CHAPTER: 800

Inmate Management

DEPARTMENT ORDER:

807 – Inmate Suicide Prevention, Mental Health Watches, and Progressive Mental Health Restraints

OFFICE OF PRIMARY RESPONSIBILITY:

OPS
HS

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ACCESS

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Arizona Department of Corrections Rehabilitation and Reentry

Department Order Manual

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PURPOSE

This Department Order (DO) establishes the procedures for precautionary security watches, mental health watches, mental health restraints, and mental health follow up after watch. This DO also establishes the necessary guidelines during and after self-harm events.

References to healthcare professionals (i.e., Healthcare and Mental Health Services) are referring to the Contracted Healthcare Provider (CHP) or their subcontractors unless otherwise stated.

APPLICABILITY

This DO applies to all Department employees and contractors who directly or indirectly supervise the inmate population.

PROCEDURES

1.0 TRAINING

1.1 Correctional Officer Series Employee Pre-Service Training – All Correctional Officer Series employees shall receive Pre-Service Suicide Prevention training/mental health instruction in accordance with DO #509, Employee Training and Education.

1.1.1 Instruction may be provided at Institutional Regional Academies or at the Correctional Officer Training Academy (COTA). Mental health care and Correctional Officer Series staff shall jointly provide instruction.

1.1.2 Pre-Service Training shall include:

1.1.2.1 Mock suicide drills consisting of:

1.1.2.1.1 Incident Command System (ICS) activation, in accordance with DO #706, Incident Command System (ICS)

1.1.2.1.2 Emergency cell access

1.1.2.1.3 Location of rescue tool/cut down instrument(s)

1.1.2.1.4 Cut down practice using a body-sized and weighted object

1.1.2.1.5 Positioning a body-sized object for emergency medical treatment

1.1.2.1.6 Notification to qualified healthcare professionals (QHCPs) and qualified mental health professionals (QMHPs)

1.1.2.2 Detailed information about the following:

1.1.2.2.1 How to identify inmates who may be at risk for suicide, high-risk times, locations, and methods, incidents and situations that may trigger a suicide attempt and possible signs of suicidal intent, as outlined in Attachment A, Suicide Warning Signs Card.

1.1.2.2.2 The role of Department employees in suicide prevention.

1.1.2.2.3 The Department's policy on inmate suicide prevention and associated legal issues.

1.1.2.2.4 Conduct required in the event of any self-harm behaviors.

1.1.2.3 Detailed information about the use of Progressive Mental Health Restraints for serious self-harm as defined in the Glossary of Terms, including guiding principles and procedural/safety issues.

1.1.2.4 The practice in applying Progressive Mental Health Restraints. Additional unit-specific on-the-job training (OJT) shall be provided as applicable.

1.2 New Department Employee Orientation Training – All non-Correctional Officer Series employees shall be trained in the identification and management of suicidal inmates in accordance with this DO and DO #509, Employee Training and Education.

1.3 New Non-Department Personnel Orientation Training – QHCPs and QMHPs shall be instructed on Progressive Mental Health Restraints.

1.4 In accordance with the Annual Training Plan:

1.4.1 All Department employees and on-site contractors shall complete:

1.4.1.1 Suicide Prevention training.

1.4.1.2 Correctional Analysis and Response to Emergencies (CARE) Training.

1.4.1.2.1 Healthcare staff shall complete CARE Training every year unless they provide documentation of their American Red Cross or American Heart Association CPR certification prior to the end of each training year.

1.4.2 Department employees who apply Progressive Mental Health Restraints and on-site contractors who order the application of and/or monitor inmates in Progressive Mental Health Restraints shall complete Progressive Mental Health Restraint Annual Training.

1.5 At least quarterly Wardens shall:

1.5.1 Incorporate into training programs, scenarios requiring emergency response immediately upon two or more staff member's presence, as outlined in section 11.0.

1.5.2 Conduct detailed exercises and drills that test staff response time to hypothetical situations, including realistic mock suicide drills, the application of Progressive Mental Health Restraints, and associated documentation.

1.5.2.1 QHCPs and QMHPs shall participate in mock suicide drills.

2.0 SCREENING, ASSESSMENT, AND CLASSIFICATION

2.1 Initial Screening

2.1.1 A Continuity of Care/Transfer Summary, Form 1101-8, or electronically transmitted equivalent, identifying any medical and/or mental health needs shall be provided by the transferring agency (i.e., jails) for any inmate processed through the Department's Reception Centers.

2.1.2 Reception Center Intake mental health care staff shall administer the Initial Mental Health Assessment, Form 1103-27, to all inmates within one business day of an inmate's admission to the Department.

2.2 Identification of Inmates at Risk of Self-Harm

2.2.1 Inmates identified by any means (i.e., self-report, non-verbal behavior, historical information, or information from any other individual) as at risk of engaging in self-harm shall be referred immediately to a QMHP for further assessment, treatment, and/or placement on a Mental Health Watch in accordance with this DO.

2.2.1.1 During nights, weekends and holidays (non-business hours), the referral shall be made to nursing staff, who in turn will consult with the scheduled on-call psychologist or psychiatrist.

2.2.2 Staff shall not rely entirely on an inmate's denial of the potential to engage in self-harm when their behavior, mental health status, history, or information from other sources suggest otherwise.

2.3 Classification – Any inmate identified by a QMHP as needing Mental Health Care Services shall be classified as an MH-3 or above. They shall remain in a corridor facility or an appropriate private prison facility until they are determined to no longer require Mental Health Care Services.

