

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.25	Page 1 of 6
	Original Effective Date: 05/01/07	New Effective Date: 01/25/21
	Supersedes: 500.70.25	Dated: 10/30/14
	Administrator's Approval: Makda Fessahaye, Administrator	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Suicide Prevention in Adult Correctional Facilities		

POLICY

The Division of Adult Institutions shall ensure suicides are prevented when possible by implementing prevention efforts and intervention.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-B-05 – Suicide Prevention and Intervention.

DAI Policy 300.00.09 – Death of an inmate

DAI Policy 300.00.59 – Emergency Response CPR and AED Use

DAI Policy 300.00.71 – Reporting Serious Incidents, Events of Special Interest, Media Contacts and Legislative Inquiries

DAI Policy 303.00.02 – Restrictive Housing Programs and Review

DAI Policy 500.70.01 – Mental Health Screening, Assessment and Referral

DAI Policy 500.70.02 – Mental Health Training

DAI Policy 500.70.10 – Mechanical Restraints

DAI Policy 500.70.14 – Mental Health Multidisciplinary Teams

DAI Policy 500.70.24 – Clinical Observation

Executive Directive 58 – DOC Committee on Inmate/Youth Deaths

Executive Directive 60 – Response to Emergencies at the Department of Corrections Work Locations Including Emergencies Requiring Basic Life Support and the Use of Automated External Defibrillators

Wisconsin Administrative Code Ch. DOC 311 – Observation Status

Wisconsin Statute s. 302.38 - Medical Care Of Prisoners

Wisconsin Statute s. 302.386 - Medical and Dental Services for Prisoners and Forensic Patients.

DEFINITIONS, ACRONYMS AND FORMS

AED – Automated External Defibrillators

Clinical Observation – A non-punitive status used for the temporary confinement of an inmate to ensure the safety of the inmate or the safety of others. An inmate may be placed in clinical observation for mental illness and dangerousness to self or others, or (when not mentally ill) for dangerousness to self. Clinical observation is also known as “Mental Health Placement” or “Observation for Mental Health Purposes” per Wisconsin Administrative Code Ch. DOC 311.

CPR – Cardiopulmonary resuscitation

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DAI – Division of Adult Institutions

DOC-2466 – Incident Report (WICS)

M-Team – Mental Health Multidisciplinary Team

PSU – Psychological Services Unit

PSU Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate A or B, Crisis Intervention Worker, Psychological Services Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

Restrictive Housing (RH) – Secured housing unit where inmates are separated from the general population and privileges and property are limited.

Screening – Interviewing an inmate and/or conducting a file review to ascertain medical or mental health needs. Intake screening takes place when an inmate first enters the prison system. Transfer screening takes place when an inmate is transferred between institutions/centers. RH screening takes place when an inmate is placed into an RH setting.

Serious Suicide Attempt – For the purposes of serious incident reporting, any actual self-harm attempt that results in the need for emergency care by a physician or mid-level practitioner, an emergency room visit or hospitalization.

PROCEDURE

I. Training

DAI shall provide training in suicide prevention and mental health issues on a regular basis to staff who have contact with inmates. DAI shall also provide security training to mental health and medical staff. These trainings are described in DAI Policy 500.70.02.

II. Screening, Identification, and Referral

Nursing staff and PSU staff shall conduct screenings of inmates in order to identify and treat serious mental health needs. Screening, identification and referral procedures are described in DAI Policy 500.70.01. Staff shall screen inmates:

- A. Upon entry to the DAI.
- B. When transferred among DAI facilities.
- C. When placed in an RH setting.
- D. When staff become aware of previously unrecognized serious mental health needs or significant worsening of symptoms.

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III. Communication

- A. Each DAI facility shall establish an M-team that meets weekly and reviews inmates who present challenges to the facility by virtue of their mental health needs. M-teams are described in DAI Policy 500.70.14.
- B. Facilities with RH units shall maintain an RH Review Team to conduct reviews of inmates housed in RH settings.
 - 1. The RH Review Team may coordinate discussion of selected inmates with the institution's M-team.
 - 2. RH reviews are described in DAI Policy 303.00.02.

IV. Clinical Observation

Authorized staff shall place inmates who are at risk of harming themselves, or are mentally ill and at risk of harming themselves or others, on clinical observation status as necessary to ensure safety. Clinical observation procedures are described in DAI Policy 500.70.24.

