

HEALTH SERVICES POLICY AND PROCEDURE MANUAL

North Carolina Department of Public Safety
Division of Adult Correction – Prisons

SECTION: Care and Treatment of Patient

POLICY # TX-III-7

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SUBJECT: Self-Injurious Behavior Intervention

EFFECTIVE DATE: September 1, 2016

SUPERCEDES DATE: June 2012

References

Related ACA Standards

**4th Edition Standards for Adult Correctional
Institutions 4-4002**

PURPOSE

The Division of Adult Correction – Prisons recognizes that all Department staff share responsibility for preventing serious self-injurious behavior and suicide in terms of recognizing and immediately reporting warning signs. Accordingly, it is the Department's responsibility and authority to develop standard operating procedures (SOPs) to minimize the risk of self-inflicted injury within the inmate population, to respond effectively to any such attempts, and to ensure that staff members are trained in the recognition of self-injury risk factors and prevention interventions. The critical components of the SOP include, but are not limited to:

- A. The identification of the risk factors associated with self-injurious behavior
- B. The recognition of behavioral signs that indicate increased risk of self-injury, and
- C. The implementation of effective management and clinical interventions to prevent inmate self-injury.

Definitions

Attending Clinician – the psychiatric provider, psychologist or clinical social worker who has assumed responsibility and authority for the clinical management of inmates assessed as at-risk for serious self-injurious behavior or suicide.

Inpatient Behavioral Health Units – designated beds at the North Carolina Correctional Institution for Women and Central Prison Healthcare Complex.

Self-Injurious Behavior – behaviors in which an individual deliberately inflicts harm to his or her body for purposes not socially recognized or sanctioned, but without the obvious intention of committing suicide.

Self-Injury Precautions – Documented observation and property restriction aimed at preventing self-injury/self-harm on the part of an inmate. The Level of observation shall be continuous. Documentation of observation and cell door checks must be made on the watch log/cell forms associated with inmate's observation status.

Suicide – death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Constant Observation – continuous line-of-sight monitoring or monitoring accomplished with the use of camera, by a prison employee (typically a Correctional Officer) assigned to no duties other than observation. More than one inmate, but not more than four inmates, may be observed constantly by a designated employee if the physical layout and equipment so permit.

Clinical Behavioral Health Staff – department professionals whose primary responsibility is the provision of mental health care to inmates.

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Self-Injury Risk Assessment – an evaluative method employed by clinical behavioral health staff to aid in determining the degree of risk of self-injury of a given inmate.

Multidisciplinary Team – comprised of prison-based employed personnel representing different professions, disciplines and/or service areas. The team may include, but is not limited to, the unit's behavioral health staff, Correctional Officer and supervisory staff, medical, and social work staff.

Psychologist – masters or doctoral level behavioral health clinical staff who is appropriately licensed under North Carolina state statute.

IMPLEMENTATION

Responsibility

1. The Department's Regional Directors/Facility Administrators shall direct Behavioral Health staff members at each of their locations to develop an SOP in accordance with this policy. Pursuant to review and approval by the Director of Behavioral Health, the Regional Directors/Facility Administrators are responsible for implementing the SOPs. An institution's SOP, at minimum, shall address the following areas:
 - a. providing for employee training annually on the following: administrator and staff attitudes about suicide, to include myths about suicide; recognition of signs of risk for self-injury, to include identifying suicidal inmates despite the denial of intent or risk; action necessary to ensure the inmate's safety; the procedure to effect a referral to clinical behavioral health staff (note that staff shall not discipline an inmate for engaging in self-injury, but shall seek and apply alternative interventions aimed at minimizing self-injurious/suicidal behaviors; the decision whether or not to discipline other behavior associated with self-harm shall be clinically informed, e.g., if an inmate engages in self-harm and, in the process, destroys property, the property damage will not result in discipline if the behavior occurred as a result of his/her mental illness (also see #5 in Operational Requirements section of this policy); where to access the Suicide Prevention Program and Self-Injurious Behavior Intervention policies; and the primary "take-aways" from training for suicide prevention.
 - b. providing protective housing for inmates identified as at-risk for self-injury, consistent with resources available at each facility, and triaging to other facilities when appropriate housing is not available onsite and/or as clinically indicated.
 - c. designating prison staff to provide observation and other preventative measures required to ensure the inmate's safety.
 - d. implementing SOPs at each facility that ensure appropriate management of self-injury risk or attempt, unimpeded access to necessary medical care, immediate referral to clinical behavioral

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health staff of inmates presenting with any observed or reported risk factor indicating imminent risk for self-injury, and triaging of cases that cannot be safely managed at the facility, consistent with departmental policy.