2.4 Suicide Risk Assessments – In accordance with the Mental Health Technical Manual, licensed QMHPs shall complete a suicide risk assessment before the discontinuation of any Mental Health Watch.

3.0 DESIGNATED RESPONSIBILITIES

3.1 The Shift Commander shall:

3.1.1 Immediately notify a QMHP if an inmate exhibits any risk of engaging in self-harm, suicidal gestures, homicidal ideation, and/or any bizarre behavior.

3.1.1.1 During non-business hours, the Shift Commander shall immediately contact the on-site nursing staff for evaluation and consultation with the on-call psychologist or psychiatrist.

3.1.2 Ensure an Observation Record, Form 1101-16, is initiated when an inmate is placed on a Mental Health Watch, and ensure a new Observation Record form is initiated if there is a change in watch status.

3.1.2.1 When an inmate is on a 15-Minute Mental Health Watch, a copy of the Observation Record form shall be placed on, or adjacent to, the watch cell door along with a copy of the Mental Health Watch Order (Watch Order), Form 807-1.

3.1.2.2 When an inmate is on a Continuous Mental Health Watch, the Observation Record form and Watch Order form shall remain with the Correctional Officer at all times.

3.1.3 Ensure staff members update the Observation Record forms for all inmates on watch according to the frequency indicated on the Watch Order form.

3.1.4 Tour the watch cell area once every four hours to ensure Observation Record forms are complete, accurate, and posted along with Watch Order forms and visual checks are being performed in a staggered and random manner. The Shift Commander shall initial the Observation Record after each review.

3.1.5 Collect completed Observation Record forms at the end of each shift for their signature.

3.1.6 Forward original signed and completed Observation Record forms to the Chief of Security for retention in accordance with the applicable retention schedule.

3.1.7 Maintain and update a daily log of all inmates on all levels of a Mental Health Watch. The daily log shall be distributed to the unit Deputy Warden, the CHP Contract Facility Health Administrator, the Mental Health Lead, and the Unit Accountability Office.

3.1.7.1 This log shall be distributed by the Complex Count Office from 7:30 AM to 3:00 PM, Monday through Friday. The Duty Officer shall distribute the log during all other times.

3.1.8 Make any necessary notifications in accordance with DO #105, Information Reporting.

3.1.9 Inform assigned Correctional Officer Series staff of the status of all inmates on each level of watch through shift briefings and other means.

3.2 During business hours, QMHPs shall:

3.2.1 Conduct a face-to-face evaluation prior to placing an inmate on a Mental Health Watch as outlined in this DO.

3.2.2 Complete the Watch Order, Form 807-1, identifying the level of observation (Continuous or 15-Minute) and the items to be issued to the inmate as outlined in this DO.

3.2.2.1 The white copy (original) shall be filed/scanned into the Mental Health section of the Inmate Medical Record. The canary copy shall be provided to the Watch Pod officer and is to remain with the inmate at all times. An additional copy shall be provided to the Shift Commander.

3.2.3 Conduct a confidential face-to-face evaluation, not at cell front, once per day while a Mental Health Watch is in effect.

3.2.4 Engage in a meaningful, confidential interaction when evaluating inmates on Mental Health Watch during normal waking hours.

3.2.5 Make necessary changes to the level of Mental Health Watch (including discontinuation) as clinically indicated only after:

3.2.5.1 A face-to-face assessment, in a confidential location, not at cell front, has been personally conducted.

3.2.5.2 Thorough review the Inmate Medical Records and any other relevant documentation has been completed.

3.2.5.3 Conferring with, and documenting the Correctional Officer Series staff's comments about the inmate's observed behavior on watch.

3.2.5.4 Documented clear rationale for the change in watch status or conditions in the Inmate Medical Records.

3.2.6 Document any changes in the level of Mental Health Watch or conditions on a new Watch Order, Form 807-1. Both copies of the previous Watch Order forms shall be lined out; signed and stamped, and shall include the type of change to the Watch, and the date and time the change occurred.

3.2.6.1 When the Mental Health Watch is discontinued altogether, the current Watch Order form shall be lined out; signed and stamped; "cancelled" noted on the form; and the date and time the discontinuation occurred.

3.3 During non-business hours, a QHCP shall:

3.3.1 Conduct a face-to-face evaluation and, in consultation with the on-call psychologist or psychiatrist, complete the Watch Order, Form 807-1.

3.3.1.1 In the event that a QMHP cannot be contacted, the responding QHCP shall place the inmate on a Continuous Mental Health Watch, until a QMHP is contacted.

3.3.1.2 In the event of a subsequent consultation with the on-call psychologist or psychiatrist, the level of the Mental Health Watch shall be modified consistent with the recommendations of the consultation.

3.3.1.2.1 The white copy (original) of the Watch Order form shall be filed/scanned into the Mental Health section of the Inmate Medical Record. The canary copy shall be provided to the Watch Pod officer and is to remain with the inmate at all times. An additional copy shall be provided to the Shift Commander.

3.3.1.3 A registered nurse may conduct a confidential face-to-face evaluation, not at cell front.

3.3.2 Engage in a meaningful, confidential interaction when evaluating inmates on Mental Health Watch during normal waking hours.

3.3.3 Make necessary changes to the level of Mental Health Watch (including discontinuation) as clinically indicated only after the licensed QMHP has:

3.3.3.1 Personally conducted the face-to-face assessment, in a confidential location, not at cell front.

3.3.3.2 Thoroughly reviewed the Inmate Medical Records and any other relevant documentation.

3.3.3.3 Conferred with, and documented the Correctional Officer Series staff's comments about the inmate's observed behavior on watch.

