

# State of Iowa Department of Corrections Policy and Procedures

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Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: IO-SC-08, HSP-712

Administrative Code Reference: N/A

Subject: Suicide and Self-Injury Prevention

ACA Standards: 5-ACI-ID-12, 5-ACI-4A-15, 5-ACI-6A-35, 5-ACI-6B-15, 5-ACI-6E-01

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Authority:

## 1. PURPOSE

To ensure appropriate action is taken when any staff member has reason to believe that a patient may intentionally injure himself/herself or others.

## 2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to provide care and management of patients demonstrating self-injurious behavior and/or assaultive behavior.

## 3. DEFINITIONS

- A. Suicidal Ideation - Direct or indirect thoughts or fantasies of suicide or self-injurious acts expressed verbally or through writing or artwork without definite intent or action expressed. May be veiled or expressed symbolically.
- B. Suicide Threats - Direct verbal or written expressions of intent to commit suicide without action.

- C. Self-Injury - Self-directed actions that result in injury, but are typically not meant as a suicide attempt. However, these actions may be done in such a way that others could interpret the act as suicidal in purpose.
- D. Suicide Attempts - Serious self-directed actions that may result in minor or major injury by persons who intend to end their lives or cause serious harm to themselves.
- E. Completed/Successful Suicides - Deaths of persons who ended their lives by their own means with conscious intent to die; however, some suicides may occur based on accidental intent to die (e.g. engaging in high-risk activities.)
- F. Suicide and Self-Injury Prevention (SSIP) - A status for those patients who have shown intent to self-harm or who may be of direct harm to others.
- G. Mental Health Observation (MHO) - A status for those with mental status/behavior changes that warrant closer observation than their current living situation allows.
- H. Mental Health Care Providers - Qualified health care professionals who by virtue of their education, credentials and experience are permitted by law to prescribe medications. These include physicians, physician assistants and nurse practitioners.
- I. Mental Health Care Professionals - Qualified health care professionals who by virtue of their education, credentials and experience are permitted to care for the mental health needs of patients. These include psychologists, nurses, social workers and counselors.
- J. Mental Health Treatment Team - Team of staff that care for the mental health care needs of patients, which may include psychiatrist, medical practitioner, nurse, nurse practitioner, psychologist, correctional counselor, social worker, unit manager, assistant unit manager and correctional officers.
- K. See IDOC Policy AD-GA-16 for additional Definitions.

#### 4. PROCEDURE

All institutions within the IDOC will utilize this policy and relevant forms to monitor those patients demonstrating self-injurious and/or assaultive behavior. Facility orientation records will reflect that appropriate staff has received training in this policy

and procedure. **Appropriate action is to be taken when any staff member has reason to believe that a patient may intentionally injure himself/herself.**

A. Criteria - The criteria to place someone in Suicide/Self Injury Prevention (SSIP) should include, but is not limited to:

1. Any current thoughts or expression of suicide with a plan, ideation or intent.
2. Any form of self-mutilation, cutting, head-banging or insertion of objects into body orifices.
3. A patient exhibiting assaultive behavior deemed to be in direct correlation to their mental health diagnosis.
4. A patient with a current mental health diagnosis who obstructs entrance to the doorway or camera repeatedly. If after appropriate intervention they do not cease and the obstruction is dangerous to the patient's well-being, SSIP may be initiated.
5. A patient with a current mental health diagnosis that is hitting, punching, kicking or throwing any object and/or jumping on the bed to the extent of causing damage to the furniture. If after appropriate intervention, they do not cease and the actions may result in injury to the patient, SSIP may be initiated.

B. Authorization/Notification

1. The SSIP plan is usually initiated by a psychiatrist/psychologist when on duty.
  - a. Upon initiation of SSIP, the psychiatrist/psychologist will interview the patient and document the patient's history, behavior and treatment plan on appropriate forms.

The documentation of this encounter will be recorded in Medical ICON.

- b. Nursing staff and the shift supervisor will be notified of the SSIP status.
    - c. The shift supervisor will notify the appropriate unit of the pending arrival of a potentially self-injurious and/or assaultive patient.
  2. In the absence of the psychiatrist/psychologist, an SSIP plan would be initiated by on-site nursing staff.
    - a. Nursing staff will appropriately document the patient behavior and initiate Health Services form **HSF-710C**, *Suicide/Self-Injury Protocol (SSIP)*.
    - b. The on-call psychiatrist and designated management staff, e.g. on-site Duty Officer, will be notified.
    - c. Nursing staff will schedule the patient to be seen by mental health care provider/mental health care professional staff on the next administrative workday.
  3. Upon returning to duty, psychology/psychiatry staff will assume overall management responsibilities of all SSIP plans.
  4. An SSIP plan may be discontinued only by a psychiatrist/psychologist.

In the absence of a psychologist or psychiatrist, a licensed nurse may discontinue/change a SSIP status in consultation with the on-call psychiatrist.

#### C. Documentation and Monitoring Standards

Patients identified as having substantial risk for suicide/self-injury and/or assaultive behaviors associated with their mental health diagnosis are managed with an SSIP plan and will have the following documentation and monitoring guidelines initiated:

1. The psychiatrist/psychologist/nurse will initiate HSF-710C. This checklist will specify necessary management expectations. An appropriate

interview will be conducted with the patient and documented in an encounter in the electronic medical record prior to the end of the shift.

