



Operating Procedure

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Office of Primary Responsibility Chief of Mental Health Services	

Subject
MENTAL HEALTH SERVICES: BEHAVIOR MANAGEMENT

Incarcerated Offender Access Yes No
Public Access Yes No
Attachments Yes #2 No

I. PURPOSE

This operating procedure provides strategies to assist correctional staff in managing the behavior of an offender incarcerated in a Department of Corrections facility when there is substantial danger of self-injury, suicide, or injury to others as a result of a mental disorder or who may be at risk for deterioration, self-harm, or harm to others when placed in a restrictive housing unit.

II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Ambulatory Restraints - Utilization of handcuffs, leg irons, black box, and either a waist chain or a chain connecting the black box on the handcuffs to the leg irons or clinically approved ambulatory restraints; this is generally the first level of restraints utilized in physical management of offender disruptive behavior.

“At Risk” Offender - An offender who meets at least one of the following criteria for being “at risk” for deterioration, self-harm, and/or being a danger to others in a restrictive housing unit as determined by a Qualified Mental Health Professional:

- Is currently displaying symptoms of a serious mental disorder indicating the need for mental health services
- Is currently prescribed psychotropic medication for the treatment of mental disorder
- Has a mental health disorder per the current Diagnostic and Statistical Manual (DSM) which, in the judgment of a QMHP, may result in deterioration, self-harm, and/or being a danger to others
- Has received inpatient mental health treatment within the last two years, excluding for purposes of evaluation only or for substance abuse treatment only
- Has had a suicide attempt(s) or incidents of self-injurious behavior within the last two years
- Designated as HRSV and/or HRSA per *Classification Assessment* in VACORIS

Cell With Restrictions - A housing assignment where specified items have been removed to reduce the likelihood of offender self-injury; such items may include clothing, bedding, personal care items, etc. Typically a Qualified Mental Health Professional (QMHP) will identify the items to be removed from an offender's cell, however, in an emergency or when a QMHP is unavailable, the determination may be made by the Facility Unit Head, Administrative Duty Officer, or Shift Commander.

Clinically Approved Restraints - Soft restraints approved by the Chief of Mental Health Services and/or Office of Health Services for use at DOC institutions

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs

Facility - Any institution or Community Corrections facility

Five Point Restraints - A method of restraining an offender where the offender is placed face up on the bed with both arms and legs restrained. A chest strap is placed over the offender's chest.

Four Point Restraints - A method of restraining an offender where the offender is placed face up on the bed with both arms and legs restrained

Health Trained Staff - A DOC employee, generally a Corrections Officer who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

High Risk Sexual Aggressor (HRSA) - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender at high risk of being sexually abusive

High Risk Sexual Victim (HRSV) - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender confirmed as a sexual victim or identified as being at high risk of being sexually victimized

Hunger Strike - The voluntary refusal of food and/or water, including artificial nutrition and/or hydration, by an offender possessing the capacity to make such decision, for the purpose of negotiating conditions of confinement or other changes

Institution - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers.

Mental Health Classification Code - A numeric code assigned to an offender by a Qualified Mental Health Professional that reflects the offender's current mental health status and mental health service needs; the coding system is hierarchical, with an MH-0 representing no current need for mental health services and an MH-4 representing the greatest need for mental health services.

Mental Health Treatment Team (MHTT) - An interdisciplinary team typically comprised of a psychiatrist, psychologist or psychology associate, clinical social worker, and nurse who has a psychiatric background; the team works in conjunction with other support staff, including medical and security personnel, for the purpose of assessing the mental health status and services needs of the offender and developing and implementing treatment, management, and aftercare plans.

Mid-level Practitioner - Nurse Practitioner and Physician Assistant

Multi-Disciplinary Team (MDT) - MDT members are responsible to review individual offenders related to restrictive housing and step-down statuses and act as the Institutional Classification Authority to make recommendations for housing status, transfer, security level, good time class, etc.; decisions are the responsibilities of the Facility Unit Head and Regional Administrator.

Offender with Serious Mental Illness (SMI) - Offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, Posttraumatic Stress Disorder (PTSD) or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living.

Qualified Health Care Personnel - A licensed LPN, RN, physician assistant, nurse practitioner, or physician

Qualified Mental Health Professional (QMHP) - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatric Provider, Social Worker (Masters level) or Registered Nurse, or an individual with at least a Master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders.

Restrictive Housing Unit - A general term for special purpose bed assignments including general detention, restrictive housing, and step-down statuses; usually a housing unit or area separated from full privilege general population

- **Restrictive Housing (RHU)** - Special purpose bed assignments operated under maximum security

regulations and procedures, and utilized under proper administrative process, for the personal protection or custodial management of offenders

- **RH Step-down 1 (SD-1), RH Step-down 2 (SD-2)** - General population bed assignments operated with increased privileges above Restrictive Housing but more control than full privilege general population

Safety Precautions - Conditions under which an offender, who is considered by a Qualified Mental Health Professional to be at significant risk for suicide or self-injury, is closely observed by an assigned Corrections Officer, or other designated person and whose access to potentially harmful items is restricted

Special Management Instructions - Instructions provided by a Qualified Mental Health Professional as to how an offender is to be managed by security and other staff including, for example, items the offender is allowed or not allowed to have as documented on the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13

IV. MANAGEMENT OF OFFENDER BEHAVIOR

A. General

1. Correctional facilities must control and manage offender behaviors for the safety of the public, employees, and offenders.
2. Unusual or problematic offender behaviors may include self-injury, threats, assaults on others, hunger strike, throwing or smearing urine and excrement, flooding, and setting fires.
3. Facility staff should provide appropriate intervention and control as needed to protect the offender, staff, and other offenders, and to maintain a sanitary, safe, and secure environment.
4. Because unusual or problematic offender behavior may occur as the result of physical or mental illness, personality disorder, or may be deliberately manipulative to gain desired ends, facility administration, security, mental health, and medical staff must work together closely to determine the appropriate level and duration of controls imposed on each offender.
5. The control measures in this operating procedure must be appropriately matched to the seriousness of the behaviors they are intended to control.
 - a. Offenders will be protected from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. (5-3D-4281; 4-4281)
 - b. The controls must not be applied any longer than necessary to manage the targeted behaviors.
 - c. The use of excessive controls measures may be equated to the use of excessive force.

B. Identify Offenders with Mental Health Service Needs

1. Intake to the Department of Corrections
 - a. On intake to the DOC, all new offenders receive an initial mental health screening to evaluate suicide risks in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*. Based upon their findings, staff may make an emergency referral, a routine referral, or no referral to mental health staff.
 - b. In addition to the mental health screening, all new offenders in DOC institutions will also undergo a mental health appraisal by a Qualified Mental Health Professional (QMHP) within 14 days of admission in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*. The mental health appraisal includes assessment of current suicidal potential and person-specific circumstances that increase suicidal potential, review of inpatient and/or outpatient psychiatric treatment, review of treatment with psychotropic medications, etc.
2. All intra-system (within the DOC) transfer offenders will receive an initial mental health screening by trained staff at the time of admission to the new facility to evaluate suicide risks in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*. Based upon their findings, staff may make an emergency referral, a routine referral, or no referral to mental health staff.

3. All offenders that have significant mental health needs as determined by a QMHP, when housed at a facility with a QMHP, will receive an annual review of their mental health status and classification.
4. Staff (security, counselors, work supervisors, teachers, etc.) may refer offenders for a mental health assessment at any time they are concerned that the offender may be a danger to self or others.
5. Offenders identified with mental health services needs are provided appropriate care in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*.
6. This operating procedure provides strategies and techniques for crisis intervention when there is substantial danger of self-injury, suicide, or injury to others as a result of a mental disorder, as determined by a QMHP.

C. Offenders “At Risk” in a Restrictive Housing Unit

1. Each institution will systematically identify, monitor, and manage offenders considered "at risk" for deterioration, self-harm, or harm to others when placed in a restrictive housing unit.
 - a. All offenders should have an initial mental health screening on intake into the DOC in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
 - b. Qualified health care personnel or health trained staff will screen all offenders transferring from one institution to another on the day of arrival, or no later than the next working day if the offender arrives when nursing staff is not on duty in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
 - c. Any noted mental health concerns will be forwarded to a QMHP.
2. Health screening of offenders will be conducted by qualified health care personnel or health trained staff when health care personnel are absent.
 - a. Health screenings should be conducted when the offender arrives at the institution (as noted above) and whenever qualified health care personnel determine that a screening is needed.
 - b. A health screening conducted by staff other than a QMHP should be documented in the Health Record. Qualified health care personnel will utilize the [Intra-system Transfer Medical Review, DOC 726-B 720_F9](#); health trained staff will utilize the [Health Screening - Health-Trained Staff 720_F10](#).
 - c. At the completion of the health screening, the screener should immediately contact a QMHP designated to provide services to that institution if:
 - i. The offender expresses or evidences current suicidal ideation, plan, or intent, or
 - ii. The offender expresses or evidences acute psychotic symptoms or behaviors, or
 - iii. There is documentation of or the offender reports suicidal behavior within the last three months, or
 - iv. Is designated as or scores as a High Risk Sexual Victim (HRSV) or a High Risk Sexual Aggressor (HRSA)
 - v. A routine referral may be made for other mental health related issues.
3. A QMHP may complete a [Mental Health Screening: Restrictive Housing Unit Assignment \(DOC MH 14\) 730_F12](#) on any offender at the institution at any time. If the offender is not considered "at risk", the completed *DOC MH 14* is valid for one year from the completion date, if there is no change in the offender's mental health status or service needs.
4. The QMHP may maintain a list of those offenders who meet the criteria for “at risk” in a restrictive housing unit. This list may be provided to the Shift Commander and/or Restrictive Housing Unit Supervisor and the Health Authority to ensure that “at risk” offenders receive proper supervision and care.
5. The QMHP will complete a [Mental Health Screening: Restrictive Housing Unit Assignment \(DOC MH 14\) 730_F12](#) on the first working day after an assignment to a restrictive housing unit. (5-4B-0010, 5-4B-0029)