3.3.3.4 Documented clear rationale for the change in watch status or conditions in the Inmate Medical Records.

3.3.4 Document any changes in the level of Mental Health Watch or conditions on a new Watch Order, Form 807-1. Both copies of the previous Watch Order forms shall be lined out; signed and stamped, and shall include the type of change to the Watch, and the date and time the change occurred.

3.3.4.1 When the Mental Health Watch is discontinued altogether, the current Watch Order form shall be lined out; signed and stamped; "cancelled" noted on the form; and the date and time the discontinuation occurred.

3.4 QHCPs and QMHPs shall document their evaluations of inmates on Mental Health Watches in Subjective, Objective, Assessment, Plan, Education (SOAPE) format.

3.5 Movement of Inmates on a Mental Health Watch

3.5.1 In the event inmates are transferred to another unit while still on a Mental Health Watch, the Shift Commander shall ensure there is written approval from the CHP Regional Mental Health Director.

3.5.1.1 A copy of the Watch Order, Form 807-1, and the Observation Record, Form 1101-16, are transferred with the inmate.

3.5.1.2 The inmate shall be placed on a Continuous Security Watch at the point that they leave their current watch cell until they are housed in the receiving facility's watch cell.

3.5.1.3 The CHP Regional Mental Health Director or designee shall contact the receiving facility to inform staff of the inmate's watch status and the reasons for the watch.

3.5.2 In the event an inmate is transferred to a hospital while on a Mental Health Watch:

3.5.2.1 The Shift Commander shall collect the current Watch Order and Observation Record forms and retain them until the inmate returns from the hospital.

3.5.2.2 Correctional Officer Series staff shall make a note of the hospital transfer on the Observation Record form and in the Correctional Service Log, Form 105-6.

3.5.3 Upon return from the hospital:

3.5.3.1 Inmates returning from the hospital after medical treatment for self-harm shall be placed on a continuous watch until they are assessed by a QMHP.

3.5.3.1.1 Inmates shall be assessed by a QMHP no later than one calendar day after their return from the hospital.

3.5.3.1.2 Inmates on watch shall be assessed daily.

3.5.3.2 The Shift Commander shall ensure the Watch Order, Form 807-1, and an Observation Record form are placed where the inmate is housed.

3.5.3.2.1 In the event the inmate originated from a different unit, the Shift Commander shall request these documents from the sending unit Shift Commander.

3.5.4 Correctional Officer Series staff shall make a note of the return from the hospital on the Observation Record form and in the Correctional Service Log.

4.0 COMMUNICATION

4.1 All Department employees and contractors shall:

4.1.1 Remain aware of any potential self-harm behaviors, share pertinent information with appropriate mental health care and Correctional Officer Series staff, and make referrals as needed to mental health care and Correctional Officer Series staff.

4.1.2 If a Suicide Warning Signs Card is issued to them, keep the card on their person, familiarize themselves with the four sections, and use it as an aid in the identification of suicide warning signs.

4.1.3 Immediately notify a QMHP if an inmate exhibits any risk of engaging in self-harm, suicidal gestures, homicidal ideation, and/or bizarre behavior.

4.1.4 Stay with the inmate if imminent risk of self-harm is present.

4.1.5 Document inmate communications or other observed behaviors on an Information Report (IR), Form 105-2.

4.2 Correctional Officer Series staff conducting watches shall notify mental health care staff immediately of any significant change in an inmate's behavior while on watch.

4.2.1 During non-business hours, Correctional Officer Series staff shall immediately contact the on-site healthcare staff for evaluation and consultation with the on-call psychologist or psychiatrist.

5.0 PRECAUTIONARY SECURITY WATCHES

5.1 Placement in Detention from any unit or Return to Custody

5.1.1 Every effort shall be made to place these inmates in cells that either have a camera monitored by staff, or with a cellmate.

5.1.2 In the event that the inmate is to be housed alone without a camera, the following shall occur:

5.1.2.1 When possible, the inmate shall be transported to a health unit prior to placement in detention so they can be assessed by a QHCP or QMHP.

5.1.2.2 If the evaluation by a QHCP or QMHP cannot be completed in a timely manner, the inmate shall be placed on a 15-Minute Security Watch until such time that the evaluation is completed.

5.1.2.3 If the security watch is due to suicidal concerns and the evaluation by a QHCP or QMHP cannot be completed in a timely manner, the inmate shall be placed on a Continuous Security Watch until such time that the evaluation is completed.

5.2 All Department employees shall ensure they take immediate action to place an inmate on a Security Watch if they feel for any reason an inmate requires a higher frequency of observation.

5.2.1 During business hours, the Shift Commander shall consult with the ranking security officer on site or the on-site duty officer to authorize placement.

5.2.2 The Shift Commander shall contact the on-site QHCP during non-business hours, or the QMHP during business hours, and request a face-to-face evaluation of the inmate in a confidential setting.

5.2.2.1 If the inmate is being placed on watch due to suicidality, the Shift Commander shall request a face-to-face evaluation by mental health.

5.2.2.1.1 If after the evaluation, the inmate is cleared by the QMHP to return to their previous housing location, but Prison Operations staff remains concerned of potential instability, Prison Operations shall escalate the concerns to the CHP Mental Health Director or designee, and Warden or designee, to develop an appropriate plan of care.

5.2.2.2 If the inmate is being placed on watch due to potential medical concerns the Shift Commander shall request a face-to-face evaluation by medical to assess the inmate for physical or medical implications.