2. The institutional shift supervisor will ensure implementation of **HSF-710C**.
3. Health Services staff are responsible for notifying the psychiatrist/psychologist if any modifications to the SSIP plan are necessary based on identified medical/mental health need.
  - a. A member of the mental health treatment team must enter an encounter in the patient health record documenting any action(s) taken or recommended.
  - b. Every attempt shall be made to obtain vital signs and weights within the first 24 hours. If SSIP is continued past 72 hours, another set of weights and vital signs shall be obtained and thereafter as ordered.
  - c. Health Services staff must document patient contact on the Health Services *Segregation SSIP/MHO Log*, **HSF-710A**, minimally once every eight hours.
  - d. Nursing staff must enter a nursing encounter documenting the patient's condition into the patient health record. This documentation should include, at a minimum, the patient's behavior, whether eating or sleeping, verbal interaction, any evidence of self-injury, behavior or thoughts, in the past eight hours. This will be completed each shift.
4. Mental Health professionals will document an encounter in the electronic medical record each on-site workday.
5. Patients at risk for self-injury/suicide will be directly observed every five (5) minutes by IDOC staff or by an appropriately trained patient.
  - a. The five (5) minute checks are to be documented on the Health Services *Suicide/Self-Injury Protocol (SSIP) Log*, **HSF-710B**.
  - b. Security staff will do 15-minute checks per policy.

6. Shakedown of cell to be completed by security staff and recorded on the Health Services *Segregation SSIP/MHO Log*, **HSF-710A**, every 24 hours, or more frequently if indicated by security.
7. Mental health care provider/mental health care professional staff are to be notified of any significant behaviors or concerns.

#### D. Clothes and Bedding

When a patient is placed in SSIP, he/she will be issued a Suicide/Self-Injury Prevention gown to wear. At no time shall a patient be placed in the cell naked. The patient may be issued "slip on" shoes when out of cell. Patients must be appropriately dressed during escorts off of the unit (i.e. clothes, not a gown). A special SSIP mattress and blanket may be issued. Female patients on their menses may be allowed a pair of mesh underwear and a sanitary napkin. Any modification to the SSIP plan must be approved by the mental health care provider/psychologist and documented in the electronic medical record.

#### E. Nutrition

Patients placed in SSIP status will receive safe, nutritious meals. Sack meals are an option for patients who are placed in SSIP status for three (3) days or less. These meals shall consist of finger foods, provide adequate calories, include at least one item from each of the basic food groups, and will be served in a paper sack or appropriate container. At no time shall food loaf be used. Patients may be served the general diet tray with the exception of necessary modifications for the purpose of providing safe foods (i.e. boneless) and substitutions for foods that would be difficult to eat with a biodegradable utensil (i.e. soup). Variances from the general menu shall be of similar nutritional value. Patients who remain in SSIP status longer than three days shall receive at least two hot meals a day.

#### F. Exercise

Patients who are in SSIP status, if behavior deemed appropriate by the Treatment Team, are to be allowed exercise outside their cell five days a week for one hour each day excluding holidays. Patient must be directly observed by IDOC staff.

## G. Visits

Patients in SSIP status may have non-contact visits with people on their approved visiting list as determined by the Treatment Team.

## H. Discontinuing Suicide/Self-Injury Protocol

1. The following criteria should be considered for release from SSIP status:
  - a. No suicidal/threatening/assaultive ideation, intent or plan in the past 24 hours.
  - b. No hitting/punching/kicking of any objects or jumping on the bed in the past 24 hours.
  - c. No self-mutilation, cutting on self or head-banging in the past 24 hours.
  - d. No attempts at covering up the doorway or camera in the past 24 hours.
  - e. No use of mental health/medical restraints in past 24 hours.
  - f. Compliance with prescribed medication regime for the past 24 hours.
2. The psychiatrist/psychologist has final responsibility for terminating a Patient's SSIP status. Health services staff shall be notified of final termination. Upon discontinuing a patient's SSIP status, an MHO (Mental Health Observation) status should be implemented when staff has ongoing concerns relating to a patient's mental health.
3. The psychiatrist/psychologist/nurse will complete documentation in the patient health file discontinuing the SSIP.
4. The shift supervisor and psychiatrist must be advised regarding the discontinuation.
5. All *Health Services Segregation SSIP/MHO Logs*, **HSF-710A**, are to be forwarded by security to health services to be filed and/or scanned in the mental health subsection of the patient health file. *Suicide/Self-Injury Protocol (SSIP)* forms **HSF-710B** and **HSF-710C** are to be forwarded to health services and retained for a limited period of time not to exceed five (5) years.

6. Patients who have made a serious attempt at suicide should remain on mental health caseloads and be reviewed within 30 days from release of SSIP and then monthly for four months.
7. Patients on the psychotropic SAM program who are placed in SSIP will immediately have their medications retrieved and returned to Health Services, and will be placed on pill line/direct observation only status. The patient will not be returned to psychotropic SAM status until it is specifically reviewed and documented by the prescribing psychiatrist that the patient may be returned to the program.