GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

______________________________
Name of Individual Certifying this Document/Proposed Document

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Title

______________________________
Signature

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Date Signed

James Greer
Director, Bureau of Health Services

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)
POLICY
The Division of Adult Institutions shall have measures in place to help decrease the risk of self-harm behaviors and suicides within adult facilities. These measures include staff training, early identification of at-risk inmates, prompt intervention, effective treatment in accordance with professional judgment and standards, and collaboration among staff.

REFERENCES
Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-G-05 – Suicide Prevention Program
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 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 500.70.13 – Segregation Reviews
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

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

DAI – Division of Adult Institutions
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 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 a segregated setting.

D. When staff become aware of previously unrecognized serious mental health needs or significant worsening of symptoms.
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 a segregation unit shall maintain a segregation review committee to conduct reviews of inmates housed in a segregated setting.
   1. The segregation review committee may coordinate discussion of selected inmates with the institution’s M-team.
   2. Segregation reviews are described in DAI Policy 500.70.13.

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
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 describing their knowledge of the inmate and the incident.

C. Psychologist Supervisors shall ensure that PSU staff maintain current entries within the Clinical Observation Tracking Database.

VII. Debriefing

The Warden/designee, in consultation with the Psychologist Supervisor, shall determine whether Employee Peer Support Services are needed for staff or inmates 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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<td>James Greer, Director</td>
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<tr>
<td>Ryan Holzmacher, MD, Medical Director</td>
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<td>Mary Muse, Nursing Director</td>
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<td>Kevin Kallas, Mental Health Director</td>
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Facility: Name

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REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

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