

POLICY AND PROCEDURES

NUMBER: 906

SUBJECT: Suicide Prevention and Response

ACA STANDARDS: 4-ALDF-2A-44, 52, 58; 4C-32, 33

INTERIM DIRECTOR: Lt. Col. Troy Doyle

Clinical Psychologist: Olivia Leeker

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3/00, 9/02, 7/04, 5/06, 10/08, 3/10, 1/12, 3/13, 11/13,
1/14, 7/15, 6/16, 11/19**



I. POLICY

The St. Louis County Department of Justice Services shall establish guidelines to assist the staff in recognizing and classifying suicidal inmates, implementing crisis intervention techniques and handling a suicide attempt and conducting administrative review of all suicide attempts.

II. RESPONSIBILITIES

All St. Louis County Department of Justice Services' staff and Department of Health's Corrections Medicine staff are responsible for the following procedures.

III. DEFINITIONS

Authorized Property Check: The on-coming Suicide Prevention Officer (SPO) will conduct a search of inmate's property in each cell which houses "High Risk" or "Medium Risk" suicidal inmates for items not authorized in the cell and appropriate items that have been altered, prior to relieving the off-going SPO. The officer conducting the search will check the inmate's authorized items thoroughly, search under the mattress and check the blanket(s) for contraband.

Hazards List: A list, which is updated daily, generated by the Classification staff, Mental Health Team or Watch Commander identifying inmates who are potentially suicidal, an escape risk, etc., as well as other hazards.

Mental Health Provider: A licensed professional in the mental health field, such as, a psychiatrist or psychologist or licensed clinical social worker.

Mental Health Team: Any psychologist, psychiatrist, clinical social worker or corrections medicine staff trained in mental health.

Suicide Prevention Officer (SPO): An officer who is responsible for working with, observing and documenting behavior of inmates on suicide watch.

[High Profile: An inmate who has had a large amount of media attention due to the nature of the crime, such as an active shooter, multiple homicides, serial killer, or an inmate who will garner a large amount of media attention due to their fame or status in society.

High Risk: An inmate who has specifically expressed their intention to do self-harm.

Medium Risk: An inmate who has expressed having thoughts of doing self-harm.]

IV. PROCEDURES

A. Assessment of Inmates for Suicide Risk at Intake Service Center

1. All inmates coming through Intake Service Center (ISC) will be screened by the Corrections Medicine staff (Registered Nurse) in the Law Enforcement Lobby. They will assess inmates for past and current suicidal ideation, plan, intent and behaviors, using the standardized *Nurse Assessment Form* (See Attachment 1) *and/or Nurse Assessment Decision Tree* (See Attachment 2).]
2. Inmates who acknowledge current suicidal ideation during the Intake process will be immediately referred for a mental health assessment. The on call mental health provider should be paged and the assessment will be completed on a priority basis by a mental health provider. The assessment will be conducted with the inmate within thirty (30) minutes of the referral. The Corrections Medicine staff will also inform the ISC Shift Supervisor and Classification Supervisor/designee of the situation. When 'high risk' inmates are identified after hours, the Corrections Medicine staff is responsible for arranging alternative assessment from the contracted on-call team.

NOTE: The Corrections Medicine staff in the Law Enforcement Lobby will wait ten (10) minutes for the page to be returned. If the page has not been returned within the time frame, the same person will be paged again. If another ten (10) minutes elapses without a return call, staff will page the next appropriate person on the list.

This will continue until a designated staff has responded to the page. (The designated staff member will then respond in person within thirty (30) minutes.)

3. If no Mental Health Provider responds to the page during normal working hours, the Corrections Medicine staff in the Law Enforcement Lobby will conduct the assessment themselves, unless Intake volume precludes this. If unable to conduct the assessment, the Corrections Medicine staff in the Law Enforcement Lobby will contact a clinic or Infirmary nurse to complete the assessment. These assessments take priority over all other activities, with the exception of emergency procedures.
4. Under certain circumstances, the inmate may be placed on Precautionary Status. This designation is used when the inmate has and/or acknowledges suicide risk factors, but is not an imminent risk for self harm. When on precautionary status, an inmate is customarily housed in general population and must always be housed with a cellmate. In rare circumstances, an inmate may be housed in the mental health side of the Infirmary while only on precautionary status, in which case they will not have a cellmate.

