

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.10</u>
SUBJECT: <b>SUICIDE PREVENTION AND INTERVENTION</b>  PROPONENT: <u>Paula Mattis, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>12/04/15</u> REVIEW DATE <u>10/01/16</u> SUPERCEDES PPD# <u>6.10</u> DATED <u>12/30/08</u>
ISSUING OFFICER:  <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To establish the methods and practices for the identification of and response to inmates/residents who are at risk for suicide in the facilities. It addresses identification, referral, evaluation, housing, monitoring, communication, intervention, notification, reporting, review and critical incident debriefing, and training.

II. APPLICABILITY:

To all Department of Corrections staff, contracted employees and volunteers.

III. POLICY:

It is the policy of the Department of Corrections (DOC) to establish and ensure that appropriate measures are taken to prevent and reduce the potential of suicide or self-harm by offenders. It is the responsibility of all staff to consistently be alert for and make known any physical or procedural circumstances that would reduce their ability to ensure that every appropriate measure is taken to prevent the occurrence of suicide or self-harm.

IV. PROCEDURE:

A. Staff Training Regarding Suicide Prevention

1. All staff (including correctional, qualified health care and mental health professionals) who have regular contact with inmates/residents shall:
  - participate in required training for signs of suicide and intervention skills to prevent suicide
  - must demonstrate competency in the identification and management of suicidal inmates;
  - receive standard first aid and cardiopulmonary resuscitation (CPR) training, as well as training in the use of various emergency equipment located in each housing unit.
2. Staff who cannot successfully complete the training must receive additional training or coaching until they successfully complete the training program.
3. New employees will receive such instruction as described by the Department's Training

Policy and Procedure Directive 4.01.

4. Staff will be required to participate in annual suicide prevention training.
5. Initial Training: Training for new staff will encompass four (4) hours of instruction and will include, but may not be limited to:
  - DOC suicide prevention program and related policies (e.g. PPD 10.02 Traumatic Incidents, PPD 6.10 Suicide Prevention and Intervention, PPD 5.07 Notification of Incidents &/or Events) ;
  - suicide research;
  - why the environments of correctional facilities are conducive to suicidal behavior;
  - potential predisposing factors to suicide;
  - high-risk suicide periods;
  - the identification and management of suicidal inmates, including warning signs and symptoms and identifying suicidal inmates despite their denial of risk;
  - liability issues associated with inmate suicide; and
  - general discussion of any recent suicides and/or suicide attempts in the facilities
6. Training of Secure Psychiatric Unit (SPU) security staff is provided by the NH Hospital Mental Health Worker Training program in addition to the other training outlined above. This training is scheduled by the SPU Captain for participation and completion.
7. Special Housing Unit (SHU) shall receive additional quarterly training in suicide prevention and other behavioral health topics that will be provided to the SHU staff by DOC mental health staff or DOC contracted training staff.
8. Mock Drills: In an effort to ensure an efficient emergency response to suicide attempts, “mock drills” will be incorporated into both initial and refresher training for all staff.

**B. Booking and Admission**

1. Correctional officers involved in the booking process will solicit any relevant information from law enforcement and corrections field personnel which might suggest an admitting inmate’s suicidal ideation or risk, and document these comments in Offender Management System (CORIS) in the Medical Intake Questionnaire. This includes comments or statements made by the inmate prior to his/her arrival at the institution. The Booking Officer will also check for inactive/active Alerts in CORIS from previous incarcerations regarding possible suicide attempts. The booking officer will review suicide prevention resources to the inmates/residents including but not limited to access to behavioral health services, medical sick call, the suicide hotline and methods to contact correctional staff for immediate assistance.
2. When the Probation and Parole Officer (PPO) has been informed that someone currently under probation or parole supervision or the subject of a pre-sentence investigation has been incarcerated, the PPO will relay to the facility Shift Supervisor any warning signs or information regarding that persons suicidal ideation or risk. This includes anything noted in the pre-sentence investigation, or relevant past behavior noted through observation, past involvement with the offender, or community contacts so that appropriate medical staff can conduct a further risk assessment.
3. Staff should not rely exclusively on an inmate’s denial that they are suicidal and/or have a history of mental illness and suicidal behavior. Previous confinement information in the facility must be reviewed to include but not be limited to CORIS Alerts.
4. Upon any behaviors or actions that are indicators of suicidal risk, health services staff must be notified immediately, and the information is to be recorded on the CORIS Medical Intake Questionnaire by the reporting staff.
5. The Booking Officer will complete the intake booking process on all inmates prior to housing assignment, **except** under the following circumstances:
  - a. The inmate refuses to comply with the process;
  - b. The inmate is severely intoxicated or otherwise incapacitated (See PPD 6.86 Detoxification); and/or

