

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.70.25	<b>Page</b> 1 of 8
	<b>Original Effective Date:</b> 05/01/07	<b>New Effective Date:</b> 01/25/21
	<b>Supersedes:</b> 500.70.25	<b>Dated:</b> 10/30/14
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> 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**

<b>Facility:</b> Taycheedah Correctional Institution		
<b>Original Effective Date:</b> 05/01/2007	<b>DAI Policy Number:</b> 500.70.25	<b>Page</b> 6 of 8
<b>New Effective Date:</b> 04/30/2021	<b>Supersedes Number:</b> 500.70.25	<b>Dated:</b> 06/26/2015
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Suicide Prevention in Adult Correctional Facilities		
<b>Will Implement</b> <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b> Warden Jennifer McDermott		

**REFERENCES**

900.30.12 Observation Crisis Team

**DEFINITIONS, ACRONYMS, AND FORMS**DOC – 27 - Placement/Review of Offender in ObservationDOC- 2466 - Incident Report (WICS)DOC- 2466B – Incident Information (WICS)DOC- 2421 – Shift Training ReportESP – Employee Services ProgramHSU – Health Services UnitCQI – Continuous Quality ImprovementTCI – Taycheedah Correctional Institution

TCI Self Harm/Suicide Prevention Committee Chair Persons - Persons designated to oversee TCI's compliance with suicide prevention procedures and serious self-harm incidences.

US DOJ – United States Department of Justice**FACILITY PROCEDURE****I. Training**

TCI shall provide at least 3 hours of training on mental health topics annually. Training will include 2 hours of suicide prevention and one hour on psychotropic medications, symptoms of mental illness, proper response to inmates with mental health problems, or other mental health topics.

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**II. TCI Self Harm/Suicide Prevention Committee****A. Committee Membership and Reporting Structure**

1. Psychology Supervisor (co-chair), Training Supervisor (co-chair), Correctional Sergeants/Officers, Security Director, Psychiatry Supervisor, HSU staff, ESP Committee Member, Social Worker, and Suicide Prevention Trainer.
2. Committee will report to Psychology Manager and Warden.

**B. Frequency of Committee Meetings**

1. Meetings will be held at least quarterly.
2. An emergency meeting will be conducted following any serious self-harm/suicide incidents.
3. Attendance is required and absence must be approved by one of the co-chairs.

**C. Meeting Content and Documentation**

1. Review monthly suicide prevention drills.
  - a. Ensure drill is conducted on a monthly basis.
  - b. Ensure both security and non-security staff involved.
  - c. Ensure monthly scenarios are realistic and involve appropriate props/emergency response equipment.
  - d. Ensure drill is documented on DOC-2421 and included in the TCI Incident Action Plan.
  - e. Ensure quality improvement of monthly drills.
  - f. Propose corrective action plan as needed.
2. Review annual suicide prevention training.
  - a. Ensure suicide prevention training is conducted on an annual basis.
  - b. Ensure suicide prevention training complies with DAI mandates.
  - c. Ensure evaluations are completed and reviewed.
  - d. Provide recommendations for future training based on evaluation feedback and current suicide prevention literature.
3. Review serious self-harm/suicide incidents.
  - a. Obtain all documentation related to serious self-harm/suicide incidents to include the following
    - i. DOC-27
    - ii. DOC-2466
    - iii. DOC-2466B
    - iv. Psychological File Review (as applicable)
  - b. Facilitate debriefing by ESP as needed.
  - c. Review TCI serious self-harm/suicide incidents for identifiable correlations/commonalities.
  - d. Make recommendations to Warden related to corrective actions in response to the serious self-harm/suicide incidents including: additional equipment, resources, training and procedure updates as needed.
  - e. Follow-up as indicated regarding recommendations.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

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4. Quality Improvement
  - a. Obtain and review relevant data/research related to suicide prevention.
  - b. Make recommendations for institution specific training needs based on outcome of data review/research analysis of TCI serious self-harm/suicide incidents.
  - c. Integrate evaluation feedback with current suicide prevention literature and provide recommendations for updating annual DAI suicide prevention training.
  - d. Make recommendations related to DAI policy implementation and/or TCI procedure changes.