

 <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> <p>DEPARTMENT ORDER MANUAL</p>	<p>CHAPTER: 800</p> <p>INMATE MANAGEMENT</p>	<p>OPR:</p> <p>OPS SS HS</p>
	<p>DEPARTMENT ORDER: 807</p> <p><i>INMATE SUICIDE PREVENTION, PRECAUTIONARY WATCHES, AND MAXIMUM BEHAVIORAL CONTROL RESTRAINTS</i></p>	<p>SUPERSEDES:</p> <p>DO 807 (07/19/06) DI 237 (11/30/05)</p> <p>EFFECTIVE DATE:</p> <p>SEPTEMBER 16, 2009</p> <p>REPLACEMENT PAGE REVISION DATE:</p> <p>MAY 21, 2012</p>

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PURPOSE

This Department Order establishes standards and procedures for the prevention of inmate suicide by Department staff.

APPLICABILITY

This Department Order applies to all Department staff who directly or indirectly supervises the inmate population.

PROCEDURES

807.01 TRAINING

- 1.1 Pre-Service Training, Correctional Series Staff - All correctional series staff shall receive training in the identification and management of suicidal inmates in accordance with this Department Order. Pre-service training shall include:
 - 1.1.1 Eight hours of suicide prevention/mental health instruction. Instruction may be provided at the Institutional Regional Academies or at the Correctional Officer Training Academy (COTA). Mental health and correctional staff shall jointly provide instruction. Suicide prevention/mental health instruction shall include mock drills, information presentation, and practice in applying Maximum Behavioral Control restraints.
 - 1.1.2 Mock Drills consisting of:
 - 1.1.2.1 Incident Command System (ICS) activation.
 - 1.1.2.2 Emergency cell access.
 - 1.1.2.3 Location of rescue tool/cut down instrument.
 - 1.1.2.4 Cut down practice using body-sized and weighted object.
 - 1.1.2.5 Positioning of body-sized object for emergency medical treatment.
 - 1.1.2.6 Notification of medical and mental health staff.
 - 1.1.3 Detailed information about inmate suicide and suicide prevention including:
 - 1.1.3.1 How to identify inmates who may be at risk for suicide.
 - 1.1.3.2 How to identify high risk times, locations, and methods for suicide.
 - 1.1.3.3 How to identify incidents and situations that may trigger a suicide attempt.
 - 1.1.3.4 How to identify possible signs of suicidal intent.
 - 1.1.3.5 The role of Department staff in preventing inmate suicide and the Department's policy on inmate suicide prevention.

- 1.1.3.6 Staff will keep on their person a Department issued Suicide Prevention Card.
 - 1.1.3.6.1 Staff will familiarize themselves with the four sections of the card.
 - 1.1.3.6.2 Staff will refer to this card as an aide in the identification of suicide warning signs.
- 1.1.3.7 Staff conduct required in the event of a suicide attempt.
- 1.1.3.8 Staff conduct required after an inmate death by suicide.
- 1.1.3.9 Liability issues associated with inmate suicide.
- 1.1.4 Detailed information about clinically-ordered restraints for serious self-injurious behavior and practice in applying restraints, including:
 - 1.1.4.1 Guiding principles for Maximum Behavioral Control restraints.
 - 1.1.4.2 Procedural and safety issues.
 - 1.1.4.3 Practice in the application of Maximum Behavioral Control soft restraints.
- 1.2 Pre-Service Training, Other Staff - All non-correctional series staff shall be trained in the identification and management of suicidal inmates in accordance with this Department Order. Pre-service training shall include the following:
 - 1.2.1 Two hours of suicide prevention/mental health instruction.
 - 1.2.2 Detailed information about inmate suicide and suicide prevention including:
 - 1.2.2.1 How to identify inmates who may be at risk for suicide.
 - 1.2.2.2 How to identify high risk times, locations, and methods for suicide.
 - 1.2.2.3 How to identify incidents and situations that may trigger a suicide attempt.
 - 1.2.2.4 How to identify possible signs of suicidal intent.
 - 1.2.2.5 The role of Department staff in preventing inmate suicide and the Department's policy on inmate suicide prevention.
 - 1.2.2.6 Conduct required in the event of a suicide attempt.
 - 1.2.2.7 Conduct required after an inmate death by suicide.
 - 1.2.2.8 Liability issues associated with inmate suicide.

- 1.2.2.9 Staff will keep on their person a Department issued Suicide Prevention Card.
 - 1.2.2.9.1 Staff will familiarize themselves with the four sections of the card.
 - 1.2.2.9.2 Staff will refer to this card as an aide in the identification of suicide warning signs.
- 1.2.3 Health and mental health staff shall also be instructed on clinically-ordered restraints for serious self-injurious behavior and shall participate in mock drill training.
- 1.3 Annual Refresher Suicide Prevention Training - All correctional series staff and staff assigned to institutional units shall receive annual Refresher Suicide Prevention training to include the following:
 - 1.3.1 Two hours of annual training.
 - 1.3.2 How to identify inmates who may be at risk for suicide.
 - 1.3.3 How to identify high risk times, locations, and methods for suicide.
 - 1.3.4 How to identify incidents and situations that may trigger a suicide attempt.
 - 1.3.5 How to identify possible signs of suicidal intent.
 - 1.3.6 Review of all changes to the Department's suicide prevention policy or procedures.
 - 1.3.7 Discussion of experiences learned from any recent suicides and/or suicide attempts in the Department.
- 1.4 Annual Refresher Training for Maximum Behavioral Control Restraint - All staff who applies maximum behavioral control restraints must successfully complete annual refresher training in the application of Maximum Behavioral Control restraints.
- 1.5 Basic First Aid and Cardiopulmonary Resuscitation (CPR) Training - All staff having regular contact with inmates shall successfully complete basic first aid and CPR training and refresher training as needed to remain certified.
- 1.6 At least quarterly Wardens shall:
 - 1.6.1 Incorporate into training programs, scenarios that require emergency response within the three minute time limit as outlined in section 807.08 of this Department Order.
 - 1.6.2 Conduct detailed exercises and drills that test staff response time to hypothetical situations including realistic mock suicide drills.
- 1.7 The Staff Training Bureau shall incorporate intervention standards into all applicable lesson plans and curricula.