- c. The inmate is violent or otherwise belligerent.
  6. For inmates listed in 1-3 above, the Booking Officer will make an immediate referral to nursing or mental health for continued assistance in completing the medical intake questionnaire and work with security to ensure a safe environment to complete the questionnaire. The nursing or mental health staff will then complete a *Suicide/Self-harm Risk Evaluation* (Attachment A).
  7. If the inmate is being received from another DOC facility, the sending facility will be required to complete a *Health Services Transfer Form* (Attachment B) which documents any medical, mental health and suicide risk needs of the inmate/resident.
  8. A nurse will review the *Health Services Transfer Form* for accuracy and completeness, and the healthcare staff of both the sending and receiving facilities will sign the form. If an inmate/resident is deemed suicidal, they will not be transferred unless they are being transported to a more restrictive facility with the resources to manage the suicidality. The *Suicide/Self-harm Risk Evaluation* will be completed by a nurse or mental health staff prior to any transports, if the inmate is reporting suicidal thoughts. Special transports of suicidal inmates can only be authorized by the Commissioner or designee with a special transport and safety precautions in place.
  9. Inmates/residents may be transported if the outcome is routine observation and appropriate to be maintained in general population per the development of a treatment plan.
  10. The Nurse Coordinator or designee will review and sign all *Medical Intake Questionnaire* for areas of concern and completeness on or before the next business day before they are filed in the medical record to assure appropriate triage for care has occurred.
  11. The medical records staff will make a reasonable effort to obtain records of previous health and/or mental health treatment both within the DOC and in the community, including prior psychiatric hospitalizations and treatment in the community during the initial physical exam and initial mental health screen. The healthcare/behavioral health staff will ask the inmate to identify prior providers and treatment sites and to sign authorizations for release of those records to DOC facility providers.
  12. A mental health professional will assess and document the degree of suicide risk (Using Attachment A) on each admission during the initial mental health screen which will take place no later than 14 days post the offender's booking date.
- C. Levels of Observation for Suicidal Offenders
1. The mental health professional will place offenders/residents on suicide precautions, if there is an assessed need and develop an immediate individual Crisis Treatment plan (Attachment C). This plan will include, but may not be limited to:
    - Level of observation to include (No Observation is to be done solely by Camera);
    - a. **Constant Observation:** Reserved for inmates who are actively suicidal or self-harming, either threatening or engaging in suicidal behavior. Security Staff will observe such inmates on a continuous, eye-contact basis. Security Staff will document the inmate's behavior and general condition at 15 minute intervals. This level of observation may require infirmary placement or specialized housing (e.g., Secure Psychiatric Unit) as determined by the psychiatrist or advanced practice registered nurse.
    - b. **Close Observation:** Reserved for inmates who are not actively suicidal but express suicidal ideation, and/or have recent prior history of self-destructive behavior. At this level of observation, Security staff will observe an inmate at staggered 15 minute intervals not to exceed every 30 minutes as ordered by the psychiatrist or advanced practice registered nurse and document the inmate's behavior and general condition when the observation occurs. These observations occur in the infirmary observation rooms. Inmates under close observation that are removed from the secured observation cell (e.g., to shower or use bathroom) will be under the constant observation of security while using these facilities.