- a. A [Mental Health Screening: Restrictive Housing Unit Assignment \(DOC MH 14\)](#) 730_F12 must be completed for any offender who has not previously been screened, who has previously been screened and found to be “at risk”, or who has previously been screened but the *DOC MH 14* is more than one year old.
 - b. At institutions with no QMHP, health care personnel or health trained staff should interview the offender within one working day after placement in a restrictive housing unit using the *Restrictive Housing Review* section of the [Health Screening - Health-Trained Staff](#) 720_F10 to identify if there is any indication the offender may be “at risk” and in need of transfer to an institution with a QMHP.
6. If the QMHP determines an offender assigned to a restrictive housing unit to be “at risk,” they will complete an ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to communicate relevant management information to security staff.
- a. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5.
7. If the QMHP determines that placement in a restrictive housing unit may have a deleterious effect on an offender's mental health, the QMHP will notify the Facility Unit Head that placement in the restrictive housing unit is not recommended. (5-6C-4399; 4-4399)
- a. The QMHP will offer alternatives for mental health care such as commitment to an acute care setting, transfer to another institution, or strategies for management within the general population.
 - b. The Facility Unit Head's signature is required on the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 for placement of an "at risk" offender in the restrictive housing unit against QMHP recommendations.
8. A QMHP will screen offenders “at risk” in the restrictive housing unit to assess the level of risk and complete a [Mental Health Serious Mental Illness \(SMI\) Determination](#) 730_F34, when warranted. The QMHP will determine the frequency of observation based upon the offender's mental health status, mental health service needs, and the institution's mental health services procedures. (5-4B-0011)
- a. The QMHP will see the offender as soon as possible but no later than the first working day after the offender enters the restrictive housing unit. This review, documented on a [Mental Health Monitoring Report](#) 730_F14, will include a mental status assessment of the offender, and will address the following:
 - i. Is the offender oriented to time/place/person and to the current situation
 - ii. Does the offender appear to be a danger to self or others
 - iii. What are the current behaviors and/or symptoms displayed by the offender
 - iv. Any recommendations to the staff for managing the offender will be stated on the “At Risk” [Offender Notification \(MH 14A\)](#)
 - b. The QMHP will provide to restrictive housing unit security staff documentation of the offender's current mental health issues and any special management instructions via “At Risk” [Offender Notification \(MH 14A\)](#).
 - i. Security staff should enter pertinent information from *MH 14A* in the *Special Conditions* section on the offender's [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5.
 - ii. Each time a QMHP sees an offender in a restrictive housing unit, that contact will be logged on the offender's [Restrictive Housing: Individual Log](#) or [Special Watch Log](#) by the QMHP's initials or documented by other means.
 - c. Based on the initial assessment considering the offender's current mental status services needs, level of behavioral functioning, clinical history, and mental health procedures, the QMHP will determine how often a QMHP is to see an “at risk” offender in the restrictive housing unit.

(changed 3/1/19)

- d. Before a *Disciplinary Offense Report* is served on an offender housed in the restrictive housing unit for a mental health reason (e.g. suicide watch); against an offender with a Mental Health Classification Code of MH-2S, MH-3, or MH-4; or an offender who may be cognitively or mentally impaired in general population, the QMHP will assess the offender in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*, and complete the [Offender Mental Health Assessment](#) 861_F2.
9. Any identified "at risk" offender placed in a restrictive housing unit should receive a physical screening (i.e., weight and vital signs taken and recorded, checked for symptoms of possible side effects to prescribed medication) by a qualified health professional (i.e., RN, LPN/CNT, or CHA) no less than once every 14 days. (changed 12/1/18)
10. Unless mental health attention is needed more frequently, each offender on RHU status will receive a weekly visit from mental health staff. (5-4B-0029)
 - a. The visit ensures that offenders have access to mental health services.
 - b. The presence of mental health staff in the restrictive housing unit is announced and recorded in the restrictive housing unit logbook.
 - c. QMHP weekly visits will be recorded on the offender's [Restrictive Housing: Individual Log](#) 425_F4, [Special Watch Log](#) 425_F5.
 - d. The Senior QMHP determines the frequency of psychiatrist or psychiatric provider visits to restrictive housing units.
11. A QMHP will personally interview and prepare a [Mental Health Monitoring Report](#) 730_F14 on any offender who remains on RHU status for more than 7 days. (5-4A-4256, 5-4B-0010; 4-4256)
 - a. If assignment on RHU status continues beyond 7 days, a QMHP must conduct a mental health screening using the [Mental Health Monitoring Report](#) 730_F14 within every 7 days thereafter or more frequently if clinically indicated.
 - b. Any mental health interaction will be documented on a [Mental Health Monitoring Report](#) 730_F14.
 - c. The mental health assessment will be conducted in a manner that ensures confidentiality.
12. When any offender is placed in restraints within a cell, a QMHP will visit the cell and assess the offender within the first 24-hours that the offender is restrained.
 - a. This assessment will be documented on the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13.
 - i. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to confirm receipt of any *Special Management Instructions*.
 - ii. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5
 - b. The QMHP will determine the extent and frequency of any additional mental health monitoring and/or services.

D. Staff Training

1. Training of non-mental health services staff to recognize warning signs of a mental health crisis is a critical component of a successful suicide prevention and crisis intervention program. All staff with responsibility for offender supervision (including security staff) will be trained on suicide prevention and intervention during their first year of employment and annually thereafter.
2. All training on suicide prevention and crisis intervention will be approved by the Chief of Mental Health Services and the Academy for Staff Development and will be provided by a QMHP. The training will include but is not be limited to the following:
 - a. Identifying the warning signs and symptoms of suicidal behavior
 - b. Understanding the risk factors and demographics of suicidal behavior

- c. Responding to suicidal and self-injurious offenders
 - d. Communication between correctional and mental health care staff
 - e. Referral procedures
 - f. Safety Precautions and procedures
 - g. Follow-up monitoring of suicidal and self-injurious offenders
 - h. Reporting and documentation
3. Staff training requirements:
- a. All employees with offender contact in DOC facilities are required to complete the four hour training entitled “*Offenders with Mental Disorders and Suicidal Offenders.*” This must occur during the first year of employment and every year thereafter.
 - b. The Basic Skills classes for Corrections Officers, Nurses, P&P Officers, and Counselors will include the *Basic Skills in Mental Health Issues* class. On an annual basis thereafter, a minimum of four hours of training on mental health issues is required.
4. Correctional and health care personnel are trained to respond to health-related situations within a four-minute response time in accordance with Operating Procedure 720.7, *Emergency Medical Equipment and Care.*
- E. Observe, Act, Report, and Document
1. All staff with offender contact whether direct (face-to-face) or indirect (requests, complaints, or grievances) must be alert to warning signs and behaviors that indicate an offender is in danger of self-injury, suicide, or injury to others.
 2. If security or other staff observes an incident of self-injurious, suicidal, or dangerous behavior, the following will immediately occur:
 - a. Remove any materials by which the offender has harmed or may harm self or others
 - b. Notify the Shift Commander of the offender's behavior
 - c. Notify the Medical Department
 - d. Notify a QMHP immediately if the incident occurs during regular business hours and no later than the next working day if during non-business hours. A QMHP may be contacted immediately in any situation if deemed necessary by the Facility Unit Head or designee.
 3. An *Internal Incident Report* must be completed with a copy of the *Report* documenting self-injurious and/or suicidal behavior forwarded to the Senior QMHP. If such an incident occurs at a facility with no QMHP, the *Report* will be forwarded to the Head Nurse.
- F. Respond
1. Any QMHP who observes or receives a report of an offender exhibiting suicidal, self-injurious (e.g., cutting) or other problematic (e.g., feces smearing) behavior will assess the offender as soon as possible to determine the need for direct intervention and develop a treatment plan and/or a [Self-Management Housing Plan](#) 730_F32, if needed.
 2. The approved interventions to manage suicidal, self-injurious (e.g., cutting), or other problematic (e.g., feces smearing) offender behaviors are provided in this operating procedure.
 3. The QMHP will reduce the level of intervention as the offender demonstrates appropriate behaviors with the goal of reintegrating the offender into the general population or, if necessary, providing the appropriate mental health services in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service.*
 4. Reporting and After Action Review
 - a. Staff and, when appropriate, offenders involved in an incident should be debriefed to gather the information needed to report and review the incident.

- b. Incidents will be reported in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
 - c. A documented internal review will be conducted of suicides, suicide attempts, and use of clinical restraints. (5-6A-4373, 5-6D-4410; 4-4373, 4-4410) The Chief of Mental Health Services or the facility administration may initiate reviews of other incidents as necessary to improve responses to future incidents.
- G. Any in-person assessment of an offender in a restrictive housing unit by a QMHP or other health care professional will be accomplished in the following manner:
1. The offender will be restrained by handcuffs behind the back; use of leg irons is optional dependent on security level and the offender's behavior pattern.
 2. The offender will be instructed to sit on their bunk.
 3. Two certified Corrections Officers and the QMHP/health care professional will enter the cell to perform the assessment.

V. INTERVENTIONS

A. General

1. The QMHP may authorize the use of interventions including restraints for mental health management purposes using the *"At Risk" Offender Notification (MH 14A)* 730_F13.
 - a. A Building Supervisor where the offender is housed should countersign the *"At Risk" Offender Notification (MH 14A)* 730_F13 to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the *Restrictive Housing: Individual Log* 425_F4 or *Special Watch Log* 425_F5
2. If the offender is removed from a general population and placed in the restrictive housing unit, the review and classification requirements of Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted), will apply.
3. If the QMHP is unavailable, the Shift Commander, with the approval of the Administrative Duty Officer may implement interventions as needed to prevent injury to the offender or other persons. The offender will be assessed by the QMHP as soon as practical and the QMHP will authorize further interventions as appropriate.

