
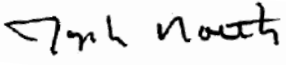
 Corrections and Community Supervision DIRECTIVE	TITLE Incarcerated Individual Suicide Prevention		NO. 4101
			DATE 11/18/2022
SUPERSEDES DIR #4101 Dtd. 01/25/18	DISTRIBUTION A B	PAGES PAGE 1 OF 18	DATE LAST REVISED
REFERENCES (Include but are not limited to) See Section II	APPROVING AUTHORITY  		

I. OVERVIEW: It is the policy of the Department of Corrections and Community Supervision (DOCCS) to effectively monitor all incarcerated individuals for the potential for self-harm or suicide attempts in order to ensure the effective delivery of mental health care by the New York State Office of Mental Health (OMH) and to preserve the safety and lives of the incarcerated individuals under its custody. Each section contained in this policy is an important component of a comprehensive suicide prevention program and the Department will ensure that all staff are aware of the provisions contained herein and that the mandates of each section are followed. All staff have responsibility for preventing suicides by effectively monitoring incarcerated individuals, understanding potential suicide indicators, and knowing the appropriate responses when it is determined that an incarcerated individual may be at risk for self-harm or suicidal behavior. It is understood that all suicidal threats, attempts, or indicators are to be taken seriously given the potential risk to the life of an incarcerated individual.

The Department shares responsibility with OMH for the prevention of incarcerated individual suicides through our collaborative working relationship as set forth in the DOCCS/OMH Memorandum of Understanding. Through mutual respect and cooperation, each agency will be able to fulfill its respective role in ensuring the safety of staff and incarcerated individuals in DOCCS facilities and that DOCCS' incarcerated population receives the highest quality of mental health care. The Department also has an ethical responsibility to respond to, support, and assist employees exposed to a critical incident, such as when an incarcerated individual has had a serious suicide attempt or completed suicide. The level of support for involved employees will be determined at the facility level by the Superintendent.

II. REFERENCES

- Correction Law §2, §47, §137
- Health Insurance Portability and Accountability Act (HIPAA)
- ACA Expected Practices
 - 5-ACI-4A-01, 5-ACI-4A-10, 5-ACI-4A-11, 5-ACI-4B-11, 5-ACI-4B-28, 5-ACI-6A-28, 5-ACI-6A-29, 5-ACI-6A-30, 5-ACI-6A-35, 5-ACI-6A-36, 5-ACI-6B-08, 5-ACI-6B-13, 5-ACI-6E-01
- Directives #2208, #2230, #4004, #4013, #4026, #4059, #4206, #4301, #4309, #4933
- CNYPC CBO Policy and Procedure Manual
- "Housing Unit Emergencies" Memorandum

III. SCREENING AND ASSESSMENT: While the assessment of suicide risk should not be viewed as a single event, but as an ongoing process, initial entry to the Department can be a critical time of risk for suicidal behavior. Other points during incarceration may also be associated with an increased risk for suicidal behavior. Formal screening and assessment of incarcerated individuals for potential suicidal behavior will occur at several times and under certain circumstances during their time in DOCCS, as indicated below:

A. Initial Departmental Reception and Classification and Upon Transfer

1. At all reception and intake centers, DOCCS will make incarcerated individuals available for OMH to conduct a suicide screening on the day of their arrival.
2. As part of the reception process, other formal screening will be provided. Health Services staff will complete the Department's standardized [Form #3278MED](#), "Health Screening for Reception/Classification, Transfers, SHU/RRU/SDP/RMHU/TBU/BHU/CAR/Diversion Unit Admissions" [Form #3278MH](#), "Mental Health Screening for Reception/Classification, Transfers, or SHU/RRU/SDP/RMHU/TBU/BHU/CAR/Diversion Unit Admissions," and [Form #3278PREA](#), "PREA Screening for Reception/Classification, Transfers, or SHU/RRU/SDP/RMHU/TBU/BHU/CAR/Diversion Unit Admissions," and Classification staff will complete the Department's standardized "Reception Assessment Worksheet," [Form #2900](#).
3. In addition to these screening measures, all incarcerated individuals, as part of the reception and intake process, will be given [Form #DC056](#), a Suicide Prevention pamphlet designed for incarcerated individuals to keep in their possession. They will also be given orientation about the mental health services that are provided by staff of OMH and how to access that mental health care if they feel the need.
4. Staff will encourage incarcerated individuals to be alert for suicidal potential in themselves or their fellow incarcerated individuals, and to inform DOCCS or OMH staff immediately if they feel like harming themselves, or are feeling suicidal, or if they notice another incarcerated individual may be contemplating an act of suicide or self-harm.

B. Upon Transfer: Health Services will complete the Department's standardized [Form #3278MH](#), [Form #3278MED](#), and [Form #3278PREA](#) for incarcerated individuals being transferred within the DOCCS system.

C. Admission to Special Housing Unit (SHU), Step-Down Program (SDP), Residential Rehabilitation Unit (RRU), Residential Mental Health Unit (RMHU), Therapeutic Behavioral Unit (TBU), Behavioral Health Unit (BHU), Correctional Alternative Rehabilitation (CAR), or Diversion Unit

1. Placement in a SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit may be a time when an incarcerated individual experiences an increased level of agitation, anxiety, or feelings of depression. Staff should be especially alert for signs and symptoms of the potential for self-harm or suicidal behavior at this time.
2. Health Services will complete the Department's standardized [Form #3278MH](#), [Form #3278MED](#), and [Form #3278PREA](#) for all incarcerated individuals admitted to a SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit as soon as possible, but not later than 24 hours after admission.