5.2.2.2.1 If after the evaluation, the inmate is cleared by the registered nurse, Advanced Practice Provider, or Physician to return to their previous housing location, but Prison Operations staff remains concerned of potential instability, Prison Operations shall escalate the concerns to the CHP Mental Health Director or designee, and Warden or designee, to develop an appropriate plan of care.

5.2.2.3 If the inmate is being placed on watch due to security issues unrelated to medical or mental health concerns the shift commander shall request a face-to-face evaluation by medical to assess the inmate for physical or medical implications.

5.2.2.3.1 If after the evaluation, the inmate is cleared by the registered nurse, Advanced Practice Provider, or Physician to return to their previous housing location, but Prison Operations staff remains concerned of potential instability, the inmate shall remain on a Security Watch with observations not to exceed every 30 minutes.

5.2.2.4 In instances where Prison Operations staff have initiated or continued the Security Watch, a Significant Incident Report, Form 105-3, shall be initiated/updated.

5.2.2.5 While on a Security Watch, normal protocol shall be followed.

5.2.3 Once initiated, the Security Watch shall remain in effect until a Unit Review Team (URT) determines that it can be cancelled.

5.2.3.1 Within one business day of the initiation of a Security Watch, the URT, minimally consisting of a Correctional Officer, a QMHP, and a Unit Administrator (Grade 20 or above), shall meet and determine if the Security Watch shall be cancelled. The decision to terminate the Security Watch shall be unanimous.

5.2.3.2 The URT shall meet each business day until the decision to terminate the Security Watch is unanimous.

6.0 HOUSING

6.1 Inmates placed on all levels of Mental Health Watch shall be housed in designated watch cells having high visibility to staff.

6.1.1 All designated watch cells shall be:

6.1.1.1 As suicide resistant as is reasonably possible, free of all obvious protrusions and tie-off points, and provide full visibility, affording a clear and unobstructed view of the inmate at all times.

6.1.1.2 Inspected quarterly by the CHP Contract Facility Health Administrator and Deputy Warden or designee(s) to ensure they continue to be as suicide resistant as is reasonably feasible.

6.1.1.2.1 Modifications or required repairs shall be documented by the Deputy Warden or designee on a Maintenance/Service Work Order Request, Form 403-2.

6.1.2 If an inmate is not placed in a designated Mental Health Watch cell (i.e., is placed in a standard cell, holding cell or enclosed area not routinely used for watch purposes), the Shift Commander or designee shall place the inmate on a Continuous Security Watch until such time that the inmate can be transported to a designated Mental Health Watch cell.

6.2 All housing units/cell blocks/living areas, with and without designated suicide-resistant watch cells, shall contain emergency equipment, including first aid kit, pocket mask or face shield, and an emergency cut down tool.

6.2.1 The Deputy Warden shall inspect all equipment monthly and verify all equipment to be in working order.

6.2.2 Emergency equipment in all such areas shall be located and available for utilization within the emergency response as outlined in section 11.0.

6.3 Prior to an inmate's initial placement in a watch cell, Correctional Officer Series staff shall search the inmate and the cell for any items which could potentially be used for self-harm and remove all such items and extraneous objects.

6.3.1 All cell searches shall be documented on the Correctional Service Log.

6.4 When pre-approved by both Correctional Officer Series staff and QMHPs, inmates on all levels of Mental Health Watch may be double-bunked, in accordance with the Mental Health Technical Manual.

7.0 GUIDELINES FOR ALL MENTAL HEALTH WATCHES

7.1 Every effort shall be made to place these inmates in cells that either have a camera monitored by staff, or with a cellmate.

7.2 During normal business hours an inmate who presents as a suicide risk shall have a formal in-person suicide risk assessment completed QMHP to determine the acute suicidal risk and the level of protection that is needed (e.g., return to current housing, placement in one-on-one observation, etc.). If the concerns are raised after normal business hours or on holidays, the on-duty mental health officer shall be consulted regarding the disposition of the inmate (which may or may not include constant observation). If the inmate is placed on suicide watch as a result of the concerns raised, they should be placed under constant observation until they are able to have a confidential, in-person assessment of suicide risk by a mental health professional.

7.3 Inmates on Mental Health Watch shall be evaluated in person, in a confidential setting outside of their cell, at least daily by their Primary Therapist, or another Psych Associate if they have not yet been assigned a Primary Therapist or have transferred from another yard.

7.4 Inmates on Mental Health Watch shall be assessed by a psychiatric practitioner as soon after admission as possible, but no longer than one business day.

7.5 Inmates shall never be placed on a Mental Health Watch as a disciplinary sanction or as a means to address problematic inmate behavior unrelated to mental health issues.

7.6 Closed-circuit television monitoring or the use of inmates as observers shall never substitute or replace required Mental Health Watch checks by Correctional Officer Series staff.

7.7 No inmate shall ever be placed or kept in a cell naked at any time.

7.7.1 If it is determined that the inmate cannot remain safe with a minimum issues of a safety blanket, the CHP Regional Mental Health Director shall consider allowing a safety blanket with the use of restraints.

7.8 All inmates assessed to need Inpatient Level of Care at Intake shall be placed on watch until they can be transferred to the Inpatient Treatment Unit.

7.9 Inmates placed on a Mental Health Watch shall receive all prescribed medication.

7.10 Inmates on a Mental Health Watch shall be provided the following healthcare necessities:

7.10.1 Toilet use upon their request and fluids (minimum eight ounces) at least once per hour, while awake if not in a designated watch cell.

7.10.2 Regularly scheduled meals, including special Medical and Common Fare Meal Diets, of the same quantity and nutritional quality as meals served to the general population.