B. Self-Management Housing Plan

1. A *Self-Management Housing Plan* (SMHP) is intended to provide enhanced housing protocol for offenders who are displaying acting out behavior that is compromising their daily functioning and significantly interfering with the orderly operation of the institution on a repetitive basis, but the behaviors are not considered to be the result of a severe mental illness. Examples of volitional behavior include swallowing various items, scratching or cutting self, insertion of various items into body orifices, altering or damaging state property in a manner that increases the risk of harm to self or others, and/or smearing feces.
2. A referral is made by an institutional staff member to the Senior QMHP. Together, they fill out a *Maladaptive Behavior Screening* 730_F33. Protocols will be prioritized based on points accumulated as approved by the QMHP.
3. A *Self-Management Housing Plan* 730_F32 (SMHP) will typically be used for an offender who is currently in a restrictive housing unit, but SMHPs can also be utilized for offenders in other housing situations when indicated (e.g., infirmary, MHU, etc.). A SMHP will not be used as punishment, but to minimize the risk of continued acting out by an offender who has recently displayed such behavior by decreasing exposure to items that they may use for these volitional behaviors.
4. A SMHP will not substitute for *Safety Precautions* but an offender can be on both.
5. A SMHP will not be used unless it is recommended by a QMHP who has assessed the offender and

their needs, and discussed it with the offender.

- a. The QMHP will forward the SMHP for review and approval by the Facility Unit Head, Unit Manager, Security supervisor, or their designees.
 - b. The QMHP will be responsible for taking the approved [Self-Management Housing Plan 730_F32](#) to the relevant housing unit where a Building Supervisor should countersign the SMHP to confirm receipt of any special management instructions.
 - c. The housing unit staff is responsible for implementation of the SMHP.
 - d. Without a subsequent SMHP renewal received on the housing unit, the SMHP will expire on its indicated expiration date (up to 30 days), and normal housing status procedures will resume.
6. Monitoring offenders on a SMHP:
- a. Security observation checks will be performed and documented in accordance with the offender's status.
 - b. QMHP staff will monitor and assess the status and needs of the offender at least weekly or more often as necessary, while on an SMHP, and provide data on progress to Multi-Disciplinary Team (MDT) members.
 - c. Qualified health care personnel will monitor the health status of offenders on an SMHP.
 - d. A camera may be used as additional monitoring of the offender, but it will not replace required security observation checks.
7. A SMHP is intended to be used for only as long as is necessary to assist the offender in controlling their behavior.
- a. The SMHP will only be used for up to 30 days at a time, after which it may be renewed in 30 day increments.
 - b. After assessing the offender's status, with agreement between a QMHP and an Administrative Duty Officer, the SMHP may be terminated whenever it has been demonstrated that the offender will refrain from acting out behaviors and is behaving in a more prosocial manner.
8. Any SMHP in effect will be automatically terminated once the offender achieves all the goals in the SMHP. While this plan is in place, all classification actions are suspended unless first approved by the Senior QMHP, with appeals decided by the Facility Unit Head.
9. An electronic copy of the SMHP should be kept in a shared folder at the facility, and also forwarded to the Mental Health Clinical Supervisor (MHCS).

C. Housing

1. An offender considered at imminent risk, threatening, or exhibiting self-injurious, suicidal, or dangerous behavior will be placed in an area where they can be closely monitored and that promotes staff observation and interaction with the offender.
2. With approval of the Facility Unit Head, an offender who is at a Field Unit or Work Center and who is considered at imminent risk, threatening or exhibiting self-injurious, suicidal, or dangerous behavior will be transferred as soon as possible to a major institution for monitoring and assessment. The transfer will occur in accordance with *Emergency Transfers* as defined in Operating Procedure 830.5, *Transfers, Institution Reassignments*.
3. With approval of the Facility Unit Head, an offender who is at a Community Corrections Facility and who is considered at imminent risk, threatening or exhibiting self-injurious, suicidal, or dangerous behavior will be transferred as soon as possible to a hospital (See Operating Procedure 720.7, *Emergency Medical Equipment and Care*.) or jail (See Operating Procedure 940.4, *Community Corrections Alternative Program*.).
4. Each major institution will designate *Safety Cell(s)* or areas to monitor suicidal, self-injurious, or dangerous offenders. The cells or areas should permit easy access and an unobstructed view of the offender at all times and will minimize the offender's opportunity for self-harm.

- a. Beds and other items approved for use in designated *Safety Cell(s)* or areas are listed on Attachment 1, *Safety Cell, Approved Equipment*.
 - i. Items not included on the *Safety Cell, Approved Equipment* must be reviewed by the Mental Health Services Steering Committee (MHSSC) and approved by the Regional Administrator and the Chief of Mental Health Services.
 - ii. To the extent possible, other elements of the designated cells or areas should be designed and constructed in accordance with the [Safety Cell Checklist 730_F3](#).
 - b. The Mental Health Clinical Supervisor (MHCS), Assistant Facility Unit Head, Building and Grounds Superintendent, and Senior QMHP will jointly inspect the designated cells or areas at least once per year, or as warranted, for possible fixtures or architectural features that could be used for self-harm.
 - c. The inspection will be documented by the MHCS on the [Safety Cell Checklist 730_F3](#).
 - d. The MHCS will provide the completed checklist electronically, including any recommended modifications to the Facility Unit Head, Regional Administrator, and Chief of Mental Health Services.
 - e. Within 30 days, the MHCS will follow up with the Facility Unit Head regarding the status of recommended modifications. The MHCS will report the status of each recommended modification via an e-mail to the Facility Unit Head, the Regional Administrator, and the Chief of Mental Health Services
 - i. For completed modifications, the MHCS will state what the modification was and when it was completed.
 - ii. For modifications in process but not yet completed, the MHCS will note the expected completion date and will follow up with the Facility Unit Head at that time. A subsequent status report will be e-mailed to the Facility Unit Head, the Regional Administrator, and the Chief of Mental Health Services. If the modification is not made by the expected completion date, the MHCS will confer with the Facility Unit Head and with the Regional Administrator, if necessary, to address the delay.
 - iii. The Regional Administrator may determine that a recommended modification cannot reasonably be made (e.g., is considered to be cost prohibitive) and will note this electronically to the Facility Unit Head, the MHCS, and the Chief of Mental Health Services as soon as the determination is made. The recommended modification, if still considered an issue by the MHCS, will be noted again no later than during the next inspection.
5. Prior to the offender being placed in the *Safety Cell* or area, both the offender and the cell will be searched for materials that can be used for self-harm. In addition, security staff will search the cells daily or more often, as indicated by the QMHP, to prevent offender access to potentially harmful objects.
 6. Under emergency conditions, a suicidal/self-injurious/dangerous offender may be placed temporarily within a cell or area other than the institution's designated *Safety Cells* or areas. The offender must be moved to a designated *Safety Cell* or area as soon as possible.

D. Property

1. Property may be restricted while an offender is on *Special Management Instructions* to help ensure the safety of the offender when they are at risk for deterioration, self-harm, or harm to others.
2. The QMHP will determine what items or privileges will be provided to the offender. The QMHP will document and authorize these precautions and interventions on the ["At Risk" Offender Notification \(MH 14A\) 730_F13](#).
 - a. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\) 730_F13](#) to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log 425_F4](#) or [Special Watch Log 425_F5](#)

3. In lieu of or in addition to restraints, an offender may be placed in a cell with restrictions. In cases where personal property is removed, the Facility Unit Head will ensure proper inventory and storage of the items in accordance with Operating Procedure 802.1, *Offender Property*, until the property is returned to the offender.
4. Stripping the offender of all clothing should be avoided and used only as a last resort. When standard issue clothing presents a security or health risk (for example, suicide prevention observation), provisions are made to supply the offender with an approved safety smock and/or safety blanket that promotes safety in a way that is designed to prevent humiliation and degradation. (5-6E-4416; 4-4416)
5. Offenders placed on *Safety Precautions* will be allowed the approved safety smock and/or safety blanket only, except in situations in which the QMHP documents justification that the use of a paper gown provides a safer management option (e.g., when managing an offender who engages in self-mutilating behavior and the use of the paper gown allows for better monitoring of newly self-inflicted injuries, including the removal of stitches or when environmental concerns are a factor (high temperatures, poor ventilation, etc.).
6. Offenders placed on *Safety Precautions* will be assessed and evaluated by the QMHP who will determine the items/privileges/property that the offender may be offered. Authorization and conditions of the *Safety Precautions* will be documented by the QMHP on the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13.
 - a. A Building Supervisor (e.g. Unit Manager, Watch Commander, Building Lieutenant, Building Sergeant) where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5.

E. Safety Diet

1. The *Safety Diet* is designed to be eaten without utensils and is served using containers that minimize the possibility of injury to the offender and others.
2. The QMHP may order the Safety Diet in accordance with the Food Service Manual, Chapter 3, *Menu Planning*. The order will be reviewed at least weekly to determine if it should be continued.

F. Safety Precautions

1. Safety Precautions may be ordered by a QMHP, or if the QMHP is not available, by the Facility Unit Head or Administrative Duty Officer. Authorization and conditions of the *Safety Precautions* will be documented by the QMHP on the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13.
 - a. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5
2. An offender placed on *Safety Precautions* will be strip searched for potentially harmful objects and initially will be provided only an approved safety smock.
 - a. All other property will be removed from the cell.
 - b. The safety smock may be removed by order of a QMHP if warranted by the offender's clinical condition or, in an emergency situation, when the QMHP is unavailable, upon the order of the Shift Commander of the institution.
3. On a daily basis, offenders on *Safety Precautions* will be strip searched for potentially harmful objects. Offenders' cells will be searched by security staff on a daily basis for contraband and other materials that could be used for self-harm, or more often as specified by the QMHP on the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13.

