

 <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> <p>DEPARTMENT ORDER MANUAL</p>	<p>CHAPTER: 800</p> <p>INMATE MANAGEMENT</p>	<p>OPR:</p> <p>OPS DD HS</p>
	<p>DEPARTMENT ORDER: 807</p> <p><i>INMATE SUICIDE PREVENTION, MENTAL HEALTH WATCHES, AND PROGRESSIVE MENTAL HEALTH RESTRAINTS</i></p>	<p>SUPERSEDES:</p> <p>DO 807 (9/16/09) DI 357 (8/15/17)</p>
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PURPOSE

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

References to health care professionals (i.e., Health Services, Mental Health Services, and Dental Services) are referring to the Health Services Contractor or their sub-contractors unless otherwise stated.

APPLICABILITY

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

PROCEDURES

807.01 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 Department Order #509, Employee Training and Education.
 - 1.1.1 Instruction may be provided at the Institutional Regional Academies or at the Correctional Officer Training Academy (COTA). Mental health 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 Department Order #706, Incident Management.
 - 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 health care and mental health professionals.
 - 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 Prevention 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 this Department Order, 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 Department Order and Department Order #509, Employee Training and Education.
- 1.3 New Non-Department Personnel Orientation Training – Health care and mental health professionals 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 Health care staff shall complete CARE Training every year unless they provide documentation of their American Red Cross or American Heart 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 within the three-minute time limit, as outlined in section 807.11 of this Department Order.
 - 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 Health care and mental health professionals shall participate in mock suicide drills.

807.02 SCREENING, ASSESSMENT, AND CLASSIFICATION

1.1 Initial Screening

- 1.1.1 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.
- 1.1.2 Reception Center Intake mental health staff shall administer the Initial Mental Health Assessment, Form 1103-27, to all inmates by the end of the second full business day after their arrival.

1.2 Identification of Inmates At Risk of Self-Harm

- 1.2.1 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 mental health professionals for further assessment, treatment, and/or placement on a Mental Health Watch in accordance with this Department Order.

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

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

- 1.3 Classification – Any inmate identified by mental health professionals as in need of mental health services shall be classified as a 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 services.

- 1.4 Self-Harm Risk Assessments – In accordance with the Mental Health Technical Manual, licensed mental health professionals shall complete a self-harm risk assessment before the discontinuation of any Mental Health Watch.

807.03 DESIGNATED RESPONSIBILITIES

1.1 The Shift Commander shall:

- 1.1.1 Immediately notify a mental health professional if an inmate exhibits any risk of engaging in self-harm or any unusual behavior.

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

- 1.1.2 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.

- 1.1.2.1 When an inmate is on a 10-Minute or 30-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.
 - 1.1.2.2 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.
 - 1.1.3 Ensure staff update the Observation Record forms for all inmates on watch according to the frequency indicated on the Watch Order form.
 - 1.1.4 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.
 - 1.1.5 Collect completed Observation Record forms at the end of each shift for his/her signature.
 - 1.1.6 Forward original signed and completed Observation Record forms to the Chief of Security for retention in accordance with the applicable retention schedule.
 - 1.1.7 Maintain and update a daily log of all inmates on all levels of Mental Health Watch. The daily log shall be distributed to the unit Deputy Warden, the Contract Facility Health Administrator, the Mental Health Lead, and the Unit Accountability Office.
 - 1.1.7.1 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.
 - 1.1.8 Make any necessary notifications in accordance with Department Order #105, Information Reporting.
 - 1.1.9 Inform assigned Correctional Officer Series staff of the status of all inmates on each levels of watch through shift briefings and other means.
- 1.2 Mental health professionals shall:
 - 1.2.1 Conduct a face-to-face evaluation during business hours prior to placing an inmate on a Mental Health Watch as outlined in this Department Order.
 - 1.2.2 Complete the Watch Order form, identifying the level of observation (Continuous, 10-Minute, or 30-Minute) and the items to be issued to the inmate as outlined in this Department Order.
 - 1.2.2.1 During non-business hours, a health care professional shall conduct a face-to-face evaluation and, in consultation with the on-call psychologist or psychiatrist, complete the Watch Order form.