Ultimately, the ISC Corrections Medicine staff will use their discretion of the Precautionary Status and make efforts to consult with the mental health staff when there are questions or doubts. Very generally, the following is a list of reasons, albeit not exhaustive, to assign the status:

- a. Current, passive suicidal thoughts with no intent or plan (inmates having thoughts accompanied by intent or plan should be placed on high risk and sent to the mental health side of the Infirmary)
- b. Any suicide attempt, at any time in the past, while in a correctional facility
- c. A recent suicide attempt, not within a correctional facility (i.e., within one (1) year)
- d. Depressed, despondent or disengaged in the Intake interview
- e. Anxious, agitated or extremely irritable during the intake interview

- f. A subjective sense that the inmate is being dishonest, not forthcoming or is not mentally well
 - g. There is any doubt on the part of the ISC Corrections Medicine staff about problems the inmate is having, but they do not warrant placement in the Infirmary. Precautionary status should not be assigned in the following circumstances unless these circumstances are accompanied by the aforementioned reasons:
 - a. “Nature of charges” (sensitive legal charges, in and of themselves, are not a suicide risk factor)
 - b. Drug intoxication or withdrawal
 - c. The inmate is sent to the Infirmary on another risk status (e.g., do not assign both High risk and Precautionary status simultaneously).
5. The ISC Shift Supervisor will ensure the inmate is moved from the Law Enforcement Lobby to the Intake area until the assessment has been completed and inform the ISC staff of the situation.

[6. *If an inmate that has been designated as "medium risk" or "high risk" suicidal or is awaiting assessment for suicide risk status arrives in open seating area, the ISC Supervisor will ensure that the inmate restrooms are locked and remain locked until the inmate on risk has left the area. Intake staff will be responsible for letting all inmates in and out of the restroom during this time.*

NOTE: If the inmate on high or medium suicide risk needs to use the restroom, he or she will be escorted to a holding cell by an officer. The officer will remain outside of the holding cell door while the inmate is using the restroom and then escort him/her back to the designated chair in open seating.]

[7. The ISC Shift Supervisor/designee will ensure that the inmate is seated in the chair located in front of the booking desk in front of the ISC Security Officer post, in direct sight of staff and will be closely observed. Inmates who have “Priority Processing” (Red Ball) or who are to be released pending application of warrant and do not have a fugitive hold will remain in their street clothes.]

NOTE: An inmate that is actively trying to harm his/herself, will be placed in the restraint chair until further assessed by Mental Health.

8. The ISC Shift Supervisor will also contact the Watch Commander to inform him/her of the situation and the name of the inmate.
9. If the inmate needs to use the phone, the inmate will use the phone for a five (5) minute call at the phone bank under direct supervision of a corrections officer.
10. Upon the completion of the assessment, a Mental Health Provider will enter the orders concerning the inmate in the medical record. The order will include but is not limited to:
 - a. Designation of a suicide risk status (if appropriate; see definition and disposition of each in the “Standard Precautions for High and Medium Risk Suicidal Inmates” and “Standard Precautions for Precautionary Status Inmates” sections below).
 - b. Housing recommendations: Mental Health Infirmery (High, Medium), General Population (precautionary or no risk), or Segregation (no risk allowed).

NOTE: High and Medium Risk inmates must be housed in the Infirmery. If there are no available beds, Infirmery staff will make arrangements to rearrange or discharge inmates to accommodate new admissions. At no time can a High or Medium risk inmate be housed on a housing unit floor.

NOTE: If the inmate is considered High Risk, the Corrections Medicine staff in the Law Enforcement Lobby will stamp the Medical Acceptance Form “Suicidal”. This form will not be altered due to a subsequent change in the suicidal status of the inmate following the assessment.

NOTE: If the Corrections Medicine staff conducts the assessment after hours, he/she will immediately contact the mental health provider on-call. Verbal orders may be given to the Corrections Medicine staff by the provider.