4. For offenders placed on *Safety Precautions* with 15 Minute Watch, a Corrections Officer will check the status of the offender at variable intervals, but not less than once every 15 minutes. (5-4A-4257; 4-4257)
 - a. At a minimum, the Officer will observe that the offender is breathing (for example, seeing movement of the chest up and down, and hearing snoring or other sounds coming from the offender's nose or mouth).
 - b. If it is *not* evident that the offender is breathing, the Officer will elicit a response from the offender. For example, the officer will ask the offender a question such as, "How are you doing?" and the offender will respond verbally and/or behaviorally (for example, by raising a hand in response).
 - c. Documentation of the status checks, behaviors, etc., will be made on the [Special Watch Log 425_F5](#)
5. For offenders placed on *Safety Precautions* with One-to-One Supervision (Constant Watch), a Corrections Officer will physically observe the offender on a continuous and uninterrupted basis and will maintain a clear and unobstructed view of the offender at all times. The assigned individual will document observations of the offender's behaviors and responses on the [Special Watch Log 425_F5](#). (5-4A-4257; 4-4257)
6. If there does not appear to be any sound or movement by the offender, the Corrections Officer(s) will summon assistance and enter the cell as soon as it is safe to do so (usually only after arrival of a second staff person). If, upon assessment by the first responder, the offender is determined to not be breathing, CPR will be initiated immediately. See the *Suicide Prevention and Intervention* section of this operating procedure.
7. On every workday that the offender remains on *Safety Precautions*, a QMHP will interview the offender and document their findings utilizing the [Mental Health Monitoring Report 730_F14](#). If a QMHP is not available, a member of the health care staff will interview the offender.
8. Typically, an offender who is removed from *Safety Precautions* with One-to-One Supervision (Constant Watch) will be placed on *Safety Precautions* with 15 Minute Watch.
9. An offender on *Safety Precautions* may be offered items/privileges/property as determined by the QMHP based upon an assessment and evaluation of their clinical condition. The QMHP will document changes in precautions, interventions, property and privileges using the ["At Risk" Offender Notification \(MH 14A\) 730_F13](#).
 - a. A Building Supervisor (e.g. Unit Manager, Watch Commander, Building Lieutenant, Building Sergeant) where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\) 730_F13](#) to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log 425_F4](#) or [Special Watch Log 425_F5](#)
10. Discontinuation of *Safety Precautions* will be determined only by the QMHP (approval of a Senior QMHP required for a reception offender) based upon an interview to assess and evaluate the offender's mental status, behavior and overall level of functioning.
 - a. The QMHP will complete a [Suicide Risk Assessment 730_F15](#) indicating that the offender appears to no longer present a significant risk of suicide.
 - b. Discontinuation of *Safety Precautions* will be documented on the ["At Risk" Offender Notification \(MH 14A\) 730_F13](#) and the [Mental Health Monitoring Report 730_F14](#).
11. Based on the QMHP's assessment, an offender who has been placed on *Safety Precautions* will typically go through a step-down process before being completely released from precautions.
 - a. Generally, this will occur over the course of several days, with the QMHP authorizing the gradual return of clothing, bedding, etc., to the offender.
 - b. If the QMHP determines that the offender continues to be at risk for self-harm, the offender will

remain on *Safety Precautions* until the QMHP determines otherwise.

- c. An offender may be continued on *Safety Precautions* for as long as is considered necessary by the QMHP.
 - d. If appropriate, the QMHP can consider involuntary commitment to an acute care setting as provided in Operating Procedure 730.3, *Mental Health Services: Levels of Service*.
12. All treatment staff members who check on the offender's status will note these contacts in the *Special Watch Log*.

G. Clinical Use of Restraints (5-6C-4405; 4-4405)

1. This operating procedure provides guidance whereby offenders may be restrained within a cell for clinical reasons as determined and authorized by a Qualified Mental Health Professional (QMHP) or physician after reaching the conclusion that less restrictive measures would not be successful.
 - a. A QMHP's clinical restraint authorization will be documented on the ["At Risk" Offender Notification \(MH 14A\) 730_F13](#).
 - i. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\) 730_F13](#) to confirm receipt of any *Special Management Instructions*.
 - ii. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log 425_F4](#) or [Special Watch Log 425_F5](#).
 - b. A physician's order providing medical clearance for clinical restraints will be documented in the offender's Health Record.
 - c. Initial authorization is for up to 24-hours but the offender may be released earlier based on the recommendation of the QMHP or physician.
 - d. When an offender is approved to be restrained within a cell for clinical reasons, the Facility Unit Head and QMHP will be responsible to submit an *Incident Report* documenting the reasons for use of restraints and the appropriate approvals and notifications in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
 - e. Offenders may be restrained within a cell for control and security purposes in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior (Restricted)*. However, within designated Mental Health Units, no in-cell restraints will be utilized without a QMHP's authorization.
2. Prior to the utilization of clinical restraints, the QMHP, in consultation as necessary with facility administrators, health care staff, and security staff, will determine if an offender can be managed safely and the behavior be controlled effectively and humanely utilizing less restrictive measures, e.g., a safety smock, placing the offender in a cell with restrictions, etc. The least restrictive means of control will be used.
3. Restraints will be applied only when necessary and for the least amount of time required to gain control of disruptive or self-injurious behavior.
 - a. Every effort should be made to work with the offender to assist in the management of their behavior prior to the utilization of restraints.
 - b. When an offender continues to harm or threatens self-harm, the least restrictive interventions should be considered first. These include, for example, removing items from the offender's cell, placing the offender in a safety smock, placing the offender in ambulatory restraints, etc.
 - c. In addition, the facility QMHPs are encouraged to confer with peers, co-workers and supervisors regarding strategies for the management and treatment of the offender, including the development and implementation of a [Self-Management Housing Plan 730_F32](#) or other behavioral plan.
4. Restraints will be utilized for safety purposes only, never as punishment.
5. When contact with a QMHP or physician is not possible, the Facility Unit Head or Administrative Duty Officer may determine that an emergency exists and authorize the temporary restraint of an offender within a cell until a QMHP or physician can be contacted.

6. When the QMHP or physician considers it necessary for an offender to be restrained beyond 24-hours, the clinician will advise the Facility Unit Head.
 - a. If the Facility Unit Head agrees with the recommendation, no further approval is necessary.
 - b. If the Facility Unit Head does not agree with the clinician's recommendation, the Facility Unit Head will contact the Regional Administrator to discuss the circumstances; the QMHP (as well as the Regional MHCS, if available) will be included in the discussion.
 - c. The Regional Administrator will approve or disapprove the clinician's recommendation.
 - d. The QMHP or physician will document the decision in Section IV of the Health Record.
7. At the 24-hour mark, an *Incident Report Addendum* will be completed by the Facility Unit Head documenting either approval for continued restraints or disapproval and the offender's release from restraints.
8. If the clinician recommends that restraints be continued beyond 48-hours, the Facility Unit Head will be advised and will contact the Regional Administrator for approval. If the Regional Administrator approves the request, they will notify the Regional Operations Chief.
9. At the 48-hour mark, an *Incident Report Addendum* will be completed by the Facility Unit Head documenting either the approval to continue restraints or disapproval and the offender's release from restraints.
10. When an offender is to be restrained in excess of 48-hours the Senior QMHP will:
 - a. Notify the Regional Mental Health Clinical Supervisor (MHCS) via telephone and via e-mail, attaching the most recent [Mental Health Monitoring Report 730_F14](#), progress notes, and any other related documentation as to why the offender was initially placed in restraints and why restraints are recommended beyond 48-hours.
 - b. Update the MHCS every day that the offender remains in restraints.
11. When an offender is restrained in excess of 48-hours, the Mental Health Clinical Supervisor will notify the Chief of Mental Health Services and provide an update every day that the offender remains in restraints.
12. An offender may not be restrained beyond 72-hours without approval by the Regional Administrator, then the Regional Operations Chief, and then the Chief of Corrections Operations in consultation with the Chief of Mental Health Services.
13. Approved Restraints
 - a. Restraints ordered by medical and mental health staff are limited to clinically approved restraints.
 - i. This requirement does not preclude the use of metal restraints by security when humane restraints have proven ineffective due to an offender's behavior or prior history.
 - ii. The offender's wrists and/or ankles will be wrapped in gauze or adhesive tape by medical staff prior to metal restraints being applied.
 - b. Clinically approved restraints authorized for use in DOC institutions are listed on the *Approved Restraints* attachment to Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted), examples include:
 - i. Leather or humane (poly) ambulatory restraints (wrist to waist, ankle)
 - ii. Leather or humane (poly) locking bed restraints (wrist, ankle, torso) - offenders will be placed in a "four or five point" restraint position, face up on the bed
 - iii. Spit Shield Transport Hood
 - iv. Safety helmet - to be used only on an offender who bangs their head or attempts to bite themselves or others
 - v. Safety smock and safety blanket
 - c. Other restraining devices, such as body wraps, blankets, specially designed chairs, etc. may not be used without a review by the MHSSC and approval of the Chief of Mental Health Services-and an operations designee.