- 1.2.2.1.1 In the event that a mental health professional cannot be contacted, the responding health care professional shall place the inmate on a Continuous Mental Health Watch, until a mental health professional is contacted.
 - 1.2.2.1.2 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.
 - 1.2.2.2 The white copy (original) shall be filed/scanned into the Mental Health section of the 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.
 - 1.2.3 Conduct a face-to-face evaluation once per day while a Mental Health Watch is in effect.
 - 1.2.3.1 During non-business hours, this face-to-face evaluation may be conducted by a registered nurse.
 - 1.2.3.2 When evaluating inmates on Mental Health Watch during normal waking hours, health care and mental health professionals shall engage in a meaningful interaction.
 - 1.2.4 Make necessary changes to the level of Mental Health Watch (including discontinuation) as clinically indicated only after the licensed mental health professional has:
 - 1.2.4.1 Personally conducted the face-to-face assessment.
 - 1.2.4.2 Thoroughly reviewed the Medical Records and any other relevant documentation.
 - 1.2.4.3 Conferred with Correctional Officer Series staff about the inmate's observed behavior on watch.
 - 1.2.4.4 Documented clear rationale for the change in watch status or conditions in the Medical Records.
 - 1.2.5 Document any changes in the level of Mental Health Watch or conditions on a new Watch Order form. Both copies of the previous Watch Order forms shall be lined out; signed and stamped, type of change to the Watch, and the date and time the change occurred.
 - 1.2.5.1 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.
- 1.3 Health care and mental health professionals shall document their evaluations of inmates on Mental Health Watches in Subjective, Objective, Assessment, Plan, Education (SOAPE) format or on the Cell Front Visit Checklist, Form 1103-24.

1.4 Movement of Inmates on a Mental Health Watch

- 1.4.1 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 contracted Mental Health Director.
 - 1.4.1.1 A copy of the Watch Order form and the Observation Record form are transferred with the inmate.
 - 1.4.1.2 The inmate shall be placed on a Continuous Security Watch at the point that he/she leaves their current watch cell until he/she is housed in the receiving facility's watch cell.
 - 1.4.1.3 The contracted 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.
- 1.4.2 In the event an inmate is transferred to a hospital while on a Mental Health Watch:
 - 1.4.2.1 The Shift Commander shall collect the current Watch Order and Observation Record forms and retain them until the inmate returns from the hospital.
 - 1.4.2.2 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.
- 1.4.3 Upon return from the hospital:
 - 1.4.3.1 Receiving unit health care professionals shall assess the inmate to determine the appropriate level of watch.
 - 1.4.3.2 The Shift Commander shall ensure the Watch Order form and an Observation Record form are placed where the inmate is housed.
 - 1.4.3.2.1 In the event the inmate originated from a different unit, the Shift Commander shall request these documents from the sending unit Shift Commander.
- 1.4.4 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.

807.04 COMMUNICATION

- 1.1 All Department employees and contractors shall:
 - 1.1.1 Remain aware of any potential self-harm behaviors, share pertinent information with appropriate mental health and Correctional Officer Series staff, and make referrals as needed to mental health and Correctional Officer Series staff.
 - 1.1.2 If a Suicide Prevention 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.

- 1.1.3 Immediately notify their supervisor and the Shift Commander if an inmate communicates or displays signs of potential self-harm or demonstrates any unusual behavior.
 - 1.1.4 Stay with the inmate if imminent risk of self-harm is present.
 - 1.1.5 Document inmate communications or other observed behaviors on an Information Report (IR), Form 105-2.
- 1.2 Correctional Officer Series staff conducting watches shall notify mental health staff immediately of any significant change in an inmate's behavior while on watch.
- 1.2.1 During non-business hours, Correctional Officer Series staff shall immediately contact the on-site health care staff for evaluation and possible consultation with the on-call psychologist or psychiatrist.

