOS believes a watch should not be ended, a watch level should not be decreased and/or any related determination should not be changed to be less restrictive, or a watch level should be higher and/or any related determination should be more restrictive, and if, after discussion, it is not possible to resolve the disagreement, the JFOS shall notify the Superintendent, or designee, and the facility Director of Behavioral Health, or designee, of the matter in dispute. The Director of Behavioral Health, or designee, in consultation with the Superintendent, or designee, shall make the final determination and shall ensure that the determination is documented in the resident's electronic health care record and on the Suicide and Self-Injury Watch form, if applicable.

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10. Under no circumstances may a watch be ended or a watch level be decreased or any related determination changed to be less restrictive, except upon reevaluation and determination by licensed clinical staff.

Procedure H: Watch Levels

1. All responsible staff shall implement the watch level and related determinations as set out on the Suicide and Self-Injury Watch form (Attachment C).
2. All security staff assigned to the resident's housing unit are responsible for any close watch required.
3. The Juvenile Facility Operations Supervisor (JFOS) shall designate which security staff or other staff trained in conducting constant watches are responsible for any constant watch required.
4. A **Close Watch Level** is for a resident who is considered a lower risk for suicide. Included is the resident who:
 - a. has a recent prior history of serious self-injurious behavior or suicidal behavior, but is not actively engaging in serious self-injurious or suicidal behavior;
 - b. expresses general suicidal ideation, but has not engaged in any suicidal or self-injurious behavior (e.g., expressing a wish to die without a threat or plan);
 - c. threatens suicide without a specific plan but other factors indicate the potential for serious self-injury or suicide;
 - d. denies any suicidal ideation but other factors indicate the potential for serious self-injury or suicide; or
 - e. any other resident that a licensed clinician determines is a lower risk for suicide, but needs a watch.
5. A resident on a Close Watch Level shall not be allowed state-issued and personal property items, except as determined by a licensed clinician.
6. A resident on a Close Watch Level shall not be allowed regular programs or privileges (e.g., recreation, visits, etc.), except as determined by a licensed clinician.
7. When a resident on a Close Watch Level is in the housing unit, the security staff shall:
 - a. make visual contact with the resident at staggered intervals not to exceed (10) ten minutes ("Close 10 Watch") or at staggered intervals not to exceed five (5) minutes ("Close 5 Watch"), as determined by a licensed clinician;
 - b. document all observations and communications as they occur on the Suicide and Self-Injury Watch form;

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- c. notify the Juvenile Facility Operations Supervisor (JFOS) of any significant change in the resident’s behavior, expressed thoughts, and/or emotional state for determination by the JFOS as to whether the resident needs to be referred for a reevaluation; and
 - d. immediately notify the JFOS of any threats of self-harm or any active engagement in self-injurious behavior.
8. If a resident on a Close Watch Level is in a regular program or engaging in another approved activity outside the housing unit, such as education, recreation, counseling, religious service, visit, etc., a housing unit security staff person on that shift shall inform the staff in charge of the program or activity, whether a teacher, clinician or another staff, that the resident is on a Suicide and Self-Injury Close Watch and shall provide the Suicide and Self-Injury Watch form (Attachment C) to the relevant program or activity staff.
 9. The staff in charge of the program or activity shall be responsible for the direct supervision of the resident. When a resident is allowed a bathroom break, the staff need not keep the resident in direct sight but shall supervise the resident in such a manner that the staff can ensure the resident’s safety.
 10. The staff in charge of the program or activity shall:
 - a. document any significant change in the resident’s behavior, expressed thoughts, and/or emotional state; and
 - b. immediately notify appropriate security staff of any threats of self-harm or any active engagement in self-injurious behavior.
 11. If the resident is engaged in serious self-injurious behavior, the staff discovering the behavior shall follow the steps set out in Procedure C. If the resident is only threatening self-harm or the self-injurious behavior is not serious, the security staff, whether it is the security staff conducting the watch or the security staff notified by the staff in charge of the program or activity, shall immediately notify the JFOS for determination by the JFOS of the appropriate steps to be taken, including referring the resident for a reevaluation.
 12. Any time the staff supervising a resident on a Close Watch Level is changed, whether security staff or staff in charge of a program or activity, the transferring staff shall document the date and time of the transfer on the Suicide and Self-Injury Watch form (Attachment C). The receiving staff shall document on the form notification of the resident’s being on Close Watch level and the required staggered intervals for visual contact.
 13. Except for a transport to court or for necessary health care, a resident on a Close Watch Level shall be not allowed off facility grounds, except as approved by the Superintendent, or designee.

