

OFFICE OF PROGRAMS AND SERVICES:  
CLINICAL SERVICES

MENTAL HEALTH SERVICES MANUAL

Chapter 4  
SUICIDE PREVENTION  
New Policy for 2011  
Section A  
Definitions

- I. Policy DPSCS will remain proactive in the prevention of suicide.
  
- II. Procedure:
  - A. Because mental health services require special use of terms, the following definitions used in Mental Health policies and procedures are employed:
    1. “Administrative Review” means a case analysis of a suicide or attempted suicide developed by the Director for Mental Health/designee and a multi-disciplinary panel.
    2. “Agency” means the Department of Public Safety and Corrections.
    3. “Close Observation” means a process by which a detainee/inmate is paced in an area where he or she can be observed for behaviors that may be dangerous to him/herself or others.
    4. “Continuous Observation” means a process by which assigned staff maintain an “at-risk” inmate in constant view.
    5. “Correctional Mental Health Center (CMHC)” means an inpatient mental health unit located in Baltimore, Patuxent, and Jessup.
    6. “Critical Incident Stress Management” means a program of debriefing services providing emotional first aid to individuals

who have witnessed a traumatic event. Referrals for further counseling can be made through this program.

7. “Electronic Health Record (EHR)” means the electronic file on all detainees/inmates that, when combined with certain hard copy materials are inclusive of all health aspects of the patient.
8. “First Responder” means in suicide precaution process that person who witnesses by audio or vision a potential suicide event.
9. “Intent” means there is motivation and/or desire to kill oneself.
10. “Lethality” means there is a likelihood that an action may lead to death.
11. “Licensed Health Care Professional” means an individual that is licensed to practice his or her skills in the area in which he or she is licensed and may do so only within the scope of that licensure.
12. “Licensed Mental Health Professional” means an individual who is licensed by a Maryland Board of Examiners for one of the following disciplines: Psychology, Licensed Clinical Professional Counselor, Psychiatrist, Nurse Practitioner, Psychiatric Nurse.
13. “Suicide attempt” means an act that is self-harming and has a likelihood of resulting in death.
14. Suicide Cell means a cell that has been approved by the Director of Mental Health and meets the criteria developed by Lindsay Hayes to remove all aspects of the cell that could be used for self harm.
15. “Suicide event” means an act of ideation, gesture , or attempted suicide or the completed act of suicide.

16. "Suicide gesture" means an act that may be self-harming but has a low likelihood of resulting in death.
17. "Suicide ideation" means a verbal statement indicating thoughts of self-harm or the desire to be dead.
18. "Suicide precautions" means a process in which all items that a detainee/inmate could use for self-harm are removed from his or her person for safe confinement and monitoring. In addition the detainee/inmate is placed in a cell that has been approved by the Director of Mental Health as a "Suicide Cell"
19. "Suicide Smock" means a gown that is made specifically to make it difficult to use for self-harm

- III. References: Suicide Prevention Activities Manual 7/2007
- IV. Rescissions: Suicide Prevention Activities Manual 7/2007
- V. Date Issued: April . 2011

OFFICE OF PROGRAMS AND SERVICES:  
CLINICAL SERVICES

MENTAL HEALTH SERVICES MANUAL

Chapter 4  
SUICIDE PREVENTION  
New Policy for 2011  
Section B

Suicide Prevention Committees

- I. Policy  
DPSCS will remain proactive in the prevention of suicide. This will be done through active committees composed of mental health professionals and (as needed) medical, dental and social work professionals. The committees will study suicide events and make recommendations for prevention of such events, reporting on a monthly basis to the Department's Clinical Services directors for mental health, medicine, and nursing.
  