11. The Mental Health Provider who conducts the assessment will contact the Classification Supervisor/designee, the ISC Shift Supervisor, (and the Corrections Medicine staff in the Infirmery if inmate is to be housed in Infirmery) to inform them of the assessment of the inmate and the orders to be followed. The ISC Shift Supervisor will contact the Watch Commander and inform him/her of any orders due to the assessment.

12. The Classification staff or the Watch Commander (if Classification is not on duty) will place any inmate acknowledging current suicidal ideation or at high risk on the Hazards List in the Integrated Jail Management System (IJMS). If the inmate is considered either “High Risk” or Medium Risk”, the Classification staff or the Watch Commander (if Classification is not on duty), will also ensure the inmate is classified to the Infirmary.

NOTE: The Hazards List report is the official list regarding which inmates will be monitored. No hand written lists are acceptable.

13. If after the assessment the inmate is considered on “High Risk” or “Medium Risk” status, the ISC Shift Supervisor will ensure these inmates are a priority move. The inmate will be moved to the Infirmary within two (2) hours of admission at Intake, unless the mental health assessment has not been completed within the two (2) hour window. The inmate will then be moved immediately after the assessment. This includes 24 Hour Holds and fugitive only inmates.

NOTE: The booking packet will remain in the Intake Service Center to ensure the inmate is released when the 24 hours expires.

14. The Watch Commander will ensure the Movement Officers and the appropriate Housing Unit Supervisor are aware of the inmate and the appropriate standard precautions to be taken.

NOTE: The inmate will never be left alone in the shower room during his/her shower or while changing his/her clothing.

B. Standard Procedures for Inmates Designated High Profile

- [1. *The Classification Specialist will determine if an inmate is to be designated as High Profile status based on a combination of media coverage and the seriousness of the offense, amongst other factors.*]
- [2. The *Classification Specialist* will immediately inform the Correction Medicine staff and the ISC Shift Supervisor of any inmates who fall into the category of “High Profile” which *can be* defined as follows:
 - a. Intensive or excessive media coverage *and they have been charged with a serious crime* e.g. serial killers, mass murderers, serial rapists, child sex offenders, terrorist, etc.

- b. Police information advising that an inmate is charged with committing a crime that is likely to generate intensive media coverage
- c. Notification from Justice Services' Administration to designate an inmate as "High Profile"
- d. Any well known community leader, e.g., police official, police officer, judge, clergy member, television or radio celebrity, politician, sports figure, etc.

[NOTE: Protective Custody could be a more appropriate classification for any well-known community leaders.]

- e. Staff concerns for an inmate based on observations and new information that might place an inmate in jeopardy as a result of being connected to a publicized offense.

[NOTE: If an inmate is designated as "High Profile" based on the information obtained by the Classification Specialist, Corrections Medicine will be notified in order to make a determination if the inmate will need to be placed on any suicide risk based on any new information and information already gathered using the standardized Nurse Assessment Form (See Attachment 1) and/or Nurse Assessment Decision Tree (See Attachment 2).]

[NOTE: The High Profile designation is not made solely based upon "nature of charges". It is the media coverage that results in the status assignment. Inmates designated as High Profile solely on a "nature of charges" basis and for whom there is no apparent media attention, may not need to remain on High Profile status. The designated Corrections Medicine psychologist will assess and determine whether high profile status remains appropriate.]

[3. If Corrections Medicine determines that no suicide risk status is needed, the Classification Specialist may assign a Precautionary Risk status if he/she believes it is necessary. Corrections Medicine will follow-up to determine if the Precautionary Status remains appropriate.]

[4. If a determination of High Profile status is needed after hours and no Classification Specialist is scheduled that day, the ISC Supervisor will contact the ISC Unit Manager/designee.]