- e. collecting of monthly data on self-injury attempts at each facility and reporting of findings to the Director of Behavioral Health, or designee, the Regional Director, and the Division's Continuous Quality Improvement (CQI) Committee.
 - f. conducting quarterly reviews of all self-injury attempts, which shall include identification of historical, clinical and situational/environmental risk factors. The reviews shall be completed by the Facility's Administrator or designee. The findings shall be forwarded to the Office of the Director of Behavioral Health. The Office of the Director of Behavioral Health shall forward the self-injury event data and findings to the Division's CQI Committee.
2. Psychology Program Managers/Designees assigned to the facilities are responsible for:
 - a. ensuring that processes for the identification, management and appropriate referral of inmates at risk for self-injurious behavior are implemented consistent with the procedural guidelines in this policy; and
 - b. providing for ongoing education/training for employees on issues pertinent to the safe and effective management of inmates at risk for self-injurious behavior.
 3. If an incident of self-injurious behavior results in a death, albeit an accident or a suspected suicide, all possible evidence and documentation shall be preserved to provide data and support for subsequent assigned staff to complete a psychological autopsy and performance improvement review. The site shall be preserved as a crime scene until released by the Director, DPS/Prisons. The findings of the performance review shall be documented as a peer review event report, processed, and discussed at the Mortality Review Committee Meeting. Based on the applicable findings from the peer review event report and a root cause analysis, the institution's Executive Team shall implement a performance improvement plan.
 4. Statistics concerning attempted and successful suicides shall be reported annually to the Mortality Review Committee, with the number of suicides, locations, and the methods used to commit suicide included in the report.

Staff Training

Training materials for suicide and self-injury prevention are developed at the Division level and shall be presented during basic training and orientation, and annually thereafter. The Deputy Director of Health Services is responsible for ensuring this policy and guidelines are made available to every employee. The Regional

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Directors/Facility Administrators are responsible for ensuring that this policy and guidelines are made available to every employee in his/her Region and that each facility's Superintendent/Warden has an SOP in place which provides all applicable information required to ensure effective implementation.

Training should cover, at minimum:

1. periods of increased risk of self-injury during incarceration;
2. signs of risk for suicide/self-injurious behavior;
3. clinical, historical and situational/environmental risk factors;
4. devices and methods used for self-injury;
5. intervention and management of potentially self-injurious inmates; and
6. motivational factors, including mood alterations and tension reduction.

The Director of Behavioral Health or designee shall review and approve the standardized lesson plan annually. Staff records shall be maintained in the Learning Management System.

Operational Requirements for Management of Self-Injurious Behavior

Each facility must have:

1. An SOP that establishes a protocol for the provision of emergency medical care, when necessary, following an incident of self-injury,
2. An SOP delineating the requirements for observation and effective management of self-injurious behaviors.
3. An SOP for the immediate availability and accessing of rescue tools in secure areas of high-risk locations within the facility (e.g., restrictive housing units and behavioral health units). The SOP must include training for employees to ensure they are aware of the location of the tools and how to use them; and
4. An SOP that provides guidelines for identifying and managing inmates and that outlines criteria for inmates who have been determined to be at risk for self-injury who are located at regular, i.e., not inpatient, facilities. The SOP should also outline procedures for transferring inmates who cannot be managed safely at their current site.
5. An SOP that provides guidance, protocols and training for clinicians and DHO staff regarding self-injurious behavior and the appropriateness of any sanctions. The SOP shall include notification of the

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Director of Behavioral Health and DHO's supervisor when sanctions are being applied in an incident of self-injurious behavior.