- c. **Behavioral Observation:** Reserved for inmates who are actively exhibiting symptoms of their mental illness requiring medication monitoring and/or other short-term psychiatric intervention but are **not suicidal**. These instances should be managed through an infirmary bed admission by psychiatry on a ward if possible, dependent on the behavior, and if deemed not appropriate for an infirmary bed through a health services isolation room.
  - d. **Reporting:** The Division of Medical & Forensic Services will track and monitor with Security staff, offenders in observation status to ensure personal and institutional safety. Healthcare staff will notify Division of Medical & Forensic Services of all admissions under all levels of observation.
2. Mental health staff will develop and implement the crisis treatment plan gathering information from all appropriate records and staff including as relevant security staff. The mental health staff will inform Security staff of all relevant safety concerns to assist in implementation of the crisis treatment plan and safety of the institution and person.
  3. The mental health professional/nursing staff will document the plan and any action taken (whether an immediate referral to a clinical provider, transport to an outside medical facility, or other disposition) in the inmate's medical record through a progress note or CHOICES (for behavioral health).
  4. An Alert will be entered in CORIS by the assessing mental health staff at the time of discharge to ensure awareness of the special observation and on-going record for safety and security.
  5. Given the strong association between inmate/resident suicide and special management housing (e.g., restrictive housing, protective custody, disciplinary confinement, administrative segregation, etc.), offenders entering the Special Housing Unit (SHU) will be treated as follows:  
A mental health staff member will conduct a *Suicide/Self-harm Risk Evaluation* prior to the offender being assigned a cell, within 30 minutes of arrival to SHU. In the off hours, nursing will be called for the assessment. These assessments will be documented in a progress note in the offender's medical chart and coincide with the completion of the Suicide/Self-harm Risk Evaluation. The assessment should determine whether existing mental illness and/or suicidal behavior contraindicate the placement. Mental health or after-hours nursing staff will notify security of the following risk levels to prepare appropriate housing: In the event that the offender presents with low risk, the officers will move the offender to their assigned cell in SHU. In the event the offender presents at risk for suicide, the mental health or nursing staff will require other housing arrangements as described in (a) above.
- D. **Post-Booking Identification of Inmates at Risk/ Suicide Attempt Intervention**
1. Any staff who hears an inmate verbalizing a desire or intent to commit suicide, observes an inmate making an attempt or suicidal gesture, OR observes an inmate displaying any concerning and/or unusual behavior that justifies more frequent observation by correctional staff, will:
    - implement suicide precautions (initiate whatever action the situation demands to prevent further injury, including CPR and first aid);
    - initiate appropriate life-saving measures and continue until relieved by other emergency response staff. Correctional staff should never presume that an inmate is dead;
    - notify behavioral health/nursing staff; and
    - notify the Shift Supervisor
  2. Each housing unit will contain various emergency equipment, including a first aid kit, pocket mask, face shield and rescue tool (to quickly cut through fibrous material) The Shift Supervisors will ensure that such equipment is in working order on a daily basis.
  3. The Shift Supervisor or designee may take additional precautions, including increased supervision or movement to secure observation area, to ensure safety while the mental health responder or nursing is called.

4. The Shift Supervisor or designee will consult with a health care professional and confirm that the inmate's immediate safety needs have been addressed.
5. The mental health/nursing professional will assess the need to be ordered on a level of observation as described in (3a).

E. Site Contact Information

To obtain a mental health assessment immediately see Attachment E for contact list for each facility. The offender shall be searched and secured in a safe environment prior to the mental health or nursing assessment and be under constant observation by security. All assessments will be done in the presence of security; additional levels of security during the assessment will be determined by the officer in charge or the offender's classification level (eg, C-5). No inmates/residents expressing suicidal or homicidal thoughts or behaviors are to be sent to the mental health unit or other non-secured areas. Security will escort the inmate/resident and place them in a precautionary watch room in the infirmary areas or secured area until an assessment by mental health or nursing is completed, to determine appropriate level of observation. No suicidal inmates/residents will be transported without an assessment and safety plan in place.

F. Evaluation and Treatment

For any inmate/resident identified as at risk, mental health or nursing staff must complete an on-site Suicide/Self-harm Risk Evaluation within the time frame determined by the health services triage in consultation with a psychiatric provider. The mental health or nursing staff must write a progress note at the time of the inmate evaluation (in addition to using Attachment A) and it shall include, but not be limited to:

- A description of the antecedent events and precipitating factors
  - Risk factors, including prior placement on suicide precautions while in DOC custody in the past ;
  - A mental status exam; and
  - The inmate's level of suicide risk
1. The evaluation must also identify the elements of the individualized safety plan, to including:
    - Level of observation;
    - Housing, including possible recommendation for transfer to another unit, correctional facility or secure psychiatric unit;
    - Treatment plan, including frequency and duration of follow-up by a mental health professional ; and
    - Any necessary property restrictions.
  2. The mental health or nursing staff and correctional staff will consistently document, mental health evaluations, safety plans and suicide observation activities.
  3. Ongoing psychiatric and mental health assessments will occur daily while inmates/residents are ordered under a Level of Observation to determine continued need. A member of psychiatry will review the following options as applicable to the Level of Observation:
    - a. Continued need for constant watch;
    - b. Transport to SPU via 623:1;
    - c. Decrease to 15 min watch;
    - d. Decrease to 30 min watch; and/or
    - e. Discharge back to unit if there is no further danger of self-harm.