- [5. *High profile inmates that are not placed on medium or high risk suicide status will be housed in 8A as appropriate.*

NOTE: *If given a Precautionary Risk status, the inmate will be housed with a cellmate in 8A. If, for any reason, that inmate cannot be housed with a cellmate, he/she will be housed in the infirmary.]*

6. Inmates designated as High Profile and *have a need to be* housed in the Infirmary *will be* designated as High Suicide Risk until evaluated by a mental health provider.
- [7. Inmates designated as High Profile *and housed in the infirmary* are only discharged from the Infirmary once they have been thoroughly evaluated by Mental Health staff and deemed low or no suicide risk. They can only be released from the Infirmary when a written request is submitted to designated Justice Services Administrative staff and written approval has been received back from said Administrator.]
8. After release from the Infirmary, Corrections Medicine psychologist/psychiatrist will provide routine follow up of all High Profile inmates, until their release or transfer from the facility.

C. Standard Precautions for “High Risk” or “Medium Risk” Suicidal Inmates

1. “High Risk” inmates will be housed in the Infirmary and observed every 5 - 10 minutes on an irregular schedule. The “High Risk” inmate will conform to the following possessions:

Allowed	Disallowed
1 security smock	Uniform
1 pair of shoes	Shoelaces
1 suicide blanket (head and neck must be exposed at all times)	Regular sheets and blankets
1 mattress	Undergarments (socks, bras, long johns, underwear) <u>Exception for women during menstrual cycle</u>
1 styrofoam cup	Utensils
commissary (food only)	Other commissary
Legal paperwork	Staples and paperclips
Religious items (made of paper only)	Hygiene items (toothbrush, comb, shampoo, soap, etc.)
Therapy generated paperwork	Towels, washcloths

Paper plates (surrendered after meals)	Razors
Hygiene items (e.g., soap, toothbrush, toothpaste, comb) ONLY while out of cell and ONLY under direct supervision	Eyeglasses (maybe approved by CM provider under certain circumstances)
	Pen, pencil or other writing utensils

2. “Medium Risk” inmates will be observed every 15 minutes on an irregular schedule. They will conform to the following possessions:

Allowed	Disallowed
1 uniform	Undergarments (sock, bras, long johns, underwear) <u>Exception for women during menstrual cycle</u>
1 pair of shoes	Laces
1 security blanket (head and neck must be exposed at all times)	Paper clips and staples
1 mattress	Spiral wire notebooks
1 styrofoam cup	Razors
Commissary (food and hygiene items only)	Utensils kept in cell (collected immediately after meals)
Legal mail and paperwork	
Letters and pictures	
Religious items (papers and books)	
Pen/pencil, paper, toothbrush, toothpaste, comb (ONLY when out of cell)	
Regular meals	
Property box	
Books	
Eyeglasses (if approved by mental health provider)	

3. All officers in areas with “High Risk” or “Medium Risk” suicidal inmates are responsible for tours being completed and documented. All staff are required to notify the Watch Commander if staff are not conducting necessary tours to observe the inmate and/or not documenting the tours.

4. While observing the inmates during all tours of inmates on risk statuses, all Infirmery staff responsible for observation (i.e., Officers and Corrections Medicine staff) will visually ensure that the inmates are safe and secure, including a visual check to assure that their head and neck are exposed at all times.
5. The ideal limit of “High Risk” or “Medium Risk” inmates that can be observed by a Suicide Prevention Officer in the Infirmery is seven (7). These limits may be exceeded at times based on current needs. The Mental Health Provider will closely monitor this population to maintain effective management.

NOTE: The Mental Health Provider from the Department of Health in agreement with the Department of Justice Services Administrative staff may temporarily adjust the number of “High Risk” or “Medium Risk” inmates housed in the Infirmery, due to emergency situations.

6. “High Risk” or “Medium Risk” inmates housed in the Infirmery will only be placed on the mental health side and housed in cells 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, and 25. “High Risk” inmates will be housed in cells 17 - 21, whenever possible. “High Risk” or “Medium Risk” inmates may be housed on the medical side of the Infirmery, if absolutely necessary, due to existing medical conditions. Standard precautions will continue with the inmates on the medical side of the Infirmery.
7. The Mental Health Team, Classification staff or the Watch Commander, will ensure the Hazards Report is changed immediately as an inmate’s status changes. The Mental Health Team or Classification staff will inform the Suicide Prevention Officer of changes in the status. The SPO in the Infirmery will inform the Watch Commander of any changes to the Hazards Report for “High Risk” and “High Profile” inmates. The Watch Commander will ensure any adjustments in the inmate’s status will be placed immediately in the Hazards Report.
8. Inmates who are “High Risk” and “Medium Risk” status and are housed in the Infirmery and subject to release from the Justice Center will be released as an “Assisted Release”. The Property Room Officer will ask Corrections Medicine staff if the inmate is “High Risk” or “Medium Risk” when he/she calls about medication for the inmate. When so designated, the following must occur:

- a. The Department of Justice Services and the Corrections Medicine staff will collaborate on whether the inmate should be picked up from the Justice center by a family member or if they are to be transported to a hospital for additional care.
 - (1) If the inmate is to be picked up by a family member, a designated staff person will contact that family member and relay relevant information to them about why the inmate requires more care or treatment and what the recommendations of the staff are for that care or treatment. The designated Justice Services staff will supervise the inmate until such time as they are picked up by the designated family member and assure that any paperwork is given to that family member.
 - (2) If the inmate is to be transported to a hospital, the Corrections Medicine staff will complete an affidavit specifying the concerns, treatment history, recommendations and justifying why this inmate requires additional care and should not be released to the street. The Department of Justice Services staff will transport the inmate to a relevant hospital facility and make every reasonable effort to assure a proper transfer of custody to the hospital staff. The affidavit and any other paperwork will be given to the hospital staff as well.
 - b. The inmate will remain in the Infirmary until the inmate's ride arrives or until the Department of Justice Services Transportation staff escorts the inmate to the hospital.
9. The inmate's towel, washcloth ("High Risk" and "Medium Risk") and hygiene items ("High Risk" only) will be placed in bags marked with the inmate's name and properly stored in the Infirmary Unit Control. The inmate's bag will be given to the inmate by the SPO prior to the inmate's shower time under officer's supervision. These hygiene items and/or the towel will be returned to the officer immediately after the inmate's shower.
 10. "High Risk" and "Medium Risk" inmates will not be allowed to purchase razors. These inmates will be given regular access to facility barbers for hair care and will be shaved by the barber with clippers, at least three (3) times a week.

11. The officer will remove any plastic wrapping on the inmate's food. The officer will ensure that the plastic wrap is disposed of outside the cell area.
12. The officer will immediately collect the plastic commissary bag after the inmate has received his/her commissary. The bag will be disposed of outside of the cell area.
13. The on-coming Suicide Prevention Officer (SPO) will conduct an Authorized Property Check in each cell which houses a "High Risk" or "Medium Risk" inmate at the beginning of each shift, prior to the departure of the off-going SPO. The search will be documented in the Facility Activity Log (FAL). The on-coming SPO will remove any unauthorized or altered items located during the search and contact the Watch Commander or Housing Unit Supervisor. The off-going officer will remain until the searches have been completed to supervise inmates and continue any necessary checks.
14. "High Risk" or "Medium Risk" suicidal inmates are not allowed to leave the Infirmary to participate in inmate programs or religious services held in general population.

NOTE: Observations of all inmates (including inmates on "risk" status) in the Infirmary will be documented using the hand-held pipe or using hand written Suicide Check forms if the hand-held pipe is not available. Observations will include; inmate's risk status, cell number, time/date inmate was observed, note on activity of inmate and DSN of observing officer. At the end of the officer's tour, the information in the hand-held pipe will be downloaded into the network on the database by placing the hand-held pipe in the sync-cradle at the officer's station.

D. Transporting High Risk or Medium Risk Suicidal Inmates

1. The Transportation Supervisor/designee will check the Suicide Precaution List daily for "High Risk" or "Medium Risk" suicidal inmates.
2. "High Risk" suicidal inmates will not be transported outside of the facility unless absolutely necessary.
3. "High Risk" and "Medium Risk" suicidal inmates will remain in the Infirmary until needed by court or for transport to other locations. When in the Transportation Staging area, "High Risk" or "Medium Risk" suicidal inmates will be placed in the holding

cell across from the dispatch desk. An officer will conduct a check of the “High Risk” inmates every 5-10 minutes and “Medium Risk” inmates every 15 minutes on an irregular basis. All checks will be documented on separate Suicide Check forms. More than one (1) inmate on “High Risk” or “Medium Risk” may be placed in a holding cell, but no more than three (3) to ensure the safety and security of the inmates.