807.02 SCREENING, ASSESSMENT, AND CLASSIFICATION

- 1.1 A Transfer Summary/Continuity of Care (TSCC) form, or electronically transmitted equivalent, identifying any medical, mental health, and suicide risk needs shall be provided by the transferring agency; that is, jails, for any inmate processed through the Department's reception centers.
 - 1.1.1 All inmates processed through the Department's reception centers shall be administered the Mental Health Assessment, Form 1103-27, by the mental health staff within one working day of his/her arrival.
- 1.2 Return-to-custody inmates (revoked release violators) shall be administered the Mental Health Assessment form by mental health staff at the receiving complex no later than one working day after arrival.
- 1.3 New admissions and return-to-custody inmates arriving on psychotropic medications and/or with a mental health or suicide history shall be instructed to sign an authorization to disclose health and/or mental health records from outside providers within one working day of arrival.
 - 1.3.1 Refusal of authorization shall be noted in the inmate medical record. Medical and mental health staff shall make a reasonable effort to obtain prior health and mental health inpatient and outpatient records.
 - 1.3.2 Requests for prior records shall be made within ten working days of arrival.
- 1.4 Whenever an inmate is identified as at significant risk for suicide by any means including self-report, nonverbal behavior, historical information, or information from any other individual, the inmate shall be referred immediately to mental health staff for further assessment, treatment, and/or placement on a watch:
 - 1.4.1 Continuous Watch – The continuous observation of an inmate by an officer when the inmate has been assessed and determined to be an imminent risk for harm or danger to themselves or others and are considered to be unstable due to a mental health issue or concern.
 - 1.4.2 One Officer to Multiple Inmate Continuous Watch – The continuous observation of two inmates in adjacent watch cells when the inmates have been assessed and determined to be a serious risk for harm or danger to themselves or others and are considered to be unstable due to a mental health issue or concern. The One Officer to Multiple Inmate Continuous Watch is dependent upon the complex and physical plant of the designated observation area.
 - 1.4.2.1 ASPC-Eyman - Observation cells accommodate one officer watching two inmates simultaneously in adjacent cells, located in the designated area within the Browning Unit.
 - 1.4.2.2 ASPC-Florence – Observation cells accommodate one officer watching two inmates simultaneously in adjacent cells.
 - 1.4.2.3 ASPC-Phoenix – Observation cells are wire mesh enclosures in front of the cell which allow one officer to watch three inmates at one time, located in the designated area within the Baker Ward.

- 1.4.2.4 ASPC-Perryville – Observation cells accommodate one officer watching two inmates simultaneously in adjacent cells in the designated area within the Lumley Unit, which include the Special Management Cells.
- 1.4.2.5 ASPC-Tucson – Observation cells accommodate one officer watching two inmates simultaneously in adjacent cells located in the designated areas within the Santa Rita Unit, Cimarron Unit and Rincon Housing Unit 9.
- 1.4.2.6 ASPC-Lewis – Observation cells accommodate one officer watching two inmates simultaneously in adjacent cells located in the designated watch area of Stiner Detention Unit – B Pod.
- 1.4.3 Interval Watch (Ten Minute or Thirty Minute Watch) – An interval watch is the observation of an inmate when assessed and determined not to be an imminent danger to self or others but requires observation because they are considered a significant risk for harm to self or others and/or are considered to be unstable due to a mental health issue or concern.
- 1.4.4 Non-designated Watch Areas – In the event that all of the aforementioned designated, specifically prepared observation areas are occupied and placement of an inmate on watch is required, the inmate will be placed on a one officer to one inmate Continuous Watch.
- 1.4.5 During non-business hours including nights or holidays, the referral shall be made to nursing staff and the scheduled Mental Health Urgent Responder.
- 1.5 Suicide risk assessment shall include but not be limited to the following:
 - 1.5.1 Triggers for prior self-harm such as loss of relationship, isolation, threats or perceived threats from others.
 - 1.5.2 Suicide risk factors including previous suicide attempts, family members who have attempted or completed suicide, history of depression or other mental health problems, history of chronic substance abuse or dependence, history of serious medical problems or medical problems affecting body image or lifestyle, history of violence and poor coping skills.
 - 1.5.3 Signs of suicidal intent; as examples inflicting self-injury, communicating suicidal intent or plan, making final arrangements, hopelessness, depression, anxiety, apprehension, social withdrawal, unexpected or unexplained improvement in mood after a period of depressed mood, disorientation, unusual or disorganized thinking, anger/hostility, agitation, under the influence of mind or mood altering substances.
 - 1.5.4 Level(s) of lethality of prior acts of self-harm.
 - 1.5.5 Mental status examination.
 - 1.5.6 Current medications.
 - 1.5.7 Current psychiatric diagnosis.
 - 1.5.8 Recommendations/treatment plan.
 - 1.5.9 Staff may not rely entirely on an inmate’s denial of suicide risk when the inmate’s behavior, mental health status, history, or information from other sources suggest otherwise.

- 1.5.10 Suicide risk assessments shall be documented in the mental health section of the medical record.
- 1.6 Any significant history of serious self-harm or suicide attempts shall be clearly documented on the Problem List contained in the inmate's medical record.
- 1.7 Mental health staff shall document any known history of serious self-harm in the inmate's medical chart and update their DI 85 suicide attempt history status accordingly.
 - 1.7.1 Serious self-harm is defined as self-injury involving potentially lethal methods, such as:
 - 1.7.1.1 Hanging.
 - 1.7.1.2 Overdose involving lethal substances.
 - 1.7.1.3 Methods that were likely to be potentially lethal considering the time of day, setting, degree of staff supervision, or likelihood of rescue or intervention e.g., cutting attempts occurring in the middle of the night.
 - 1.7.2 A change in subcode designation for these inmates to R (Routine Need) shall be approved in writing by the inmate's mental health clinician.

807.03 COMMUNICATION

- 1.1 All Department staff shall:
 - 1.1.1 Remain aware of the issue of suicide risk, share pertinent information with appropriate mental health and security staff, and make referrals as needed to mental health and security staff.
 - 1.1.2 Have on their person while on duty the suicide prevention card issued to them.
 - 1.1.3 Immediately notify their supervisor and the shift commander when an inmate communicates or displays signs of suicidal intent or when an inmate demonstrates bizarre or unusual behavior.
 - 1.1.4 Stay with the inmate, actively listen, and maintain contact through conversation, eye contact, and body language when immediate risk of self-harm is present.
 - 1.1.5 Document in an Information Report inmate communications or other observed signs of suicidal intent or observed bizarre or unusual behavior.
- 1.2 The shift commander shall:
 - 1.2.1 Immediately notify mental health staff of the potentially suicidal or mentally disordered inmate.
 - 1.2.2 During non-business hours including nights and holidays contact nursing staff and the scheduled Mental Health Urgent Responder.