7.10.2.1 Paper sack lunches or food served on paper, styrofoam or shatter-resistant trays not requiring eating utensils may be provided.

7.10.2.2 Food served should be free of items that can be used for self-harm (i.e., bones and cellophane).

7.10.2.3 Paper trays, paper sacks, napkins, and all other extraneous items shall be removed during day shift.

7.11 Unless determined contraindicated by a licensed QMHP; showers, telephone privileges, tablets, recreation, and visitation shall be made available to the inmate to the same degree they would be available in the inmate's standard housing.

7.11.1 Any change to these privileges shall only be authorized by the CHP Regional Mental Health Director or designee.

7.11.2 Supervised personal care – Towels, shower shoes, and personal hygiene items may only be used during supervised time and shall not be kept in the inmate's cell.

7.11.3 Inmates participating in recreation or visitation shall be provided a jumpsuit to wear during those activities, which shall be returned at the conclusion of the activity. Inmates shall only retain items consistent with their current Watch Order, Form 807-1, when placed back in the designated watch cells.

7.12 Only licensed QMHPs shall modify the level of a Mental Health Watch, change the conditions of a Mental Health Watch, or discontinue a Mental Health Watch.

8.0 LEVELS OF MENTAL HEALTH WATCH

8.1 Continuous Mental Health Watches

8.1.1 QMHPs shall order a Continuous Mental Health Watch when inmates have demonstrated signs or symptoms indicating imminent risk of self-harm or harm to others.

8.1.1.1 During non-business hours, a QHCP shall contact the on-call psychologist or psychiatrist in accordance with the Mental Health Technical Manual. In the event that a QMHP cannot be reached, the QHCP shall initiate a Continuous Mental Health Watch.

8.1.2 A Continuous Mental Health Watch is also indicated when:

8.1.2.1 Inmates by necessity retain objects or items that could be used to engage in self-harm (i.e., medical items/appliances, additional clothing, etc.).

8.1.2.2 Inmates return from the hospital after medical treatment for self-harm.

8.1.2.2.1 Inmates shall remain on continuous watch upon return from the hospital until they are assessed by a QMHP.

8.1.2.2.1.1 Inmates shall be assessed by a QMHP as soon as possible, but no later than one calendar day after return from the hospital.

8.1.2.2.2 Inmates shall be assessed face-to-face in a confidential setting by a QMHP daily while they are on Mental Health Watch.

8.1.3 Correctional Officer Series staff shall:

8.1.3.1 Observe inmates on a direct, uninterrupted basis and have a clear and unobstructed view of the inmate.

8.1.3.2 Document on the Observation Record, Form 1101-16, at least every 10 minutes.

8.1.4 At a minimum, inmates on a Continuous Mental Health Watch shall be provided:

8.1.4.1 Two safety blankets;

8.1.4.2 One safety smock;

8.1.4.3 One suicide-resistant mattress – If a suicide-resistant mattress is not available, a regular mattress may be provided, which shall be checked by Correctional Officer Series staff for integrity every eight hours or three times during a 24-hour period; and

8.1.4.4 A supply of toilet paper minus the cardboard roll.

8.1.4.5 For female inmates – Sanitary napkins (exchanged 1:1) and underwear.

8.1.5 Any additional items provided to the inmate shall be pre-approved by QMHPs. QMHPs shall pre-approve additional items only when deemed safe and clinically appropriate.

8.1.6 Razors, sheets, belts, shoelaces, and electronic appliances shall not be approved.

8.1.7 1:2 Continuous Mental Health Watch – One Officer providing uninterrupted, direct observation of no more than two inmates in adjacent watch cells while they are on a Continuous Mental Health Watch.

8.1.7.1 Correctional Officer Series staff shall document on both inmates' Observation Record forms that they are performing a Continuous Mental Health Watch.

8.1.7.2 The ability to utilize the 1:2 Continuous Mental Health Watch is dependent upon the complex and physical plant of the designated watch cell area. Locations with designated watch cells that accommodate one Correctional Officer Series staff member watching two inmates simultaneously in adjacent cells include the following:

8.1.7.2.1 ASPC-Eyman – Browning Unit

8.1.7.2.2 ASPC-Perryville – Complex Watch Area

8.1.7.2.3 ASPC-Tucson – Rincon Housing Unit 8

8.1.7.2.4 ASPC-Lewis – Rast Max Unit and Stiner Unit

8.1.7.2.5 ASPC-Lewis – Eagle Point – Only if both inmates are currently located in the wire mesh enclosures in front of the cell

8.1.7.2.6 ASPC-Yuma

8.2 15-Minute Mental Health Watch

8.2.1 QMHPs shall order a 15-Minute Mental Health Watch when inmates are acting in a manner indicating a potential risk of engaging in self-harm and/or a risk of significant mental health deterioration.

8.2.1.1 During non-business hours, the on-call psychologist or psychiatrist shall be contacted by a QHCP. In the event that a QMHP cannot be reached, the QHCP shall initiate a Continuous Mental Health Watch until a QMHP is contacted.

8.2.2 Correctional Officer Series staff shall:

8.2.2.1 Conduct visual checks of inmates at staggered intervals not to exceed every 15 minutes and document the checks on the Observation Record form.

8.2.2.1.1 The intent is to make visual checks unpredictable.

8.2.2.1.2 Breathing and signs of life shall be clearly observed.

8.2.2.2 Ensure that items in the inmate's possession match those authorized on the Watch Order, Form 807-1.

8.2.3 Inmates on a 15-Minute Mental Health Watch shall be provided items in accordance with 8.1.4 through 8.1.6 of this section.