- II. Procedure:
  - A. The mental health vendor contracted for services to DPSCS detainees and inmates shall establish a Suicide prevention Committee in each service delivery area (SDA) across the State.
    1. At a minimum, there will be committees for the Eastern Correctional facilities, Baltimore, Jessup, Hagerstown, and Cumberland.
    2. Committees shall be facilitated by the Quality Assurance director for the DPSCS Mental Health Contractor.
    2. Composition of the committees shall include at a minimum:
      - a. The vendor's quality assurance coordinator
      - b. The Mental Health Medical Director for the SDA,
      - c. The Medical Vendor's Regional Manager

- d. Directors of nursing from each of the medical and mental health vendors for the SDA,
  - e. The Regional State Psychologist for the SDA, and
  - f. The local ACOM (Area Contract Operations Manager)
3. The Committees will:
- a. Evaluate each suicide event in its SDA on no less than a monthly basis.
  - b. Trend activities seen in those evaluations.
  - c. Prepare an action plan that will address the seen trends and attempt to avoid situations identified that occurred at the time of the ideations, attempts or suicide completions.
    - i. The action plan shall be available for presentation at the video meetings held with DPSCS.
    - ii. Updates to the plan shall be recorded on the plan at the time of the monthly meeting of the committee.
    - ii. The updated action plan shall be forwarded electronically no less than monthly to the Directors of Medical, Psychology, and Nursing for the Department.

III. References:

IV. Rescissions:

V. Date Issued: April. 2011

OFFICE OF PROGRAMS AND SERVICES:  
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MENTAL HEALTH SERVICES MANUAL

Chapter 4  
SUICIDE PREVENTION  
New Policy for 2011  
Section C  
SUICIDE PREVENTION TRAINING

- I. Policy: Correctional and healthcare personnel working in corrections shall be provided information and strategies necessary to decrease the occurrence of suicide events including but not limited to:
- Identification of potentially suicidal patients
  - Effective assessment of suicide risk factors, and
  - Appropriate interventions for patients experiencing a suicide event.
- II. Procedure:
- A. Training shall be provided to all correctional and medical/mental health staff who have inmate/detainee contact on an annual basis by the DPSCS Mental Health Vendor. Additional training may be required by individual facilities according to specific accreditation requirements. These facilities will arrange trainings and notify personnel of the requirement.
- B. There are three levels of suicide prevention training.
1. Entry level training is provided to all employees of corrections and health either by the Mental Health Vendor or as a part of the routine training offered to all correctional staff as part of the pre-service Academy program. This training shall include at a minimum:

- a. Basic issues about the nature and prevalence of suicide in the prison system versus non-incarceration communities.
    - b. Factors that represent a high risk of self-harm.
    - c. Indicators that signal the potential for suicide.
    - d. Management strategies for suicide prevention.
    - e. Departmental policy and procedure related to suicide prevention.
  2. Orientation shall build upon the entry level training and re-enforce Departmental policy and procedure/directives on suicide prevention and provide additional information on specific facility procedures.
  3. Annual in-service modules shall be provided by the DPSCS Mental Health Vendor and within 60 days of the previous annual in-service, and shall include at a minimum:
    - a. Signs and symptoms of predisposing factors in potentially suicidal detainees/inmates.
    - b. Risk factors associated with suicide potential.
    - c. Management of suicidal detainees/inmates and who will take what role in that management.
    - d. A review of DPSCS policies and procedures regarding suicide prevention.
- C. All training modules/curricula shall be developed in collaboration with the DPSCS Director of Mental Health.
- D. All levels of training shall be performed by a licensed mental health professional, an Licensed Clinical Professional Counselor (LCPC) or higher, and who has been assigned to this responsibility by the Director of Mental Health/designee..

- III. References: DPSCS Suicide Prevention Activities Manual  
2007  
ACA Standards for Health Services in  
Correctional Institutions, Chapter Five  
(Mental health Services) E. Suicide  
Prevention.  
NCCHC Standards on Correctional Health  
Care (Prisons): P-G-05 Suicide  
Prevention Program  
NCCHC Standards on Correctional Health  
Care (Jails): J-G-05 Suicide  
Prevention Program
- IV. Rescissions: DPSCS Suicide Prevention Activities Manual  
2007
- V. Date Issued: April. 2011



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Section D  
SUICIDE ASSESSMENT

- I. Policy: Correctional and healthcare personnel working in corrections shall assume that detainees/inmates found to have certain risk factors revealed during initial screening are at risk for suicide and shall respond with complete assessments of the individual.
  