- 1.2.3 In the event mental health staff cannot be contacted, place the inmate on a Continuous Watch or One Officer to Multiple Inmate Continuous Watch after obtaining approval from the On-Call Duty Officer until mental health staff is contacted.
- 1.2.4 In the event of a subsequent consultation with the Mental Health Urgent Responder, the type of watch may be modified consistent with the recommendations of the consultation.
- 1.3 Mental health staff shall complete the Mental Health Disposition, Form 1103-44, identifying the type and frequency of the inmate's watch checks, as well as other conditions of the watch and the items to be issued to the inmate, such as safety (suicide) blanket, safety (suicide) smock, clothing, personal property, types of meals, etc.
 - 1.3.1 During non-business hours including nights and holidays, health care staff in consultation with the Mental Health Urgent Responder shall complete the Mental Health Disposition form.
 - 1.3.2 One copy of the Mental Health Disposition form shall be provided to security staff with the second copy being filed in the mental health record.
- 1.4 The Deputy Warden shall ensure that the shift commander:
 - 1.4.1 Initiates an Observation Record, Form 1101-16, when an inmate is placed on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch, or Thirty Minute Watch.
 - 1.4.2 Places a copy of the Observation Record on or adjacent to the watch cell door along with a copy of the Mental Health Disposition form.
 - 1.4.3 Ensure staff updates the Observation Records for all watch-check inmates according to the frequency indicated on the Mental Health Disposition form.
 - 1.4.4 Collects completed Observation Records at the end of each shift for his/her signature.
 - 1.4.5 Forwards signed and completed Observation Records to the inmate's institutional file for retention.
 - 1.4.6 Makes any necessary notifications in accordance with Department Order #105, Information Reporting, and completes and distributes a Use of Force/Incident Command Report, Form 804-2 and a Significant Incident Report (SIR), Form 105-3 as appropriate.
 - 1.4.7 Maintains and updates a daily log of all inmates on all levels of watch. The log shall be distributed to the unit Deputy Warden, health staff, and mental health staff.
 - 1.4.8 Informs assigned security staff of the status of each inmate on all levels of watch through shift briefings and other means.
 - 1.4.9 Transmit a copy of the Mental Health Disposition and the Observation Record with the inmate in the event the inmate is transferred to the hospital or to another unit while still on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch, or Thirty Minute Watch.

- 1.5 In the event an inmate is transferred to the hospital or to another unit while on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch, or Thirty Minute Watch, the Key Contact Psychologist (Psychologist III or Clinical Director) or designee shall contact the receiving facility to inform staff of the inmate's watch status and the reasons for the watch.

807.04 HOUSING

- 1.1 All housing units/cell blocks/living areas, with and without precautionary watch cells, shall contain emergency equipment, including first aid kit, pocket mask or face shield, and an emergency cut down tool.
 - 1.1.1 The Deputy Warden shall inspect all equipment monthly and verify all equipment to be in working order.
 - 1.1.2 Emergency equipment in all housing units/cell blocks shall be located and available for utilization within the three-minute time limit. (See Section 807.08.)
- 1.2 Inmates placed on all levels of watch shall be housed in designated watch cells having high visibility to staff.
 - 1.2.1 All designated watch cells shall be as suicide-resistant as is reasonably possible, free of all obvious protrusions and tie-off points, and provide full visibility.
 - 1.2.2 Designated cells shall be inspected quarterly by the responsible Key Contact Psychologist, and Deputy Warden or designee(s) to ensure they continue to be as suicide-resistant as is reasonably feasible. Modifications or required repairs shall be documented by the Deputy Warden on a Maintenance Work Order Request, Form 403-2.
- 1.3 Prior to inmate placement in or return to a watch cell, security 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.
- 1.4 Inmates on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch and Ten Minute Watch shall be provided with a minimum of two safety blankets, a safety smock, a suicide-resistant mattress and a small supply of toilet paper (i.e., a strand no longer 12 inches or approximately three squares) minus the cardboard roll.
 - 1.4.1 Whenever clothing is removed from a suicidal inmate, a safety smock shall be issued. No inmate shall ever be placed or kept in a cell naked at any time.
 - 1.4.2 Any additional items provided to the inmate shall be pre-approved by mental health staff.
 - 1.4.2.1 The maximum allowed items for a Continuous Watch, One Officer to Multiple Inmate Continuous Watch and Ten Minute Watch include:
 - 1.4.2.1.1 Jumpsuit.
 - 1.4.2.1.2 Undergarments.

- 1.4.2.1.3 Unlaced footwear.
- 1.4.2.1.4 Writing and reading materials.
- 1.4.2.1.5 Spork.
- 1.4.2.1.6 Personal hygiene items (i.e., soap, tooth paste, tooth brush).
- 1.4.2.2 Razors, razor blades, towels, sheets, belts, shoe laces, and electronic appliances shall not be approved for a Continuous Watch, One Officer to Multiple Inmate Continuous Watch or Ten Minute Watch.
- 1.4.2.3 Mental health staff shall approve additional items only when deemed safe and clinically appropriate.
- 1.4.3 Physical restraints shall be avoided whenever possible and used only as a last resort when the inmate is physically engaging in self-destructive behavior. Metal handcuffs shall never be utilized for restraint.
- 1.4.4 Unless contraindicated by mental health staff, each inmate on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch and Ten Minute Watch shall be afforded showers, telephone privileges, recreation, and visitation in accordance with his/her custody level. Any contradiction by mental health staff shall be noted in the inmate's medical chart as part of a SOAP note.
- 1.5 Inmates on a Thirty Minute Watch, shall be provided with a minimum of one set of personal clothing (excluding belts and shoelaces), regular bedding, personal hygiene items (excluding razors or razor blades), toilet paper, mattress, and reading and writing material.
 - 1.5.1 Any additional items provided to the inmate shall be pre-approved by mental health staff only when deemed safe and clinically appropriate.
 - 1.5.1.1 The maximum allowed items for Thirty Minute Watch include:
 - 1.5.1.1.1 One set of personal clothing.
 - 1.5.1.1.2 Undergarments.
 - 1.5.1.1.3 Footwear.
 - 1.5.1.1.4 Regular bedding.
 - 1.5.1.1.5 Towel.
 - 1.5.1.1.6 Writing and reading materials.
 - 1.5.1.1.7 Regular eating utensils.
 - 1.5.1.1.8 One small electronic sound appliance (i.e., Walkman, battery-operated radio, with earphones).

