

<p style="text-align: center;"><b>STATE OF VERMONT</b> <b>AGENCY OF HUMAN SERVICES</b> <b>DEPARTMENT OF CORRECTIONS</b></p>	<p style="text-align: center;"><b><u>INTERIM MEMO:</u></b> <b>Suicide Prevention and Response to Self-Harm</b></p>	<p style="text-align: center;">Page 1 of 10</p>									
<p><b>Local Procedure(s) Required:</b> No. <b>Applicability:</b> All staff (including contractors and volunteers) <b>Security Level:</b> “B” – Anyone may have access to this document.</p>											
<table border="0" style="width: 100%;"> <tr> <td colspan="3"><b>Approved:</b></td> </tr> <tr> <td style="width: 33%;"><b>SIGNED</b></td> <td style="width: 33%; text-align: center;"><b>05/21/2019</b></td> <td style="width: 33%; text-align: center;"><b>06/03/2019</b></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;"><b>Michael Touchette, Commissioner</b></td> <td style="border-top: 1px solid black; text-align: center;"><b>Date Signed</b></td> <td style="border-top: 1px solid black; text-align: center;"><b>Effective Date</b></td> </tr> </table>			<b>Approved:</b>			<b>SIGNED</b>	<b>05/21/2019</b>	<b>06/03/2019</b>	<b>Michael Touchette, Commissioner</b>	<b>Date Signed</b>	<b>Effective Date</b>
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This Interim Memo supersedes DOC Administrative Directive #362 Suicide Prevention & Intervention in Facilities (dated 11/09/2005).

**PURPOSE**

The purpose of this interim memo is to describe Vermont Department of Correction’s (DOC) response to self-harming behavior by inmates, as well as its procedures for suicide prevention.

**POLICY**

It is the policy of the DOC to address the health and safety of inmates at risk for self-harm, to standardize suicide prevention procedures, and to apply them consistently in all facilities.

**AUTHORITY & REFERENCE**

28 V.S.A. §101(1), 28 V.S.A. § 801, 28 V.S.A § 907 NCCHC Standard P-G-05 Suicide Prevention Program. American Correctional Association Standards, 4th Edition, January 2003, Standards 4-4084, 4-4373.

**PROCEDURAL GUIDELINES**

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The following sections outline processes to assist the DOC in identifying inmate’s at risk for self-harm or suicide. The sections cover identification at booking and ongoing identification during incarceration.

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## **Booking and Admission**

### **(New Admissions; Facility Transfers; and Return to a Correctional Facility from Community Supervision)**

1. The Booking Officer shall solicit any information from law enforcement or corrections field personnel which might suggest an admitting inmate's suicidal or self-harm ideation, behavior, plan or actions. The Booking Officer shall document this information in an incident in the inmate's OMS record.
  - a. All comments or statements made by the inmate prior to their arrival at the institution shall be entered into the narrative of the incident.
2. The Booking Officer shall administer the *Columbia-Suicide Severity Rating Scale* questionnaire as part of the booking process.
  - a. The Booking officer shall:
    - i) Ask the inmate the questions in the *Columbia-Suicide Severity Rating Scale* questionnaire during the booking wizard in OMS and enter their responses.
      - (1) The responses to the questions are based on the inmate's self-report.
      - (2) All instructions that appear after answering a question shall be followed.
    - ii) Click "Save" to save the entered data after the questions are answered.
  - b. The Booking Officer shall immediately notify the Correctional Facility Shift Supervisor (CFSS) of any inmate who screens positive on the *Columbia-Suicide Severity Rating Scale* as part of booking and document the positive screening in an OMS incident report.

Note: The Booking Officer shall complete the *Columbia-Suicide Severity Rating Scale*, 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; or
- c. The inmate is violent or otherwise belligerent.

For inmates listed above, the Booking Officer shall complete all non-questionnaire sections of the inmate's intake and document in the comment section in the *Columbia-Suicide Severity Rating Scale* why the inmate was unable to answer the questionnaire section. The CFSS will then make the appropriate disposition. A continuing effort to complete the *Columbia-Suicide Severity Rating Scale* must be made and documented in the booking logbook at least every 2 hours until the inmate has been screened using the *Columbia-Suicide Severity Rating Scale* successfully.<sup>1</sup>

3. The Booking Officer shall document any suicidal or self-harm ideation, behavior, plans or actions in an incident in the inmate's record in OMS.

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<sup>1</sup> Security staff do not have to wake an inmate up every two hours, they should attempt to complete if the inmate is awake.