3. DOCCS Evaluation: Upon placement of an incarcerated individual into segregated confinement, a suicide prevention screening instrument, [Form #3152](#), "Suicide Prevention Screening Guidelines for Incarcerated Individuals," is to be administered by the SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit Security Supervisor. [Form #3152](#) is to be administered upon admission and readmission (any incarcerated individual previously admitted to a SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit and having subsequently left the SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit for at least one day for the purpose of a Residential Crisis Treatment Program [RCTP] admission, an infirmary admission, an outside trip of any type, or for any other reason) to SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit or upon transfer into SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit from another facility's SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit. Each subsequent admission to a SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit will require the completion of a new [Form #3152](#) (i.e., including but not limited to release from RCTP, and/or outside hospital or court). Upon admission, [Form #3152](#) is completed and an entry should be made in the unit activity logbook that it was completed, indicating the outcome.
- a. If an incarcerated individual is taken to the infirmary on the way to SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit, the suicide prevention screening form, [Form #3152](#), is not to be completed until the incarcerated individual is in the SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit admission area.
 - b. If the screening form indicates that an incarcerated individual may be at risk of suicide, appropriate safety precautions must be taken and an OMH clinician must be consulted. Any response indicated by an asterisk (***) check box requires an immediate telephone referral to Mental Health at a facility with mental health services. At facilities without any Mental Health staff, refer to procedures outlined in Section V of this directive. In either situation, the Watch Commander is to be notified by phone. [Form #3152](#) serves as the mental health referral for both immediate and regular mental health referrals. No additional referral form is necessary.

It is essential that recommended actions and notification are initiated and clearly documented on the form as well as in the SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit activity logbook. This includes whether or not Mental Health was notified, the type of notification, how they were notified, and, if it was an immediate referral, the name and title of the OMH clinician who was contacted. In addition, all instructions from OMH and the Watch Commander in response to an immediate referral must be documented in the SHU/SDP/RRU/RMHU/TBU/BHU/CAR/Diversion Unit activity logbook. Regular OMH referrals are outlined in Section V.

4. OMH Evaluation

- a. SHU/RRU: In accordance with §137 of the Correction Law, within one business day of the placement of an incarcerated individual into segregated confinement at an OMH level 1 or level 2 facility, each incarcerated individual shall be assessed by a mental health clinician. Per Central New York Psychiatric Center's (CNYPC) Corrections Based Outpatient Operations (CBO) Policy and Procedure Manual, any incarcerated individual previously admitted to a SHU/RRU and having subsequently left the SHU/RRU for at least one day for the purpose of a RCTP admission, an infirmary admission, an outside trip of any type, or for any other reason, will receive a Mental Health Assessment within one business day of their return to SHU/RRU.

For OMH level 3 and 4 facilities, evaluation by an OMH clinician will take place within seven days of admission. Any incarcerated individual previously admitted to a SHU/RRU and having subsequently left the SHU/RRU Unit for at least one day for the purpose of RCTP admission, an infirmary admission, an outside trip of any type, or for any other reason, will receive a SHU/RRU Mental Health Assessment within seven days of their return to SHU/RRU.

- b. All incarcerated individuals in SHU/RRU at an OMH level 1 or 2 facility will be re-assessed by an OMH clinician within seven days of their Intake Mental Health Assessment and at least every 30 days thereafter.
- c. All incarcerated individuals in SHU/RRU at an OMH level 3 or 4 facility will be re-assessed by an OMH clinician within 30 days of their Intake Mental Health Assessment and at least every 90 days thereafter.
- d. For OMH level 6 facilities, a qualified mental health professional must interview the incarcerated individual, in person or by video conference, and prepare a written report on any incarcerated individual remaining in SHU/RRU for more than 30 days. If confinement continues beyond 30 days, a Mental Health Assessment by a qualified mental health professional must be completed at least every 90 days.
- e. For an OMH level 6 SHU/RRU, the Offender Rehabilitation Coordinator (ORC) will be responsible for maintaining a list of incarcerated individuals that must be seen for the required 30- and 90-day Mental Health evaluations as described above. The list will be sent to the respective OMH Unit Chief for notification and scheduling of required 30- and 90-day evaluations. All incarcerated individual refusals should be documented by DOCCS staff.

- D. Parole Board Hearing: Depending on the outcome of a Parole Board Hearing, incarcerated individuals may experience emotional changes that could make them more at risk for suicidal behavior. Staff should also be aware that even if parole was granted, some incarcerated individuals may have difficulty with this transition, especially if they have been incarcerated for a lengthy sentence. The prospects of release can be stressful and anxiety-producing. Staff should be especially alert for signs and symptoms of potential self-harm or suicidal behavior prior to and following a Parole Board Hearing. Any concerns should prompt an immediate referral for an OMH evaluation with [Form #3150](#), "DOCCS - Mental Health Referral."

The Deputy Superintendent for Programs will ensure the OMH Unit Chief/Coordinator is provided the results of Parole Board decisions (discretionary cases), for incarcerated individuals receiving active mental health services, prior to distributing the results to the incarcerated individuals. OMH staff will be able to consider the potential impact of the Board decisions. In the event OMH staff anticipates a possible negative reaction, the OMH Unit Chief/Coordinator will coordinate with the DSP and SORC to establish a procedure to notify the incarcerated individual in order to effectively manage an adverse reaction by the incarcerated individual. Thereafter, if warranted, appropriate precautionary measures should be taken to prevent self-harm.