9.0 PROGRESSIVE MENTAL HEALTH RESTRAINTS

9.1 Guidelines for Progressive Mental Health Restraints

9.1.1 Progressive Mental Health Restraints may only be authorized when inmates exhibit serious self-harm behaviors, as defined in the Glossary of Terms.

9.1.2 Progressive Mental Health Restraints shall:

9.1.2.1 Only be used when:

9.1.2.1.1 All other less restrictive measures have proven ineffective.

9.1.2.1.2 An inmate continues to actively engage in self-harm and has failed to respond to directives or procedures intended to stop the behavior.

9.1.2.1.3 An inmate is engaging in self-harm that is life-threatening or likely to cause significant physical harm.

9.1.2.2 Never be used as a form of punishment.

9.1.2.3 Be implemented in a progressive nature to ensure that the least restrictive means to keep the inmate safe are being utilized.

9.1.2.4 Be employed for the shortest time necessary in a manner to minimize the risk of harm to the restrained inmate.

9.1.2.4.1 Any level of restraints shall be removed in a progressive nature to ensure the safety of the inmate.

9.1.3 Progressive Mental Health Restraints utilizing four-point or five-point restraints shall be employed only in designated watch cells equipped with authorized restraint beds or chairs.

9.1.3.1 There shall be no improvising of restraint beds or chairs.

9.1.3.2 If there is a need to place restrained inmates in an area other than a designated watch cell (i.e., Health Unit), inmates shall only be restrained in an authorized restraint chair.

9.1.4 Only therapeutic restraint devices shall be used for Progressive Mental Health Restraints.

9.1.4.1 Therapeutic restraint devices shall not be used for security reasons.

9.1.5 QMHPs shall never participate in the restraint of inmates for non-mental health reasons.

9.1.6 Facilities that do not employ Progressive Mental Health Restraints (non-corridor complexes and private prisons) shall transfer inmates to facilities equipped to provide this intervention. During transportation, inmates requiring Progressive Mental Health Restraints shall be placed in ambulatory therapeutic restraints.

9.1.7 Use of Progressive Mental Health Restraints shall be videotaped in its entirety.

9.2 Procedural Instructions for Staff

9.2.1 Initial Assessment – A psychologist or psychiatrist shall perform a face-to-face assessment of the inmate to determine if Progressive Mental Health Restraints are required.

9.2.1.1 During non-business hours, the responding QHCP, after performing a face-to-face assessment, shall contact the on-call psychologist or psychiatrist, who shall determine if Progressive Mental Health Restraints are required.

9.2.1.2 The Warden, Deputy Warden, or On-Call Duty Officer may issue a temporary written order to restrain an inmate engaged in serious self-harm, obtaining verbal authorization from a psychologist or psychiatrist within one hour after restraint application.

9.2.1.3 The QHCP shall review the Inmate Medical Record to ensure no medical condition exists that could place inmates in danger due to a restraint configuration.

9.2.2 Initial Authorization – The psychologist or psychiatrist assessing the situation shall authorize Progressive Mental Health Restraints in a progressive fashion, beginning with the least restrictive measures and progressing to more restrictive measures, until the behavior is adequately controlled to prevent serious physical harm.

9.2.2.1 The progression in restraint application begins if the placement on a Continuous Mental Health Watch is insufficient to maintain the inmate's safety.

9.2.2.2 Therapeutic Devices – The utilization of therapeutic restraint devices (i.e., mittens, etc.) shall be authorized to address specific self-harming behaviors and be individualized to every behavior.

9.2.2.3 Four-Point and Five-Point Restraints – Inmates shall be progressively restrained to a designated restraint bed or chair if therapeutic devices have proven to be inadequate to maintain their safety or if the immediate use of four-point or five-point restraints is clinically indicated.

9.2.2.3.1 The restraints shall be applied in a progressive nature, where possible, to include only restraining portions of the body when clinically indicated.

9.2.2.3.2 Inmates shall not be restrained in unnatural positions (i.e., prone position, etc.).

9.2.2.4 The authorizing psychologist or psychiatrist shall order the following for restrained inmates on the Watch Order, Form 807-1:

9.2.2.4.1 Continuous Mental Health Watch – During and subsequent to the application of Progressive Mental Health Restraints until they are directly assessed by a psychologist or psychiatrist for risk of self-harm.

9.2.2.4.2 Four Hours – The initial authorization for Progressive Mental Health Restraints shall not exceed four hours from the time restraints are first applied.

9.2.2.4.3 Clothing – While restrained, inmates shall be clothed to the fullest extent possible, but at a minimum with undergarments, a safety smock, or if not practical, covered with a safety blanket.

9.2.2.4.4 Bedding – Inmates shall be provided a safety mattress (if not in a restraint chair) and two safety blankets.

9.2.3 Monitoring and Documentation

9.2.3.1 Inmates in restraints shall be under direct observation at all times. If an observer notes any ill effects of the restraints, every effort shall be made to remedy the ill effects and a psychiatric or medical practitioner shall be notified immediately.

9.2.3.2 First 15 Minutes – Inmates shall be examined and/or treated by QHCPs within 15 minutes after the application of restraints and as medically indicated. Vital signs shall be taken at this time and documented in the Inmate Medical Record.

9.2.3.3 Every Hour – Inmates shall be:

9.2.3.3.1 Checked by Correctional Officer Series staff or QHCPs for swelling or other indications the restraints are too tight and, if so, to loosen the restraints.

9.2.3.3.2 Offered drinking water at a minimum of once each hour while awake.

9.2.3.4 Every Two Hours

9.2.3.4.1 A registered nurse shall monitor vital signs and physiologically correct body positioning every two hours throughout the restraint episode, and document these assessments in the Inmate Medical Record.