14. Offenders may be clinically restrained to a restraint bed or bunk within a cell. Offenders will not be restrained to the cell bars, or any other cell fixture or equipment except the bed. If a QMHP or physician considers it necessary, the offender may be observed and interviewed prior to authorizing the use of restraints.
15. Pregnant offenders and offenders in postpartum recovery will not be restrained unless an individualized determination is made that the offender poses a danger to herself, the child, or others. (5-3A-4190-1; 4-4190-1)
 - a. The use of any restraints on pregnant offenders and offenders in postpartum recovery will be based on a serious security risk or imminent risk of injury to the mother or child and must be approved by the Facility Unit Head or Assistant Facility Unit Head.
 - i. Any restraints applied in addition to the handcuffs shall be applied in a manner to ensure safety and security for all parties.
 - ii. Handcuffs applied in the front of the offender are the only restraints authorized without physician or mid-level practitioner approval.
 - iii. Prior to applying handcuffs, medical staff must be consulted to determine if the use of handcuffs present a threat to the health or life of the pregnant offender or fetus.
 - b. If handcuffs are not adequate to protect the offender, the fetus, and others; the Facility Unit Head or Assistant Facility Unit Head, physician or mid-level practitioner, and QMHP must be notified of the reason for applying additional restraints and must approve the application of additional restraints and the restraint methods.
 - i. When the Facility Unit Head/Assistant Facility Unit Head, physician/mid-level practitioner, and QMHP are not in agreement, the Regional Operations Chief, Regional Health Administrator, and Regional Mental Health Clinician will be consulted.
 - ii. If a decision still cannot be reached, the decision will be escalated to the Chief of Corrections Operations, Health Services Director, and Chief of Mental Health Services.
 - c. A written *Incident Report* documenting the restraints applied and reason for applying the restraints will be submitted in accordance to Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
16. Qualified health care personnel, when on duty at the institution, will examine the offender as soon as possible after restraints have been initially applied, and any time they are reapplied, to ensure that circulation is adequate.
 - a. Health care personnel must advise as to whether an offender has a condition that alters the general application of the restraints.
 - b. Health care personnel will assure that the patient has adequate hydration, release for toileting, and release of limbs to prevent the development of blood clots.
 - c. In situations where no health care personnel are on duty at the institution, the offender will be checked as early as possible during the first shift in which such staff are back on duty.
 - d. The examination and subsequent examinations will be documented on the [Special Watch Log 425_F5](#).
17. Observation and Care of Offenders Placed in Restraints within a Cell
 - a. An offender who is placed in restraints will be partially or completely released from the restraints at meal times and for toilet use, a minimum of seven times during each twenty-four hour period, and documented on the [Restraints Break Log 420_F27](#). Three of the seven breaks will occur one half hour prior to each meal.
 - b. Security staff will directly observe the offender in restraints *at least* every fifteen minutes, and more often if necessary, as directed by the QMHP or physician. Documentation of the status checks, behaviors, etc., will be made on the [Special Watch Log 425_F5](#).
 - c. A QMHP will interview the offender at least once per workday and determine if the offender may be stepped-down to a less restrictive alternative. If a less restrictive alternative is considered

appropriate, the QMHP will update the *Special Management Instructions* in "[At Risk Offender Notification \(MH 14A\)](#) 730_F13.

- i. A Building Supervisor where the offender is housed should countersign the "[At Risk Offender Notification \(MH 14A\)](#) 730_F13 to confirm receipt of any *Special Management Instructions*.
 - ii. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5.
- d. The QMHP's visit will be documented on the [Special Watch Log](#) 425_F5.
- e. When a QMHP is not on duty at the institution, the necessity for the QMHP to come into the institution to assess the offender face-to-face is a clinical decision made on a case-by-case basis. This decision will be made in consultation with health care staff on duty and may include, as needed, input from the QMHP's immediate supervisor, the Facility Unit Head, relevant security staff (Shift Commander, etc.), and /or the Administrative Duty Officer.
18. No offender will be released from clinical restraints or *Safety Precautions* without a face-to-face interview, assessment, and review of the incident by the QMHP. (5-6C-4405; 4-4405)
- a. Results of each interview and assessment will be documented on the [Mental Health Monitoring Report](#) 730_F14.
 - b. The QMHP should make referral for further clinical or management services as warranted.
 - c. Release from clinical restraints must be reported on an *Incident Report Addendum* with the [Restraints Break Log](#) 420_F27 uploaded as an external document.

H. Communication/Reporting

1. For each offender on *Safety Precautions* or in-cell restraints, the QMHP will provide the following information electronically to the Facility Unit Head, Assistant Facility Unit Head, Shift Commander on current shift, and Shift Commander for following shift, restrictive housing unit or other building supervisor, and Health Authority at the end of each workday:
 - a. Offender name and number
 - b. Housing and cell assignment
 - c. The status of all precautions, including but not limited to: level of watch, restrictions on property and other items, and type of meals to be provided
 - d. Date and time precautions were put in place.
2. The Shift Commander or designee provides the information on watches and restraints to relevant administration and security staff at muster and on the *Supervisor's Daily Activity Report* provided in Operating Procedure 401.1, *Development and Maintenance of Post Orders* (Restricted).

VI. SUICIDE PREVENTION AND INTERVENTION

A. Suicide Prevention and Intervention Program

1. Each Facility Unit Head will ensure that a Suicide Prevention and Intervention Program is implemented at the facility in accordance with this operating procedure.
2. The Senior QMHP will be responsible for directing the management and treatment of suicidal offenders and for ensuring that the facility's program conforms to the guidelines for training, identification, referral, assessment/intervention, and debriefing/reporting as outlined in this procedure.
3. This operating procedure has been approved by the Chief of Mental Health Services and the Chief of Corrections Operations to serve as a written suicide prevention plan for each facility. (5-6A-4373; 4-4373, 4-ACRS-4C-16)
 - a. Any additions or changes due to the facility mission will be incorporated into an Implementation Memorandum, Mental Health Unit operating protocol or other document that is approved by the Senior QMHP and reviewed and approved by the Facility Unit Head, Mental Health Clinical

Supervisor, and Chief of Mental Health Services.

- b. This operating procedure includes staff and offender critical incident debriefing and reporting that covers the management of suicidal incidents and safety watches.
- c. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Training should include but not be limited to: (5-6A-4373; 4-4373, 4-ACRS-4C-16)
 - Identifying the warning signs and symptoms of impending suicidal behavior
 - Understanding the demographic and cultural parameters of suicidal behavior , including incidence and variations of precipitating factors
 - Responding to suicidal, depressed, and self-injurious offenders
 - Communication between correctional and mental health staff
 - Referral procedures
 - Housing observation and safety watch level procedures
 - Safety Precautions and procedures
 - Follow-up monitoring of offenders who make a suicide attempt and self-injurious offenders

B. Warning Signs and Suicide Threats

1. Front-line staff are often the first to become aware of an offender making a suicide threat. Such threats may include but are not limited to statements such as, “I wish I was dead,” “My family would be better off without me,” “I’m going to kill myself,” or “I’m leaving this place tomorrow one way or another.” Warning signs may include but are not limited to the following:
 - a. Preoccupation with death, dying, or suicide;
 - b. Possession of sharp objects, fabric or other material made into a noose; saving pills;
 - c. Changes in sleep patterns, eating habits, energy level, and/or ability to concentrate;
 - d. Setting of affairs in order (e.g., the offender may have stacks of letters in their cell addressed to each family member); or
 - e. Giving away possessions (e.g., the offender may send home or to friends items previously valued).
2. Initial Response to Suicidal Threats
 - a. Any staff aware of an offender making a suicide threat will immediately notify the security personnel in the area, their immediate supervisor, the Shift Commander, and the QMHP (if available).
 - b. Reporting staff will make every effort to maintain constant observation of the offender during the notification process and until appropriate personnel arrive or *Special Management Instructions* are implemented.
 - c. The Shift Commander will ensure that the QMHP and appropriate levels of supervision have been notified. If there is no QMHP on duty, the Shift Commander will notify the on-call QMHP for that facility or the facility that provides QMHP services.
 - d. The Shift Commander may place the offender on *Safety Precautions* with One-to-One Supervision (Constant Watch), if needed, pending implementation of *Special Management Instructions* as provided by the QMHP.
 - e. Staff will document on an *Internal Incident Report* what the offender said or did and the actions taken (e.g., watched the offender constantly and notified supervisors) as provided in Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.

C. Suicidal Behavior or Suicide-in-Progress - It is essential that staff take immediate action when suicidal behavior is observed. Any available person, including offenders and non-security staff, may be asked to assist during an emergency.

1. First person on the scene will:

- a. Immediately notify other staff of the need for assistance
 - b. Survey and secure the scene for safety (e.g., the situation could be a diversionary tactic or an attempt to assault staff or to escape)
 - c. If the suicidal behavior occurs in a cell in general population, the first officer on the scene may use their discretion in entering the cell alone. If they consider it necessary, they may postpone entering the cell until after the arrival of a second officer.
 - d. If the suicidal behavior occurs in a cell other than in general population, enter the cell only after the arrival of a second officer.
 - e. If an offender is found hanging, staff will take measures to remove pressure from the offender's neck, including removal of the object from around the neck and/or lifting the offender's legs to remove pressure on the neck. It is important to get pressure off the offender's neck immediately.
 - f. If needed, retrieve the seatbelt cutter tool from its secure location and cut the material from around the offender's neck. Each restrictive/ housing unit control room will be equipped with the seatbelt cutter tool as part of their standard emergency equipment.
 - g. If the offender is non-responsive, is bleeding, or is in obvious physical distress, initiate and continue first aid/CPR until medical staff or qualified personnel arrive to take over.
2. Second officer on scene will:
 - a. Assist with first aid/CPR as necessary
 - b. Maintain security and preserve the scene as much as possible
 3. Security supervisor will:
 - a. Ensure that medical staff and the Shift Commander have been notified
 - b. Supervise and assist with first aid/CPR as needed
 - c. Maintain security and preserve the scene as much as possible
 - d. Coordinate medical staff's timely entry into the area
 4. Medical staff will:
 - a. Determine the appropriate level of medical care
 - b. Initiate or take over life support measures, as needed
 - c. Call for an ambulance if needed
 - d. Advise the Shift Commander if an ambulance is called
 - e. After providing appropriate treatment for physical injuries, medical staff should facilitate transfer of the offender to another medical facility if required, in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, Operating Procedure 720.7, *Emergency Medical Equipment and Care*, and Operating Procedure 830.5, *Transfers, Institution Reassignments*.
 5. Shift Commander will:
 - a. As advised by medical staff, ensure that an ambulance has been called and is enroute
 - b. Prepare institution for safe and timely entry and exit of external ambulance/EMT personnel
 - c. Notify duty officer and the QMHP. The Shift Commander will ensure that the *Special Management Instructions* provided by the QMHP are implemented.
 - d. In the event of a suicide, notify the institutional investigator.
 6. The Administrative Duty Officer will:
 - a. Ensure that other appropriate facility and departmental personnel are notified in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
 - b. Ensure that all necessary documentation is completed, including the *Incident Report* in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.