- 1.5.1.1.9 Personal hygiene items (i.e., soap, tooth paste, tooth brush).
 - 1.5.1.2 Razors and razor blades shall not be approved for Thirty Minute Watches.
- 1.5.2 Unless contraindicated by mental health staff, each inmate on Thirty Minute Watch shall be afforded showers, telephone privileges, recreation, and visitation in accordance with his/her custody level.
- 1.6 Inmates shall never be placed on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch, or Thirty Minute Watch as a disciplinary sanction or as a means to address problematic inmate behavior unrelated to mental health issues.
- 1.7 Any deviations from the above Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch, or Thirty Minute Watch conditions require prior approval from the Mental Health Program Manager in consultation with Offender Operations.

807.05 LEVELS OF OBSERVATION

- 1.1 Closed-circuit television monitoring or use of suicide prevention aides shall never substitute or replace in-person visual checks by security staff, although they may be used to supplement observation.
- 1.2 Thirty Minute Watch
 - 1.2.1 Mental health staff shall order a Thirty Minute Watch when an inmate has demonstrated acute signs or symptoms of significant mental disorder, but is not acting in a manner indicating significant suicide risk or risk to others due to a mental illness.
 - 1.2.1.1 This watch provides a closer and more structured observation for inmates whose mental status could deteriorate or who could become suicidal.
 - 1.2.2 Mental health staff shall:
 - 1.2.2.1 Complete an assessment whenever an inmate is placed on a Thirty Minute Watch. If an inmate is placed on this watch during non-business hours including nights or holidays, mental health staff shall complete a mental health assessment no later than the next working day.
 - 1.2.2.2 Evaluate the inmates at least once per day while this watch is in effect.
 - 1.2.3 The shift commander, mental health or medical health care staff may order this watch when an inmate is considered a possible risk to engage in self-destructive or suicidal behavior. Only the mental health or medical health care staff are authorized to cancel this watch.

- 1.2.4 During non-business hours, including nights or holidays, medical staff shall complete a health and welfare check on the inmate who is on this watch at least once each day and contact the Mental Health Urgent Responder if needed in accordance with the Mental Health Technical Manual.
- 1.2.5 When pre-approved by both security and mental health staff, inmates on all levels of watch may be double-bunked, in accordance with the Health Services Technical Manual.
- 1.2.6 Security staff shall conduct visual welfare checks of inmates at staggered intervals not to exceed every 30 minutes.
 - 1.2.6.1 Visual checks shall occur at random times within each 30-minute interval but no longer than 30 minutes shall pass between each random check. The intent is to make visual checks unpredictable.
 - 1.2.6.2 Breathing and signs of life shall be clearly observed.
 - 1.2.6.3 Security staff shall observe whether items in the inmate's possession match those authorized by mental health staff on the Mental Health Disposition form.
 - 1.2.6.4 Visual checks shall be documented on the Observation Record.

1.3 Ten Minute Watch

- 1.3.1 Mental health staff shall order a Ten Minute Watch when an inmate has demonstrated significant signs or symptoms of significant mental disorder and is acting in a manner indicating high suicide risk and/or risk to others due to a mental illness.
 - 1.3.1.1 This watch provides a closer and more structured observation for inmates whose mental status could deteriorate or who could become suicidal.
- 1.3.2 The shift commander or health care staff may order this watch when an inmate is considered a possible risk to engage in self-destructive or suicidal behavior. Only the mental health care staff are authorized to cancel this watch.
- 1.3.3 During nights, weekends, and holidays the Urgent Responder may initiate this watch and shall be contacted in accordance with Mental Health Technical Manual.
- 1.3.4 Security staff shall conduct visual welfare checks of inmates at staggered intervals not to exceed every ten minutes.
 - 1.3.4.1 Visual checks shall occur at random times within each ten minute interval but no longer than ten minutes shall pass between each random check. The intent is to make visual checks unpredictable.
 - 1.3.4.2 Breathing and signs of life shall be clearly observed.

- 1.3.4.3 Security staff shall observe whether items in the inmate's possession match those authorized by mental health staff on the Mental Health Disposition form.
 - 1.3.4.4 Visual checks shall be documented on the Observation Record.
 - 1.3.5 Mental health staff shall complete a suicide risk assessment before the end of the Ten Minute Watch as defined in section 807.02 of this Department Order. If an inmate is placed on this watch during non-business hours including nights and holidays, mental health staff shall complete an assessment no later than the next working day.
 - 1.3.6 Mental Health staff shall evaluate the inmate once per day while this watch is in effect. During non-business hours including nights and holidays, health staff shall evaluate the inmate once per day.
- 1.4 One Officer to Multiple Inmate Continuous Watch
- 1.4.1 Mental health staff shall order a One Officer to Multiple Inmate Continuous Watch when an inmate has demonstrated signs or symptoms of significant mental disorder and is acting in a manner indicating imminent suicide risk or risk to others due to a mental illness.
 - 1.4.1.1 This watch is for inmates whose mental status has deteriorated and are considered actively suicidal or a risk to others due to a mental illness.
 - 1.4.2 The shift commander or health care staff may order this watch when an inmate is considered to be actively engaged in self-harm or considered by mental health staff to be at high imminent risk for suicide or self-harm and is presenting with significant suicide risk factors and signs of suicidal intent.
 - 1.4.2.1 During weekends, the Urgent Responder shall be contacted in accordance with the Mental Health Technical Manual.
 - 1.4.3 One Officer to Multiple Inmate Continuous Watch is also indicated when:
 - 1.4.3.1 The suicidal or mental health inmate cannot be immediately placed in a designated watch cell, e.g., the inmate is placed in a standard cell, holding cell or enclosed area not routinely used for watch purposes.
 - 1.4.3.2 The placement area contains protrusions or tie-off points that could be used in a suicide attempt.
 - 1.4.3.3 The inmate by necessity retains objects or items that could be used in a suicide attempt e.g., medical items/appliances, sanitary pads, additional clothing, etc.
 - 1.4.3.4 The inmate is returning from the hospital after medical treatment for self-harm.
 - 1.4.4 Security staff shall:

- 1.4.4.1 Observe inmates on a direct, uninterrupted basis and shall have a clear, unobstructed view of the inmate.
 - 1.4.4.2 Note "One Officer to Multiple Inmate Continuous visual observation" for One Officer to Multiple Continuous Watch on the Observation Record.
 - 1.4.5 Mental health staff shall complete an assessment before the cancellation of the One Officer to Multiple Inmate Continuous Watch as defined in section 807.02 of this Department Order. If an inmate is placed on this watch during non-business hours including nights and holidays, mental health staff shall complete an assessment no later than the next working day.
 - 1.4.6 Mental Health staff shall evaluate the inmate once per day while this watch is in effect. During non-business hours including nights and holidays, health staff shall evaluate the inmate once per day.
 - 1.5 Security staff conducting Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch and Thirty Minute Watch shall notify mental health staff immediately through the shift commander of any significant changes in an inmate's behavior while on watch.
 - 1.5.1 During non-business hours including nights and holidays, security staff shall immediately contact the Mental Health Urgent Responder through Control.
 - 1.6 The shift commander shall tour the watch cell area once every four hours to ensure that Observation Records are complete, accurate, and posted along with Mental Health Disposition forms and those visual checks are being performed in staggered, random manner.
 - 1.7 Security staff shall ensure that an inmate on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch and Thirty Minute Watch is provided the following health care necessities:
 - 1.7.1 Toilet use, upon request.
 - 1.7.2 Fluid intake (minimum eight ounces), at least once per hour, while awake.
 - 1.7.3 Regularly scheduled meals, including special medical and religious diets, of the same quantity and nutritional quality as meals served to the general population.
 - 1.7.4 Paper sack lunches or food served on paper or shatter-resistant trays not requiring eating utensils may be provided to inmates on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch, and Ten Minute Watch if necessary, but should be of the same quantity and nutritional quality as meals served to the general population.
 - 1.7.4.1 Food served should be free of items that can be used for self-harm e.g., bones.
 - 1.7.4.2 Paper trays, paper sacks, napkins, and all other extraneous items shall be removed after the inmate completes eating.

- 1.7.4.3 Cellophane shall be removed from food prior to serving the food to the inmate.
- 1.7.5 Prescribed medication, in unit dosage and by watch swallow.
- 1.8 When evaluating inmates on watch during normal waking hours, mental health and health care staff shall interact with and not just observe inmates.
- 1.9 Mental health and medical health care staff shall document their evaluations of inmates on watch as progress notes in the mental health section of the medical record.
 - 1.9.1 In the first progress note after an inmate is placed on a watch, mental health staff shall document the circumstances that necessitated the watch and an assessment of the inmate's current status.
- 1.10 Inmates on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch and Thirty Minute Watch shall not have their watch status downgraded or discontinued until Mental health staff has:
 - 1.10.1 Assessed the inmate.
 - 1.10.2 Thoroughly reviewed the inmate's medical and mental health record, any other relevant documentation.
 - 1.10.3 Conferred with security staff about the inmate's observed behavior on watch.
- 1.11 Upon an in-person evaluation by the licensed mental health staff, inmates on watch may be downgraded as clinically indicated.
 - 1.11.1 Mental health inmates who are not suicidal and who have been placed on a One Officer to Multiple Inmate Continuous Watch because they cannot be placed in a designated watch cell may be directly and completely discontinued from watch.
- 1.12 Each change in watch status i.e., Continuous Watch, One Officer to Multiple Inmate Continuous Watch, Ten Minute Watch or Thirty Minute Watch and/or conditions of watch, e.g., allowed items on watch, shall be documented on a new Mental Health Disposition form, with both copies of the previous Mental Health Disposition being lined out and signed, stamped, dated and timed by the mental health staff making the change.
 - 1.12.1 Mental health staff shall document the rationale for the change in watch status or watch conditions in the mental health record as a SOAP progress note.
 - 1.12.2 Mental health and the shift commander shall ensure that, when needed, a new Observation Record is initiated if there is a change in watch status.
- 1.13 When watch status is discontinued altogether, the current Mental Health Disposition form shall be modified as above with "Cancelled" noted on the form.
- 1.14 Only a psychiatrist, psychologist, other licensed mental health staff or a non-licensed mental health staff member in consultation with a Licensed Psychologist may modify watch status, discontinue watch status, or make changes in the conditions of watch.

- 1.14.1 Watch status or discontinuation of watch status shall occur only after an in-person evaluation of the inmate on watch performed by a licensed mental health staff member.
- 1.15 Upon complete discontinuation of watch status, mental health staff shall prepare a discharge summary as a note-to-file documenting the following:
 - 1.15.1 Initial reason for the watch.
 - 1.15.2 Observed behavior during the period of watch.
 - 1.15.3 Any evaluation, staffing, or consultation regarding the inmate on watch.
 - 1.15.4 Therapeutic or other interventions.
 - 1.15.5 Rationale for discontinuation of watch.
 - 1.15.6 Specific communication with mental health and security staff on the unit receiving the inmate from watch, i.e., who was contacted, with a brief synopsis of the communication.

807.06 MAXIMUM BEHAVIORAL CONTROL RESTRAINTS FOR SELF-INJURIOUS BEHAVIOR

1.1 Guiding Principles

- 1.1.1 Maximum behavioral control restraints may be authorized when an inmate exhibits serious self-injurious behavior as a result of a mental disorder. Serious self-injurious behavior is defined as behavior that endangers the inmate's life or significantly affects the inmate's physical health and wellbeing.
- 1.1.2 Maximum behavioral control restraints are a therapeutic intervention authorized by licensed mental health staff to safely limit a mentally disordered inmate's mobility and to protect the physical wellbeing of the inmate.
- 1.1.3 Maximum behavioral control restraints shall only be used when all other less restrictive measures have proven ineffective, the inmate continues to actively engage in self-injurious behavior and has failed to respond to directives or procedures intended to stop the behavior.
- 1.1.4 Maximum behavioral control restraints shall never be used as a form of punishment.
- 1.1.5 Maximum behavioral control restraints shall be employed for the shortest time necessary.
- 1.1.6 Maximum behavioral control four-point non-ambulatory restraints shall be employed only in designated suicide-resistant watch cells equipped with authorized restraint beds or chairs.
 - 1.1.6.1 If there is a need to place the restrained inmate in an area other than a designated watch cell (e.g., a medical unit), the inmate shall be restrained in an authorized restraint chair.