NOTE: “High Risk or “Medium Risk” suicidal inmates will not be placed in a Courthouse holdover, except to use the bathroom and then only under constant observation. These inmates will be returned to the Transportation Staging area.

4. The Transportation Supervisor will ensure all Suicide Check forms will be filed in the Transportation office and reviewed by the Transportation Supervisor.

E. Standard Precautions for Precautionary Status Inmates

1. Inmates designated as Precautionary Risk will be required to wear red armbands.
2. Inmates designated as Precautionary Risk are allowed to have all property in their cells, but must be housed with a cellmate at all times in a cell close to the officer’s work station.

NOTE: Inmates who have been reclassified to Precautionary status while in the Infirmary and approved for transfer to general population, but are waiting until bed space is available, will continue to be housed in the Infirmary, until a bed becomes available. Precautionary inmates will be monitored at least every thirty (30) minutes by the SPO.

NOTE: A Mental Health Team member will note in the chronological section a narrative that explains the reclassification to Precautionary pending transfer to general population and make changes in the Hazards Report.

3. Any inmate designated as “Precautionary Risk” and housed in general population will not be allowed to remain in the cell alone at any time. The following instructions will be followed:
 - a. if the cellmate of an inmate designated as “Precautionary Risk” is out of the cell for any reason during dayroom activities, the “Precautionary Risk” inmate must also come out into the dayroom

- b. if the cellmate of an inmate designated as “Precautionary Risk” is out of the cell during lockdown periods (i.e. clinic, court, etc), the “Precautionary Risk” inmate will be sent to a multi-purpose room and will be visually checked by the Corrections Officer Lead or designee at 30 minute intervals.
 - c. if the inmate designated as “Precautionary Risk” is placed on lockdown in the general population housing unit, they will be moved and housed with another inmate on lockdown status. If this option is not available or prudent, the “Precautionary Risk” inmate will be moved to the Infirmary.
 - d. an inmate designated as “Precautionary Risk” will not be allowed to return to an empty cell during dayroom activity periods for any reason, including to use the restroom. If the “Precautionary Risk” inmate needs to use the restroom during open dayroom periods and the cellmate is not in the cell, the “Precautionary Risk” inmate will be sent to Unit Control.
 - e. the cell door for all inmates designated as “Precautionary Risk” must be kept in the disabled position.
 - f. all “Precautionary Risk” inmates will be let out of their cells and placed back inside their cells manually by the with the cell door key. Staff must stand at the cell door to ensure the “Precautionary Risk” inmate comes out of the cell and manually secure the door when the inmate exits. Staff must stand at the cell door to ensure the inmate is placed back in the cell with their cellmate and manually secure the door when both inmates are in the cell.
- 4. “Precautionary Risk” inmates housed in Direct Supervision Housing Units will be observed by the Housing Unit Officer at least once an hour during first and second shifts. Inmates will be observed by one of the Unit Control Officers at least every forty (40) minutes on the third shift.
 - 5. If an inmate classified as a “Precautionary Risk” inmate is to be moved from a Direct Supervision housing unit for disciplinary reasons, that inmate will be moved to the Infirmary. Every effort will be made to keep inmates who are on “Precautionary Risk” status in a direct supervision housing unit. The Watch Commander will be notified by the Housing Unit Supervisor of the transfer.

The Watch Commander will ensure Infirmery medical and custody staff are informed of the transfer and will make the necessary changes in the Hazards Report. The Watch Commander and Suicide Prevention Officer will immediately ensure standard precautions are followed. The Mental Health Team will be notified of the inmate's move to the Infirmery by the Watch Commander via voice mail. As with all admissions to the Infirmery, the Mental Health Provider will complete an assessment and if appropriate adjust the risk.

NOTE: "Precautionary Risk" inmates transferred from the Intake Service Center to the Pre-Classification Housing Unit will only be housed in a Direct Supervision Pre-Classification Housing Unit and will be housed in a cell with another inmate.