All interactions will be documented by nursing staff in the medical progress notes and by psychiatric and mental health staff in CHOICES SOAP or Progress notes.

G. Observation Areas

1. Suicidal offenders shall be placed in an observation area that affords adequate visibility by staff.
2. Such areas are to be well lit, adequately ventilated, heated and allow for quiet communication with appropriate treatment and custody staff.
3. The offender shall be provided with a suicide resistant mattress, pillow and appropriate blanket at all times unless otherwise ordered by psychiatry due to adverse behaviors. If psychiatry orders these items removed, there must be a document listing the reasons for the order, re-

- evaluation and rationale every 2 hours.
4. The observation area should be stripped of any and all materials that may present opportunities for self-harm, including but not limited to:
    - a. Furniture;
    - b. Protrusions that can be used for hanging or self-harm; and
    - c. Basic clothing (which shall be removed and replaced with suicide prevention clothing).
  5. Unless otherwise determined by mental health staff, basic items required for personal hygiene, eyeglasses and writing materials are made available only while under direct observation.
  6. The inmate/resident shall be provided with prescribed medication by nursing staff while under direct observation.
  7. Alternate meals such as finger foods may be provided during mealtimes unless otherwise determined by the admitting practitioner through their orders to be not appropriate.
  8. The offender shall be provided with a grievance form, request slip, and safety pen upon request and this will require direct observation by qualified staff member.
  9. The inmate/resident shall be offered access to toilet facilities and water for drinking on a regular basis as appropriate. This will occur under the constant supervision.
  10. The inmate/offender shall be offered the opportunity to shower daily. This will occur under constant supervision.
  11. Additional inmate/resident items may be approved by a member of psychiatry that are clinically determined to be appropriate based on the licensed providers risk assessment and will be noted on the physician's orders. A documented re-evaluation shall be completed at every shift change by nursing. Nursing shall properly note on the officers pass on log to ensure notification and communication.
  12. The inmate/residents clinician (one will be assigned if they do not have one listed) will provide daily Monday-Friday clinical interventions and solution focused treatment while on watch to assist with crisis care planning. These contacts shall be documented in CHOICES following each contact.

#### H. Monitoring

1. **Constant Observation:** Inmates, who are actively suicidal or self-harming, either threatening or engaging in suicidal behavior, will be placed on constant observation. Staff will observe such inmates on a continuous, eye-contact basis.
  - a. Inmates on constant observation may require placement in the infirmary, or specialized housing (SPU) as determined by the psychiatrist or advanced practice registered nurse.
  - b. Inmates on constant observation may require removal of certain clothing items, use of paper gowns or suicide prevention clothing and /or other safety measures.
  - c. Correctional staff shall properly document the inmate's behavior and general condition during the period of observation, on the Special Observation Monitoring Sheet(Attachment D).
2. **Close Observation:** Inmates who are not actively suicidal, but express suicidal ideation and/or have a recent prior history of self-destructive behavior, shall be placed on close observation.
  - a. Inmates on close observation will be placed in the infirmary, or SPU as determined by the evaluating psychiatric provider.
  - b. Correctional staff will observe inmates on close observation at staggered intervals not to exceed every 15 minutes as ordered by the psychiatric provider. Inmates under close observation that are removed from the secured observation cell (e.g. to shower or use bathroom) will be under the constant observation while using these facilities
  - c. Correctional staff shall properly document the inmate's behavior and general condition during the period of observation on the Special Observation Monitoring Sheet.
3. Psychiatry or Nursing will assess the inmate daily to determine if a change in level of observation is needed. Any changes in status will be based on the assessment of the