807.05 PRECAUTIONARY SECURITY WATCHES

- 1.1 Placement in Detention from a Minimum Yard, Medium Yard, or Return To Custody
- 1.1.1 Every effort shall be made to place these inmates in cells that either have a camera or with a cellmate.
 - 1.1.2 In the event that the inmate is to be housed alone without a camera, the following shall occur:
 - 1.1.2.1 When possible, the inmate shall be transported to a health unit prior to placement in detention so he/she can be assessed by a health care or mental health professional.
 - 1.1.2.2 If the evaluation by a health care or mental health professional cannot be completed in a timely manner, the inmate shall be placed on a 10-Minute Security Watch until such time that the evaluation is completed.
- 1.2 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.
- 1.2.1 During business hours, the Shift Commander shall consult with the ranking security officer on site or the on-site duty officer to authorize placement.
 - 1.2.2 The Shift Commander shall contact the on-site health care or mental health professional and request a face-to-face evaluation of the inmate.
 - 1.2.2.1 If after the evaluation, the inmate is cleared by the health care or mental health professional to return to his/her previous housing location, but Offender Operations staff remain concerned of potential instability, the inmate shall remain on a Security Watch with observations not to exceed every 30 minutes.
 - 1.2.2.2 In instances where Offender Operations staff have initiated or continued the Security Watch, a Significant Incident Report form shall be initiated/updated.

- 1.2.2.3 While on a Security Watch, normal protocol shall be followed.
- 1.2.3 Once initiated, the Security Watch shall remain in effect until a Unit Review Team (URT) determines that it can be cancelled.
 - 1.2.3.1 Within one business day of the initiation of a Security Watch, the URT, minimally consisting of a Correctional Officer, mental health professional, 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.
 - 1.2.3.2 The URT shall meet each business day until the decision to terminate the Security Watch is unanimous.

807.06 HOUSING

- 1.1 Inmates placed on all levels of Mental Health Watch shall be housed in designated watch cells having high visibility to staff.
 - 1.1.1 All designated watch cells shall be:
 - 1.1.1.1 As suicide resistant as is reasonably possible, free of all obvious protrusions and tie-off points, and provide full visibility.
 - 1.1.1.2 Inspected quarterly by the Contract Facility Health Administrator and Deputy Warden or designee(s) to ensure they continue to be as suicide resistant as is reasonably feasible.
 - 1.1.1.2.1 Modifications or required repairs shall be documented by the Deputy Warden or designee on a Maintenance/Service Work Order Request, Form 403-2.
 - 1.1.2 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.
- 1.2 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.
 - 1.2.1 The Deputy Warden shall inspect all equipment monthly and verify all equipment to be in working order.
 - 1.2.2 Emergency equipment in all such areas shall be located and available for utilization within the three-minute time limit as outlined in section 807.11 of this Department Order.
- 1.3 Prior to an inmate's placement in or return to 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.
 - 1.3.1 All cell searches shall be documented on the Correctional Service Log.

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

807.07 GUIDELINES FOR ALL MENTAL HEALTH WATCHES

- 1.1 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.
- 1.2 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.
- 1.3 No inmate shall ever be placed or kept in a cell naked at any time, unless the Contract Mental Health Director determines there to be a clinical need to remove the items for the inmate's safety.
- 1.4 Inmates placed on a Mental Health Watch shall receive all prescribed medication, in unit dosage, and by direct observation treatment.
- 1.5 Inmates on a Mental Health Watch shall be provided the following health care necessities:
 - 1.5.1 Toilet use upon their request and fluids (minimum eight ounces) at least once per hour, while awake if not in a designated watch cell.
 - 1.5.2 Regularly scheduled meals, including special Medical and Religious Diets, of the same quantity and nutritional quality as meals served to the general population.
 - 1.5.2.1 Paper sack lunches or food served on paper, styrofoam or shatter-resistant trays not requiring eating utensils may be provided.
 - 1.5.2.2 Food served should be free of items that can be used for self-harm (i.e., bones and cellophane).
 - 1.5.2.3 Paper trays, paper sacks, napkins, and all other extraneous items shall be removed during day shift.
- 1.6 Unless determined contraindicated by a licensed mental health professional; showers, telephone privileges, recreation, and visitation shall be made available to the inmate.
 - 1.6.1 Any change to these privileges shall only be authorized by the Contract Mental Health Director or designee.
 - 1.6.2 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.
 - 1.6.3 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 when placed back in the designated watch cells.
- 1.7 Only licensed mental health professionals shall modify the level of a Mental Health Watch, change the conditions of a Mental Health Watch, or discontinue a Mental Health Watch.