7. Security and other staff will communicate any information regarding the offender's mental and behavioral status to the QMHP.
8. The on-site or on-call QMHP will review all available information in order to determine if the offender's intent was to commit suicide.
 - a. If the QMHP determines that the incident was an attempted suicide, the QMHP will gather all relevant *Internal Incident Reports* in VACORIS and complete the *Incident Report* for "Attempted Suicide" in VACORIS by noon of the day following the incident.
 - b. If the QMHP determines that the incident was not an attempted suicide, the QMHP will then decide which, if any, additional actions are warranted to address the behavior.

D. Mental Health Services Response to Suicide Threat, Suicidal Behaviors, or Suicide Attempt

1. Upon notification by the Shift Commander, the QMHP will provide initial *Special Management Instructions* using ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to safeguard the offender until they can be assessed.
 - a. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5.
2. If a QMHP is on duty at the facility when an offender displays suicidal behaviors or is placed on *Safety Precautions* by other staff, the QMHP will see the offender that day to assess and evaluate their clinical condition (i.e., mental status, behaviors, overall level of functioning, risk for suicide).
3. Following this initial assessment interview, the QMHP will determine and document the level of precautions and interventions using ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13.
 - a. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13 to confirm receipt of any *Special Management Instructions*.
 - b. *Special Management Instructions* must be entered on the [Restrictive Housing: Individual Log](#) 425_F4 or [Special Watch Log](#) 425_F5.
4. The QMHP will perform follow-up assessment interviews of the offender as needed, generally within 48-hours of the initial assessment interview or the next working day. Results of each follow-up interview will be documented on the [Mental Health Monitoring Report](#) 730_F14.
5. Any QMHP directing that an offender be placed on *Safety Precautions* will verbally inform the Shift Commander or designee of this need immediately.
6. Each day that an offender is on *Safety Precautions*, the QMHP will review the *Special Management Instructions* for renewal and/or updates based on the offender's clinical needs (See ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13).
7. In cases where an offender's self-injurious and/or suicidal behavior is acute and imminently life-threatening, and determined to be secondary to or symptomatic of a mental illness, mental health staff should initiate the transfer of the offender to an acute care setting as soon as the offender's physical condition has stabilized, per Operating Procedure 730.3, *Mental Health Services: Levels of Service*.
8. If a QMHP is not on duty at the facility (after hours, weekend/holiday):
 - a. Offenders placed on *Safety Precautions* at the facility will be seen by QMHP staff no later than the next working day. The necessity for the on-call QMHP to come in to the facility to assess the offender face-to-face is a clinical decision made on a case-by-case basis. This decision will be made in consultation with the health care staff on duty and may include, as needed, input from the QMHP's immediate supervisor, the Facility Unit Head, relevant security staff (Shift Commander, etc.), and/or the Administrative Duty Officer.
 - b. Offenders already on *Safety Precautions* will be monitored by the on-call QMHP at least once

every 24-hours via a telephone consultation with the health care staff on duty.

- c. The on-call QMHP will discuss and assess with the health care staff on duty, the offender's observed behavior and mental status.
 - d. If the offender is not exhibiting any significant clinical change, then the current *Special Management Instructions* may continue unchanged.
 - e. If the offender's behavior or mental status warrants a change in the *Special Management Instructions*, the on-call QMHP will have the changes documented by the health care staff on duty in Section VI of the offender's Health Record. Immediately following the conversation with the health care staff on duty the QMHP will communicate the changes in the *Special Management Instructions* to the Shift Commander and other appropriate staff.
 - f. Upon arrival at the facility, the on-call QMHP will document the telephone consultation with the health care staff on duty and with the Shift Commander, et al, with an on-call progress note to be filed in the offender's Health Record, Section IV. The on-call QMHP will also sign/initial the *Special Management Instructions* documented by the health care staff on duty in Section VI of the offender's Health Record. In addition, the QMHP will complete an updated ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13.
9. If the offender is at an institution without full time QMHP staff, contact with a QMHP will be made in accordance with the *Guidelines to Access Emergency Mental Health Services* attachment to Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*. QMHP recommendations may include, but are not limited to, transfer to an institution with full time QMHPs for further assessment, placement on *Safety Precautions*, or management of the offender at the current institution with follow-up provided by the QMHP.
 10. If the offender remains in the housing unit after being interviewed by the QMHP, staff involved with the offender will continue to monitor the offender's behavior. Staff will notify their supervisor and the QMHP of any concerns or other relevant information.
 11. No offender will be released from *Safety Precautions* or clinical restraints without a face-to-face interview and assessment by the QMHP. Results of each follow-up interview and assessment will be documented on the [Mental Health Monitoring Report](#) 730_F14.
 12. In the event of a suicide, the QMHP will immediately notify the Senior QMHP who will immediately notify the Mental Health Clinical Supervisor (MHCS) and the Chief of Mental Health Services. Licensed Mental Health units will make additional notifications as required by the licensing agency.
- E. Suicide Risk Assessment
1. The QMHP who is evaluating an offender's risk of self-injury or suicide will interview the offender and will consider as much of the following information as is available:
 - History of suicide attempts or self-injurious behavior
 - Presence and extent of depression or hopelessness
 - Presence of impulsivity or attention-seeking behavior
 - Suicidal or self-injurious behavior or ideation, if present
 - Evidence of preparation for suicidal behavior
 - Presence or extent of inhibitions/deterrents to such behavior
 2. The QMHP will conduct an interview and complete a [Suicide Risk Assessment](#) 730_F15 at the time that the QMHP is considering the release of the offender from *Safety Precautions*.
- F. Debriefing - The DOC *Critical Incident Peer Support Team* is available to provide support to employees following any offender suicide (See Operating Procedure 075.7, *Critical Incident Peer Support Team*.)
- G. Administrative Review (5-6A-4373; 4-4373, 4-ACRS-4C-16)

1. For each confirmed suicide, the QMHP or designee will prepare an [Administrative Review - Suicide 730_F16](#).
2. The report will be reviewed with the Mental Health Clinical Supervisor, Facility Unit Head, Regional Health Administrator, and others as appropriate.
3. Following a completed suicide, a Regional MHCS will convene and facilitate a multidisciplinary review of the event, including security, mental health, medical, treatment, and SIU staff who were involved.
 - a. This Regional MHCS or authorized designee is empowered to look into all aspects of the offenders' incarceration and is authorized by this procedure to review all relevant records and interview facility staff.
 - b. A review of all available and pertinent incident reports, log entries, and other data and information will be conducted in order to ascertain individual, interpersonal, site, and systemic issues that may have influenced the outcome.
 - c. This team will serve as a forum to review relevant data, beneficial changes to procedure or processes, recognize components that functioned well, and generate recommendations for improving safety.
 - d. A Regional MHCS will prepare a written account of the review, including findings of fact, recommendations, and the rationale behind the recommendations and submit the report to the Chief of Corrections Operations and the Chief of Mental Health Services for their review and possible executive response.

VII. HUNGER STRIKE (5-3B-4224; 4-4224)

A. Philosophy

1. As legally appointed custodians of offenders, the DOC has a responsibility to provide for their health and safety. An offender who chooses to go on a hunger strike (i.e., refuses fluids and/or nutritional intake) presents a unique challenge to the orderly operation of a correctional facility due to extra demands placed on security staff, the necessary medical assessments and daily evaluations, increased psychological monitoring and administrative review.
2. An offender who is acting out by engaging in a hunger strike may be attempting to gain something (such as a transfer, attention, power, and control over staff, etc.).
3. Depending upon the length of time and severity of the hunger strike, the offender may be regarded as "at risk" for self-harm in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted), and this operating procedure.
4. As time progresses, the negative effects of a lack of fluids and/or nutrition may pose a serious threat to the physical health of the offender and, at the extreme, can become life threatening. The techniques described below to intervene with and manage an offender who is on a hunger strike are intended to serve as incentives for the offender to resume consumption of fluids and/or nutrition.
5. These techniques are separate from those used to prevent imminent self-harm (e.g., threatening to or actually harming self, etc.) and are designed to prevent or minimize potential "at risk" behaviors and to end the hunger strike as soon as possible.
6. Security staff, medical staff, treatment staff, and mental health staff play key roles in working with an offender who is on a hunger strike. Working jointly with security and administrative staff, the medical and mental health departments will address the hunger strike behavior in a structured and consistent manner, with the goal of maintaining the offender's health and well-being.
7. All staff will seek to enlist the offender's cooperation for evaluation and will try to determine the reason(s) for the hunger strike and resolve any reasonable complaints. All staff will encourage appropriate drinking and eating behavior and will report and document any observations of fluids and/or food consumption, especially fluid consumption.

8. If necessary, a petition for involuntary treatment as authorized in COV §53.1-40.1, may be initiated.

B. Report and Initial Response

1. The Shift Commander will notify medical staff, mental health staff and the Administrative Duty Officer after the offender's declaration of a hunger strike, and/or after the ninth consecutive missed meal as documented via the routine security checks.
2. The Shift Commander will place the offender in the restrictive housing unit on General Detention status (if not already in restrictive housing), and remove all commissary and food items not provided by the institution.
3. An *Incident Report* and [Restrictive Housing: Individual Log 425_F4](#) or [Special Watch Log 425_F5](#) will be initiated immediately. An *Incident Report* is required after the ninth consecutive missed meal as documented via the routine security checks in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
4. Security staff may turn off plumbing for the cell and flush the toilet once before meal times to ensure the offender does not flush the meal and/or fluids to give the appearance of consuming them.
5. A QMHP will assess the offender for imminent risk of self-harm and, if indicated, place the offender on "at-risk" monitoring, establishing the frequency of monitoring by mental health staff for each working day.
6. Institutions without a QMHP will immediately contact the QMHP at the designated major institution with mental health staff or the Mental Health Clinical Supervisor to consult regarding possible interventions. Institutions without 24-hour medical coverage will initiate procedures to transfer the offender to an institution with 24-hour medical care.
7. Within 24-hours of hunger strike notification, the offender will be seen by qualified health care staff who will:
 - a. Obtain a history
 - b. Attempt to conduct a physical examination
 - c. Attempt to obtain and record vital signs
 - d. Attempt to obtain the offender's weight (noting the presence of any handcuffs, etc., the weight of which must be subtracted)
 - e. Provide the offender with a copy of Attachment 2, *Hunger Strike Patient Fact Sheet* with information on the effects of prolonged fasting, and have the offender review and sign [Patient Education/Self-Management Prolonged Fasting 730_F31](#)
8. No later than the next working day, the offender will be seen by a physician who will attempt to conduct a complete physical examination and who will order the following laboratory tests: CBC, SMAC, and U/A. If the physician finds the offender's health is in jeopardy, the offender should be transferred to an appropriate medical facility.
9. Health care staff will visit the offender on a hunger strike daily to monitor for any signs of serious illness or change in the offender's physiological condition, and will measure and record the offender's weight and vital signs. Health care staff will notify a physician if the offender is losing weight.