- 1.1.6.2 There shall be no improvising of restraint beds or chairs.
 - 1.1.7 Maximum behavioral control restraints shall be done in a manner to minimize the risk of harm to the restrained inmate.
 - 1.1.8 Inmates shall not be restrained in unnatural positions (e.g., hog-tied, facedown, or spread-eagled).
 - 1.1.9 Soft restraint devices shall be used for Maximum Behavioral Control restraint. Metal or other hard restraints shall not be used for maximum behavioral control restraints. Soft restraint devices shall not be used for security reasons.
 - 1.1.10 Safety helmets shall be used in conjunction with maximum behavioral control restraints when the restrained inmate is in danger of harming him or herself through head banging or other head movements.
 - 1.1.11 Mental health staff shall never participate in the restraint of inmates for non-mental health reasons.
 - 1.1.12 All staff deployed to apply maximum behavioral control restraints shall be trained in the proper application of restraints and must successfully complete annual refresher training in the application of Maximum Behavioral Control restraints.
 - 1.1.13 Facilities that do not employ maximum behavioral control restraints (non-corridor complexes) shall transfer inmates to facilities equipped to provide this intervention (corridor complexes, the Alhambra Behavioral Health Treatment Facility at ASPC-Phoenix). During transportation, inmates requiring Maximum Behavioral Control restraints shall be placed in ambulatory soft restraints.
 - 1.1.14 Episodes of maximum behavioral control restraints shall be videotaped in their entirety.
- 1.2 Procedural Instructions for Staff
- 1.2.1 Upon notification by security staff or when clinically indicated, a psychologist, psychiatric nurse practitioner, or psychiatrist shall assess the inmate to determine if maximum behavioral control restraints are required.
 - 1.2.1.1 During non-business hours including holidays and nights, the urgent response psychologist, urgent response psychiatric nurse practitioner, or urgent response psychiatrist shall determine if maximum behavioral control restraints are required.
 - 1.2.1.2 The Warden, Deputy Warden or Duty Officer may issue a temporary written order to restrain an inmate engaged in serious self-injurious behavior, obtaining written or verbal authorization from a psychologist or psychiatrist within one hour after restraint application.
 - 1.2.1.3 The registered nurse will review the medical file to ensure that no medical condition exists that could place the inmate in danger due to a restraint configuration that could cause harm.

- 1.2.2 The psychologist or psychiatrist assessing the situation shall authorize maximum behavioral control restraints in progressive fashion, beginning with the least restrictive measures and progressing to more restrictive measures, until the mentally disordered inmate's self-injurious behavior is adequately controlled to prevent serious physical harm.
 - 1.2.2.1 The progression in restraint application proceeds from no restraint (i.e., placement on a Continuous Watch) to hand and/or leg restraints with or without safety helmet to four-point restraints in a designated restraint bed or chair.
 - 1.2.2.1.1 Four-point restraints in a designated restraint bed or chair shall only be used in the event that the inmate is demonstrating self-injurious behavior that is life-threatening or likely to cause significant risk to the inmate's physical wellbeing.
 - 1.2.2.1.2 The determination that self-injurious behavior is life-threatening or likely to cause significant risk to the inmate's physical wellbeing shall be made by the authorizing psychologist in consultation with medical staff or by an authorizing psychiatric nurse practitioner or psychiatrist.
 - 1.2.2.2 During normal business hours, the psychologist, psychiatric nurse practitioner, or psychiatrist authorizing maximum behavioral control restraints shall increase or decrease the restrictiveness of the restraints based on direct assessment of the inmate. During non-business hours including nights and holidays, input from security, medical or other mental health staff on-site may be used instead of direct observation.
 - 1.2.2.3 The psychologist, psychiatric nurse practitioner, or psychiatrist authorizing maximum behavioral control restraints shall apply the least restrictive intervention likely to adequately control the inmate and prevent serious physical harm.
 - 1.2.2.4 The authorizing psychologist, psychiatric nurse practitioner, or psychiatrist shall order the following for restrained inmates on the Mental Health Disposition, Form 1103-44:
 - 1.2.2.4.1 The inmate shall be placed on a Continuous Watch during and subsequent to the application of maximum behavioral control restraints until the inmate is adequately and directly assessed by a psychologist, psychiatric nurse practitioner, or psychiatrist for risk of self-harm and suicide.
 - 1.2.2.4.2 The authorization for maximum behavioral control restraints shall not exceed 12 hours from the time restraints are first applied.

- 1.2.2.4.3 While restrained the inmate shall be clothed to the fullest extent possible, but at a minimum with undergarments, safety smock or, if not practical, covered with a safety blanket.
- 1.2.2.4.4 The inmate shall be provided a suicide-resistant mattress and two safety blankets.
- 1.2.2.4.5 The inmate shall be examined and/or treated by medical staff within 15 minutes after the application of restraints and as medically indicated. Vital signs shall be taken at this time and documented in the medical record.
- 1.2.2.4.6 The inmate shall be checked once each hour by security or medical staff for swelling or other indications that the restraints are too tight and, if so, to loosen the restraints.
- 1.2.2.4.7 The registered nurse shall monitor vital signs and physiologically correct body positioning every two hours throughout the restraint episode.
- 1.2.2.4.8 The inmate shall be provided toilet use upon request.
- 1.2.2.4.9 The inmate shall be offered drinking water at a minimum of once each hour while awake.
- 1.2.2.5 The inmate shall be provided regularly scheduled meals, including special medical and religious diets, of the same quantity and nutritional quality as meals served to the general population.
 - 1.2.2.5.1 Paper sack lunches or food served on paper or shatter-resistant trays not requiring eating utensils may be provided to inmates on a Continuous Watch, One Officer to Multiple Inmate Continuous Watch and Ten Minute Watch, if necessary, but should be of the same quantity and nutritional quality as meals served to the general population.
 - 1.2.2.5.2 Food served should be free of items that can be used for self-harm e.g., bones.
 - 1.2.2.5.3 Paper trays, paper sacks, napkins, and all other extraneous items shall be removed after the inmate completes eating.
 - 1.2.2.5.4 Cellophane shall be removed from food prior to serving the food to the inmate.
 - 1.2.2.5.5 When safety and security precautions dictate, only one hand shall be released for meals.