807.08 LEVELS OF MENTAL HEALTH WATCH

1.1 Continuous Mental Health Watches

- 1.1.1 Mental health professionals shall order a Continuous Mental Health Watch when inmates have demonstrated signs or symptoms indicating imminent risk of self-harm or harm to others.
 - 1.1.1.1 During non-business hours, a health care professional shall contact the on-call psychologist or psychiatrist in accordance with the Mental Health Technical Manual. In the event that a mental health care professional cannot be reached, the health care professional shall initiate a Continuous Mental Health Watch.
- 1.1.2 A Continuous Mental Health Watch is also indicated when:
 - 1.1.2.1 Inmates by necessity retain objects or items that could be used to engage in self-harm (i.e., medical items/appliances, additional clothing, etc.).
 - 1.1.2.2 Inmates return from the hospital after medical treatment for self-harm.
- 1.1.3 Correctional Officer Series staff shall:
 - 1.1.3.1 Observe inmates on a direct, uninterrupted basis and have a clear and unobstructed view of the inmate.
 - 1.1.3.2 Document on the Observation Record form at least every ten minutes.
- 1.1.4 At a minimum, inmates on a Continuous Mental Health Watch shall be provided:
 - 1.1.4.1 Two safety blankets;
 - 1.1.4.2 One safety smock;
 - 1.1.4.3 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
 - 1.1.4.4 A supply of toilet paper minus the cardboard roll.
 - 1.1.4.5 For female inmates – Sanitary napkins (exchanged 1:1) and underwear as necessary.
- 1.1.5 Any additional items provided to the inmate shall be pre-approved by mental health professionals. Mental health professionals shall pre-approve additional items only when deemed safe and clinically appropriate, and in consultation with the Contract Mental Health Director.
- 1.1.6 Razors, sheets, belts, shoelaces, and electronic appliances shall not be approved.

- 1.1.7 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.
 - 1.1.7.1 Correctional Officer Series staff shall document on both inmates' Observation Record forms that they are performing a 1:2 Continuous Mental Health Watch.
 - 1.1.7.2 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:
 - 1.1.7.2.1 ASPC-Eyman – Browning Unit and SMU I.
 - 1.1.7.2.2 ASPC-Florence – Kasson Unit.
 - 1.1.7.2.3 ASPC-Perryville – Complex Watch Area.
 - 1.1.7.2.4 ASPC-Tucson – Rincon Housing Unit 8.
 - 1.1.7.2.5 ASPC-Lewis – Rast Max Unit and Stiner Unit.
 - 1.1.7.2.6 ASPC-Phoenix–Baker Ward – Only if both inmates are currently located in the wire mesh enclosures in front of the cell.

1.2 10-Minute Mental Health Watch

- 1.2.1 Mental health professionals shall order a 10-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.
 - 1.2.1.1 During non-business hours, the on-call psychologist or psychiatrist shall be contacted by a health care professional. In the event that a mental health professional cannot be reached, the health care professional shall initiate a Continuous Mental Health Watch until a mental health professional is contacted.
- 1.2.2 Correctional Officer Series staff shall:
 - 1.2.2.1 Conduct visual checks of inmates at staggered intervals not to exceed every ten minutes and document the checks on the Observation Record form.
 - 1.2.2.1.1 The intent is to make visual checks unpredictable.
 - 1.2.2.1.2 Breathing and signs of life shall be clearly observed.
 - 1.2.2.2 Ensure that items in the inmate's possession match those authorized on the Watch Order form.

1.2.3 Inmates on a 10-Minute Mental Health Watch shall be provided items in accordance with 1.1.4 through 1.1.6 of this section.

1.2.3.1 The mental health professional shall document on the Watch Order form any need for a Continuous Security Watch when a female inmate is potentially too unstable to retain the sanitary napkin and underwear while on a 10-Minute Mental Health Watch.

1.3 30-Minute Mental Health Watch

1.3.1 Mental health professionals shall order a 30-Minute Mental Health Watch when inmates are demonstrating acute mental health signs or symptoms.

1.3.1.1 A 30-Minute Mental Health Watch shall not be used if there is any indication an inmate is considered a possible risk to engage in self-harm. The inmate shall instead be placed on either a 10-Minute or Continuous Mental Health Watch.

1.3.1.2 During non-business hours, inmates shall never be placed on a 30-Minute Mental Health Watch. Inmates shall only be placed on either a 10-Minute or Continuous Mental Health Watch.

1.3.2 Correctional Officer Series staff shall:

1.3.2.1 Conduct visual checks of inmates at staggered intervals not to exceed every 30 minutes and document the checks on the Observation Record form.

