

City of St. Louis Department of Public Safety / Division of Corrections  
**POLICY & PROCEDURES**

<b>CHAPTER:</b>	4	Facility Services	<b>4. 2. 13</b>
<b>SECTION:</b>	2	Health Services	<b>EFFECTIVE DATE: 7 / 21 / 2020</b>
<b>SUBJECT:</b>	13	<b>SUICIDE PREVENTION/ INTERVENTION</b>	
<b>STANDARDS: ACA – 4 – ALDF: 4C-32 (M), 4C-33</b>			
<b>APPROVED:</b>  _____			<b>REVIEW DATES: 7 / 21 / 20</b>
<b>Dale Glass</b> <b>COMMISSIONER OF CORRECTIONS</b>			<b>REVISION DATE: 7 / 30 / 20</b>
Rescind: 4.2.13 dated 5/15/18 Cancel:			

**I. POLICY**

It is the policy of the St. Louis City Division of Corrections to maintain a prevention plan and guidelines for handling intake, screening, identifying, and supervision of at-risk inmates.

**II. RESPONSIBILITIES**

All Division of Corrections employees, volunteers, and contractors are responsible for adhering to the following procedures.

**III. DEFINITIONS**

None

**IV. PROCEDURES**

**A. General Information**

1. Each facility has a number of cells designated as Crisis Watch Cells in specified housing units. Other cells may be identified only if the designated cells are housed to capacity.
2. Inmates that are Detoxing will be placed on Detox. Detox has two phases:

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- a. Phase I detox will be staggered observation no more than 10 minutes staggered checks.
- b. Phase II detox or Close Observation will be observed in staggered intervals not to exceed 15 minutes staggered checks.
3. Only mental health/medical staff may move inmates from phase I detox to phase II detox, or remove an inmate from detox.
4. Inmates that are detoxing will be evaluated by mental health/medical staff within 24 hours of identification.
5. A Correctional staff or Medical staff may place an inmate on full suicide watch if the inmate is identified or suspected of being at risk of suicide, or self harm. The inmate may be placed in a strip cell if authorized by the Classification Manager or the Shift Supervisor.
6. The reason(s) for such placement will be documented. A Request for Authorization for Suicide Prevention Form must be completed and submitted to the Shift/Area Supervisor and mental health staff.
7. The Mental Health Professional determines which items of facility-issued clothing and cell furnishings an inmate is allowed to possess while on Crisis Watch and indicate those items by writing in the appropriate section on the Crisis Watch Form. Issued clothing must promote inmate safety; prevent degradation and humiliation, (ACA 4C-33).
8. If the Mental Health Professional is not available to determine which items of facility issued clothing and cell furnishings the inmate should be allowed, medical staff should be notified and the Correctional Officers will provide the inmate with an approved, facility issued suicide gown and/or a facility-issued suicide blanket.
9. Arrestees being placed on Full Suicide Watch or Close Observation will be placed in designated Crisis Watch cells in the Admission area holding cells. Inmates identified as being suicidal are issued a purple Watch Identification Armband placed on their left wrist. This purple wrist band will be used in lieu of the color used in the Special Management Unit and will also contain the inmate's housing unit, epic photo and reference number.
10. Suicide Intervention procedures supersede an inmate's Special Management classification while maintaining good security. (For Example, an inmate classified as an Escape Risk may also be reassigned to Crisis Watch status, if suicidal, while maintaining proper restraint and following inmate movement procedures while on Crisis Watch).

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11. The medical and custody staff will refer to Standing Order 1 for direction as to the response and measures that will be taken if an inmate is identified as suicidal or has suicidal tendencies when the Mental Health Professional is off duty.
12. In the event of an inmate death, as a result of a suicide, correctional staff members will follow the directives as described in Division Policies #3.2.16 - Inmate Deaths and #3. I.28 - Crime Scene Management and Evidence Handling.
13. The identification of the warning signs and symptoms of impending suicidal behavior are located at Appendix A of this policy.

**B. Suicide Identification and Screening-Admission**

1. During the Level I and II Medical Screening and intake at CJC, the medical staff interviews each newly admitted inmate and completes or reviews an Inmate Mental Health Screening and Assessment.
2. Classification staff will complete a Suicide Prevention Screening Form during intake (See 3.6.1 Classification).
3. When inmates indicate that they are presently contemplating suicide and/or has previously attempted suicide, the medical or correctional staff member contacts immediate Supervisor via telephone and informs them of the inmate's name, current location. The inmate is placed on Full Suicide Watch.
4. The Shift Supervisor contacts the Admission Supervisor and instructs the Admission Supervisor to assign an available Correctional Officer to maintain continuous visual observation of the inmate until placed in a designated crisis watch cell.
5. If the inmate is referred for Suicide Watch, the Correctional and Medical Staff member completes a Request/Authorization for Suicide Watch Form.

**C. Suicide Identification and Screening-Inmates Returning to the Facility**

1. The Medical staff completes the Inmate Mental Health Court Return Screening whenever an inmate returns to the Division of Corrections' facilities from court. Classification staff completes the Suicide Prevention Screening Form whenever an inmate returns to the Division of Corrections' facilities from any outside treatment facility and funeral furloughs.