- a. OMS shall generate a notification to the Facility Health Services Administrator (FHSA), or designee and the CFSS when the inmate's *Columbia-Suicide Severity Rating Scales* identifies an at-risk inmate. The FSHA will ensure that the Qualified Mental Health Practitioner (QMHP) conduct an on-site suicide evaluation.
4. As part of the medical intake a Qualified Health Care Professional (QHCP) shall assess and document the degree of suicide risk on each new admission. The QHCP shall review any prior *Columbia-Suicide Severity Rating Scales* screenings as part of their assessment.
  - a. Security staff shall follow the recommendations of the QMHP<sup>2</sup> when they direct a higher level of observation than is indicated through the *Columbia-Suicide Severity Rating Scale*.

**Booking and admission (facility transfers only)**

If the inmate is being received from another DOC facility:

1. The sending FHSA or designee shall complete the *Health Services Transfer Form*. The FHSA or designee shall ensure the form is in the inmate's electronic health record (EHR).
2. The QHCP conducting the intake health screening shall review the *Health Services Transfer Form* for accuracy and completeness.
3. The QHCP shall determine whether the inmate was a medical, mental health or suicide risk during any prior contact and/or confinement within DOC custody. The QHCP shall enter their findings into the *Intake Medical Screening Form*. The *Intake Medical Screening Form* shall be in the inmate's EHR.
4. The FHSA shall review and sign all *Intake Medical Screening Forms* for accuracy and completeness on or before the next business day.

**Ongoing Identification of Inmates at Risk**

1. Any staff who witnesses or observes the following, shall immediately notify the CFSS:
  - a. An inmate verbalizing self-harm ideation, intent, or expressing a plan to commit suicide or self-harm, observes an inmate trying to commit suicide or self-harm or suicidal gesture or self-harming act, or observes an inmate displaying any concerning and/or unusual behavior that is indicative of suicide or self-harm.
2. The observing staff member shall enter an incident in the inmate's record in OMS capturing suicidal or self-harming ideation, behavior, thought, act, or other concerning behavior.
3. The CFSS shall:
  - a. Complete the *Columbia-Suicide Severity Rating Scale* found in the questions tab in the inmate's record in OMS:
    - i) If there are previous answers entered in the *Columbia-Suicide Severity Rating Scale* questionnaire, staff shall click "Archive Answers" before proceeding.
    - ii) Ask the inmate questions in the *Columbia-Suicide Severity Rating Scale* questionnaire and enter his or her responses.
      - (1) The responses to the questions are based on the inmate's self-report.

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<sup>2</sup> A QHMP is defined in 28 V.S.A § 906.

- (2) All instructions that appear after answering a question shall be followed.
- iii) Click “Archive Answers” to save the entered data.

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The following sections describe actions to be taken by facility staff and health services staff when an inmate screens positive on the *Columbia-Suicide Severity Rating Scale* or when an inmate commits self-harming or suicidal behaviors.

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### **Security Determinations from Columbia-Suicide Severity Rating Scale**

If an inmate screens positive on the *Columbia-Suicide Severity Rating Scale* at any time the CFSS shall:

1. Immediately notify a QMHP<sup>3</sup>;
2. Adjust the inmate’s conditions of confinement as follows:

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<sup>3</sup> OMS shall send a notification to the Facility HSA of any positive screening on the *Columbia-Suicide Severity Rating Scale*.

<b>Screening Result</b>	<b>Housing Placement</b>	<b>Property Allowance</b>	<b>Special Observations</b>	<b>Mental Health</b>
Yellow	General Population	As determined by the QMHP and CFSS.	Routine Observation	<ul style="list-style-type: none"> <li>• Immediate Referral to a QMHP;</li> <li>• QMHP shall assess within 24 hours.</li> <li>• Security shall request reassessment every 24 hours<sup>4</sup>.</li> </ul>
Orange	General Population	As determined by the QMHP and CFSS.	Close Observation	<ul style="list-style-type: none"> <li>• Immediate Referral to a QMHP;</li> <li>• QMHP shall assess within 24 hours.</li> <li>• Security shall request reassessment every 24 hours.<sup>5</sup></li> </ul>
Red	Removal from General Population and placed in the least restrictive alternative housing option available that allows for the safety and observation of the inmate.	Suicide Prevention Smock and property pursuant to DOC's policy on <a href="#">property</a> .	Constant Observation	<ul style="list-style-type: none"> <li>• Immediate Referral to a QMHP;</li> <li>• QMHP shall assess within 2 hours.</li> <li>• Security shall request reassessment every shift.<sup>6</sup></li> </ul>

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<sup>4</sup> Reassessment shall end when a QMHP determines that the reassessment is no longer necessary.

<sup>5</sup> Reassessment shall end when a QMHP determines that the reassessment is no longer necessary.

<sup>6</sup> Reassessment shall end when a QMHP determines that the reassessment is no longer necessary.

