



POLICY DIRECTIVE

Policy:	DOC 4.5.62 SUICIDE PREVENTION AND INTERVENTION
Effective Date:	11/23/2021 Page 1 of 2
Revision Date(s):	04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

The Department will prevent offender suicide whenever possible by implementing prevention efforts and intervention.

II. APPLICABILITY

All secure facilities.

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. General Requirements

1. All facilities must develop written requirements for suicide prevention.
2. The responsible health authority and facility administrators will approve a facility's written requirements for suicide prevention.
3. Inmates may not be used to fulfill any supervision requirements of a suicide prevention plan.

B. Requirements of a Suicide Prevention Plan

1. Facilities will provide training of all staff who work with inmates to recognize cues of a potential suicide and how to respond. Initial and annual training is provided.
2. Qualified Mental Health Providers (QMHPs) will develop treatment plans that identify strategies and services that address the underlying reasons for suicidality as well as strategies when at a heightened risk as well as follow up intervention.
3. QMHPs shall promptly evaluate suicidal inmates.
4. QMHPs are the only individuals authorized to remove inmates from suicide precautions.
5. Acutely suicidal inmates shall be monitored by facility staff through constant observation.
6. Non-acutely suicidal inmates shall be monitored by facility staff at unpredictable intervals with no more than 15 minutes between checks.

7. Facilities will establish requirements for suicide prevention that include:
 - a. Written requirements to assess inmates during high-risk periods, including
 - 1) admission to the facility;
 - 2) following legal proceedings;
 - 3) after admittance to restrictive housing or single-cell housing;
 - 4) after receipt of bad news regarding self or family;
 - 5) after suffering humiliation or rejection; and
 - 6) pending release after a long period of incarceration.
 - b. written requirements to assist staff in screening, observing, and interviewing inmates in relation to the inmates' potential suicide risk.
 - c. monitoring of non-acutely suicidal and acutely suicidal inmates;
 - d. specific timelines for referral of potentially suicidal inmates and those who have attempted suicide to a QMHP;
 - e. QMHP evaluation criteria including level of suicide risk, level of supervision needed, need for additional supports, or potential transfer to an inpatient unit;
 - f. specific timelines for QMHP reassessment of suicidal inmates to determine changes in condition and need for a change in supervision level;
 - g. housing for suicidal inmates that provides for observational needs and suicide-resistant cells;
 - h. communication processes between mental health, medical, and security or correctional personnel as well as transferring authorities;
 - i. how to respond to an in-progress suicide attempt, including the provision of first aid;
 - j. written requirements to communicate attempted or completed suicides to correctional administrators, outside authorities, and family members;
 - k. documentation of completed and attempted suicides;
 - l. mental health, medical, and administrative review, including a psychological autopsy for completed suicides;
 - m. timely debriefing of all affected personnel and inmates; and
 - n. patient follow up, as clinically indicated.

V. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

- A. *P-B-05; National Commission on Health Services in Prisons*
- B. *MH-G-04; National Commission on Mental Health Services in Correctional Facilities*