1.3.2.1.1 The intent is to make visual checks unpredictable.

1.3.2.1.2 Breathing and signs of life shall be clearly observed.

1.3.2.2 Ensure that items in the inmate's possession match those authorized on the Watch Order form.

1.3.3 At a minimum, inmates on a 30-Minute Mental Health Watch shall be provided:

1.3.3.1 One t-shirt and boxers (t-shirt and shorts for female inmates);

1.3.3.2 Regular mattress with two regular blankets (excluding sheets);

1.3.3.3 Toilet paper; and

1.3.3.4 Reading material (soft cover without staples).

1.3.3.5 Female inmates – Sanitary napkins (exchange 1:1) and underwear, as necessary.

1.3.4 Any additional items provided to the inmate shall be pre-approved by mental health professionals. Mental health professionals shall pre-approve additional items only when deemed safe and clinically appropriate, and in consultation with the Contract Mental Health Director.

1.3.5 Razors, sheets, belts, and shoelaces shall not be approved.

807.09 PROGRESSIVE MENTAL HEALTH RESTRAINTS

1.1 Guidelines for Progressive Mental Health Restraints

- 1.1.1 Progressive Mental Health Restraints may only be authorized when inmates exhibit serious self-harm behaviors, as defined in this Department Order.
- 1.1.2 Progressive Mental Health Restraints shall:
 - 1.1.2.1 Only be used when:
 - 1.1.2.1.1 All other less restrictive measures have proven ineffective.
 - 1.1.2.1.2 An inmate continues to actively engage in self-harm and has failed to respond to directives or procedures intended to stop the behavior.
 - 1.1.2.1.3 An inmate engaging in self-harm that is life-threatening or likely to cause significant physical harm.
 - 1.1.2.2 Never be used as a form of punishment.
 - 1.1.2.3 Be implemented in a progressive nature to ensure that the least restrictive means to keep the inmate safe are being utilized.
 - 1.1.2.4 Be employed for the shortest time necessary in a manner to minimize the risk of harm to the restrained inmate.
 - 1.1.2.4.1 Any level of restraints shall be removed in a progressive nature to ensure the safety of the inmate.
- 1.1.3 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.
 - 1.1.3.1 There shall be no improvising of restraint beds or chairs.
 - 1.1.3.2 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.
- 1.1.4 Only soft restraint devices shall be used for Progressive Mental Health Restraints.
 - 1.1.4.1 Soft restraint devices shall not be used for security reasons.
- 1.1.5 Mental health professionals shall never participate in the restraint of inmates for non-mental health reasons.
- 1.1.6 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 (corridor complexes, the Alhambra Behavioral Health Treatment Facility at ASPC-Phoenix). During transportation, inmates requiring Progressive Mental Health Restraints shall be placed in ambulatory soft restraints.

1.1.7 Episodes of Progressive Mental Health Restraints shall be videotaped in their entirety.

1.2 Procedural Instructions for Staff

1.2.1 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.

1.2.1.1 During non-business hours, the responding health care professional, 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.

1.2.1.2 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.

1.2.1.3 The health care professional shall review the Medical Record to ensure no medical condition exists that could place inmates in danger due to a restraint configuration.

1.2.2 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.

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

1.2.2.2 Therapeutic Devices – The utilization of therapeutic devices (i.e., mittens, turtle shells, helmets, etc.) shall be authorized to address specific self-harming behaviors.

1.2.2.2.1 Safety helmets shall be only be used in conjunction when inmates are in danger of harming themselves through head banging or other head movements.

1.2.2.3 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.