## Special Observation and Housing Placement

A QMHP and/or CFSS, Security & Operations Supervisor, Assistant Superintendent or the Superintendent, may:

1. Direct a higher level of observation be implemented, regardless of the observations and assessment scores; and/or
2. Assign an alternative housing placement if the inmate's risks and needs cannot be met with the housing placement determined using the *Columbia-Suicide Severity Rating Scale*.
3. If the special observation level or housing assignment is overridden from the *Columbia-Suicide Severity Rating Scale* screening results, the override shall be documented in the *Columbia-Suicide Severity Rating Scale* tool within the "Questions" tab in OMS and in the inmate's individual [Safety Plan](#).

## Special Observation

Special observations describe the level of "checks" required for an inmate, and are as follows:

1. Routine Observation
  - a. Indicated for inmates who express some degree of self-harm or suicidal ideation but deny any intent or plan. They are deemed a low-risk for suicidal behavior, suicidal plan, and for self-injurious behavior. Inmates under routine observation shall remain in general population and are subject to checks and documentation per usual headcount procedures.
2. Close Observation
  - a. Is appropriate for inmates who are not actively suicidal but express suicidal ideation, and/or have recent prior history of suicidal planning, behavior and actions. At this level of observation, staff will observe an inmate at staggered intervals not to exceed every 15 minutes and document the inmate's behavior and general condition when the observation occurs in the [Special Observation Monitoring Sheets](#).
3. Constant Observation
  - a. Is appropriate for inmates who are actively suicidal or self-harming or are threatening or engaging in suicidal or self-injurious behavior. Staff will observe such inmates on a continuous, eye-contact basis, unless clinically contraindicated. Staff shall document the inmate's behavior and general condition at 15-minute intervals in the *Special Observation Monitoring Sheets*. This level of observation may require placement in infirmary, mental health unit placement, or specialized housing.

*Any Correctional Officer making direct observation of an inmate on constant observations shall have a break every hour. Superintendents or their designee shall ensure coverage during all breaks.*

When an inmate is placed on special observations the following shall occur:

1. Any inmate placed on close or constant observations shall be documented in the unit's special observation list by the staff member who conducted the observation check. The [unit's special observation list](#) will contain the inmate's name, housing location, level of observation and date the observation began.

- a. Closed-circuit television monitoring may be used as a supplement to, but shall never be a substitute for, the physical observation checks provided by correctional staff. Toileting and bathing may or may not be visually supervised, depending on the circumstances at the time and the Safety Plan.
2. The Superintendent, or designee shall ensure that all inmates on special observation checks shall be discussed morning meeting. Historical unit special observation lists shall be kept in a secure location determined by local procedure. All *Special Observation Monitoring Sheets* shall be uploaded into the inmate's OMS record using the document name "Medical and Mental Health Information" and document name "Special Observation Monitoring Sheet". The CFSS, QHCP, and the Superintendent shall review the *Special Observation Monitoring Sheets* daily.
3. The CFSS shall ensure that appropriate staff are properly informed of the status of each inmate placed on special observation status. The on-duty CFSS shall also be responsible for briefing the incoming CFSS regarding the status of all inmates on special observation.

### **Housing**

1. Inmates who have engaged in a moderate or high lethality self-harm attempt, or who are assessed as being at significant risk for suicidal or self-harm behavior, shall be housed in the least restrictive housing option available that allows for the safety and observation of the inmate.
2. To the extent possible, suicidal or self-harming inmates will be kept in the proximity of staff, consistent with the level of observation in their [Safety Plan](#).
3. When housing an inmate who requires a more secure setting, or where staff are closer to the inmate for observation purposes the cell for placement shall have suicide abatement measures in place, when available.

### **Evaluation and Treatment by a QMHP**

1. For any inmate whom screens positive on the *Columbia Suicide-Severity Rating Scale*, a QMHP shall complete an on-site suicide evaluation within 24 hours, unless the inmate screens "RED" then the evaluation shall be completed within 2 hours. The evaluation shall be placed in the inmate's EHR. The QMHP shall write a suicide risk evaluation at the time of the inmate evaluation and must include, but not be limited to:
  - a. A description of the antecedent events and precipitating factors;
  - b. Risk factors, including prior placement on suicide precautions while in DOC custody in the past;
  - c. A mental status exam; and
  - d. The inmate's level of suicide risk.
2. The QMHP shall develop an individual Safety Plan for all inmates who screen positive on the *Columbia-Suicide Severity Rating Scale*. The [Safety Plan](#) shall be placed in the EHR and include:
  - a. Recommendations as to the level of observation and [restraints](#);
  - b. Recommendations for the least restrictive conditions of confinement for the inmate;
  - c. Recommendations regarding frequency and duration of follow-up by a mental health professional (MHP); and

- d. Recommendations as to the inmate's property allowances.
- 3. The QMHP shall make the Safety Plan available to Superintendent, designee and the CFSS. The CFSS shall be uploaded into OMS using the document category of "Medical and Mental Health Information" and document name "Safety Plan".
- 4. Any inmate who screens positive on the *Columbia-Suicide Severity Rating Scale* shall engage in the creation of a Wellness Recovery Action Plan (WRAP).