- inmate's/residents behavior.
4. If circumstances warrant an upgrading of the level of observation, the Shift Commander or designee may increase the observation level of an inmate, until such time as nursing or a psychiatric provider is on-site to evaluate.
  5. Only a psychiatric provider or medical provider in consultation with a psychiatric provider may lower the level or discontinue the level of observation.
  6. The Shift Commander/Supervisor will review and sign each level of Observation Monitoring Sheet at the end of each shift.
  7. In order to ensure the continuity of care for suicidal inmates/residents, all inmates/residents discharged from suicide precautions (levels of observation) will remain on the mental health caseload and receive regularly scheduled follow-up assessment by a clinician until they are clinically discharged. The releasing psychiatric provider will prepare a referral in CORIS for clinical follow-up and assessment implementation. Unless their individual treatment plan or discharge summary directs otherwise, the reassessment schedule shall be as follows:
    - a. Within 72 hours of discontinuation of suicide watch, the QHCP will incorporate the Crisis Treatment plan into a treatment plan within CHOICES;
    - b. Once a week for the first month;
    - c. Every two weeks for the second month; and
    - d. If the clinician deems it appropriate to discharge the offender from post suicide prevention follow-up, the clinician will consult with their clinical supervisor and demonstrate through documentation the lack of clinical need, if no clinical need is present, the offender is to be discharged from post suicide prevention follow-up. All decisions are to be documented in a mental health progress note and a discharge summary shall be generated by the clinical staff involved.

These assessments shall include a properly complete suicide/self-harm risk evaluation and a complete review of their treatment plan. In addition, an alert shall be entered in CORIS regarding their status of follow-up per PPD 6.10 in order to ensure that facility staff are aware of the safety concern.

8. Behavioral Observation shall continue to be monitored according to PPD 6.05 Behavioral Health Services.

#### I. Communication

1. There will be both verbal and written communication of the inmate safety plan among all correctional staff involved when an inmate is assessed as suicidal. The inmate safety plan will specify key participants in the inmate's management, and their specific roles.
2. All incidents of completed suicides will be documented and follow procedures as set forth in PPD 10.02 Traumatic Incidents and PPD 5.07 Notification of Incidents &/or Events. All incidents of suicidal behavior will be documented per PPD 5.07 Notification of Incidents &/or Events, and in clinical progress notes. The Special Observation Monitoring sheet will also be utilized to document all physical checks of suicidal inmates. All serious suicide attempts, serious acts of self-harm and unexpected deaths will be reported to the Director of Medical & Forensic Services, Director of Nursing, Chief Psychiatric Officer, Chief Medical Officer, Warden of the Facility and Quality Improvement Administrator within 24 hours.
3. The Shift Supervisor for the assigned areas of health services centers, Secure Psychiatric Unit, and any other location in which a suicide watch has occurred will ensure the daily compilation and communication of unit special observation lists, using the daily facility count sheets.
  - All special observation monitoring sheets lists will be copied to the Warden's office, Division Director of Medical & Forensic Services, and Behavioral health services supervisors at the end of the day for quality improvement review and monitoring.
4. The Shift Supervisor will ensure that appropriate staff is properly informed of the status of each inmate/patient placed on special observation status. The on-duty Shift Supervisor will

also be responsible for communicating to the incoming Shift Supervisor regarding the status of all inmates on special observation.

5. Should an inmate be returned to the facility following temporary transfer to the hospital or other facility for assessment and/or treatment of self-injurious behavior, the Shift Supervisor will inquire of the nursing staff what further prevention measures, if any, are recommended for housing and supervising the returning inmate.
6. Multidisciplinary treatment team meetings (which may include, but are not limited to, facility officials, medical, mental health, and case counselor personnel) will occur on a weekly basis to discuss the status of inmates on suicide precautions and mental health observation. Any observation stays longer than 7 days, will require notice to the Director of Medical & Forensic services for review with Clinical Leadership by the treating provider .
7. Behavior indicative of suicidal risk will be documented in medical records through progress notes and CHOICES documentation, and be included in case plans and treatment plans. Documentation in the medical record must include, but need not be limited to:
  - History of suicidal attempts ;
  - History of self-harm attempts;
  - Actual recent suicidal attempts;
  - Monitoring of response to treatment to past suicide attempts; and/or
  - Monitoring of response to treatment for this recent suicide attempt.
8. The Chief Psychiatric Officer and Director of Medical & Forensic Services will review all incident reports involving a suicide attempt and request a review by the Quality Improvement Administrators in accordance with PPD 6.30 Root Cause Analysis (RCA).