- II. Procedure:
  - A. Initial triage which includes the completion of a suicide risk assessment of persons with suicidal risk factors shall occur within two hours of a referral (form 124-400-1) for suicidal risk factors, and shall be accomplished by the following personnel:
    - 1. During regular State business hours, i.e., Monday through Friday 8:30 a.m. -5:00 p.m., State Psychology or Vendor Psychiatry shall provide the first responder triage.
    - 2. During other hours, medical vendor staff shall contact the on-call vendor psychiatrist who will assume the role of first responder for triage purposes.
    - 3. All information pertinent to the referral and assessment with the initial treatment plan shall be recorded in the EHR immediately upon completion of the assessment.

- B. The initial triage consists of a structured interview, information gathering from others that may have contributing information, assignment of a risk level, and initiation of a treatment plan specific to the problems revealed during the assessment.
1. The structured interview includes but may not be limited to:
    - a. Past suicidal ideation and/or attempts
    - b. Current suicidal ideation, threats, or plans
    - c. Homicidal ideation or threats
    - d. Prior mental health treatment including hospitalizations
    - e. Recent significant losses such as change in a loved one's health, death of a loved one, major change in one's own health status, change in marital or significant other status, additional sentence time, termination from a special program, etc.
    - f. History of suicidal behaviors by family members or significant others
    - g. Suicide risk recorded during a previous incarceration or at the most recent sending facility including facilities outside DPSCS.
    - h. Current health status in the detainee/inmate's own description.
  2. Information gathering from others may include but not be limited to:
    - a. Observations made by transporting correctional or police officers, or by other staff in or around the facility that may have been in contact with the patient.
    - b. Observations made first hand by the mental health professional conducting the interview.
    - c. Medical status from the medical (EHR) record.
    - d. The institutional adjustment record.

3. The assignment of risk level follows the following guidelines:
    - a. High = high intent and high lethality
    - b. Medium = high intent and low lethality or low intent and high lethality
    - c. Low = low intent and low lethality
  4. The initiation of a treatment plan for this problem/diagnosis should include the findings of the assessment and shall be recorded into the patient's EHR immediately upon completion of the assessment.
  5. A treatment plan should include at a minimum such factors as:
    - a. Medications
    - b. Suggested housing
    - c. Suggested group or individual counseling
    - d. Any treatment modalities that are considered to be conducive to assisting this patient in recovery or deterrence from suicidal ideation.
- C. In the event that a detainee/inmate is presumed to have suicidal risk factors, the licensed mental health professional shall begin and follow through on the following:
1. Assume the detainee/inmate to be at maximum risk until he or she has completed an evaluation.
  2. Notify Custody that the detainee/inmate needs continuous observation from a security standpoint until a full suicide assessment can be completed by a Mental Health professional. This request shall include an acknowledgement that specific persons will be assigned to assume this responsibility with a time that it will begin.
  3. Initiate and complete a full suicide assessment on the patient.

- a. Determine if the patient is safe to return to his original housing setting, or
  - b. Determine that the patient is in need of placement in an area for suicide precautions.
    - i. Initiate paperwork that will document the need for suicide precautions (Attachment A) and authorizes the need for and frequency of observation.
    - ii. Notify the facility shift commander, and medical of the need for suicide observation.
    - iii. Notify the Mental Health vendor of this placement and the need for follow up of this patient if the event occurs on a holiday, evening, or weekend.
4. Request from custody an Observation Aide to be assigned to the individual, understanding that the Observation Aide is an adjunct to persons responsible for the observation (Custody Staff)
- i. Observations shall be made and recorded at least every fifteen (15) minutes by Custody staff assigned to the patient per DOC Directive.
  - ii. A time limit of twenty-four hours maximum shall be set at the time of placement on observation before a repeat evaluation is completed by the licensed professional initiating the observation or by a licensed professional from the Mental Health vendor if the maximal observation period (24 hours) expires on “off” hours and the State licensed mental health professional is not available.
  - iii. If the re-assessment determines there is a need for continued observation or additional treatment, the

licensed mental health professional shall initiate next steps which may include additional observation with re-assessment in no more than twenty-four hours, placement in an inpatient setting (see Infirmary Manual policies on transfer to medical and for mental health units), a specialized facility unit, hospitalization, or other setting as appropriate per the assessment.