9.2.3.4.2 If safe to do so, inmates shall be allowed to ambulate in four-point restraints after each two-hour interval for 10 minutes to prevent blood clots. If unsafe for the inmate to ambulate in four-point restraints, inmates shall be given the opportunity to exercise each limb for at least 10 minutes every two hours.

9.2.3.4.3 Inmates shall be provided toilet use upon request and meals as outlined in section 7.0. When safety and security precautions dictate, only one hand shall be released for meals.

9.2.4 Subsequent Assessment and Authorization

9.2.4.1 During normal business hours, the psychologist or psychiatrist authorizing Progressive Mental Health Restraints shall increase or decrease the restrictiveness of an inmate's restraints based on face-to-face assessments.

9.2.4.1.1 In the event the restraint episode continues beyond normal business hours, the authorizing psychologist or psychiatrist shall evaluate the inmate prior to leaving their duty post. The authorizing psychologist or psychiatrist shall then brief the oncoming psychologist or psychiatrist (including the on-call psychologist or psychiatrist) of the clinical restraint situation. This briefed psychologist or psychiatrist then assumes the role of authorizing psychologist or psychiatrist.

9.2.4.1.2 During non-business hours, input from Correctional Officer Series, in conjunction with QHCPs or QMHPs on-site, may be used instead of direct observation.

9.2.4.2 As soon as the inmate stabilizes and ceases to engage in self-harm, the authorizing psychologist or psychiatrist shall decrease the restrictiveness of the restraints in a graduated fashion.

9.2.4.3 Renewal of Progressive Mental Health Restraints beyond four hours from the initial application of restraints shall be approved by the CHP Regional Mental Health Director. The justification for the continued use shall be documented in the Inmate Medical Record.

9.2.4.3.1 Therapeutic devices may be renewed for additional four hour periods as clinically indicated.

9.2.4.3.2 Inmates who remain in four-point and five-point restraints shall be transferred to a licensed mental health facility as soon as feasible, unless assigned to the ASPC–Eyman Behavioral Management Unit.

9.2.5 In the event methods of restraint have been inadequate to prevent serious acts of self-harm, the CHP Regional Mental Health Director or designee shall consult with a psychiatrist regarding emergency psychotropic medication.

9.2.5.1 A psychiatrist may order involuntary emergency psychotropic medication to be administered if the psychiatrist determines:

9.2.5.1.1 An emergency exists.

9.2.5.1.2 Alternative methods of restraint have been inadequate to prevent serious self-harm.

9.2.5.1.3 Forced medication is required to address the emergency and to minimize the likelihood of serious self-harm.

9.2.6 QHCPs and QMHPs involved in Progressive Mental Health Restraint events shall document in the Inmate Medical Record all assessments or other relevant information.

9.2.7 The Shift Commander shall make any necessary notifications in accordance with DO #105, Information Reporting, and distribute a completed Use of Force/Incident Command Report, Form 804-2, and a Significant Incident Report, Form 105-3, as appropriate.

9.3 Restraint Review – Within five business days of a Progressive Mental Health Restraint event, Complex Operations along with QHCPs and QMHPs shall review pertinent documentation and audiovisual recordings to evaluate compliance with policy guidelines. By the fifth business, a report of this review shall be forwarded to the CHP Regional Mental Health Director, the Healthcare Services Division and a designated Prison Operations staff member.

10.0 MENTAL HEALTH FOLLOW-UP AFTER WATCH

10.1 All inmates discontinued from any watch shall be seen by a QMHP between 24 and 72 hours, seen again between 7-10 calendar days, and again between 21-24 calendar days from the date the watch was discontinued.

10.2 All Mental Health Watch Follow-Up visits shall occur in a confidential, therapeutically appropriate setting unless there is a clinical or legitimate and substantial safety and security concern that is documented in the Inmate Medical Record.

11.0 GUIDELINES DURING SELF-HARM EVENTS

11.1 All staff shall assess and render aid to ALL medical emergencies, including events involving self-harm, immediately when two or more staff are present. Those staff shall immediately render emergency aid upon becoming aware of a non-responsive inmate or an inmate in medical crisis.

11.1.1 Wardens shall ensure Post Orders incorporate the two or more staff emergency response standard.

11.1.2 In the event an inmate is found non-responsive, in a state of medical emergency, or in the act of committing self-harm, staff shall immediately assess the situation and render in-cell aid as soon as two or more staff are present.

11.1.3 Two or more staff, including non-Correctional Officer Series staff, shall be present before accessing the cell or living area to respond and initiate aid. Assembling a team to remove an inmate from a cell is not required. Having a supervisor present prior to cell access or before initiating aid to an inmate is not required.

11.1.4 For all emergency responses, staff shall assess the situation and proceed as follows:

11.1.4.1 Activate ICS. Inherent in the ICS is the notification to supervisory staff and medical responders as required.

11.1.4.2 In the case of a non-responsive inmate, issue two loud orders for inmate response.

11.1.4.3 Conduct a visual sweep of the area to determine no weapons are present or accessible. If an inmate's hands cannot be seen and the inmate is non-responsive, an immediate judgment must be made by a first responder to determine whether the inmate's condition outweighs the potential risk involved in entering the cell or living area.

11.1.4.3.1 In the event the first responder determines they must await the arrival of additional staff prior to entering the cell or living area, this decision and the rationale for it, shall be relayed to Control via radio.