#### J. Completed Suicides

1. In the event of a completed suicide, Investigations Unit and the DOC chain of command will secure the incident scene, The Shift Supervisor will immediately call the law enforcement of that jurisdiction. The incident scene will be treated as a crime scene until released by the law enforcement authorities.
2. The staff will follow the outline herein regarding communications to the Quality Improvement office, the medical examiner, state police and other outside authorities in the event of a completed suicide and PPD 6.40 Notifications to Designated Individuals in Case of Resident Serious Illness, Injury, or Death.
3. The inmate's immediate family members or emergency contacts will be notified in the event of the completed suicide per PPD 6.40.
4. The Warden or Director will ensure that all staff and inmates affected by serious or completed suicide attempts are provided with crisis intervention services through the use of mental health personnel, other designated personnel and/or the Employee Assistance Program (PPD 10.02 Traumatic Events).
5. The Commissioner will be responsible for public comments and news releases pertaining to suicidal events.

#### K. Quality Improvement

1. A Department-wide system of incident reporting for inmate self injury and suicidal behaviors will be maintained. The system will be capable of:
  - a. Producing accurate recording and tracking of all written critical incident reports; and
  - b. Producing multifaceted reports that allow analysis from multiple perspectives, including seriousness of attempts, timeliness of response, location, individuals involved and any relevant safety issues
2. The Director of Medical & Forensic Services will review data summaries with the Commissioner and the Executive Management Team. The review will include recommendations about the treatment and management of suicidal inmates as outcomes from the Root Cause Analysis.

#### L. Safe Guards and Prevention



1. Staff will receive appropriate training listed under the procedures outlines within this policy.
2. Inmates will have free access to the suicide hotline to report and receive immediate support and assistance from a trained medical or psychiatric provider. Inmates shall be notified of this additional method of support during intake. Inmates can use the existing phone system to contact a provider if feeling suicidal or homicidal to receive immediate assistance. The provider will notify the shift commander to arrange for the offender to be searched and secured in a safe environment to be assessed; all inmates will remain under constant observation by security until a determination of care is evaluated by a nurse or behavioral health staff. All assessments will be done in the presence of security. Additional levels of security during the assessment will be determined by the officer in charge or by the offender's classification level (eg., C-5). No inmates expressing suicidal or homicidal thoughts or behaviors are to be sent to the mental health unit.
3. Suicide Prevention numbers will be visibly posted on all units.  
A responder will be assigned to the Suicide Prevention hot line to coincide with the current responder schedule. For all sites; during off duty hours, weekends and holidays, call the on-site health services (if you do not maintain 24 hour nursing staff, contact the NHSP/M health services)
4. Suicide hotline equipment will be secured and charged after 10pm at the nursing station at each facility and will be retrieved by behavioral health at the start of the next business day. The phone will be treated as a tool and will be listed on the tool inventory in medical per policy 9.13.
5. Calls may be monitored and used for educational and supervision purposes.

#### REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards  
**4-4373**

Standards for Adult Community Residential Services  
Fourth Edition Standards  
**4-ACRS-4C-16**

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other  
Holliday Court Order 4/2005; 5/2006; and 1/2007

MATTIS/jc



NH Department of Corrections: Division of Medical & Forensic Services  
**SUICIDE/SELF-HARM RISK ASSESSMENT CHECKLIST**

Patient Name: \_\_\_\_\_ Booking #: \_\_\_\_\_ Date: \_\_\_\_\_  
 ID#: \_\_\_\_\_ Gender: M F Time: \_\_\_\_\_ DOB: \_\_\_\_\_

**Reason for Suicide/Self Harm Risk Evaluation (check one of the following):**

- Admission Assessment       Risk of Suicide/Self-harm       Determine need for hospital referral       Other: \_\_\_\_\_

**Sources of information (CHECK ALL THAT APPLY):**

- Patient Interview     Health Record     CHOICES     CORIS     Security Staff Interview     Health Care Staff Interview     Other: \_\_\_\_\_

**USE CHECKLIST AS A GUIDE FOR ASSESSING SUICIDE/SELF-HARM RISK: Note if Factor is Present "P" Absent "A" or Unknown "U"**

**Static Risk Factor – (unchanging, historical):**

- |  |   |
|--|---|
| <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prior suicide watch placement at jail /prison</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incarcerated for violent offense</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex Offender</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of violence</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Family history of suicide - family/close friends</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of physical or sexual abuse</p> | <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suicide ideations/threats in the past: _____</p> <p>Dates: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History suicidal/self-injurious behavior</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous suicide attempts (when and methods): _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of substance abuse: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of mental illness, Axis 1 Dx: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent substance/alcohol use/abuse – contraband involvement: _____</p> |
|--|---|