V. Intervention

- A. Facilities shall assure that adequate numbers of staff trained in CPR/AED are available on each shift to allow for an appropriate response to a pulseless, non-breathing person.
- B. Each facility shall have functional AED units placed so that all areas of the facility can be reached within five minutes.
- C. Staff response
 - 1. Any staff who discovers an inmate attempting self-harm or suicide shall notify Security staff or other staff available nearby. Security staff shall survey the scene, secure the area, and alert other staff to call for medical personnel, security back-up and a Security Supervisor.
 - 2. Trained staff shall follow applicable security procedures to stabilize the inmate and the scene and begin first aid when safe to do so.
 - 3. If the inmate is unconscious, staff should not presume that the inmate is dead, but rather initiate and continue appropriate lifesaving measures to their level of training until relieved by medical personnel.
 - a. Appropriate lifesaving measures may include:
 - i. Lifting up and cutting down an inmate who is hanging.
 - ii. Starting CPR/AED for an inmate who has no obvious signs of life.
 - iii. Controlling bleeding.
 - b. Emergency medical response training for DOC staff is described in Executive Directive 60 and DAI Policy 300.00.59.
 - 4. In the case of a suicide attempt, a Do Not Resuscitate order does not apply and staff should initiate and continue life-saving measures to their level of training until relieved by medical personnel.
 - 5. Although the scene of the emergency shall be preserved as much as possible, the higher priority shall be to provide immediate lifesaving

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measures to the inmate. Scene preservation shall receive secondary priority.

6. All inmate living areas shall contain a first aid kit, pocket mask or mouth shield, and a rescue tool (e.g., a 911 knife). All staff shall be aware of the location of these items.
7. Mechanical restraints are available to immobilize inmates who exhibit behavior that is dangerous to self, others, or property on the basis of mental illness when less restrictive means are not available or effective. Restraint placement is described in DAI Policy 500.70.10.

VI. Reporting and Notification

- A. Facilities shall report every completed suicide or serious suicide attempt as a serious incident per DAI Policy 300.00.71. A serious suicide attempt is one that results in the need for emergency care by a physician or mid-level practitioner, an emergency room visit or hospitalization.
- B. All staff who had substantial contact with an inmate in the 24 hours prior to a completed suicide shall be interviewed or submit a DOC-2466 Incident Report (WICS) describing their knowledge of the inmate and the incident.
- C. Psychologist Supervisors shall ensure that PSU staff maintain current entries within the healthcare record.

VII. Debriefing

The Warden/designee, in consultation with the Psychologist Supervisor, shall determine whether Employee Peer Support Services are needed for staff after a completed suicide or serious suicide attempt.

VIII. Mortality Review

For every completed suicide of an inmate, DAI staff shall convene a mortality review process as outlined in Executive Directive 58 and DAI Policy 300.00.09.

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Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Administration

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

_____ **Date Signed:** _____
Kevin Kallas, Mental Health Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Dodge Correctional Institution		
Original Effective Date: 5/1/07	DAI Policy Number: 500.70.25	Page 6 of 6
New Effective Date: 2/12/21	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Suicide Prevention in Adult Correctional Facilities		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Jason Benzel, Warden		

FACILITY PROCEDURE

- I. Dodge Correctional Institution staff shall, as soon as safely possible, enter an inmate's cell or other area and begin providing life-saving medical attention as needed in case of an emergency.
- II. **Entry of a Cell/Area**
 - A. Immediately contact Central Control and notify of the type of emergency, providing as much information as possible for responders.
 - B. A Security Supervisor and HSU staff shall be notified that there is an emergency and that additional staff and emergency equipment are needed.
 - C. Retrieve emergency equipment.
 - D. If necessary, secure the roommate in restraints and remove him from the immediate area.
 - E. Closely monitor the situation while waiting for additional staff to arrive, unless it is believed waiting would likely result in the inmate's death.
 - F. Enter the room when, based on personal experience and training, there is an adequate amount of staff and equipment present. A minimum of one staff member for general population or two staff members for Restricted Housing is adequate.
 - G. It is not necessary to wait for supervisory response to enter any cell or area.
 - H. Enter and begin the medical assessment based on the level of training.
 - I. Provide appropriate medical treatment to the level of training and experience.
 - J. Continue medical treatment until relieved by medical staff or other trained medical responders.