Initial Precautions

1. The psychiatric provider, psychologist, or clinical social worker is authorized to place an inmate on Self-Injury Precautions. This status must be documented in the inmate's health record.
2. An inmate suspected of being at risk for self-injury by staff other than behavioral health (e.g., Correctional Officer) shall be placed on Self-Injury Precautions with constant observation until such time when the inmate can be seen and evaluated by the psychiatric provider, psychologist, or clinical social worker. If not on an inpatient behavioral health unit and/or there are no behavioral health restricted housing units at the facility, the inmate shall be placed in a secure cell in administrative segregation by a Correctional Officer, who shall initiate Self-Injury Precautions and notify the Officer-In-Charge (OIC). Prior to placement in the cell, the cell shall be inspected to ensure it is free of any protrusions that would facilitate hanging, as well as any items that readily could be used for self-harm purposes. Continued placement in an administrative segregation secure cell should occur only as a last resort, i.e., only when placement on a behavioral health unit is not an option. Consultation first with the Psychology Program Manager and, if necessary, with the Assistant Director of Behavioral Health and/or the Director of Behavioral Health shall occur if the inmate requires placement on Self-Injury Precautions for longer than 24 hours and placement on a behavioral health unit is not an option at the facility where the inmate is located.
3. The OIC shall notify medical staff and inform them that the inmate needs to be evaluated and cleared of any physical concerns. The OIC concurrently shall contact clinical Behavioral Health staff and the institution duty officer, and inform both individuals of the inmate's then-current self-injury status.
4. When placed on Self-Injury Precautions, the inmate shall be given a safety blanket, safety smock, and vinyl-covered mattress. All other property is to be removed, unless a mental health clinician authorizes the property to remain in the cell. Only a mental health clinician may determine the ongoing conditions of the watch, and any limiting of property while one is on watch will be solely for the purpose of maintaining the safety of the individual. If the inmate owns prescription glasses and they are needed for him/her to see, the clinician will determine whether or not the inmate may have them while on precautions. Under no circumstances shall an inmate be left without a means to minimize physical exposure. The order regarding property and any other precautions must be documented in the inmate's health record and communicated to the OIC. The OIC is responsible for communicating with the next shift's OIC. The OIC shall ensure oncoming staff are informed of the standing order. Unless the written order of the clinical behavioral staff explicitly denies the following items (clinical justification for denial must be documented in the inmate's record), they shall also be provided to the inmate while he/she is on Self-Injury Precautions: toilet paper (without cardboard roll), a single Styrofoam cup, a finger toothbrush, and a towel. All items shall be collected by the Correctional Officer or nursing staff when not in use. The use of the towel may occur only under direct observation.

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5. Nursing staff shall see the inmate on Self-Injury Precautions status at the cell to assess physical condition. This assessment shall take place as soon as possible after the inmate's initial placement on that status.
 6. Any cell used for an inmate on Self-Injury Precautions status shall be inspected by a Correctional Officer prior to placement of the inmate in the cell to ensure no potentially dangerous objects or devices that could be used to engage in self-injurious behavior are accessible in the cell. The Correctional Officer shall search the room to ensure that it is free of contraband or objects other than standard issue items not denied by written order, and search the inmate, removing his/her clothing/personal property and providing him/her with standard issue apparel for watch status.
 7. The inmate shall be served bone-free meals with a security utensil, such as a heavy paper spoon (e.g., the EcoSecurity utensil or similar Division approved instrument), while on Self-Injury Precautions status.
 8. Observation of the inmate shall be continuous. Documentation of observations of the inmate on Self-Injury Precautions shall be made every fifteen (15) minutes on the Daily Report of Segregated Inmate, DC-141 (or then-approved form), by a Correctional Officer.
 9. Continuous line-of-sight monitoring of an inmate on Self-Injury Precautions shall be maintained when he/she is out of the cell designated and approved for watch or precautions (e.g., when changing cells, showering, transferring to other facilities, being transported to an outside hospital).

Subsequent Actions to be Taken

An inmate placed on Self-Injury Precautions must be evaluated by a clinician within twenty-four (24) hours of being placed on precautions. Pending and during the evaluation, which is conducted in person (preferred) or via telepsych video link, Self-Injury Precautions shall be maintained continuously.

The clinician shall determine which of the following applies:

1. significant risk for suicide or serious self-injurious behavior
2. no significant risk of suicide or serious self-injurious behavior, or
3. currently unable to rule in or rule out potential risk for suicide or serious self-injurious behavior to a reasonable degree of clinical certainty.

On the basis of the evaluation, including completion of the Self-Injury Risk Assessment, the inmate's status may be changed to Self-Injury Precautions or the inmate may be removed altogether from any form of special monitoring for self-injury. In all cases for which a clinician is unable to rule out the potential risk for suicide, the inmate shall remain on precautions.