- E. Placement of Incarcerated Individuals Returned from Escape/Absconding: All incarcerated individuals returned to DOCCS custody following an escape or absconding will be placed on a suicide watch by DOCCS staff until OMH can evaluate them.
- F. Death of Family Member in Custody: Upon notification of an incarcerated individual suicide, records should be reviewed to identify any potential family members in DOCCS custody. If found to have immediate family in DOCCS custody, notification should be made to the Deputy Superintendent for Program Services and OMH, if available, at the family member's assigned facility to ensure that the incarcerated individual is made aware of the death in accordance with Directive #4206, "Notification of Death or Grave Illness of Incarcerated Individual Family Members."
- G. Transportation of RCTP or TTSU Incarcerated Individuals: When individuals housed on such units are transported on an outside trip (i.e., court appearance, hospital procedure, alternate RCTP) certain safety/security precautions must be taken. This includes the following:
 - 1. Assessment by OMH Unit Chief or designee prior to departure on an outside trip must be conducted. In order for an outside trip to occur directly from RCTP or TTSU, the assessment must indicate that the incarcerated individual has been cleared for transport and this information must be conveyed to the Inmate Records Coordinator (IRC) and Watch Commander via email. Any known pertinent information concerning an incarcerated individual's past behaviors during prior instances of outside transportation should also be included in the email.
 - 2. Upon return to the facility or arrival at a new facility (in the event of an RCTP-to-RCTP transfer), the incarcerated individual must be housed in an RCTP cell and be reassessed by the OMH Chief or designee.

IV. TRAINING & EDUCATION

- A. Staff Training: Suicides can occur at any time. All staff have a responsibility for preventing suicides by effectively monitoring incarcerated individuals, understanding potential suicide indicators, and knowing the appropriate responses when it is determined that an incarcerated individual may be at risk for self-harm or suicidal behavior. Since Correction Officers are often the only staff available 24 hours a day, they form the "front line" of defense in preventing suicides.

A comprehensive Suicide Prevention and Intervention Training Program will include:

- 1. Pre-Service Training: Correction Officer recruits shall complete 20 hours of specialized mental health training, including at least eight hours of training about the prevention of suicide, the types and symptoms of mental illness, the goals of mental health treatment, and how to effectively and safely manage incarcerated

individuals with mental illness prior to being assigned to a facility. Training will take place over the course of three days.

2. **In-Service Training:** At least annually, all security and civilian staff with direct contact with incarcerated individuals will receive formal Suicide Prevention and Intervention training. Areas covered will include, but not be limited to: symptoms and predisposing factors of potentially suicidal incarcerated individuals; risk factors in the evaluation of suicidal potential; management of potentially suicidal incarcerated individuals; and completion of DOCCS [Form #3150](#). All DOCCS Sergeants will receive training on the proper completion of [Form #3152](#). The video which details the completion of this form should be shown to all new Sergeants as part of their orientation at their first facility assignment. The Regional Training Office should prepare an RTF-SLMS with the appropriate code to indicate the individual has completed this training.

In addition, security staff attending the DOCCS Sergeant and Lieutenant School will also be trained in their role in the prevention of incarcerated individual suicides, including the proper completion of [Form #3150](#) and the various suicide prevention screening forms used in the Department. Medical staff will receive in-service training regarding the proper completion of [Form #3278MH](#), [Form #3278MED](#), and [Form #3278PREA](#).

3. **Additional Mental Health Training:** In addition to training specifically related to suicide prevention, DOCCS and OMH collaborate in the provision of other training related to mental health issues. All staff regularly assigned to SHUs at facilities designated as OMH level 1 and 2 will receive four hours of annual training, provided by OMH, that specifically deals with the issues of mental illness and SHU confinement and suicide prevention. All staff regularly assigned to OMH Satellite Units (RCTPs) will receive annual training that relates to mental health issues and the operations of those units.
 4. DOCCS staff regularly assigned to Residential Mental Health Treatment Units (RMHTUs), including the Intermediate Care Programs (ICPs), the Therapeutic Behavioral Unit (TBU), the Behavioral Health Unit (BHU), and Residential Mental Health Units (RMHUs) shall receive training annually to include at least eight hours of training about the types and symptoms of mental illnesses, the goals of mental health treatment, the prevention of suicide, and how to effectively and safely manage incarcerated individuals with mental illness.
 5. **Emergency Response Training:** All security staff who have regular contact with incarcerated individuals shall receive standard first aid and cardiopulmonary resuscitation/automatic external defibrillator (CPR/AED) training. All staff shall also be trained in the use of the various emergency equipment that is located in each housing unit.
- B. **Incarcerated Individual Awareness:** Incarcerated individual awareness of suicide risk factors is important since they are most likely to see or hear any early signs or symptoms of suicidal behavior. Therefore, DOCCS will provide incarcerated individuals with the following information to help them identify these potential suicide indicators and determine the appropriate response:

1. At Reception and Intake: A suicide prevention video will be shown to all incarcerated individuals. They will each also receive [Form #DC056](#), which is designed for incarcerated individuals to keep in their possession. They will also be given an orientation about the mental health services that are provided by OMH staff and how to access that mental health care if needed.
2. Initial Interview: Each incarcerated individual will be interviewed and assessed by the assigned ORC within five days of arrival at a new facility. As part of the interview/assessment, specific questions are included to assess for suicidal risk. If an incarcerated individual responds in the affirmative or refuses to answer questions regarding history of suicide attempts or thoughts of self-harm, staff must make an immediate referral to Mental Health. In facilities without OMH staff on site, staff will make an immediate referral to Medical staff (MD, PA, NP, RN), who will further examine/assess and consult with the Watch Commander as per procedures outlined in Section V.
3. Facility Orientation: Will include information about mental health services, potential suicide indicators, and procedures for mental health referrals. A suicide prevention video will also be shown at all facility orientations, along with distribution of [Form #DC056](#) to all incarcerated individuals in attendance.
4. Peer Support Program Pilot: The Peer Support Program is designed to continue efforts in suicide prevention by offering peer support.