11.1.4.3.2 Once one or more additional staff arrives to assist the first responder, staff shall take immediate steps to render first aid to the inmate and remove other inmates from the cell or living area.

11.1.4.3.3 Videotape the entry whenever possible. However, the availability or arrival of a video camera may never delay entry into a cell or living area or the initiation of aid to an inmate.

11.2 Following discovery of a hanging attempt, staff shall initiate ICS and proceed as follows:

11.2.1 Movement of the inmate should be minimized.

11.2.2 One staff member shall continuously lift the inmate until a second staff member cuts or removes the noose.

11.2.3 Staff should assume a neck/spinal cord injury and carefully place the inmate on the floor.

11.2.4 The inmate shall not be placed on a gurney or bunk. The inmate should remain on the floor.

11.2.5 Should the inmate lack vital signs, CPR shall be initiated immediately and continued by Correctional Officer Series or other staff until relieved by QHCPs.

11.3 Following discovery of an inmate engaged in cutting, staff shall initiate ICS and proceed as follows:

11.3.1 Immediately remove the cutting instrument from the area.

11.3.2 Stop the bleeding by applying direct pressure over the wound with sterile dressing or clean cloth.

11.3.3 Elevate the injured body part if feasible.

11.3.4 Use universal precautions in all life-saving measures, first aid, and CPR.

11.4 Upon discovery of a non-responsive inmate, staff shall never presume the inmate is dead and instead shall implement life-saving measures, first aid, and CPR.

12.0 REPORTING/NOTIFICATION OF A COMPLETED SUICIDE

12.1 All staff who responded to an inmate suicide (including Correctional Officer Series staff, QHCPs and QMHPs) shall submit Information Reports that include their knowledge of the inmate and the incident.

12.2 In the event of a suicide, all required staff shall be notified in accordance with DO #105, Information Reporting.

12.3 Following a suicide, notification shall be as follows:

12.3.1 The deceased inmate's family shall be notified in accordance with DO #711, Notification of Inmate Hospitalization or Death, as well as appropriate outside authorities.

12.3.2 The deceased inmate's crime victim(s) shall be notified in accordance with DO #1001, Inmate Release System.

12.4 Post-Suicide Debriefing and Multidisciplinary Review – Debriefing of all affected inmates shall be offered by QMHPs following an inmate suicide.

12.5 Staff shall be provided debriefing from the Critical Incident Response Team (CIRT) in accordance with DO #521, Employee Assistance Program.

12.6 A psychological autopsy shall be completed for each suicide, as outlined in DO #1105, Inmate Mortality Review.

12.7 A suicide attempt review shall be completed for each suicide attempt, as outlined in the Mental Health Technical Manual.

12.8 The Internal Affairs Investigations Supervisor shall immediately open an investigation on the inmate suicide in accordance with DO #601, Internal Affairs Investigations and Employee Discipline.

DEFINITIONS/GLOSSARY

Refer to the Glossary of Terms for the following:

- Contracted Healthcare Provider (CHP) Facility Health Administrator
- Corridor Complex
- Five-Point Restraints
- Four-Point Restraints
- Healthcare Staff
- Historical Information
- Imminent Risk of Self-Harm
- Mental Health Care Staff
- Mental Health Watch
- Non-Corridor Complex
- Progressive Mental Health Restraints
- Psychotropic Medication
- Qualified Healthcare Professional (QHCP)
- Qualified Mental Health Professional (QMHP)
- Security Watch
- Self-Harm
- Self-Harm Risk Assessment
- Subjective Objective Assessment, Plan and Education Format (SOAPE)
- Therapeutic Restraint Devices

ATTACHMENT

Attachment A, Suicide Warning Signs Card

FORMS LIST

105-6, Correctional Service Log
105-2, Information Report (IR)
105-3, Significant Incident Report
403-2, Maintenance/Service Work Order Request
804-2, Use of Force/Incident Command Report
807-1, Mental Health Watch Order
1101-8, Continuity of Care/Transfer Summary

1101-16, Observation Record
1103-27, Initial Mental Health Assessment

OTHER REFERENCES

Mental Health Technical Manual

ATTACHMENT A

Suicide Warning Signs Card
(Approximately 3 3/8 X 1 3/8 inches)

(FRONT)	(BACK)
Possible Signs Of Suicidal Intent	**High Risk Times, Locations & Methods**
Engaging in self-harm	Many suicides occur during shift change
Communicating suicidal intent or plan	Inmates recently returned to custody
Making final arrangements (wills, notes, etc.)	Inmates in isolation
Hopelessness, no reason to live	Inmates in detention cells
Depression	Inmates in higher custody units
Isolation and social withdrawal	Almost all ADCRR suicides have involved hanging
Sudden improved mood after depression	
Disorientation	
Unusual, disorganized thinking, poor reality testing	**Incidents That May Precipitate Self-Harm**
Anger, hostility, agitation	
Loss of interest in daily activities	Recent use of drugs or alcohol
Giving away possessions	Divorce or "Dear John" letter
	Death of spouse or loved one
	Recent significant losses
Inmates Who May Be At Risk For Suicide	Recent humiliation, rejection or trauma
	Real or perceived threats from other inmates
One or more previous suicide attempts	Admission or re-admission to prison
Family members who attempt or commit suicide	New legal or institutional problems
Psychiatric problems or history of:	Transfer to new prison
• drug/alcohol abuse	Pending court proceeding, release or transfer
• medical problems	Anniversary of offense, incarceration or major loss
• violence	Life or a very long sentence
• poor coping skills	Failure to take psychiatric medication
	Recent suicide in same or other prison or unit
	Recent discovery of serious medical problem
	Isolation