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While on Self-Injury Precautions, the inmate will be evaluated daily by a psychiatric provider, psychologist, or clinical social worker, either in person (preferred) or via telepsych video link, to determine whether the inmate continues to be at risk for self-injury as a result of his/her mental condition and whether the inmate's needs exceed the resources of the facility in question. If the inmate continues to be at risk for Self-Injury and his/her needs do not exceed the resources of the facility, the inmate will remain on Self-Injury Precautions at that facility. If, on the other hand, the needs of the inmate exceed the resources of the facility, the inmate will be transferred to a setting that can meet his/her needs. Documentation will be completed in the inmate's health record and will be conveyed to the OIC.

After the approval of facility management, and in coordination with Custody, inmates placed on Self-Injury Precautions may be permitted to shower or otherwise bathe, including being offered a change in clothing, safety smock or blanket.

Consultations between primary care providers, medical specialty consultants, clinical behavioral health staff, and the multidisciplinary team regarding an inmate on Self-Injury Precautions, as well as direct contacts with the inmate, will be clearly documented in the inmate health record on the same day of the contact.

Nursing staff shall complete documentation of daily contact with an inmate on Self-Injury Precautions status in the inmate health record.

The inmate's individualized plan shall be revised to reflect any changes in clinical status and all other changes/interventions deemed clinically appropriate at that point in time. These changes shall be discussed with the inmate prior to the inmate's removal from Self-Injury Precautions.

Discontinuation

Discontinuation of Self-Injury Precautions for an inmate can only be authorized by written order of a psychiatric provider, psychologist, or clinical social worker. If the clinician determines the inmate is not at imminent risk for self-injury, Self-Injury Precautions can be discontinued and the inmate may be returned to the previously assigned housing status; if the inmate was housed in restrictive housing just prior to the placement of the inmate on Self-Injury Precautions status, the clinician shall carefully review the case to determine the inmate's mental health needs and the least restrictive housing assignment for the inmate, all relevant factors considered. Consultation with the Assistant Director of Behavioral Health for the Region within which the institution is located and/or the Director of Behavioral Health may be necessary in selected cases to determine the most appropriate housing assignment. At the time of discontinuation of Self-Injury Precautions, a summary of recently verbalized threats or acts of self-injury shall be completed in the inmate health record. This documentation shall include the rationale for interventions employed as well as recommendations/plans to reduce and effectively manage any future acts or threats of self-injury.

At least one outpatient Behavioral Health follow-up contact shall occur and the documentation of this contact shall be completed within 24 hours following removal from Self-Injury Precautions. This follow-up contact shall include, but not be limited to, a debriefing opportunity for the inmate (a separate debriefing shall also be

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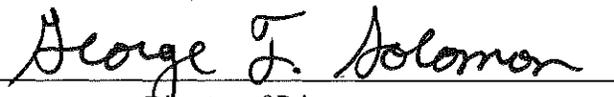
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conducted with staff responding to the incident). In addition, if the inmate is not on a Behavioral Health staff member's caseload or on inpatient status, or is on a Behavioral Health staff member's caseload but is not scheduled to be seen within 72 hours from the time of discontinuation of Self-Injury Precautions, a follow-up appointment with Behavioral Health staff shall be scheduled as soon as possible after discontinuation, but within 72 hours, when clinically indicated. Documentation of the outcome of the follow-up contact and the within-72-hours formal appointment shall be completed in the inmate health record by close of business on the day of occurrence; any information pertinent to the appropriate management of the inmate shall be conveyed to the OIC. Follow-up appointments beyond the first formal appointment, and frequency of same, shall be determined by the clinician, as indicated. If follow-up appointments are indicated, Behavioral Health staff shall see inmates on their mental health caseload approximately one week later and a minimum of once every 45 days, or more often, if clinically indicated.

The OIC is responsible for communicating with the next shift's OIC. The OIC will ensure oncoming staff are informed of the discontinuation of Self-Injury Precautions.

MAINTENANCE OF APPROVED MATTRESSES, and TEAR-RESISTANT BLANKETS AND SMOCK

1. An inventory of approved mattresses, blankets, and smocks shall be maintained at each facility to ensure that sufficient numbers of each are immediately available on site.
2. When in use, the condition of each mattress, blanket, and smock will be inspected at least once every twenty-four (24) hours. All items with tears, loose stitching, or other significant defects shall be replaced immediately.
3. When in use, the vinyl-covered mattress and tear-resistant blanket and smock shall be replaced:
 - A. When soiled,
 - B. After three (3) days of continuous use, or
 - C. As requested by clinical Behavioral Health or Medical staff.



Director of Prisons



Date