6. "Precautionary Risk" inmates will be re-evaluated at least every four (4) weeks by a member of the mental health team, to determine if the precautionary risk status remains relevant/appropriate.
7. "Precautionary Risk" inmates will be allowed to purchase and use a razor when housed in general population.

F. Staff Intervention with an Inmate Alleging Suicidal Ideation or Intent to Self-Harm

1. When a staff member becomes aware of a suicidal inmate in a housing unit, the inmate will be placed under continuous supervision until a mental health assessment can be completed. The inmate will be seated near the officer at Unit Control or in a housing unit sally port where the inmate can be seen by the Unit Control Officer. As soon as Justice Services' staff becomes aware of the suicidal inmate, they should page the Mental Health Provider on-call.

NOTE: Do not allow the inmate to use the bathroom in Unit Control or place the inmate in a multi-purpose room where the inmate cannot be seen on a continuous basis. The inmate will use the toilet in his/her cell under the supervision of the Housing Unit Officer and immediately be returned to the Unit Control area.

2. The staff member will immediately contact the Housing Unit Supervisor and will advise him/her of the situation.
3. The Housing Unit Supervisor will ensure that Mental Health staff has been notified and, if necessary, notify them again. The

housing Unit Supervisor will also notify the Watch Commander as well as the Unit Manager and Corrections Case Manager, if possible, to advise them of the situation.

4. A Mental Health Provider will determine the appropriate action(s) to be taken and consult with the Housing Unit Supervisor and Watch Commander. Between the two, documentation should be made in the medical record and the IJMS (if applicable).
5. The Housing Officer and/or appropriate officer will place the incident in the IJMS in "Floor Notes" and verbally pass all information on to the following shift.
6. Only the following staff can change or remove suicide risk statuses: psychiatrists, psychologists, and clinical social workers. (Nurses may be responsible for making changes in response to the doctor's order.)

G. Actual Self Injurious Acts and Response by Staff

1. The staff member first learning of the actual act will immediately call for assistance by the most expedient means. In most cases a Code "1" is called.
2. If the inmate is in an open area, (e.g., day room, recreation area, kitchen, etc.) the staff member will conduct any activities necessary to attempt to maintain life (e.g., CPR, first aid, etc.), until relieved by Corrections Medicine staff.
3. If the inmate is in his/her cell, the staff member will enter the cell only when at least two (2) officers are present and conduct any activities necessary to attempt to maintain life (e.g., CPR, first aid, etc.), until relieved by Corrections Medicine staff.

NOTE: The inmate will only be moved if the inmate is considered to be in a dangerous location and movement is needed for his/her safety and/or the safety of staff. If an inmate is hanging, a safety belt cutter (911 tool) will be obtained from the Unit Control area on each floor, Infirmary Unit Control, ISC Booking Counter Emergency Key Box or the Transportation Dispatch Office Key Box to assist in cutting the inmate down.

4. Staff will secure other inmates to facilitate maximum access to the inmate by the Corrections and Corrections Medicine staff, as well as to preserve the privacy of the inmate.

5. The Watch Commander/designee will ensure sufficient backup and that Corrections Medicine staff are called and respond immediately to the area.
6. The Watch Commander/designee will ensure all of the necessary staff and agencies (Corrections Medicine, Unit Manager, paramedics, police, etc.) are notified. (See Policy #1904 Medical Emergency Response)
7. The Watch Commander/designee will assign officers to escort the inmate, along with the responding Corrections Medicine staff, to the Exam Room, Health Care Clinic, the Infirmary or another housing unit. If the Corrections Medicine staff or paramedics recommend the inmate be sent to a hospital, the Watch Commander will assign officers to that detail. (See Policy #1318 Emergency Movement to Hospital)
8. The Watch Commander/designee will assign a staff member(s) to make notes for reports (staff involved, paramedics and police involved, time events occurred, etc.). He/she will also place the information in the Watch Commanders' Report and in the pass down notes.
9. All Corrections staff involved will complete a detailed Incident Report, prior to the end of the shift. Corrections Medicine staff will immediately complete appropriate documentation.
10. The Watch Commander will complete his/her portion of a Suicide Attempt Inquiry (See Attachment 3), place his/her name on the inquiry and save it in the "Completed Forms" folder, for that housing unit floor, in the computer. He/she will then e-mail the appropriate Unit Manager and inform him/her of the location of the inquiry in the computer. The Watch Commander will also e-mail a copy of the Inquiry to the psychologist.
11. If the inmate remains at the St. Louis County Justice Center or upon his/her return from the hospital, a member of the Classification, Mental Health team or the Watch Commander after regular hours, will place the inmate on the Hazard List on "High Risk" and in the Infirmary until an assessment is conducted. The Watch Commander on duty will ensure the inmate is placed on the Hazard List prior to departing from his/her shift.
12. A Mental Health Provider in consultation with a Corrections Medicine staff will determine the appropriate action(s) to be taken, and inform the Watch Commander of same.