**Slowly Changing Risk Factors – (long-term risk factors):**

- |   |   |
|---|---|
| <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Long or life sentence, three strikes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hx of poor impulse control or poor coping skills</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic/serious/terminal illness or sig. pain</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Known new court proceeding/disciplinary actions</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parole denied, delayed or lengthy revocation</p> | <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> First prison incarceration</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Newly diagnose medical condition</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Segregation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Age &lt;17 or &gt; 55</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High profile/heinous or shocking crime</p> |
|---|---|

**Dynamic Risk factors – (short-term risk factors; continue to assess)**

- |  |  |
|--|--|
| <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent suicide ideation, acute/chronic</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent release from psychiatric hospital/SPU</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent calm following suicidal ideation/attempt (unusually)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent suicide attempt or self-injury</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Well planned or highly lethal attempt/ideation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hoarding or checking medication</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suicide note found/reports of giving items away</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of perceived support system</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hopelessness or helplessness</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Feelings of guilt or worthlessness</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Actively psychotic</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person holds position of status in community</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Upcoming release date</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> First week of custody</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Belief that death will bring relief</p> | <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anniversary of recent loss</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent rejection or loss/separation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-cell placement and/or high security placement</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Significant current impulsivity</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anxious, agitated or fearful for safety</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disturbance of mood (depression or mania)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Affective instability or lability</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor compliance with treatment or medication</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent trauma or sexual/physical abuse – If present, in correctional facility <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recently assaultive or violent</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current insomnia, poor appetite or opposites</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Intoxicated/under influence of drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incarcerated longer than 1 year – PRISON</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recent Bad news: _____</p> |
|--|--|

**Protective Factors (mark all that are present):**

- |   |  |
|---|--|
| <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spouse/Family/Friend Support</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Children at home</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Strong Protective Spiritual/Religious beliefs</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has hope for a more positive future</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Positive Coping Skills – Describe: _____</p> | <p>P A U</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Social support (in or out of facility)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has insight into problem issues</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is engaged in working/helping others</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is engaged in Treatment</p> |
|---|--|

**Assessment based on above factors, interview of patient and other information as check above:**

- Summarize Risk:       Low       Moderate       High
- Explain: \_\_\_\_\_

**Crisis Treatment Plan generated**

**Recommendations/Plan check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> No referral needed                     | <input type="checkbox"/> Cleared for release from jail           |
| <input type="checkbox"/> Cleared for release from Suicide Watch | <input type="checkbox"/> Initiate Suicide Watch                  |
| <input type="checkbox"/> Return to housing unit                 | <input type="checkbox"/> Referral to Mental Health for follow-up |

**Additional Comments:**

\_\_\_\_\_

Clinician Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

CHOICES progress note generated

**File - in Behavioral Health Section of Health Record**

## **SUICIDE/SELF-HARM RISK ASSESSMENT CHECKLIST ABBREVIATED GUIDELINE**

### **Level of Observation shall be determined by the Assessed Risk**

*No assessment tool, no matter how researched or evidence-based, can replace sound clinical judgment. The tool is intended to inform and assist the clinician in reaching a sound clinical basis on which to base the crisis intervention plan.*

**Low Risk** – Multiple and/or strong protective factors balanced against few or weak risk factors coupled with the clinician’s subjective clinical opinion that the individual is unlikely to self-harm. Most of these individuals will fall under Routine Observation and be returned to general population with established PPD6:10 follow-up as part of their crisis treatment plan.

**Moderate Risk** – Both risk and protective factors equally balanced and/or multiple or strong risk factors with few or weak protective factors coupled with the clinician’s subjective clinical opinion that the individual may need increased clinical contact to further reduce risk. These individuals may require close observation or behavioral observation until the clinician feels routine observation is sufficient. A crisis plan should detail the frequency of clinical contact required to further reduce risk and specific clinical interventions to be utilized.

**High Risk** – The clinician’s subjective clinical opinion that the individual possesses substantial risk to self-harm regardless of risk or protective factors; or the individual has an overabundance of risk factors, highly significant risk factors, and/or a significant lack of protective factors indicating a clinical need for a high level of observation. This may be due to a known self-harm history, threat or a clinically determined need to observe for a period of time to assure safety. Most of these individuals will require constant observation until able to follow a crisis treatment plan with interventions geared to gradually step them down to lower levels of observation as risk reduces through daily contact and treatment by the clinician.