V. REFERRAL AND EVALUATION: Through observation of behavior, screening measures, or personal request, incarcerated individuals must be referred to OMH via completion of [Form #3150](#) for a comprehensive mental health evaluation whenever they appear to be at risk of, or have engaged in self-harm or suicidal behavior. In accordance with CNYPC Corrections Based Operations Policy #1.3, any referral suggesting that the incarcerated individual is at imminent risk for self-harm or injury to others, requires that they be assessed immediately and/or placed on a Suicide Watch. All other referrals are addressed within a time frame that is consistent with the nature of the referral and within 14 days.

A. In an OMH Level 1 Facility with Full Time OMH Staff on Duty until 10 pm

1. If an incarcerated individual is identified as needing an immediate referral to OMH, call Mental Health and notify area security staff, your supervisor, and the Watch Commander. Do not leave the incarcerated individual unattended. Once OMH has responded, all relevant referral forms or screening documentation must be hand delivered to the OMH Unit.
2. If an incarcerated individual is identified as needing a regular referral to OMH, notify your supervisor and forward the relevant referral/screening form to OMH.

B. In an OMH Level 1 Facility after 10 pm

1. If an incarcerated individual is identified as needing an immediate referral to OMH, notify area security staff, your supervisor, and the Watch Commander. Do not leave the incarcerated individual unattended. The Watch Commander will contact Medical staff (MD, PA, NP, RN), who will further examine/assess for imminent risk of self-harm or injury to others. For an incarcerated individual determined to be at imminent risk of self-harm, the Watch Commander will notify the Officer of the Day to determine appropriate safety precautions and if they require a Suicide Watch. Safety precautions may include placing them on a Suicide Watch in RCTP or

- RCTP overflow, or by assigning a same gender (absent exigent circumstances) Correction Officer to provide direct and continuous observation of the incarcerated individual in a cell or designated area in the facility until OMH can assess them on the next business day. Suicide watches shall not occur in SHU. The mental health referral/screening forms should be hand delivered to the Mental Health Unit so it is in OMH's possession for review on the next business day.
2. If an incarcerated individual is identified as needing a regular referral to OMH, notify your supervisor and forward the relevant referral/screening form to OMH.
- C. In an OMH Level 2 Facility with Full Time OMH Staff (During Business Hours)
1. If an incarcerated individual is identified as needing an immediate referral to OMH, call Mental Health, notify area security staff, your supervisor, and the Watch Commander. Do not leave the incarcerated individual unattended. Once OMH has responded, all relevant referral/screening forms must be hand delivered to OMH Unit.
 2. If an incarcerated individual is identified as needing a regular referral to OMH, forward the relevant referral/screening form to OMH.
- D. In an OMH Level 2 Facility with Full Time OMH Staff (After Business Hours)
1. If an incarcerated individual is identified as needing an immediate referral to OMH, notify area security staff, your supervisor, and the Watch Commander. Do not leave the incarcerated individual unattended. The Watch Commander will contact Medical staff (MD, PA, NP, RN), who will further examine/assess for imminent risk of self-harm or injury to others. For an incarcerated individual determined to be at imminent risk of self-harm, the Watch Commander will notify the Officer of the Day to determine appropriate safety precautions and if they require a Suicide Watch. Safety precautions may include placing the incarcerated individual on a Suicide Watch in a cell or designated area in the facility until OMH can assess them on the next business day. Suicide watches shall not occur in SHU. The relevant referral/screening form should be hand delivered to the Mental Health Unit so it is in OMH's possession for review on the next business day.
 2. If an incarcerated individual is identified as needing a regular referral to OMH, forward the relevant referral/screening form to OMH.
- E. In a Facility with Part-Time or No OMH Staff
1. If an incarcerated individual is identified as needing an immediate referral to OMH, notify area security staff, your supervisor, and the Watch Commander. Do not leave the incarcerated individual unattended. The Watch Commander will contact Medical staff (MD, PA, NP, RN), who will further examine/assess for imminent risk of self-harm or injury to others. For an incarcerated individual who is determined to be at imminent risk of self-harm, the Watch Commander will notify the Superintendent, during business hours, to determine appropriate safety precautions and if they require a Suicide Watch, while Medical staff contacts the OMH Catchment Area Unit Chief or designee to notify them of the need for assessment by an OMH clinician.

After normal business hours, for an incarcerated individual determined to be at imminent risk of self-harm, the Watch Commander will notify the Officer of the Day to determine appropriate safety precautions and if they require a Suicide Watch. Safety precautions may include placing the incarcerated individual on a Suicide Watch in a cell or designated area in the facility until in-transit movement to the Catchment Mental Health Unit, in accordance with Directive #4301, "Mental Health Satellite Services and Commitments to CNYPC." Suicide watches shall not occur in SHU. The referring facility NA or designee will contact OMH staff at the Satellite Catchment Unit to inform them that an immediate mental health referral is required. The Satellite Catchment Unit will then provide a specific date to the referring facility for a mental health evaluation to be completed. These appointments will be scheduled for the next available day clinic. Day clinics will be held on Tuesdays and Thursdays of each week. The relevant referral/screening form must be sent to the Satellite Mental Health Unit.