5. Any inmate whom screens positive on the *Columbia-Suicide Severity Rating Scale* shall be placed on the Mental Health Caseload in the EHR and shall receive regularly scheduled visits by a QMHP pursuant to their WRAP or as follows:
  - a. Daily for the first 5 days after screening;
  - b. 1 per week for the following 2 weeks; and then
  - c. As medically necessary while they remain incarcerated.

### **Rounds and Continual Monitoring**

1. The CFSS shall:
  - a. Make periodic visits to the housing units containing inmates on suicide precautions to ensure that *Special Observation Monitoring Sheets* are being used, and that each form is complete, accurate, and, for inmates on close observation.
  - b. In consultation with a QHCP, may adjust the observation level of an inmate, if circumstances warrant.
  - c. Review and sign each *Special Observation Monitoring Sheet* at the end of each shift.
2. A QMHP shall:
  - a. Make rounds to the housing units containing inmates on suicide precautions as required above and visually observe each inmate. Documentation of the rounds will be made in the Unit Logbook by the Unit Officer. The QMHO shall document any significant findings documented in the inmate's EHR.
  - b. Assess the inmate daily to determine if a change in suicide precaution status is needed. Any changes in status will be based on the QMHP's assessment of the inmate's presentation.
  - c. Recommend changes in the level or discontinue special observation status. When a QMHP recommends changes to the special observation status they shall notify the CFSS.

### **Restraints**

The use of restraints shall be avoided for suicidal inmates. If other less restrictive methods of promoting the inmate's safety have been found inadequate, the use of restraints shall follow the procedures outlined in the Department's policy on [restraints](#).

### **Communication**

As part of morning meeting a multidisciplinary team (to include casework, facility security, health services, mental health, and Superintendent or Acting Superintendent) shall discuss the status of inmates who have screened positive on the *Columbia Suicide Severity Rating Scale*.

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The following sections outline roles of staff during an attempted suicide or a completed suicide.

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## **Suicide Attempt Intervention**

1. Any correctional staff member who discovers an inmate engaging in suicidal behavior shall immediately alert other staff to respond to the unit and initiate whatever action the situation demands to prevent further injury, including CPR and first aid. A QHCP<sup>7</sup> shall be notified as soon as possible.
  - a. The Superintendent shall ensure that security staff are appropriately trained in timely response and assessing potential security threats.
  - b. Correctional staff should never presume that an inmate is dead. Appropriate life-saving measures shall be initiated and continued until relieved by a QHCP.

Each housing unit shall contain various emergency equipment, including a first aid kit, pocket mask, and face shield. The CFSS shall ensure that such equipment is in working order on a daily basis.

## **Death by Suicide**

1. In the event of a suspected death by suicide, the CFSS shall immediately call the law enforcement of jurisdiction, the [DOC chain of command](#), and secure the incident scene.
  - a. The incident scene will be treated as a crime scene until determined otherwise or released by the law enforcement authorities.
2. The inmates previously identified emergency contact or immediate family member shall be notified by the Superintendent or designee in the event of a medically confirmed death.
3. The QHCP and the Superintendent shall ensure that all staff and inmates affected by serious or completed suicide attempts are provided with crisis intervention services. This may include the use of peer support, grief counselors, mental health personnel, or other designated personnel who may be of assistance.
4. The Commissioner of Corrections or designee shall be responsible for public comments and news releases pertaining to suicidal events.

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The following section applies to documenting any attempted self-harm and/or suicidal behavior.

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## **Documenting Self-Harm and Suicidal Behavior**

1. All incidents of self-harm and/or suicidal behavior shall be documented in an incident in the inmate's OMS record. The report shall describe self-injurious behavior, the circumstances involved, the actions taken by correctional staff and other factors relevant to the event. Medical personnel shall be responsible for completing an assessment of all instances of self-injurious behavior and inform the CFSS whether or not an incident of self-injury constitutes a suicide attempt, as well as the seriousness and lethality of that attempt. Upon receipt of this information, the CFSS shall update the "Inmate Self-Injurious Behavior" subcategories in the incident in the inmate's record in OMS
  - a. In addition, if the inmate is on special observations the behavior shall also be captured on the *Special Observation Monitoring Sheet*.
2. OMS generate a notification to the Chief of Mental Health of any incident of self-harm or suicidal behavior. The Chief of Mental Health shall review all incidents involving a self-harming behavior or suicide attempt.