- iv. Repeat process described above every twenty-four hours for up to seven days. At the end of no more than seven days, the licensed mental health professional shall release the observation or refer for specific treatment to a medical/mental health setting.

- III. References:
  - DPSCS Suicide Prevention Activities Manual  
2007
  - ACA Standards for Health Services in  
Correctional Institutions, Chapter Five  
(Mental health Services) E. Suicide  
Prevention.
  - NCCHC Standards on Correctional Health  
Care (Prisons): P-G-05 Suicide  
Prevention Program
  - NCCHC Standards on Correctional Health  
Care (Jails): J-G-05 Suicide  
Prevention Program
- IV. Rescissions: DPSCS Suicide Prevention Activities Manual  
2007
- V. Date Issued: May, 2011

Attachment A

**CLOSE OBSERVATION  
Initiation Form**

Name		Number:	Institution:
Last	First	MI	
Date of Placement:	Time: _____AM/PM	Official Authorizing Placement:	
Frequency of Observation:		Authorizing Mental Health Professional:	
Property? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Clothing? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Bedding? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Meals? <input type="checkbox"/> Bag <input type="checkbox"/> Regular		Specific Behaviors to Look For:	

**RATIONALE FOR INITIATION OF CLOSE OBSERVATION**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bizarre Behavior              | <input type="checkbox"/> Severe Agitation               | <input type="checkbox"/> Recently received bad news |
| <input type="checkbox"/> Significant change in hygiene | <input type="checkbox"/> Significant change in attitude | <input type="checkbox"/> Threatening others         |
| <input type="checkbox"/> Appears depressed             | <input type="checkbox"/> Bizarre verbalizations         | <input type="checkbox"/> Serious Hygiene problem    |
| <input type="checkbox"/> Inmate isolating self         | <input type="checkbox"/> Significant change in behavior | <input type="checkbox"/> Other: _____               |

Events which led to current situation: \_\_\_\_\_

Unusual Circumstances: \_\_\_\_\_

**Check if Known:**

- |                 |  |   |
|-----------------|--|---|
| <b>History:</b> | <input type="checkbox"/> History of Mental Health issues | <input type="checkbox"/> History of Aggressive / Hostile Behavior |
|                 | <input type="checkbox"/> History of suicidal behavior    | <input type="checkbox"/> History of psychiatric admissions        |
|                 | <input type="checkbox"/> Recent transfer to institution  | <input type="checkbox"/> History of Psychotropic medication       |

- |                  |  |                                       |   |
|------------------|--|---------------------------------------|---|
| <b>Symptoms:</b> | <input type="checkbox"/> Incoherent speech   | <input type="checkbox"/> Tearful      | <input type="checkbox"/> Poor Hygiene                           |
|                  | <input type="checkbox"/> Bizarre appearance  | <input type="checkbox"/> Withdrawn    | <input type="checkbox"/> Disoriented                            |
|                  | <input type="checkbox"/> Agitated            | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Angry / hostile                        |
|                  | <input type="checkbox"/> Restless            | <input type="checkbox"/> Scared       | <input type="checkbox"/> Looks or acts in an irrational fashion |
|                  | <input type="checkbox"/> Yelling / Screaming | <input type="checkbox"/> Pacing       | <input type="checkbox"/> Does not relate to Staff               |
|                  | <input type="checkbox"/> Refusing medication | <input type="checkbox"/> Restless     | <input type="checkbox"/> Banging Door                           |
|                  | <input type="checkbox"/> Other : _____       |                                       |   |

**Termination Form**

Rationale for termination of Close Observation: \_\_\_\_\_

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Name of authorizing Licensed Mental Health Professional \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Section E

MANAGEMENT OF DETAINEES/INMATES AT RISK FOR SELF-  
HARM OR SUICIDE

- I. Policy: DPSCS will provide a guideline for the management of persons in their care that have been found to be at risk for self-harm or suicide.
  