C. Interdisciplinary Intervention/Management Plan

1. If a hunger strike has not been resolved within 120-hours after the last known meal, an Interdisciplinary Committee or a Mental Health Treatment Team if the offender is in a designated Mental Health Unit will be convened to develop an *Interdisciplinary Intervention/Management Plan* as provided in Operating Procedure 730.3, *Mental Health Services: Levels of Service*. If the 120-hour threshold would be reached during an upcoming weekend or holiday, the meeting and *Plan* must be completed prior to the close of business on the last work day.
 - a. This Interdisciplinary Committee should be comprised of the Assistant Facility Unit Head, the

- Senior QMHP or designee, the Chief of Security or designee, the Medical Doctor, the Health Authority or designee, the Building Supervisor or designated security staff for the unit in which the offender is housed, and the offender's counselor.
- b. The Senior QMHP will facilitate this committee and take a primary role in gathering input for, designing, implementing, and monitoring of the intervention and management techniques used in the committee's *Interdisciplinary Intervention/Management Plan*.
 - c. The plan will be designed to:
 - i. Determine how and when the daily assessment and monitoring of the offender's physical and mental status will occur
 - ii. Outline general strategies and specific incentives to encourage the offender to demonstrate appropriate eating/drinking behavior.
 - d. All staff involved with the offender on a hunger strike will carry out the *Interdisciplinary Intervention/Management Plan* in a consistent manner. Any questions or issues regarding the *Plan* will be directed to mental health staff.
 - e. Review of documentation of the *Interdisciplinary Intervention/Management Plan*, including initiation, updates, or cessation of the *Plan* will still be completed by the Facility Unit Head, with copies to plan participants, the Regional Administrator, the Regional Health Administrator, and the Regional Mental Health Clinical Supervisor.
 - f. If an alternative approach to an *Interdisciplinary Intervention/Management Plan* is warranted, the multidisciplinary group must meet and the reasons for not writing the *Plan* must be documented.
 - i. For example, a *Plan* would not be implemented when an offender has self-reported they are engaged in a religious fast or is eating commissary items.
 - ii. Documentation of exceptions to an *Interdisciplinary Intervention/Management Plan* must be submitted to the Chief Physician, Chief of Mental Health Services, Chief Nurse or designee, and Regional Administrator.
 - g. Sites with formal treatment plans will include hunger strike as a treatment plan problem.
2. Examples of general strategies of the *Interdisciplinary Intervention/ Management Plan* may include, but are not limited to the following:
- a. The offender being placed on 15-minute watch in a cell with restrictions:
 - i. Pillow
 - ii. Mattress only from 10 p.m. to 7 a.m. for the sleep period
 - iii. Boxers or underpants only
 - iv. Lights on
 - v. Toilet paper as appropriate
 - vi. No phone calls except for legal emergencies
 - b. Instituting a "dry cell" or turning off all water to the offender's cell in order to closely monitor fluid intake. Reinstatement of water will occur at designated intervals for offender hygiene and toilet needs.
 - c. The offender will be allowed to have their legal materials unless the institution administration has determined that having such is a threat to the safe and secure operation of the institution or a threat to the physical well-being of the offender.
3. Examples of incentives the offender may earn include, but are not limited to the following:
- a. If the offender cooperates with the daily medical evaluation, the offender will receive an approved safety smock and/or safety blanket for the next four hours.
 - b. If the offender drinks a full cup of water/fluids, the offender will receive an approved safety smock or safety blanket for the next four hours, or in addition to the four hours the offender has already earned if they meet the criteria described in "a" above.
 - c. If the offender consumes at least 50% of one meal (including fluids) in one calendar day, the offender will receive a mattress for a period of time exceeding the usual sleep period (e.g., 6:00

p.m. to 7:00 a.m., instead of 10:00 p.m. to 7:00 a.m.).

- d. Incentives that appear likely to result in the offender's cooperation with the daily assessments and/or with increased eating/drinking behavior should be implemented.
 - i. It is recommended that incentives be designed so that the offender has to earn them on a daily basis.
 - ii. Any suspicion that meals are disposed of versus consumed will disqualify that meal from earning incentives for that day.
 - e. Incentives will not include, e.g., nutritional supplements, IV fluids, etc.
4. The Facility Unit Head will review the committee's *Interdisciplinary Intervention/Management Plan* and copies will be provided to the plan participants, the Regional Administrator, the Regional Health Administrator, and the Mental Health Clinical Supervisor. Documentation of observations of offender behavior, offender responses to interventions, the initiation and discontinuance of medical and mental health orders, will occur per the direction of the institution administration.
5. Termination of Hunger Strike
- a. The decision to terminate the hunger strike *Interdisciplinary Intervention/Management Plan* will be made by the Interdisciplinary Committee once the offender has expressed a willingness to eat and is consuming normal meals.
 - b. Termination of a hunger strike must be reported on an *Incident Report Addendum* documenting when the offender began consuming meals in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
 - c. When the hunger strike is declared over the by the Interdisciplinary Committee, medical staff should continue to actively monitor the offender on a daily basis until the treating physician determines that the offender is medically stable.
 - d. If the offender refuses to eat after being determined to be medically stable, it will be managed as a new hunger strike in accordance with this operating procedure.

D. Management

1. Security staff will ensure that any medical and mental health orders are strictly followed so that the offender's behavior is monitored and managed consistently via the individually developed *Interdisciplinary Intervention/Management Plan*.
2. Security staff will assign one designated staff member per shift to be responsible for the delivery and visual monitoring of food/fluid intake so that accurate documentation of what is consumed can occur. Observations regarding the amount of food and fluid intake will be documented on the [Restrictive Housing: Individual Log 425_F4](#) or [Special Watch Log 425_F5](#).
3. The offender will be offered three meals per day according to the institution's normal meal schedule unless otherwise ordered by the physician. The offender will be allowed 15 minutes to consume a meal (30 minutes if the offender is making efforts to consume the meal). Each refused meal will be removed from the offender's tray slot to maintain an accurate record of food intake.
4. If determined necessary by medical staff to augment regular meals, an offender may be offered liquids at regular intervals provided in a measured cup or container. An adequate daily intake of fluid for a normal adult is approximately 13 cups (104 ounces) for men and 9 cups (72 ounces) for women. The offender will be allowed 5 minutes to consume the fluids separate from a meal (10 minutes if the offender is making efforts to consume the fluids).
5. The offender's condition will be monitored daily by medical staff with weight and skin turgor checked and recorded. Medical staff will document assessment findings in the offender's Health Record.
6. The offender will be seen by a physician at least once a week and laboratory tests ordered on at least weekly intervals, or sooner, as the physician deems appropriate.

7. Medical staff will attempt to enlist the offender's cooperation for regular medical assessments. Refusal to cooperate with any requested medical evaluations will be recorded as potentially threatening to the offender's wellbeing. Security staff's assistance may be requested to physically position the offender for necessary medical observation of their health status (e.g., to have the offender sit up).
8. Mental health staff will be responsible for chairing the *Interdisciplinary Intervention/Management Plan* meeting, writing the *Plan*, and updating the *Plan* as needed. Medical staff will actively monitor health status, manage the offender's physical condition, and provide updates to the Interdisciplinary Committee and the Facility Unit Head.
9. Mental health staff will assess the offender and their complaints and, when possible, attempt to obtain reasonable resolution. This may necessitate the involvement of another department or resource (e.g., the offender's counselor, medical, etc.). If such efforts do not result in the cessation of the hunger strike, then other techniques may be utilized to encourage the offender to cease the hunger strike and to cooperate in consuming food/liquids.
10. Mental health staff will continue to monitor the offender when/if the offender is placed in medical isolation, taking a secondary role to medical staff.
 - a. The hunger strike *Interdisciplinary Intervention/ Management Plan* will be continued until medical staff determines that the offender's physiological condition has improved to a medically satisfactory level as indicated by weight, blood studies, vital signs, etc., and recommends to the Interdisciplinary Committee that it be discontinued.
 - b. The *Plan* will be discontinued only after medical and mental health staff have conferred with the institution administration and the administration concurs with the recommendation.
11. The specific conditions of the *Interdisciplinary Intervention/Management Plan*, including when the *Plan* will be discontinued, will be recorded by the mental health staff in the P Section of a SOAP Note. It will be placed in Section IV of the offender's Health Record.
12. The Interdisciplinary Committee will evaluate all of the information available about the case, discuss alternatives, and make intervention recommendations.
 - a. The Interdisciplinary Committee will meet at least once per week to review the case and make further recommendations as necessary. The Interdisciplinary Committee will determine the need for further weekly meetings based upon the actions and progress of the offender in response to intervention strategies.
 - b. Updates to or discontinuation of the *Interdisciplinary Intervention/Management Plan* will be forwarded to the plan participants, the Regional Administrator, the Regional Health Administrator, and the Mental Health Clinical Supervisor.
13. Based on the offender's condition, medical staff will seek guidance on the offender's care from the DOC Chief Physician.
14. If medical staff determines that closer monitoring of the offender's medical condition or judicial intervention is warranted, the offender will be brought from the restrictive housing unit to a Medical Isolation cell. Otherwise, the hunger strike can be treated as a behavioral issue and will be managed in the restrictive housing unit.
15. At the discretion of the institution physician, the offender will be admitted to a DOC Medical Infirmary or to an outside acute care facility if their condition deteriorates.
16. If and when, it is deemed necessary by the institution Physician and the Health Services Director, a court order will be sought to treat the offender, over their objection, if necessary.
 - a. The procedures as outlined in the COV §53.1-40.1, regarding court - ordered medical treatment of offenders are to be followed.
 - b. Please note that involuntary treatment can be sought only if it has been determined that the offender is incompetent or incapable of giving consent and the treatment is in the best interests of

the offender in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*.