2. If an incarcerated individual is identified as needing a regular referral to OMH, notify your supervisor and forward the relevant referral/screening form to Medical. Upon receipt of the documentation, Medical staff (MD, PA, NP, RN) will further examine/assess the incarcerated individual and document any supplemental information obtained in the interview and any further observations that will assist OMH in their evaluation. The incarcerated individual will be scheduled for an appointment at the Catchment Mental Health Unit in accordance with Directive #4301. The referring facility NA or designee will contact the Regional Satellite Catchment Unit to inform them that a regular mental health referral is being made. The Mental Health Unit will provide a specific date or dates available for mental health day clinics to complete evaluations.

NOTE: Video-teleconference (VTC) should be utilized for evaluation of immediate and regular referrals, when possible, prior to sending an incarcerated individual to a Regional Satellite Catchment Unit.

VI. SUICIDE AND SPECIAL WATCHES

- A. General: Suicide Watches may be imposed to monitor incarcerated individuals who, by their words or observed behavior, appear to be threats to themselves. Suicide Watches serve to maintain good order and safety within a facility and also facilitate management and assessment of incarcerated individuals with acute mental illnesses.
- B. Authorization: Any member of the OMH clinical staff may place an incarcerated individual on a Suicide Watch. In the absence of OMH staff, Medical staff (MD, PA, NP, RN) and/or the Watch Commander may place an incarcerated individual on a Suicide Watch. During regular business hours, the Watch Commander shall notify the Superintendent to determine if an incarcerated individual requires a Suicide Watch as described in Section V. After regular business hours, the Watch Commander shall notify the Officer of the Day to determine if an incarcerated individual requires a Suicide Watch as described in Section V. The Unit Chief must ensure that there are procedures in place for DOCCS to notify the OMH Unit Chief or designee when OMH staff is not on site by providing a contact number to the Watch Commander. The Unit Chief or designee will ensure that an OMH clinician evaluates the incarcerated individual at the beginning of the next business day.

- C. Location: The primary location for a Suicide Watch is a correctional facility with an OMH Satellite Unit. A facility without a Satellite Unit may place the incarcerated individual in an identified cell* or room suitable for a Suicide Watch or may request an emergency transfer in accordance with Directive #4301.

*All facilities shall identify cells or rooms suitable for Suicide Watches. The rooms should be such that the Correction Officer is able to provide direct, constant visual observation of the incarcerated individuals. Suicide watches shall not occur in SHU. Incarcerated individuals placed on a Suicide Watch in non-Satellite Unit facilities, or in overflow areas in facilities with Satellite Units, will be provided with the same minimum standard items as available in Satellite Units. These designated cell(s) or room(s) will be utilized should access to an observation (OBS) cell be required and the incarcerated individual is unable to be moved at that time, or if all existing OBS cells are occupied.

D. Suicide Watches

1. Definitions

- a. **One-on-One Suicide Watch**: In cases where a single incarcerated individual is to be watched or where constant observation is required, the Watch will consist of direct, constant visual observation of the incarcerated individual by a Correction Officer of the same gender as the incarcerated individual in accordance with Directive #2230, "Guidelines for Assignment of Male and Female Correction Officers." When exigent circumstances exist, cross-gender coverage of an incarcerated individual on a Suicide Watch is permissible (exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility). Any incarcerated individual on a Suicide Watch must be under constant visual observation.
- b. **One-on-Two Suicide Watch**: In cases where there are two incarcerated individuals to be watched, the Watch will consist of one Correction Officer of the same gender as the incarcerated individuals simultaneously observing both of them at all times. Incarcerated individuals on a one-on-two Suicide Watch must be placed in adjacent individual cells/rooms. Based on the physical characteristics of the cells at a particular location, the facility Watch Commander, in consultation with the Deputy Superintendent for Security (DSS), will determine if one-on-two suicide watch is warranted. The ratio will never exceed one Correction Officer providing constant and simultaneous observation of two incarcerated individuals.

When exigent circumstances exist, cross-gender coverage of an incarcerated individual on a Suicide Watch is permissible (exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility). Any incarcerated individual on a Suicide Watch must be under constant visual observation.

2. An incarcerated individual, regardless of OMH level, who requires outside hospitalization due to engaging in suicidal and/or self-harm behavior will be placed on a 1:1 Suicide Watch upon their return to the correctional facility. Prior to RCTP admission, the incarcerated individual will require clearance by Medical staff (MD, PA, NP, RN). The incarcerated individual will remain on the Watch until evaluated by an OMH Psychiatrist, OMH Unit Chief, or other OMH designee.

- E. Special Watches: Incarcerated individuals placed in RCTP observation cells who are not on a Suicide Watch are considered to be on a Special Watch. The Correction Officer must make continuous rounds, every 15 minutes, between the incarcerated individuals on the Watch.

In addition to the required rounds, there are video monitors at the Officer's station which allow the Officer to observe the incarcerated individual in each cell. In accordance with Directive #2230, "Guidelines for Assignment of Male and Female Correction Officers," observation shall be conducted by a Correction Officer of the same gender as the incarcerated individual. Any behavior by an incarcerated individual in the cell observed by the Officer shall be documented in the unit activity logbook.

- F. Notification: In those instances when the Watch Commander, after consulting with Medical staff (MD, PA, NP, RN), determines a Suicide Watch is necessary (in the absence of facility OMH staff), it will be their responsibility to notify OMH. The Watch Commander will then log who made the notification, the time, and the name of the OMH staff notified. The notification of the Watch Commander will be done immediately. The Unit Chief must ensure that there are procedures in place for DOCCS to notify the OMH Unit Chief or designee when OMH staff is not on site by providing a contact number to the Watch Commander. The Unit Chief or designee will ensure that an OMH clinician evaluates the incarcerated individual at the beginning of the next business day.

NOTE: In the event that the Watch Commander orders a Suicide Watch, they shall follow the same guidelines as stated above regarding the notification of the appropriate OMH staff.