- 1.2.2.6 The inmate shall be given the opportunity to exercise each limb for at least ten minutes every two hours to prevent blood clots. An inmate in non-ambulatory four-point restraints shall be released from restraint to the bed or chair and allowed to ambulate in four-point restraints after each two-hour interval for a ten minute period.
- 1.2.2.7 Once the restrained inmate stabilizes and ceases self-injurious behavior, the authorizing psychologist, psychiatric nurse practitioner, or psychiatrist shall decrease the restrictiveness of the restraints in graduated fashion.
- 1.2.2.8 In the event that the restraint episode is prolonged, the initial authorizing psychologist, psychiatric nurse practitioner, or psychiatrist assumes responsibility for briefing another psychologist, psychiatric nurse practitioner, or psychiatrist (including the urgent response psychologist, psychiatric nurse practitioner, or psychiatrist) of the clinical restraint situation prior to leaving his or her duty post. This briefed psychologist, psychiatric nurse practitioner, or psychiatrist then assumes the role of authorizing psychologist, psychiatric nurse practitioner, or psychiatrist.
- 1.2.2.9 In the event that maximum behavioral control restraints need to be continued beyond 12 hours from initial application of restraints, the authorizing psychologist or psychiatrist shall consult with the Mental Health Program Manager or designee.
 - 1.2.2.9.1 After consulting with the Mental Health Program Manager or designee, the authorization for maximum behavioral control restraints may be renewed for an additional 12 hours except in the case of four-point restraints in a restraint bed or chair.
 - 1.2.2.9.2 When the inmate is restrained by four-point restraints in a restraint bed or chair, the Mental Health Program Manager shall direct that a face-to-face evaluation of the inmate be conducted by a psychologist, psychiatric nurse practitioner, or psychiatrist to determine the need for continued four-point restraints.
 - 1.2.2.9.3 The Mental Health Program Manager or designee shall arrange for transfer to a licensed mental health facility as soon as feasible in the event that four-point restraints continue to be needed beyond a 24-hour interval.
- 1.2.2.10 In the event that methods of restraint have been inadequate to prevent serious acts of self-harm, the Mental Health Program Manager or designee shall consult with a psychiatric nurse practitioner or psychiatrist regarding emergency psychotropic medication.

1.2.2.11 A psychiatric nurse practitioner or psychiatrist may order emergency psychotropic medication for and administer it involuntarily to an inmate with a mental disorder if, after evaluating the severity of the inmate's symptoms and the likely effects of the particular drug to be used, the psychiatrist determines that:

1.2.2.11.1 An emergency exists.

1.2.2.11.2 Alternative methods of restraint are inadequate to prevent serious self-harm.

1.2.2.11.3 Forced medication is required, as a last resort, to address the emergency and to minimize the likelihood of serious self-harm.

1.2.3 Mental health and medical staff involved in maximum behavioral control restraint episodes shall document in the medical record all assessments or other relevant information. The registered nurse shall document restraint assessments every two hours.

1.2.4 The Deputy Warden shall ensure that the shift commander makes any necessary notifications in accordance with Department Order #105, Information Reporting, and completes and distributes a Use of Force/Incident Management Report, Form 804-2, and a Significant Incident Report (SIR), Form 105-3, as appropriate.

1.3 Review - Within five working days of a maximum behavioral control restraint episode involving non-ambulatory restraints, complex operations, health and mental health staff shall review pertinent documentation and audiovisual recordings to evaluate compliance with policy guidelines. By the fifth working day, a report of this review shall be forwarded to the Mental Health Program Manager, the Mental Health Quality Assurance Coordinator, and a designated Offender Operations staff.

807.07 MENTAL HEALTH FOLLOW-UP AFTER WATCH

1.1 All inmates who have been discharged after a downgraded Continuous Watch or One Officer to Multiple Inmate Continuous Watch shall be seen by mental health staff within seven days of returning to their unit and as clinically indicated thereafter.

1.2 Inmates being discharged from a Ten Minute or Thirty Minute Watch, but who were not placed on One Officer to Multiple Inmate Continuous Watch, shall be seen after discharge from watch by mental health staff as clinically indicated.

807.08 INTERVENTION

1.1 All staff shall assess and render aid to **ALL** medical emergencies, including suicide attempts, as soon as possible or within no longer than three minutes of becoming aware of a non-responsive inmate or an inmate in medical crisis.

1.2 Wardens shall ensure that Post Orders incorporate the three minute emergency response standard.

- 1.3 In the event that an inmate is found non-responsive, in a state of medical emergency, or in the act of attempting suicide, staff shall assess the situation and shall render in-cell aid as soon as possible or within no longer than three minutes of becoming aware of the situation.
- 1.4 In all instances, a minimum of two staff, including non-security staff, shall be present before accessing the cell 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.
- 1.5 For all emergency responses, staff shall assess the situation and proceed as follows within the three minute time frame:
 - 1.5.1 Activate Incident Command System (ICS). Inherent in the ICS is the notification to supervisory staff and medical responders as required.
 - 1.5.2 In the case of a non-responsive inmate, issue two loud orders for inmate response.
 - 1.5.3 Conduct a visual sweep of the area to determine that 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/living area.
 - 1.5.3.1 In the event the first responder determines that he/she must await the arrival of additional staff prior to entering the cell/living area, this decision and the rationale for it, shall be relayed to Control via radio.
 - 1.5.3.2 Once additional staff arrives to assist the first responder, staff shall remove other inmates from the cell/living area and take immediate steps to render first aid to the inmate.
 - 1.5.4 **SECTION DELETED**
 - 1.5.5 Videotape the entry whenever possible. However, the availability or arrival of a video camera may never delay entry into a cell/living area or the initiation of aid to an inmate.
- 1.6 Following discovery of a hanging attempt, staff shall proceed as follows:
 - 1.6.1 Movement of the inmate should be minimized.
 - 1.6.2 One staff member shall continuously lift the inmate until a second staff member cuts or removes the noose.
 - 1.6.3 Staff should assume a neck/spinal cord injury and carefully place the inmate on the floor.
 - 1.6.4 The inmate shall not be placed on a gurney or bunk. The inmate should remain on the floor.

- 1.6.5 Should the inmate lack vital signs, CPR shall be initiated immediately and continued by security or other staff until relieved by health staff.
- 1.7 Following an attempt by cutting and the initiation of ICS, staff shall proceed as follows:
 - 1.7.1 Immediately remove the cutting instrument from the area.
 - 1.7.2 Stop the bleeding by applying direct pressure over the wound with sterile dressing or clean cloth.