- II. Procedure:
  - A. Upon completion of the assessment (Section D of this Chapter), by the licensed mental health care professional will consider all of the following in the plan of care for the detainee/inmate:
    - 1. Is there a need for placement on suicide precautions?
    - 2. What are the safest housing recommendations that should be made for this patient?
    - 3. Should this patient be under observation and if so, at what frequency, for how long, and who will provide the observation?
    - 4. Should there be property restriction in what the patient may possess while under care for the issues at hand?
    - 5. What follow up care should be provided immediately? (emergency room, psychiatric appointment, somatic physician appointment, etc.)



- B. The licensed mental health professional that completes the assessment shall record all recommendations into the Electronic Health Record (EHR) immediately upon completion of the evaluation and shall make the referral to the immediate follow up care and assure that the patient is seen within time frames appropriate to the recommendation:
1. An emergency room referral shall be made within fifteen minutes of the evaluation after contacting the appropriate somatic or psychiatric clinician licensed to order such a transfer.
  2. A psychiatric appointment shall be scheduled to occur no more than twenty-four (24) hours of the findings if there is an acute problem and no more than forty-eight (48) hours if the evaluator can document that the situation is not acute.
  3. A somatic appointment shall be scheduled to occur no more than eight (8) hours of the findings if there is an acute problem and no more than twenty-four (24) hours if the evaluator can document that the situation is not acute.
  4. Somatic issues may employ the aid of mid-level practitioners instead of physicians.
  5. All referrals shall be completed immediately and the individual referring shall follow up to assure that the referral was carried through and record same in the EHR.
  6. Custody staff shall be notified immediately upon completion of the evaluation and recommendations regarding patients considered to be acutely ill about the recommendations made and the referrals for clinical orders to enable them to be ready for any transportation that may be needed either internally or outside of the facility.

7. The DPSCS Director of Mental Health/designee shall be notified of events within (24) twenty-four hours with a copy to the Regional Assistant Mental health Director.
- C. The intensity of intervention is based on the levels of risk determined during the assessment (Section D of this Chapter) and shall be provided as follows, with the appropriate order from a licensed clinician to assure that the order is followed:
1. High Risk requires that the patient be:
    - a. Placed on suicide precautions
    - b. Placed in a safe/suicide cell by custody upon the recommendation of the assessing licensed mental health professional.
    - c. Provided with a suicide smock.
    - d. Continually observed by an inmate watcher following the Department's guidelines for these watchers with oversight by Custody.
    - e. Observed and observations documented at a frequency of every fifteen minutes by Custody.
    - f. Evaluated for transfer to an inpatient mental health setting. (See Chapter 4, Section B Transfers to Mental Health Infirmary).
  2. Medium Risk requires that a patient be:
    - a. Placed on Suicide precaution status.
    - b. Placed in a safe/observation cell.
    - c. Provided with a suicide smock.
    - d. Continually observed by an inmate watcher following the Department's guidelines for these watchers with oversight by Custody.
    - e. Observed and observations documented at a frequency of every fifteen minutes by Custody.
  3. Low Risk requires that a patient be:

- a. Placed in a close observation cell.
      - i. Upon placement in close observation cell by custody upon the recommendation of the assessing licensed mental health professional.
      - ii. Patient shall be provided a suicide smock by Custody.
      - ii. If placed in a close observation cell, patient shall be observed and observation documented by custody at fifteen minute intervals throughout stay in close observation.
  4. See Mental Health Manual, Chapter 4 Section D: Suicide Assessment for more information on precautionary measures.
- D. Self harm or Injury by a patient requires special attention that shall include but not be limited to:
1. Immediate attention at the scene by First Responder who shall take all necessary steps to protect the patient from further harm or injury. Such steps may include (but not be limited to:
    - a. Cutting the materials used in hanging,
    - b. Applying appropriate First-Aid,
    - c. Call for assistance,
    - d. Removing the patient to a clean, safe environment.
  2. Obtaining appropriate emergency services as needed including, if appropriate after initial evaluation by a clinician, to a local emergency room.
  3. Communication with all appropriate persons of the event including at a minimum the Security Chief for the facility, the Psychiatrist and Physician/Mid-Level on site or on call, the Directors of DPSCS Mental Health, Vendor Mental Health,

and the Utilization Management Vendor designee. Such communication shall be made in writing using the DAILY LOG OF SUICIDE BEHAVIOR (Appendix A).