- G. Minimum Standard Items

1. When an incarcerated individual is placed on a Suicide Watch, the following minimum standard items must be issued until they have been evaluated by an OMH clinician:
 - 2 mats*
 - Smock*
 - Rubber sandals* (for in and out of cell use)
 - Standard mattress (non-Satellite Units); Densified polyester mattress (Satellite Units)
 - Toilet paper as needed
 - Flex Spoon with meal or Eco Security Utensil, as approved by the OMH Unit Chief or the DSS after consultation with the OMH Unit Chief, or Medical Physician for medical reasons, and shall be documented in the Unit Activity Logbook (to be returned following use).
 - Female incarcerated individuals housed in OBS will be provided with underwear and sanitary pads while menstruating

- Observation Wrap (given in lieu of smock) requires approval of the Unit Chief and/or the DSS

*Facilities are expected to use observation smocks, rubber sandals, and flame-retardant cell pads (mats), which may be obtained by purchase order.

- Corcraft Marketing and Sales (for smocks and mats only)

By Mail:	or	By Fax:
Attention: Order Services Corcraft, 550 Broadway Albany, NY 12204		Attention: Order Services (800) 898-5895

Smocks and mats must be inspected before they are distributed and on a daily basis. If the items appear damaged or altered, they must be replaced. Sufficient quantities should be maintained to ensure laundering of items.

- Cook’s Correctional

Flex Spoon: Model Number #630-001T (tan) Eco Security Utensil: Model Number #ESU-2500 (2500 count)	
27725 Diehl Road Warrenville, IL 60555	(800) 956-5571

- Bob Barker Company, Inc. (for Slip-on PVC Sandal, White – Item #80319 - size, i.e., #80319-7, for a size 7)

Bob Barker Company 7925 Purfoy Rd., Fuquay-Varina, NC 27526 ATTN: Jeff Hadgraft (or current), Account Manager				
Phone	or	Fax	or	E-mail
(800) 334-9880		(800) 322-7537		customerservicenorth@bobbarker.com

Any questions regarding the purchasing of smocks, mats, rubber sandals can be addressed to the Director of DOCCS Bureau of Mental Health Services.

2. Personal hygiene items (e.g., toothbrush, toothpaste, washcloth, and soap) may be issued when authorized by an OMH staff member. In the absence of OMH staff, these items may be issued at the discretion of Medical and Security staff. Issuance and return of any item must be noted in the Suicide Watch logbook (see subsection VI-I).

NOTE: Only one Styrofoam cup may be retained in the cell/room.

3. A minimum standard item may be changed or removed if the OMH Psychiatrist, OMH Unit Chief, or OMH designee determines that there is substantial risk that the incarcerated individual will engage in self-harm. In the absence of OMH staff, if an incarcerated individual subsequently uses, or attempts to use, any of these items in a way to harm themselves, the Watch Commander may order such item(s) removed. Issuance and return of any item must be noted in the Suicide Watch logbook and the Unit Activity Logbook.

H. Admission/Documentation/Equipment

1. Incarcerated individuals placed on a Suicide/Special Watch in an OMH Satellite Unit, as described in this policy, will receive a medical examination/assessment to include vital signs, upon admission. If OMH staff are not present at the time the incarcerated individual is placed on a Suicide/Special Watch, the examination/assessment will be done by Medical staff (MD, PA, NP, RN). All incarcerated individuals placed on a Suicide Watch outside of OMH Satellite Units must have a medical examination/assessment, including vital signs, by Medical staff (MD, PA, NP, RN) when placed on the Watch. For any incarcerated individual that requires transfer or in-transit movement to a Satellite Unit, policies and procedures as outlined in Directive #4301 must be followed to include medical examination/assessment and documentation that the incarcerated individual is stable for transport.
2. The Correction Officer assigned to the RCTP responsible for maintaining the unit activity logbook will record the temperature reading from the wall-mounted thermometer in the RCTP observation cell area at the beginning of each shift.
3. The Correction Officer assigned to constantly observe an incarcerated individual placed on a Suicide Watch will be issued a Radio/Personal Alarm System (PAS). The volume should be maintained at the lowest level and the radio should be used to communicate in an emergency situation.
4. Suicide Watch cell(s) or room(s) shall be thoroughly searched prior to and at the conclusion of a Watch. The person performing the search shall record the date, time, and findings in the Suicide Watch logbook.
5. Prior to placement in the Watch cell or room, the incarcerated individual shall be subjected to a metal detector search (with a hand-held metal detector, B.O.S.S. chair, or both) and a strip frisk. [Form #1140ADM](#), "Report of Strip Frisk on Admission to SHU/RRU/SDP/RMHU/TBU/BHU/CAR/Diversion Unit or MHU Cell/Room," shall be completed upon admission to cell/designated area or an MHU cell/room. OMH will complete CNYPC Form #MEDCNY455, "Central New York Psychiatric Center RCTP Monitoring Chart," and post it outside of the observation cell or room. Form #MEDCNY455 is only utilized in satellite units.
6. Proper identification of the incarcerated individual is required; therefore, the Incarcerated Individual Department Identification Card (or copy) should be posted outside of the incarcerated individual's cell/room.