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

1.2.2.3.2 Inmates shall not be restrained in unnatural positions (i.e., hog-tied, facedown, or spread-eagled).

- 1.2.2.4 The authorizing psychologist or psychiatrist shall order the following for restrained inmates on the Watch Order form:
 - 1.2.2.4.1 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.
 - 1.2.2.4.2 12 Hours – The initial authorization for Progressive Mental Health Restraints shall not exceed 12 hours from the time restraints are first applied.
 - 1.2.2.4.3 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.
 - 1.2.2.4.4 Bedding – Inmates shall be provided a safety mattress (if not in a restraint chair) and two safety blankets.
- 1.2.3 Monitoring and Documentation
 - 1.2.3.1 First 15 Minutes – Inmates shall be examined and/or treated by health care professionals 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.
 - 1.2.3.2 Every Hour – Inmates shall be:
 - 1.2.3.2.1 Checked by Correctional Officer Series staff or health care professionals for swelling or other indications the restraints are too tight and, if so, to loosen the restraints.
 - 1.2.3.2.2 Offered drinking water at a minimum of once each hour while awake.
 - 1.2.3.3 Every Two Hours (Four-Point or Five-Point Restraints)
 - 1.2.3.3.1 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 Medical Record.
 - 1.2.3.3.2 If safe to do so, inmates shall be allowed to ambulate in four-point restraints after each two-hour interval for ten 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 ten minutes every two hours.

1.2.3.4 Every Six Hours (Therapeutic Devices Only)

1.2.3.4.1 A registered nurse shall monitor vital signs every six hours throughout the restraint episode, and document these assessments in the Medical Record.

1.2.3.4.2 Inmates shall be provided toilet use upon request and meals as outlined in Section 807.06 of this Department Order. When safety and security precautions dictate, only one hand shall be released for meals.

1.2.4 Subsequent Assessment and Authorization

1.2.4.1 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.

1.2.4.1.1 In the event the restraint episode continues beyond normal business hours, the authorizing psychologist or psychiatrist shall evaluate the inmate prior to leaving his or her 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.

1.2.4.1.2 During non-business hours, input from Correctional Officer Series, health care or other mental health professionals on-site may be used instead of direct observation.

1.2.4.2 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.

1.2.4.3 The Contract Mental Health Director shall be consulted in the event Progressive Mental Health Restraints need to be continued beyond 12 hours from the initial application of restraints.

1.2.4.3.1 Therapeutic devices may be renewed for additional 12 hour periods as clinically indicated.

1.2.4.3.2 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.

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

- 1.2.5.1 A psychiatrist may order involuntary emergency psychotropic medication to be administered if the psychiatrist determines:
 - 1.2.5.1.1 An emergency exists.
 - 1.2.5.1.2 Alternative methods of restraint have been inadequate to prevent serious self-harm.
 - 1.2.5.1.3 Forced medication is required to address the emergency and to minimize the likelihood of serious self-harm.
- 1.2.6 Health care and mental health professionals involved in Progressive Mental Health Restraint events shall document in the Medical Record all assessments or other relevant information.
- 1.2.7 The Shift Commander shall make any necessary notifications in accordance with Department Order #105, Information Reporting, and distribute a completed Use of Force Report form and a Significant Incident Report, as appropriate.
- 1.3 Restraint Review – Within five workdays of a Progressive Mental Health Restraint event, Complex Operations along with health care and mental health professionals shall review pertinent documentation and audiovisual recordings to evaluate compliance with policy guidelines. By the fifth workday, a report of this review shall be forwarded to the Contract Mental Health Director, the Health Services Monitoring Bureau and a designated Offender Operations staff.

807.10 MENTAL HEALTH FOLLOW-UP AFTER WATCH – All inmates discontinued from any watch shall be seen by a mental health professional (including a mental health registered nurse) between 24 and 72 hours, followed again between 7-10 calendar days, and again between 21-24 calendar days from the date the watch was discontinued.

807.11 GUIDELINES DURING SELF-HARM EVENTS

- 1.1 All staff shall assess and render aid to ALL medical emergencies, including events involving self-harm, as soon as possible, but not to exceed three minutes of becoming aware of a non-responsive inmate or an inmate in medical crisis.
 - 1.1.1 Wardens shall ensure Post Orders incorporate the three-minute emergency response standard.
 - 1.1.2 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 assess the situation and shall render in-cell aid as soon as possible, but not to exceed three minutes of becoming aware of the situation.
 - 1.1.3 When possible, a minimum of two 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.
 - 1.1.4 For all emergency responses, staff shall assess the situation and proceed as follows within the three minute time frame:

- 1.1.4.1 Activate ICS. Inherent in the ICS is the notification to supervisory staff and medical responders as required.
 - 1.1.4.2 In the case of a non-responsive inmate, issue two loud orders for inmate response.
 - 1.1.4.3 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.
 - 1.1.4.3.1 In the event the first responder determines he/she 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.
 - 1.1.4.3.2 Once additional staff arrives to assist the first responder, staff shall remove other inmates from the cell or living area and take immediate steps to render first aid to the inmate.
 - 1.1.4.3.3 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.
- 1.2 Following discovery of a hanging attempt, staff shall initiate ICS and proceed as follows:
- 1.2.1 Movement of the inmate should be minimized.
 - 1.2.2 One staff member shall continuously lift the inmate until a second staff member cuts or removes the noose.
 - 1.2.3 Staff should assume a neck/spinal cord injury and carefully place the inmate on the floor.
 - 1.2.4 The inmate shall not be placed on a gurney or bunk. The inmate should remain on the floor.
 - 1.2.5 Should the inmate lack vital signs, CPR shall be initiated immediately and continued by Correctional Officer Series or other staff until relieved by health care professionals.
- 1.3 Following discovery of an inmate engaged in cutting, staff shall initiate ICS and proceed as follows:
- 1.3.1 Immediately remove the cutting instrument from the area.
 - 1.3.2 Stop the bleeding by applying direct pressure over the wound with sterile dressing or clean cloth.
 - 1.3.3 Elevate the injured body part if feasible.

- 1.3.4 Use universal precautions in all life-saving measures, first aid, and CPR.
- 1.4 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.

807.12 REPORTING/NOTIFICATION OF A COMPLETED SUICIDE

- 1.1 All staff who responded to an inmate suicide (including Correctional Officer Series staff, health care professionals and mental health professionals) shall submit Information Reports that include their knowledge of the inmate and the incident.
- 1.2 In the event of a suicide, all required staff shall be notified in accordance with Department Order #105, Information Reporting.
- 1.3 Following a suicide, notification shall be as follows:
 - 1.3.1 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.
 - 1.3.2 The deceased inmate's crime victim(s) shall be notified in accordance with Department Order #1001, Inmate Release System.
- 1.4 Post-Suicide Debriefing and Multidisciplinary Review – Debriefing of all affected inmates shall be offered by mental health professionals following an inmate suicide.
- 1.5 Staff shall be provided debriefing from the Critical Incident Response Team (CIRT) in accordance with Department Order #521, Employee Assistance Program.
- 1.6 A psychological autopsy shall be completed for each suicide, as outlined in Department Order #1105, Inmate Mortality Review.
- 1.7 The Administrative Investigations Unit (AIU) Supervisor shall immediately open an investigation on the inmate suicide in accordance with Department Order #601, Administrative Investigations and Employee Discipline.

DEFINITIONS

CORRIDOR COMPLEX – The complexes where medical and mental health care is provided on a routine basis. These complexes include the following: Eyman, Florence, Lewis, Perryville, Phoenix, Tucson, and Yuma.

FIVE-POINT RESTRAINTS – Therapeutic restraints authorized by a psychologist or psychiatrist when an inmate is engaging in serious self-harm behaviors that are not adequately controlled through less restrictive alternatives. An inmate shall only be restrained to an authorized restraint bed or chair, and includes restraining all limbs and head.

FOUR-POINT RESTRAINTS – Therapeutic restraints authorized by a psychologist or psychiatrist when an inmate is engaging in serious self-harm behaviors that are not adequately controlled through less restrictive alternatives. An inmate shall only be restrained to an authorized restraint bed or chair, and includes restraining all limbs, but not the head.

HEALTH CARE PROFESSIONALS – For the purpose of this Department Order, this includes medical staff such as; licensed practical nurses, registered nurses, medical mid-level providers and medical doctoral level providers.

HISTORICAL INFORMATION – For the purpose of this Department Order, information about prior self-harm or suicide attempts, whether in the recent or distant past.

IMMINENT RISK OF SELF-HARM – A situation where inmates have currently and actively engaged in self-harm, and are likely to do so in the immediate future if not observed constantly.

MENTAL HEALTH PROFESSIONALS – For the purpose of this Department Order, this includes master’s level clinicians, psychologists, psychiatric mid-level providers, and psychiatrists.

MENTAL HEALTH WATCH – Includes Continuous Watch, 10-Minute Watch, and 30-Minute Watch.

NON-CORRIDOR COMPLEX – The complexes where only inmates with a low need of medical and/or mental health care. These complexes include the following: Douglas, Safford, and Winslow.