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- 1.7.3 Elevate the injured body part if feasible.
- 1.7.4 Use universal precautions in all first aid and life-saving measures.
- 1.8 Upon discovery of an inmate who is non-responsive, staff shall never presume that the inmate is dead and instead shall implement life-saving measures.

807.09 REPORTING/NOTIFICATION

- 1.1 In the event of a suicide, all required staff shall be notified in accordance with Department Order #105, Information Reporting.
- 1.2 Following a suicide, the deceased inmate's family shall be notified in accordance with Department Order #711, Notification of Inmate Hospitalization or Death, as well as appropriate outside authorities.
- 1.3 Following a suicide, the deceased inmate's crime victim(s) shall be notified as to the inmate's death per Department Order #1001, Inmate Release System.
- 1.4 All staff who responded to the inmate suicide, including security, health and mental health staff, shall submit Information Reports that include their knowledge of the inmate and the incident.

807.10 POST-SUICIDE DEBRIEFING AND MULTIDISCIPLINARY REVIEW

- 1.1 Debriefing of all affected inmates shall be offered by mental health staff following an inmate suicide.
- 1.2 Staff shall be provided debriefing from the Critical Incident Response Team (CIRT).
- 1.3 A Psychological Autopsy shall be completed for each suicide, as outlined in Department Order #1105, Inmate Mortality Review.

DEFINITIONS

CONTINUOUS WATCH – The inmate is considered an imminent threat to self or others. Criteria for placement includes but is not limited to the following:

- Inmate is suspected of being floridly psychiatrically unstable.
- Inmate is in immediate or imminent danger to self/others if not watched continuously.
- Inmate has engaged in self-harm behavior or may have attempted to hurt others because of a mental illness.
- Inmate has been evaluated and is considered an imminent danger of self-harm which may require use of restraint if behavior does not cease.

HISTORICAL INFORMATION - In the context of this Department Order, this refers to information about prior self-harm or suicide attempts, whether in the recent or distant past.

IMMINENT RISK OF SELF-HARM OR SUICIDE - A situation where the inmate has currently and actively harmed himself or herself or attempted suicide and is likely to do so in the immediate future if not observed constantly.

MAXIMUM BEHAVIORAL CONTROL RESTRAINT - A therapeutic intervention authorized by a psychologist, psychiatric nurse practitioner, or psychiatrist to safely limit a mentally disordered inmate's mobility and to protect the physical wellbeing of the inmate. Maximum Behavioral Control restraint may be authorized when an inmate exhibits serious self-injurious behavior as a result of a mental disorder.

ONE OFFICER TO MULTIPLE INMATE CONTINUOUS WATCH – The inmate is considered a serious threat to self or others but can be watched simultaneously with an adjacent inmate until reevaluated. Criteria for placement includes but is not limited to the following:

- Inmate is suspected of being psychiatrically unstable.
- Inmate is serious danger to self/others if not watched continuously.
- Inmate has engaged in self-harm behavior or may have attempted to hurt others because of a mental illness.
- Inmate has been evaluated and is considered a serious danger of self-harm which may require use of restraint if behavior does not cease.

SERIOUS RISK OF SELF-HARM OR SUICIDE – A situation where the inmate may not be currently and actively harming himself or herself or attempting suicide but is very likely to do so in the immediate future if not observed constantly.

TEN MINUTE WATCH – The inmate is considered a risk for harm to self or others. Criteria for placement include but are not limited to the following:

- Inmate is considered significantly psychiatrically unstable.
- Inmate recently engaged in self-harm behavior and continues to pose a sufficient risk to self/others of harm to the degree that the inmate would not be considered reliably safe if left in the current housing location.
- Inmate has made verbal threats of self-harm behavior with specific plans and/or history of previous serious suicidal gestures/self-harm behavior.
- Inmate is considered a high risk for self-harm or will not communicate or reports desire to die or severely hurt self.

THIRTY MINUTE WATCH – The inmate is considered unstable. Criteria for placement include but are not limited to the following:

- Inmate is moderately psychiatrically unstable.
- Inmate may be demonstrating symptoms or behavior indicating possible decompensation.
- Inmate is presenting as psychiatrically unstable but has made not statements or actions of self-harm.
- Inmate has a recent history of self-harm or threatening behavior.
- Inmate has made vague or passive verbal threats of self-harm or ideation.
- Inmate has no specific plans and/or means are not available.
- Inmate denies a plan, and/or without intent.
- Inmate may be improving in stability and functioning from a period of decompensation.
- Inmate may be considered for discharge from watch status.
- Inmate may require monitoring because of transition from a Ten Minute Watch and potential return to prior housing area.

{Original Signature on File}

Charles L. Ryan
Director

ATTACHMENT

Attachment A, ADC Suicide Warning Signs Card

**ATTACHMENT A
DEPARTMENT ORDER 807**

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

POSSIBLE SIGNS OF SUICIDAL INTENT

Inflicting self-injury
Refusal or inability to contract against self-harm
Communicating suicidal intent or plan
Making final arrangements (wills, notes, etc.)
Hopelessness, no reason to live
Depression
Isolation and social withdrawal
Sudden improved mood after depression
Disorientation
Unusual, disorganized thinking, poor reality testing
Anger, hostility, agitation
Under the influence of alcohol or drugs

HIGH RISK TIMES, LOCATIONS & METHODS

Many suicides occur between 12am and 6am
Inmates recently returned to custody
Inmates in isolation
Inmates in detention cells
Inmates in higher custody units
Almost all ADC suicides have involved hanging

(Front)

**INMATES WHO MAY BE AT RISK FOR
SUICIDE**

One or more previous suicide attempts
Family members who attempt or commit suicide
Psychiatric problems or history of:
• drug/alcohol abuse
• medical problems
• violence
• poor coping skills

**INCIDENTS THAT MAY PRECIPITATE
SUICIDE ATTEMPT**

Recent use of drugs or alcohol
Divorce or "Dear John" letter
Death of spouse or loved one
Recent significant losses
Recent humiliation, rejection or trauma
Real or perceived threats from other inmates
Admission or re-admission to prison
New legal or institutional problems
Transfer to new prison
Pending court proceedings, release or transfer
Anniversary of offense, incarceration, major loss
Life or a very long sentence
Failure to take psychiatric medication
Recent suicide in same or other prison or unit
Recent discovery of serious medical problem
Isolation

(Back)