7. The Correction Officer responsible for conducting the Watch and maintaining constant, visual observation as required in subsection VI-D-1-a, shall record the behavior and condition of the incarcerated individual in the Suicide Watch log at 15-minute intervals and shall make an immediate logbook entry whenever a significant change in behavior or condition (e.g., mood change, eating pattern, etc.) occurs. In cases where a single incarcerated individual is to be watched or where constant observation is required, the Watch will consist of direct, constant visual observation of the incarcerated individual by a Correction Officer.
 8. All meals shall be inspected prior to delivery.
 9. Flex spoons are to be utilized for all meals unless a suicide watch is indicated, and it has been determined that the incarcerated individual cannot be issued a flex spoon. In those cases, an Eco Security Utensil can alternatively be issued with approval of either the OMH Unit Chief, the DSS in consultation with the OMH Unit Chief, or Medical Physician.
 10. Whenever an incarcerated individual is on a Suicide Watch, the Watch Commander and Area Supervisor on each shift shall conduct an unscheduled inspection and ensure that the procedures set forth in this directive are followed. They shall review and sign the Suicide Watch log in red ink.
 11. The assigned Correction Officer shall maintain a high degree of alertness and must not leave the post until properly relieved. The Officer shall report any pertinent information or special instructions to the relieving Officer.
 12. In consultation with OMH, the DSS has authorization to remove a minimum standard item provided to an incarcerated individual and must document such removal in the Special Watch logbook.
- I. Suicide Watch Log: A separate logbook will be maintained to keep a record of Suicide Watches. The logbook shall be a chronological listing of each Suicide Watch that occurs during a given calendar year. At the end of each year, the logbook will be turned over to the DSS for proper storage and a new logbook will be started. When an incarcerated individual who is in RCTP is actively hunger striking (per Directive #4309, "Incarcerated Individual Hunger Strike"), DOCCS Medical and Security staff will be responsible for documentation of the initiation of the hunger strike. DOCCS Medical staff will document it in the Ambulatory Health Record (AHR). DOCCS Security will document it in the RCTP logbook. Entries must begin with the standard "Suicide Watch Stamp," [Form #1140](#), "Report of Strip Search or Strip Frisk," and corresponding information. Entries must also include, but are not limited to:
1. Name of Correction Officer searching cell/room prior to beginning the Watch and the findings of the search.
 2. Name, DIN, date and start time of the Watch.
 3. Name of the Officer conducting the Watch.
 4. Who authorized the Watch (obtained from Watch Commander).
 5. Type of Watch.
 6. Name and title of any individual that visits the incarcerated individual, the reason for the visit, and the length of time of the visit.

7. Name of the unit Security Supervisor.
8. A list of the minimum standard items issued to the incarcerated individual, as well as the name and title of the staff that authorized or removed any item.
9. The name of the OMH clinician, date, and time the incarcerated individual is removed from a Suicide Watch and their final placement.
10. The assigned Correction Officer shall record the behavior and condition of the incarcerated individual in the Suicide Watch Log at 15-minute intervals and shall make an immediate logbook entry whenever a significant change in behavior or condition (e.g., mood change, eating pattern, etc.) occurs.
11. Each time an OMH clinician evaluates an incarcerated individual on a Suicide Watch in an RCTP, to include those on active hunger strike (per Directive #4309 and CNYPC CBO Policy #1.11). The RCTP Officer will note in the logbook, at a minimum, the following whenever the incarcerated individual is out of cell for an interview:
 - a. Date and time.
 - b. Observation cell number.
 - c. Incarcerated individual's name and DIN.
 - d. Name of staff person interviewing the incarcerated individual.
 - e. Start and end time of the interview.
 - f. If the incarcerated individual has refused the interview.

NOTE: Additionally, all clinical cell side contact will be recorded in the RCTP Unit Activity logbook documenting the time and name(s) and title(s) of the clinical contact(s).

J. Evaluation

1. An OMH Psychiatrist, OMH Unit Chief, or OMH designee will review the need for a continued Suicide Watch at least once every business day.
 - a. At facilities with Satellite Units, OMH staff will evaluate an incarcerated individual on a Suicide Watch at least once every shift between the hours of 7:00 a.m. and 11:00 p.m., seven days a week. Incarcerated individuals placed on a Suicide Watch in non-Satellite Units will be evaluated by OMH staff at the site of the Suicide Watch. If OMH staff is not on site at the time of the incident, the incarcerated individual may be transferred to a facility with full-time OMH staff and a Satellite Unit by utilizing procedures outlined in Directive #4301.
NOTE: Video-conference (VTC) should be utilized for evaluation of immediate and regular referrals, when possible, prior to sending an incarcerated individual to a Regional Satellite Catchment Unit.

- b. In the absence of OMH staff, Medical staff (MD, PA, NP, RN) will contact the Mental Health Unit Chief in the Catchment Area and follow procedures outlined in Directive #4301. Any resolution regarding a Suicide Watch must be determined within 48 hours. If a Suicide Watch exceeds 48 hours in a non-Satellite Unit facility, DOCCS Medical staff (MD, PA, NP, RN) shall notify the Watch Commander and OMH Unit Chief or designee via email, followed by a telephone call. The Watch Commander shall then notify the Officer of the Day or Superintendent and record such notification in the Watch Commander's Log.
 2. A Suicide Watch may only be discontinued by the OMH Psychiatrist, OMH Unit Chief, or OMH designee. When a Suicide Watch is discontinued, the Watch Commander will be notified immediately. The Watch Commander shall record the time and name of the person authorizing the discontinuation of the Suicide Watch in the Watch Commander's Log and notify the Officer of the Day.