PROGRESSIVE MENTAL HEALTH RESTRAINTS – A therapeutic intervention authorized by a psychologist or psychiatrist to safely limit an inmate’s mobility and protect his/her physical well-being. Progressive Mental Health Restraints shall only be authorized when an inmate engages in serious self-harm as a result of a mental disorder.

SECURITY WATCH – Department Correctional Officer Series staff can initiate a Security Watch in conjunction with any Mental Health Watch that may have been initiated. It can also be initiated in the event that a Mental Health Watch is not initiated and Correctional Officer Series staff remain concerned about the inmate’s level of stability.

SELF-HARM

- **Suicide** – Death due to an intentional act deliberately designed to end one’s own life. Validation of any suicide can only be determined by a Medical Examiner (ME), as documented in the ME’s Final Mortality Report.
- **Suicide Attempt** – Any act of self-harm with the intention to end one’s life. Intentionality shall be determined by health care or mental health professionals.
- **Self-Injurious Behavior** – Any act of self-harm without the intention to end one’s life. Intentionality shall be determined by health care or mental health professionals.

METHODS OF SELF-HARM

- **Hanging/Strangulation** – Any act of self-harm through restricting, blocking or limiting the breathing function/ability (hanging, strangulating, choking, etc.).
- **Cutting/Burning/Biting** – Any act of self-harm through inflicting cuts, burns, or bites to the skin’s surface. This would include any level of lethality (superficial, moderate, serious, etc.).
- **Overdose/Ingestion/Insertion** – Any act of self-harm through ingestion/insertion of substances (drugs, medications, non-edible, etc.) or foreign bodies.
- **Blunt Force** – Any act of self-harm through blunt force (hitting self, head banging, kicking, jumping, etc.).
- **Miscellaneous** – All other acts of self-harm not otherwise captured in the above definitions.

SOFT RESTRAINT DEVICES – Restraint devices used for Progressive Mental Health Restraints and are made of soft material such as leather or canvas rather than hard or metal materials.

SUBJECTIVE OBJECTIVE ASSESSMENT, PLAN AND EDUCATION FORMAT (SOAPE) – For the purpose of this Department Order, the reporting format for documenting a health care professional's encounter with an inmate in accordance with the Health Services Technical Manual.

SELF-HARM RISK ASSESSMENT – An evaluation by mental health professionals of an inmate's behavior, statements, and history for signs that would indicate a risk in engaging in self-harm. The assessment shall include a face-to-face contact, a review of the Medical Records, and an evaluation of the inmate's present life circumstance.

{Original Signature on File}

Charles L. Ryan
Director

ATTACHMENT

Attachment A, Suicide Prevention Card

FORM LIST

807-1, Mental Health Watch Order
807-2, Progressive Mental Health Restraint Checklist

CROSS-REFERENCE INDEX

Department Order #105, Information Reporting
Department Order #509, Employee Training and Education
Department Order #521, Employee Assistance Program
Department Order #601, Administrative Investigations and Employee Discipline
Department Order #704, Inmate Regulations
Department Order #706, Incident Management
Department Order #708, Searches
Department Order #711, Notification of Inmate Hospitalization or Death
Department Order #804, Inmate Behavior Control
Department Order #904, Inmate Religious Activities/Marriage Requests
Department Order #906, Inmate Recreation/Arts and Crafts
Department Order #911, Inmate Visitation
Department Order #912, Food Service
Department Order #915, Inmate Phone Calls
Department Order #1001, Inmate Release System
Department Order #1101, Inmate Access to Health Care
Department Order #1103, Inmate Mental Health Care, Treatment and Programs
Department Order #1105, Inmate Mortality Review

**ATTACHMENT A
DEPARTMENT ORDER 807**

Suicide Prevention 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
Refusal or inability to contract against self-harm	Inmates recently returned to custody
Communicating suicidal intent or plan	Inmates in isolation
Making final arrangements (wills, notes, etc.)	Inmates in detention cells
Hopelessness, no reason to live	Inmates in higher custody units
Depression	Almost all ADC suicides have involved hanging
Isolation and social withdrawal	
Sudden improved mood after depression	
Disorientation	Incidents That May Precipitate Self-Harm
Unusual, disorganized thinking, poor reality testing	
Anger, hostility, agitation	Recent use of drugs or alcohol
Loss of interest in daily activities	Divorce or "Dear John" letter
Giving away possessions	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