17. If a judicial order for medical treatment is obtained, medical staff will implement the order(s) according to appropriate medical practices.
18. If the offender begins to eat, medical staff will determine how fluids and food or other sources of nutrition will be provided to the offender (e.g., how much at a time, whether solid food or liquid supplements, etc.). This information will be communicated per institutional procedures to food services staff and to security staff.
19. The *Standard Treatment Guidelines - Hunger Strike Intervention and Management Guidelines* provides specific information for the management of Re-feeding Syndrome.

VIII. SMEARING/MANIPULATION OF FECES

A. Philosophy

1. The Department of Corrections is responsible for the health and safety of offenders and staff. An offender who smears, throws, and/or manipulates fecal material presents a challenge to the safe, sanitary, and orderly operation of a correctional facility. Such a situation requires strategies for effective interventions and control.
2. The presence of fecal material in a cell can pose serious health risks. Feces may contain bacteria, parasites, blood, and other potentially hazardous contaminants. The presence of infectious materials in feces or other substances is not readily identifiable and represents a significant health risk for the offender and staff who are exposed to these materials.
3. The offender who manipulates feces puts themselves and others at risk. Offenders who exhibit feces smearing behaviors have been known to smear feces into vents that circulate the air throughout the housing unit. The fecal material dries in these vents and can circulate the particles throughout the housing unit. This presents a significant health risk as feces may attract rodents or insects that could spread infections and diseases to others.
4. While it is possible for offenders who are mentally disordered to decompensate and regress to the point where they will engage in such behaviors, some cases of feces smearing/manipulation are not related to mental illness. In these cases, the offender's behaviors are often goal-directed and intended to produce some secondary gain (such as a transfer, attention, power, and control over staff, etc.). These situations are considered behavioral problems as the offender chooses to act out in an attempt to manipulate the system or staff.
5. Security staff, mental health staff, and medical staff play key roles in working with an offender who is engaging in feces smearing/manipulation behaviors. Working together in a structured and consistent manner, all staff will encourage the offender to exhibit appropriate behaviors while discouraging further feces smearing/manipulation behaviors. The strategies and interventions outlined below are intended to ensure the safety, health, and wellbeing of offenders and staff.

B. General Guidelines for Staff Interactions

1. When dealing with offenders who engage in feces smearing/manipulation, staff should be aware that emotional responses to the offender's behaviors do not help to resolve the issue.
 - a. These reactions may only strengthen the offender's resolve and put them in the "power" position. One of the secondary gains the offender may be striving for is the negative attention and emotional upset they may perceive from staff reactions to their behavior.
 - b. Staff should present themselves professionally and try not to react emotionally to the offender's behavior. This professional manner combined with a "matter of fact" attitude helps to remove one of the offender's desired responses from staff.
2. Offenders who engage in these types of behaviors will be encouraged to use positive alternative behaviors that are designed to replace the unwanted behaviors. First, the offender will be

encouraged to use the approved complaint/grievance system to resolve any problems they may be experiencing. The offender may be given cleaning supplies and encouraged to focus their efforts on cleaning up the cell.

3. It is important that staff realize that offenders who engage in feces smearing or other manipulation of bodily wastes are likely engaging in this behavior to garner some form of secondary gain. From a management perspective, it would be helpful to know what secondary gain the offender expects. Therefore, everyone who has contact with the offender should be observant and attentive to the offender's communications. Timely and accurate documentation and communication of the offender's behaviors to all staff involved is important to the success of the recommended interventions and strategies.

C. Interdisciplinary Intervention/Management Plan and/or Self-Management Housing Plan

1. Security staff will notify the institution's senior QMHP of any incident of feces smearing/manipulation. The senior QMHP will then determine if an assessment of the offender is warranted.
2. If the senior QMHP determines that an assessment is warranted, the designated QMHP will assess the offender and their complaints, and when possible, attempt to obtain a reasonable resolution. This may necessitate the involvement of other staff (e.g., the offender's counselor, medical, security, etc.). If such efforts do not result in the cessation of the feces smearing/manipulation, then other techniques may be utilized to address these behaviors.
3. The offender should receive a disciplinary offense for such violations, in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*, unless a QMHP determines that they are not responsible for their actions because of a mental disorder.
4. If the QMHP determines the incident to be a behavioral problem (as opposed to a mental disorder), the QMHP may initiate a meeting of the Interdisciplinary Committee or a Mental Health Treatment Team if the offender is in a designated Mental Health Unit (See Operating Procedure 730.3, *Mental Health Services: Levels of Service*). This committee should be comprised of the following individuals: QMHP acting as Chair, the Assistant Facility Unit Head, the Chief of Security or designee, the Building Supervisor or designated security staff for the unit in which the offender is housed, the Medical Doctor, the Health Authority or designee, and the offender's counselor.
5. The Interdisciplinary Committee will evaluate all of the information available about the case, discuss alternatives, and make intervention recommendations.
 - a. The Interdisciplinary Committee will meet at least once per week to review the case and make further recommendations as necessary.
 - b. The Interdisciplinary Committee will determine the need for further weekly meetings based upon the actions and progress of the offender in response to intervention strategies.
6. All recommendations made by the Interdisciplinary Committee will be subject to the Facility Unit Head's review and approval.
 - a. Upon approval, copies of the *Interdisciplinary Intervention/ Management Plan* and/or [Self-Management Housing Plan](#) 730_F32 will be provided to the participants as well as to the Regional Administrator, Mental Health Services Clinical Supervisor, and the Regional Health Administrator.
 - b. Updates to or discontinuation of the Plan will be forwarded to the plan participants, the Regional Administrator, the Regional Health Administrator, and the Mental Health Clinical Supervisor.
7. The recommendations of the Interdisciplinary Committee will be documented by the Health Authority or designee and entered into the offender's Health Record. Progress notes will be maintained by each discipline in the appropriate sections of the Health Record or other place of documentation.
8. Intervention strategies may include but are not limited to the following:

- a. The offender may be subject to disciplinary action per Operating Procedure 861.1, *Offender Discipline, Institutions*.
 - b. The QMHP will determine what items or privileges will be provided to the offender. The QMHP will document and authorize these precautions and interventions on the ["At Risk" Offender Notification \(MH 14A\)](#) 730_F13.
 - c. In cases where personal property is removed, the Facility Unit Head will ensure proper inventory and storage of the items in accordance with Operating Procedure 802.1, *Offender Property*, until the property is returned to the offender.
 - d. If the offender is using the water in their toilet or sink to dilute the fecal material for smearing, the water may be turned off and turned back on for legitimate purposes as determined by security staff.
 - e. The offender may be placed on restricted feeding procedures in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted).
 - f. If no other intervention strategies are deemed effective, restraints may be used to prevent the continuation of the feces smearing/ manipulation behavior.
 - g. As incentives to exhibit appropriate behaviors, the items or privileges that have been removed from the offender may be reinstated gradually. For example, if the offender was placed in cell with restrictions with the mattress removed, they may be given the mattress during daylight hours for cleaning the cell and refraining from smearing/ manipulation of feces. If the offender continues to exhibit appropriate behaviors, they will earn other items leading to a gradual reintroduction of all items and privileges. However, if the offender resumes the feces-smearing behavior, all items will be removed and the process will begin again.
9. Mental health staff will continue to provide staff consultation, support, and offer recommendations throughout this process. Mental health staff will provide input for and monitor the intervention and management techniques used in the *Interdisciplinary Intervention/Management Plan* and/or [Self-Management Housing Plan](#) 730_F32.
 10. Security staff will consistently implement all interventions and strategies recommended by the Interdisciplinary Committee.

IX. REFERENCES

DSM (Current), Diagnostic and Statistical Manual for Mental Disorders - Fifth Edition
Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*
Operating Procedure 075.7, *Critical Incident Peer Support Team*
Operating Procedure 401.1, *Development and Maintenance of Post Orders* (Restricted)
Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted)
Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted)
Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*
Operating Procedure 720.7, *Emergency Medical Equipment and Care*
Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*
Operating Procedure 730.3, *Mental Health Services: Levels of Service*
Operating Procedure 802.1, *Offender Property*
Operating Procedure 830.5, *Transfers, Institution Reassignments*
Operating Procedure 861.1, *Offender Discipline, Institutions*
Operating Procedure 940.4, *Community Corrections Alternative Program*

X. FORM CITATIONS

[Restraints Break Log](#) 420_F27

[Restrictive Housing: Individual Log](#) 425_F4
[Special Watch Log](#) 425_F5
[Intra-system Transfer Medical Review, DOC 726-B](#) 720_F9
[Health Screening - Health-Trained Staff](#) 720_F10
[Safety Cell Checklist](#) 730_F3
[Mental Health Screening: Restrictive Housing Unit Assignment \(DOC MH 14\)](#) 730_F12
["At Risk" Offender Notification \(MH 14A\)](#) 730_F13
[Mental Health Monitoring Report](#) 730_F14
[Suicide Risk Assessment](#) 730_F15
[Administrative Review - Suicide](#) 730_F16
[Patient Education/Self-Management Prolonged Fasting](#) 730_F31
[Self-Management Housing Plan](#) 730_F32
[Maladaptive Behavior Screening](#) 730_F33
[Mental Health Serious Mental Illness \(SMI\) Determination](#) 730_F34
[Offender Mental Health Assessment](#) 861_F2

XI. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

Signature Copy on File

9/27/18

N. H. Scott, Deputy Director for Administration

Date