VII. RESPONSE TO SUICIDE ATTEMPTS

- A. Any Correction Officer who discovers an incarcerated individual engaging in self-harm shall immediately survey the scene to assess the severity of the emergency. The Correction Officer shall remain at the scene and alert other staff to call for Medical staff, retrieve the housing unit's emergency response bag (that includes a first aid kit; pocket mask, face shield, or Ambu-bag), and begin standard first aid and/or CPR as necessary per Directive #4059, "Response to Health Care Emergencies."
- B. Correctional personnel shall never wait for medical staff to arrive before entering a cell and initiating appropriate life-saving measures immediately on site. Further, staff shall not presume that the victim is dead. Staff must initiate and continue appropriate life-saving measures on site until relieved by arriving Medical staff. As indicated in the memorandum titled, "Housing Unit Emergencies," there must be a minimum of two officers present when opening the cell under these circumstances and there must be a clear belief that the officers will be able to safely handle the situation. At no time should the safety/security of the unit be compromised. Refer to the aforementioned memorandum for additional information regarding this procedure.
- C. Although not all suicide attempts require emergency medical intervention, all suicide attempts shall result in immediate intervention and follow-up assessment by Mental Health staff or, if no Mental Health staff is available, a Suicide Watch will be initiated.
- D. All precautions will be taken to preserve evidence of the incident in its original state.
- E. Refer the incarcerated individual to Mental Health as per the procedures outlined in Section V of this directive.

VIII. BEHAVIORALLY SPECIFIC REPORTS

- A. Per Directive #4004, "Unusual Incident Report," each facility shall report to the Command Center all occurrences which satisfy the definition of an "Unusual Incident" (UI) using the Department's computerized Unusual Incident System (UIS). See Directive #4004 for specifics related to report contents and procedures. Categories of incidents warranting an Unusual Incident Report include many areas, but those related to a suicide attempt should include, at a minimum, the following information:

1. How attempted.
 2. Exact location of attempt.
 3. Who discovered the attempt (e.g., staff or incarcerated individual).
 4. Emergency response, including names of staff who performed CPR or applied AED.
 5. Was the incarcerated individual brought to an outside hospital.
 6. Name of hospital, extent of injury, and reported prognosis for recovery.
 7. Placement of the incarcerated individual after treatment (Suicide Watch or observation).
 8. The incarcerated individual's alleged reason for their actions, if known.
- B. If death occurred as a result of this attempt, after the preliminary UI is approved, the "type of incident" code (04 "Death"), sub-category (04 "Incarcerated Individual - Suicide") must be added to the final report.
- C. Following a suicide, the victim's family or pre-designated individual shall be notified, as well as appropriate outside authorities, in accordance with Directive #4013, "Incarcerated Individual Deaths - Administrative Responsibility."

IX. INCIDENT REVIEW

A. Interdisciplinary Review

1. In the event of an incarcerated individual suicide, as well as serious suicide attempt (i.e., requiring hospitalization), a comprehensive report and clinical and administrative review shall occur in accordance with Directive #4013 and Correction Law Section 47.
2. A mortality review should be conducted by appropriate facility staff, separate and apart from other formal investigations that may be required to determine the cause of death, and should include:
 - a. Review of the circumstances surrounding the incident.
 - b. Review of facility procedures relevant to the incident.
 - c. Review of all relevant training received by involved staff.
 - d. Review of pertinent medical and mental health services/reports involving the victim.
 - e. Review of possible precipitating factors (i.e., circumstances which may have caused the victim to commit suicide).
 - f. Recommendations for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

NOTE: All findings and recommendations shall be forwarded to the facility Superintendent.

- B. Suicide Assessment/Mortality Review Committee: The DOCCS Suicide Assessment/Mortality Review Committee meets to review all facts available initially following the completed suicide of an incarcerated individual in the NYS DOCCS system. The Committee meets within five days following a suicide. The Committee is comprised of staff from the Commissioner's Office, Correctional Facility Operations, DOCCS Office of Special Investigations (OSI), Division of Health Services, Bureau of Labor Relations, Office of Counsel, the Office of Classification and Movement, and DOCCS Bureau of Mental Health Services. A preliminary report of all facts and findings compiled by the DOCCS Bureau of Mental Health may be used to assist in the review of current policies and procedures to examine a possible need for improvement at the facility and/or agency level. The final completed report will be submitted to the Commissioner by DOCCS OSI, including the toxicology and autopsy reports for the incarcerated individual.
- C. Joint OMH/DOCCS Suicide Workgroup: This workgroup is comprised of DOCCS Central Office staff from the Bureau of Mental Health, Health Services, Special Operations, OMH staff from Forensic Services, CNYPC in-patient and CBO operations, and Risk Management. This workgroup will meet monthly to review recent suicides and suicide attempts. Policies and procedures of both agencies regarding suicide prevention are also reviewed for continued quality assessment and recommendations for quality improvement.
- D. Staff Critical Incident Debriefing: In accordance with Directive #4026, "Critical Incident Stress Management Plan," it is the policy of the Department to maintain Critical Incident Stress Management (CISM) teams in each HUB.
1. The Superintendent of each facility is responsible for making the determination of the need for CISM services. This determination will be made in accordance with procedures delineated in Directive #4026.
 2. When it is indicated, every effort will be made to schedule sessions to occur within 24 to 72 hours after the incident.
 3. These sessions include confidential individual and group sessions without the presence of command personnel to encourage and allow exposed employees to speak freely, debrief, and partake in a comprehensive stress management program.
- E. Incarcerated Individual Support: In the event of a suicide, serious suicidal attempt, or suicidal incident, the Superintendent or designee will meet with the ILC and/or population living in the area affected by the incident in order to inform the incarcerated population of the critical incident (minus any confidential/security or Health Insurance Portability and Accountability Act [HIPAA] information) and dispel any false information being shared. In the event that an incarcerated individual is identified as affected by another incarcerated individual's suicidal behavior and experiencing difficulty coping with the event, procedures will be followed for an immediate mental health referral, per Directive #4301.