State of Iowa Department of Corrections

Policy and Procedures

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Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: Chapters 904, 812, 229
Chapter 10: Forensic Psychiatric Hospital
Sub Chapter: Treatment
Related DOC Policies: FPH-31, HSP-710, IO-HO-05, IO-HO-07, IO-SC-08
Administrative Code Reference: 481
Subject: Suicide Self-Injury Prevention
PREA Standards: NA
Responsibility: Warden Mike Heinricy, Dr. Theresa Clemmons Effective
Date: October 2024
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 Forensic Psychiatric Hospital to provide care and management of patients demonstrating self-injurious behavior.

3. DEFINITIONS - As used in this document:

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 die by suicide without action.

C. Suicide Gestures - Self-directed actions that result in no injury, or minor injury, by persons who neither intended to end their lives nor expected to die as a result, but were done in such a way that others would interpret the act as suicidal in purpose (e.g. minor scratches on the wrists with a plastic knife).

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. Death by Suicide - Deaths of persons who ended their lives by their own means with conscious intent to die; however, some suicides may occur based on unconscious 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 harm self.

G. Mental Health Observation (MHO) - A status for those patients with mental status/behavior changes that warrant a closer observation.

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 offenders. These include psychologists, nurses, social workers and mental health counselors.

4. PROCEDURE

The Forensic Psychiatric Hospital will utilize this policy and relevant forms to monitor those patients demonstrating self-injurious 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 SSIP should include, but is not limited to:

1. 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 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.

4. A patient with a current mental health diagnosis that is hitting, punching, kicking any object and/or jumping on the bed repeatedly. If after appropriate intervention, they do not cease and the actions may result in injury to the patient, SSIP may be initiated.

5. A patient with current thoughts, threats, or ideation of suicide may be placed in SSIP.

B. Authorization/Notification

1. A Suicide/Self-Injury Prevention (SSIP) plan is usually initiated by a psychiatrist when on duty.

    a. Upon initiation of SSIP, the psychiatrist will promptly interview the patient and document the patient's history, behavior and treatment plan on appropriate forms.

    b. The shift supervisor will be notified of the SSIP status.

2. In the absence of the psychiatrist, an SSIP plan would be initiated by on-site nursing staff.

    a. Nursing staff will notify the unit officer to initiate completion of form **FPH-31 F-1,** *Observation/Restraint/Seclusion Log*.

    b. The on-call psychiatrist and designated management staff, e.g. on-site Shift Supervisor, will be notified.

3. Upon returning to duty, psychiatry staff will assume overall management responsibilities of all SSIP treatment plans.

4. An SSIP treatment plan may be discontinued only by a psychiatrist.

C. Documentation and Monitoring Standards

Patients identified as having substantial risk for suicide/self-injury are managed with an SSIP plan and will have the following documentation and monitoring guidelines initiated:

1. The psychiatrist/nurse will initiate form FPH-31 F-1, *Observation/Restraint/Seclusion Log.* This checklist will specify necessary management expectations.

2. The shift supervisor will ensure implementation of form **FPH-31 F-1,** *Observation/Restraint/Seclusion Log.*

3. Nursing staff are responsible for notifying the psychiatrist if any modifications to the treatment plan are necessary based on identified medical need.

    a. Nursing staff must enter an encounter in the patient health record documenting any action(s) taken or recommended.

    b. 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. Patients at risk for self-injury/suicide will be directly observed every five (5) minutes by staff.

    The five minute checks are to be documented on the *Observation/Restraint/Seclusion Log*, **FPH-31 F-1.**

5. Room checks are completed by security staff each shift and recorded on the *Observation/Restraint/Seclusion Log*, **FPH-31 F-1**.

6. 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. The patient may be issued "slip on" shoes when out of seclusion room. 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.

E. 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 medical restraints in past 24 hours.

    f. Compliance with prescribed medication regime for the past 24 hours.

2. The psychiatrist has final responsibility for terminating a patient's SSIP status. Upon discontinuing a patient's SSIP status, an MHO (Mental Health Observation) status may be implemented when staff has ongoing concerns relating to a patient's mental health.

3. The psychiatrist/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. When the team has completed the form and it has been reviewed, the *Observation/Restraint/Seclusion Logs*, **FPH-31 F-1**, are to be forwarded by security to the FPH records administrator to be filed and/or scanned in the mental health subsection of the patient health file. These forms will be retained for a limited period of time not to exceed five years.