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14. When the watch is completed, the Juvenile Facility Operations Supervisor (JFOS) shall ensure the Suicide and Self-Injury Watch form is forwarded to the Superintendent, or designee. After reviewing the original form, the Superintendent, or designee, shall send the original form to the facility Director of Behavioral Health, or designee. After reviewing the original form, that staff shall ensure it is scanned into the resident's electronic health care record.
15. A **Constant Watch Level** is for a resident who is considered a higher risk for suicide. Included is the resident who is:
 - a. threatening suicide with a specific plan;
 - b. engaging in serious self-injurious or suicidal behavior; or
 - c. or any other resident that a licensed clinician determines is a higher risk for suicide.
16. A resident on a Constant Watch Level shall not be allowed state-issued and personal property items, except as determined by a licensed clinician.
17. A resident on a Constant Watch Level shall not be allowed regular programs or privileges (e.g., recreation, visits, etc.), except as determined by a licensed clinician.
18. Security staff designated to conduct the Constant Watch shall:
 - a. directly observe the resident on a continuous and uninterrupted basis in person, never leaving the resident unattended;
 - b. be responsible for making log entries on the Suicide and Self-Injury Watch form (Attachment C) a minimum of every ten (10) minutes;
 - c. document any significant change in the resident's behavior, expressed thoughts, and/or emotional state; and
 - d. immediately notify the JFOS of any threats of self-harm or any active engagement in self-injurious behavior.
19. Other staff trained to conduct constant watches and designated to conduct the Constant Watch shall:
 - a. directly observe the resident on a continuous and uninterrupted basis in person, never leaving the resident unattended;
 - b. be responsible for making log entries on the Suicide and Self-Injury Watch form (Attachment C) a minimum of every ten (10) minutes;
 - c. document any significant change in the resident's behavior, expressed thoughts, and/or emotional state; and
 - d. immediately notify the housing unit security staff or other appropriate security staff of any threats of self-harm or any active engagement in self-injurious behavior.

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20. If the resident is engaged in serious self-injurious behavior, the staff shall follow the steps set out in Procedure C. If the resident is only threatening self-harm or the self-injurious behavior is not serious, the security staff, whether it is the security staff conducting the watch or the security staff notified by other staff trained to conduct constant watches, shall immediately notify the Juvenile Facility Operations Supervisor (JFOS) for determination by the JFOS of the appropriate steps to be taken, including referring the resident for a reevaluation.
21. If a resident on a Constant Watch Level is in a regular program or engaging in another approved activity, such as education, recreation, counseling, religious service, visit, etc., security staff or other staff trained to conduct constant watches shall be assigned to conduct the watch in the same manner as if the resident were in the housing unit.
22. Any time the staff supervising a resident on a Constant Watch Level is changed, the transferring staff shall document the date and time of the transfer on the Suicide and Self-Injury Watch form (Attachment C). The receiving staff shall document on the form notification of the resident's being on a Constant Watch Level.
23. Except for a transport to court or for necessary health care, a resident on a Close Watch Level shall be not allowed off facility grounds, except as approved by the Superintendent, or designee.
24. When the watch is completed, the JFOS shall ensure the Suicide and Self-Injury Watch form is forwarded to the Superintendent, or designee. After reviewing the original form, the Superintendent, or designee, shall send the original form to the facility Director of Behavioral Health, or designee. After reviewing the original form, that staff shall ensure it is scanned into the resident's electronic health care record.

Procedure I: Implementation of Matters Related to a Watch

1. A resident placed on a Suicide and Self-Injury Watch shall be housed in a designated safe room, when available.
2. Security staff shall search the room immediately before the resident's initial placement on the watch to ensure that the room is safe and secure. Security staff shall search the room prior to each time the resident enters it to ensure that it is safe and secure. Each room search shall be documented on the Suicide and Self-Injury Watch form (Attachment C).
3. Security staff shall pat search the resident immediately before the resident's initial placement on the watch and prior to each time the resident enters his or her room.
4. If there is reasonable suspicion at any time that the resident has on his or her person contraband or any item that may be used for self-injury that has not been retrieved by a less intrusive type of search, the resident may be strip searched.

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5. If, after staff use the appropriate verbal persuasive skills, the resident refuses to comply with a strip search, security staff shall maintain continuous and uninterrupted direct observation and supervision of the resident and immediately notify the Juvenile Facility Operations Supervisor (JFOS).
6. The JFOS shall notify the Superintendent, or designee. No resident may be strip searched against his or her will without the specific authorization of the Superintendent, or designee. If authorized, the staff shall use a reasonable degree of force as set out in Department Policy (JF) 9.18, Use of Force, General Guidelines. If not authorized, the resident shall be maintained on a Constant Watch until a reevaluation by licensed clinical staff results in removal from the watch.
7. Any search of a resident shall be in compliance with Department Policy (JF) 9.7, Search Procedures, General Guidelines.
8. When a resident is in his or her room on a Suicide and Self-Injury Watch, the door to the room shall remain open at all times except during formal counts, bedtime, or unit or facility lockdowns, unless the resident has been placed on Observation Status as set out in Department Policy (JF) 10.1, Observation Status.
9. If staff assigned to a Suicide and Self-Injury Watch, whether a Close Watch Level or Constant Watch Level, cannot definitively determine by having a clear view of the resident in his or her room that the resident is not engaged in self-injurious behavior, the staff shall immediately notify the Central Control Officer of the nature (e.g., cannot view a resident on a watch) and location of the emergency. The Central Control Officer shall then immediately ensure that sufficient and appropriate security staff respond to the scene. The Central Control Officer shall also notify the JFOS. Once another security staff arrives at the scene, the two (2) security staff shall immediately intervene by opening the door to the room to determine the resident's well-being and follow up with the appropriate additional actions.
10. A mattress shall be issued to a resident on a Suicide and Self-Injury Watch unless the resident utilizes the mattress in ways in which it was not intended, e.g., attempts to damage the mattress, use it to obstruct visibility into the room, etc.
11. Licensed clinical staff may determine that the resident's mattress and/or regular bedding needs to be removed for reasons of safety, and, if so, security staff shall remove the mattress and/or regular bedding and issue security bedding.
12. When licensed clinical staff determines that a resident's clothing need to be removed for reasons of safety, the resident shall be asked to remove his or her clothing, and, after removal, shall be issued an approved suicide protective garment and safety blanket. The resident shall not be allowed to wear regular clothing outside the room, except as approved by licensed clinical staff, or in the