13. The Watch Commander will ensure the area used in the suicide attempt is secured and that items in that area are not touched. (See Policy #840 Preservation of Evidence)
14. A psychologist will assess the inmate and complete the Mental Health Provider Suicide Attempt Review (See Attachment 4). He/she will place his/her name on the Review and save it in the "Completed Forms" folder. He/she will then e-mail the Unit Manager and inform him/her of the location of the Review.
15. The Unit Manager will review the Inquiry and make any necessary recommendations, complete his/her portion of the Suicide Attempt Inquiry, place his/her name on the Inquiry and save it in the "Completed Forms" folder for that housing unit floor. He/she will then e-mail the Security Manager and inform him/her of the location of the Inquiry.
16. The Superintendent of Security will review the Inquiry and make any necessary recommendations, place his/her name on the Inquiry and save it in the "Completed Forms" folder for that housing unit floor. Notification will be given to the appropriate unit manager to complete the processing of the report
17. The Unit Manager will review the Inquiry and ensure the following staff are sent a hard copy of the completed Suicide Attempt Inquiry:
 - a. Director
 - b. Superintendent of Security
 - c. Watch Commander
 - d. Area Supervisor
 - e. Corrections Medicine Manager
 - f. Mental Health Team designee
18. The Unit Manager/Corrections Medicine Manager will review the completed Inquiry with his/her staff, as appropriate, at floor specific briefings/staffings.

NOTE: The Unit Manager will share information regarding recommendations with other Unit Managers, Area Supervisors, etc., if there is information that may assist in preventing a similar

incident from occurring on another unit within the facility. The other Unit Manager, Area Supervisors, etc., will share this information with their staff, as appropriate, at floor specific briefings.

19. Under certain circumstances, an inmate who has been repeatedly and thoroughly assessed by Corrections Medicine staff and has been determined to be manipulating the system to secure placement in the Infirmary may be housed in Administrative Segregation or disciplinary lockdown and under a specialized behavioral management plan tailored to reduce manipulative behaviors, yet preserve life and assure safety. These decisions are made after repeated and thorough review of the case and are the decision of all relevant Justice Services and Corrections Medicine staff involved with the inmate (usually comprised of the members of the mental health treatment team). The decision to use this plan is a last resort when other options have been exhausted and proven ineffective to manage the inmate outside of the Infirmary.

H. General Information

1. A copy of the Hazards List for each inmate being released will be on the Release Approval Report. Upon the release of an inmate to another law enforcement authority, the releasing officer will orally inform the officer taking custody of all hazards on the report. The officer taking custody will then sign report with his/her name and DSN. This will be Justice Services record that the officer taking custody has been informed of the hazards. The signed report will be placed in the inmate's file.

NOTE: The Watch Commander will check the Hazards Report at the beginning of every shift to ensure he/she is aware of any new risks status changes from the previous day. The Watch Commander will ensure all standard precautions are being followed by contacting the Housing Unit Supervisors and the SPO in the Infirmary.

NOTE: The releasing officer will suggest that the officer taking custody should write down all hazards for that inmate.

I. Training

1. All Department of Justice Services staff are given annual training in the identification of potentially suicidal inmates, which includes high risk suicide periods, predisposing factors for suicide and the warning signs and symptoms of suicidal behavior.