**HEALTH SERVICES TRANSFER FORM**

Circle one: Intra-system Transfer/ Out-of-state Transfer      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transferring Facility: \_\_\_\_\_ Time: \_\_\_\_\_

Medical Classification Level: M1   M2   M3   M4      PPD Status/Date Read: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ CORIS ID #: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender: Male / Female      Allergies: \_\_\_\_\_

Acute Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Chronic Conditions: \_\_\_\_\_  
\_\_\_\_\_

Other Medical History: \_\_\_\_\_  
\_\_\_\_\_

Mental Health History: \_\_\_\_\_  
\_\_\_\_\_

Mental Special Concerns: \_\_\_\_\_  
\_\_\_\_\_

Current Medications (name, dose, frequency, duration, supply) \_\_\_\_\_  
\_\_\_\_\_

Other Treatments: \_\_\_\_\_

Follow-up Care: \_\_\_\_\_

Pending Consults / Appointments: \_\_\_\_\_

Disabilities / Limitations: \_\_\_\_\_

Assistive Devices / Prosthetics: \_\_\_\_\_ Glasses: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_

Date of Last Physical Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Mental Health Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_      Mental Health Roster: Yes   No

Cleared by Medical for intra-system transfer: \_\_\_\_\_

Signature      Date

Cleared by Mental Health for intra-system transfer: \_\_\_\_\_

Signature      Date

DOC Medical Director approval for out-of-state transfer: \_\_\_\_\_

Signature      Date



**NH Department of Corrections  
Division of Medical & Forensic Services  
CRISIS TREATMENT PLAN  
FOR SUICIDE WATCH**

Offender Name:  
CORIS ID #:  
Location:  Observation Room  
 Housing Unit PPD 6.10 Post Follow-Up

**RELEVANT DIAGNOSES**

*(Identify diagnoses that are relevant for current crisis, including conditions that require treatment during watch.)*

**PRECIPITATING EVENTS**

*(Describe behaviors and events that lead to you being placed on suicide watch.)*

**WHAT ARE YOUR SIGNS OF RISK**

*(Describe signs, symptoms and circumstances under which risk for suicide is likely to recur.)*

**STRATEGIES TO REDUCE RISK**

*(Identify how suicidal/self-harm ideation can be avoided, and specific actions staff and inmate can take to reduce risk and establish safety. Indicate specific interventions for providing interventions, and any communication strategies likely to promote safety.)*

What are some coping skills you can use?

What can staff do to be helpful?

**SIGNATURES**

*(Obtain offender's agreement and signature if safety permits. Safety interventions may need to be implemented without offender consent See PPD 6.18.)*

Health Care professional Signature:

Date:

Inmate/resident Signature

Date

Offender declined/unable to sign

**Inmate's Individualized Treatment Plan has been reviewed in light of Crisis Treatment Plan:**



**NH Department of Corrections  
Division of Medical & Forensic Services  
Site Contact Information for Mental Health/Nursing Services**

To obtain a mental health assessments immediately contact.

- a. NHSP/M will call mental health at pager # 603-564-5701;
- b. NHSP/W will call mental health at pager #603-517-6406;
- c. NCF will secure the offender in reception and then will call health services at 752-0345;  
and
- d. FOR ALL SITES: After mental health on duty hours, weekends and holidays, call the on-site health services (if you do not maintain 24 hour nursing staff, contact the NHSP/M health services – 603-271-6064)
  - 1) Health Services NHSP/M 603-271-1853 or 603-271-6064
  - 2) Health Services at NCF 603-752-0345

Reminder: The offender should be searched and secured in a safe environment prior to the mental health or nursing assessment and be under constant observation by security. All assessments will be done in the presence of security; additional levels of security during the assessment will be determined by the officer in charge or the offender's classification level (eg. C-5). No inmates/residents expressing suicidal or homicidal thoughts or behaviors are to be sent to the mental health unit or other non-secured areas. Security will escort and place in a precautionary watch room or secured area until an assessment by a clinician or nursing staff, to determine appropriate level of observation. No suicidal inmates/residents will be transported without a risk assessment and safety plan in place.