- E. The mental health professional and any person who observed the initial behaviors that began the assessment process the patient shall notify the DPSCS Director of Mental Health/designee, the Medical Director of the Mental Health Vendor, and the Utilization Management Vendor designee of all suicide events in writing using the DPSCS Daily Log of Suicide Behavior Form (Appendix A)

- III. References:
  - DPSCS Suicide Prevention Activities Manual 2007
  - ACA Standards for Health Services in Correctional Institutions, Chapter Five (Mental health Services) E. Suicide Prevention.
  - NCCHC Standards on Correctional Health Care (Prisons): P-G-05 Suicide Prevention Program
  - NCCHC Standards on Correctional Health Care (Jails): J-G-05 Suicide Prevention Program
- IV. Rescissions: DPSCS Suicide Prevention Activities Manual 2007
- V. Date Issued: May, 2011

Appendix A

This log is to be completed by each staff (State or contractor) who observes the behavior shall be submitted to the Assistant Director of Mental Health on a daily basis (fax: (410) 764-5150).

Name/In. #	Type of Event: (circle and describe)	Description of event/circumstances
	Suicide/Suicide Attempt/Suicide Gesture/Suicide Ideation	
	Suicide/Suicide Attempt/Suicide Gesture/Suicide Ideation	
	Suicide/Suicide Attempt/Suicide Gesture/Suicide Ideation	
	Suicide/Suicide Attempt/Suicide Gesture/Suicide Ideation	

**Suicide:** When an inmate has died as a result of suicide a complete post mortem report shall accompany this notification form within 24 hours. This report should summarize the situation and all contact with mental health professionals.

**Suicide attempt:** When an attempt has been made, a summary of the situation and assessment by the Chief Psychologist/Lead staff of the facility must accompany this form.

**Suicide gesture:** A suicidal gesture is an action which has very little chance of lethality. In these cases a brief summary is sufficient.

**Suicidal ideation:** In these situations the inmate has discussed with someone that there are thoughts of suicide but there has been no action taken. A brief summary of the situation is sufficient.

Completed by: \_\_\_\_\_ Institution: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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Section F

POST EVENT CARE INCLUDING CARE FOR EVENT WITNESSES

- I. Policy: DPSCS will provide a guideline for the management of persons in their care that have been found to be at risk for self-harm or suicide following a suicide event throughout the process and into after-care.
  
- II. Procedure:
  - A. For patients who have experienced a suicide event or has been at risk for an event, the following steps shall be taken:
    - 1. A Licensed Mental Health Professional will evaluate the patient to determine:
      - a. Appropriate housing recommendations.
      - b. Completion of the termination portion of the Close Observation Form (Appendix A).
      - c. Document patient evaluate outcome in EHR, including the rationale for terminating Close Observation and/or Suicide Precautions.
    - 2. A State Mental Health Professional will complete the close Observation paperwork authorizing removal of Close Observation and/or Suicide Precautions.
    - 3. The State Mental Health department will follow the patient and:

- a. Assure that the patient is scheduled to be seen for additional evaluation by the most appropriate mental health professional, and treatment as necessary within twenty-four (24) hours of removal from Close Observation/Suicide Precautions.
  - b. Assure there is repeat follow up in on (1) week from the first post evaluation.
  - c. Assure additional follow up interval is determined and added to the patient treatment plan in the EHR.
  - d. Document all encounters in the patient's medical record.
- B. Inmates who may have been witness to suicide events shall have critical incident stress management and debriefing services, by a Licensed Mental Health Professional, made available to them.
1. Requests for these services shall be obtained by the inmate by submitting a sick call request.
  2. Persons requesting sick call shall be seen within forty-eight (48) hours of the request. (See Sick Call Manual Chapter 1)
- C. The Chief Psychologist /Lead Mental Health of the facility housing the patient that has had an event shall ensure that inmates/detainees in surrounding areas of the incident location are surveyed for any emotional needs they may have and schedule appointments for them to be seen as needed.
- D. The Chief Psychologist /Lead Mental Health of the facility housing the patient that has had an event shall ensure that staff is surveyed for any critical stress debriefing needs and follow up with any measures found to be needed.

E. The Director of Mental Health or the Regional Assistant Mental Health Director for the area where the patient suffering the event is housed shall survey mental health staff to determine any need for critical stress debriefing needs and follow up with any measures found to be needed.

III. References: DPSCS Suicide Prevention Activities Manual 2007  
 ACA Standards for Health Services in Correctional Institutions, Chapter Five (Mental health Services) E. Suicide Prevention.  
 NCCHC Standards on Correctional Health Care (Prisons): P-G-05 Suicide Prevention Program  
 NCCHC Standards on Correctional Health Care (Jails): J-G-05 Suicide Prevention Program

IV. Rescissions: DPSCS Suicide Prevention Activities Manual 2007

V. Date Issued: May, 2011

Appendix A

**CLOSE OBSERVATION  
 Initiation Form**

Name		Number:	Institution:
Last	First	MI	
Date of Placement:	Time: _____AM/PM	Official Authorizing Placement:	
Frequency of Observation:		Authorizing Mental Health Professional:	
Property? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Clothing? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Bedding? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			



Meals? <input type="checkbox"/> Bag <input type="checkbox"/> Regular	Specific Behaviors to Look For:
--	---------------------------------

**RATIONALE FOR INITIATION OF CLOSE OBSERVATION**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bizarre Behavior              | <input type="checkbox"/> Severe Agitation               | <input type="checkbox"/> Recently received bad news |
| <input type="checkbox"/> Significant change in hygiene | <input type="checkbox"/> Significant change in attitude | <input type="checkbox"/> Threatening others         |
| <input type="checkbox"/> Appears depressed             | <input type="checkbox"/> Bizarre verbalizations         | <input type="checkbox"/> Serious Hygiene problem    |
| <input type="checkbox"/> Inmate isolating self         | <input type="checkbox"/> Significant change in behavior | <input type="checkbox"/> Other: _____               |

Events which led to current situation: \_\_\_\_\_

Unusual Circumstances: \_\_\_\_\_

**Check if Known:**

- History:**
- |  |   |
|--|---|
| <input type="checkbox"/> History of Mental Health issues | <input type="checkbox"/> History of Aggressive / Hostile Behavior |
| <input type="checkbox"/> History of suicidal behavior    | <input type="checkbox"/> History of psychiatric admissions        |
| <input type="checkbox"/> Recent transfer to institution  | <input type="checkbox"/> History of Psychotropic medication       |

- Symptoms:**
- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Incoherent speech   | <input type="checkbox"/> Tearful      | <input type="checkbox"/> Poor Hygiene                           |
| <input type="checkbox"/> Bizarre appearance  | <input type="checkbox"/> Withdrawn    | <input type="checkbox"/> Disoriented                            |
| <input type="checkbox"/> Agitated            | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Angry / hostile                        |
| <input type="checkbox"/> Restless            | <input type="checkbox"/> Scared       | <input type="checkbox"/> Looks or acts in an irrational fashion |
| <input type="checkbox"/> Yelling / Screaming | <input type="checkbox"/> Pacing       | <input type="checkbox"/> Does not relate to Staff               |
| <input type="checkbox"/> Refusing medication | <input type="checkbox"/> Restless     | <input type="checkbox"/> Banging Door                           |
| <input type="checkbox"/> Other : _____       |                                       |   |

**Termination Form**

Rationale for termination of Close Observation:  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of authorizing Mental Health Professional \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 To whom information was given: \_\_\_\_\_