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event of needing to be transported for necessary health care, whether inside or outside the facility, or for court.

13. If, after staff use the appropriate verbal persuasive skills, the resident refuses to comply with the removal of clothing, security staff shall maintain continuous and uninterrupted direct observation and supervision of the resident and immediately notify the Juvenile Facility Operations Supervisor (JFOS).
14. The JFOS shall notify the Superintendent, or designee. No resident may have clothing removed against his or her will without the specific authorization of the Superintendent, or designee. If authorized, the staff shall use a reasonable degree of force as set out in Department Policy (JF) 9.18, Use of Force, General Guidelines. If not authorized, the resident shall be maintained on a Constant Watch until a reevaluation by licensed clinical staff results in removal from the watch.
15. All actions relating to the removal of mattress, regular bedding, and/or clothing shall be documented on the Suicide and Self-Injury Watch form. Every search, whether of the room or the resident, shall also be documented on the Suicide and Self-Injury Watch form.
16. If a resident on a Self-Injury and Suicide Watch is to be transported to court by a deputy sheriff or federal marshal, the transporting officer shall be notified about the watch and any related determinations. The notification shall be recorded in the relevant logbook and the transporting officer shall be requested to sign the Notification to Transport Officer form (Attachment E). The completed form shall be placed in the resident's Case Management file.

Procedure J: Review

1. All Suicide and Self-Injury Watch forms shall be reviewed by the JFOS to ensure close watches are consistently conducted at least as frequently as required and at varied intervals and are documented timely and accurately and to ensure constant watches are appropriately documented. This review is to be completed at least once per shift and documented on the form. Any compliance issue shall be immediately addressed and then directly reported to the Superintendent, or designee. The steps taken to address the issue and the reporting of the issue shall be documented on the form.
2. The Superintendent, or designee, and facility Director of Behavioral Health, or designee, shall conduct a monthly quality assurance review of the Suicide and Self-Injury Watch forms to ensure continuing compliance with this policy. Any compliance issue not already addressed and/or reported shall be immediately addressed and then directly reported to the Superintendent and the Associate Commissioner overseeing the facility. This review and the results of the review shall be documented.

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VII. PROFESSIONAL STANDARDS:

ACA:

4-JCF-4B-06 When standard issued clothing presents a security or medical risk, the juvenile is supplied with a security garment that promotes the safety of the juvenile and prevents humiliation and degradation.

4-JCF-4D-07 (MANDATORY) There is a written suicide-prevention program approved by the designated health- and mental-health authority and reviewed by the facility or program administrator. The program includes specific procedures and documentation for [performing intake, screening, identifying, and supervising suicide-prone juveniles](#) and [is reviewed and signed annually](#). The program includes [management of suicidal incidents, suicide watch, death of a juvenile or staff member, and staff and juvenile critical-incident debriefing](#). It ensures a [review of critical incidents by the administration and health services](#). All staff with responsibility for juvenile supervision are [trained on an annual basis](#) in the implementation of the program. Training should include but not be limited to the following:

1. [Identifying the warning signs and symptoms of suicidal behavior](#)
2. [Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors](#)
3. [Responding to suicidal and depressed juveniles](#)
4. [Improving communication between correctional and health-care personnel](#)
5. [Understanding referral procedures](#)
6. [Understanding any special housing, juvenile observations, and suicide watch-level procedures and requirements](#)
7. [Follow-up monitoring of juveniles who make a suicide attempt](#)

4-JCF-6E-10 All juvenile careworkers receive at least 40 hours of annual training. This training shall include at a minimum the following areas:

1. Standards of conduct/ethics
2. Security/safety/fire/medical/emergency procedures
3. Supervision of offenders including training on sexual abuse and assault prevention
4. Use of force

Additional topics shall be included based upon a needs assessment of both staff and institution requirements.

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