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2. At CJC, the Admissions Supervisor directs a correctional officer to escort the inmates returning to the facility from court to the medical unit for a Mental Health Court Screening.
3. At MSI, the Medical staff member report to Processing Unit/Area and completes the Mental Health Court Return Screening.
4. All completed Suicide Prevention Screening forms used by the Caseworker which are not being referred to the Shift Supervisor for a Crisis Watch referral will be placed in the inmate's custody file. Mental Health Screening and Assessment forms used by the medical staff are placed in the inmates' medical file.
5. If the medical staff or Classification staff determine that the inmate may be suicidal, that staff member immediately places that individual on Full Suicide Watch.
6. The Medical or Classification Staff member immediately contacts the Shift Supervisor and informs the Shift Supervisor of the situation and notify a Mental Health Professional.
7. The medical or casework services staff member completes the Request/Authorization for Suicide Watch Form and forwards a copy of the form to the on-duty Shift Supervisor and a Mental Health Professional.
8. The Shift Supervisor provides a written report, including a copy of the Request/Authorization for Suicide Watch Form, to the Chief of Security, Social Services and Classification.
9. The Shift Supervisor notifies the Processing/Admission Officer, the Floor/Area Supervisor and/or Unit Manager via telephone of the suicide watch status.
10. The Admission Officer enters the suicide watch status into the Processing/Admissions Log Book and in the Caution Section in IJMS on the same day that the identification occurs and no later than the end of the shift.
11. In assessing the inmate identified as at-risk of suicide, the Mental Health Professional completes the Mental Health Assessment within one (1) working day of receiving a referral for the at-risk inmate and forwards the form to the Medical Department for inclusion in the inmate's medical file.

**D. Referral Procedures**

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1. A Correctional Staff Member, who becomes aware of an inmate demonstrating a suicidal indicator, will place the inmate on FSW and maintain continuous visual observation of the inmate until placed in a designated Crisis Watch cell.
2. The Correctional Staff Member contacts the Floor/ Area Supervisor responsible for the inmate's housing location directly or via telephone, completes and submits a Request/Authorization for Suicide Watch Form to the Floor/Area Supervisor.
3. The Floor/Area Supervisor immediately contacts the Mental Health Professional, and notifies the Shift Supervisor.
4. The Housing Officer makes an entry about the suicidal gesture/statements in the Daily Activity Log and passes this information down to the next shift's personnel at shift briefing and post briefing (See 1.3.19 Shift Briefings/Reporting to Work). The Officer submits Incident Report.

**E. Suicide Watch Placement**

1. If an inmate is to be placed in a Crisis Watch Cell, the Shift Supervisor will:
  - a. Ensure completion of a TASC Form,
  - b. Reassigns the inmate to a Crisis watch cell after seeking input from,
  - c. The Classification Specialist when available or the Admissions/ Processing Supervisor to identify an available Crisis Watch Cell/Room.
  - d. Ensure no inmate on any watch status is housed on the mezzanine level of the housing units.
2. At CJC, Pre-admitted arrestees identified as being at risk of suicide, should not be housed in the Special Management Unit. Those individuals will be housed in the admissions area and/or the Post-Admissions Housing.
3. The Mental Health Staff can be consulted but are not responsible for cell assignments.
4. In accordance with Division Policy 3.4.1 - Administrative Segregation/Protective Custody, if a bed is not available on the Special Management Housing Unit the Shift Supervisor will review the early release list and release inmates as appropriate in order to make space. The early release list will be generated by the Classification Committee as needed to free space in the Special Management Unit.
5. The Shift Supervisor orders the following steps be completed:

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- a. Assigns a Correctional Staff member to continuously observe the inmate
  - b. Obtains the Request/Authorization for Suicide Watch Form
  - c. Strip searches the inmate (completed by Correctional Officer of same gender as the inmate),
  - d. Dresses the inmate in clothing ordered and approved by the Mental Health Professional,
  - e. Follows 3.1.7 Inmate Movement to have the inmate moved to the designated cell and,
  - f. Handles inmate property in accordance with 3.4.1: Administrative & Protective Custody.
6. Once an available Crisis Watch Cell has been identified, the Shift Supervisor contacts the Floor/Area Supervisor who directs to search for contraband in the Crisis Watch Cell where the inmate is to be placed.
7. After the inmate has been placed, the Correctional Staff Member distributes copies of the Request/Authorization for Suicide Watch Form to the Floor/Area Supervisor, and the Caseworker assigned to the Housing Unit and the medical unit. The TASC form is forwarded in accordance with Division Policy 3.4.1 - Administrative Segregation & Protective Custody.
8. The Floor/Area Supervisor responsible for the Crisis Watch Cell places the Suicide Observation Form in a folder and affixes the folder to the outside of the inmate's door.
- NOTE: The Suicide Observation Form is to remain in the folder at all times, except when removed for recording observations.
9. The Floor/Area Supervisor on duty and all subsequent Floor/Area Supervisors include the special orders in the pass down information at Post briefing.
10. The Caseworker places the copy of the Request/Authorization for Suicide Watch Form into the inmate file.
11. The potentially suicidal inmate remains on a Crisis Watch Status until evaluated by a Mental Health Professional. Only the Mental Health Professional can modify a Crisis Watch Level, or completely remove an inmate from Crisis Watch.

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**F. Inmate Placement Preparation**

1. The inmate will be notified to prepare for movement to the designated Crisis Watch Cell.
2. The Correctional Officer moves the inmate to the Admissions/Processing Unit who will change the inmate's armband to a purple Crisis Watch Identification Armband. The Correctional Officer then moves the inmate to the designated Crisis Watch Cell (See 3.1.7 Inmate Movement).
3. The Correctional Officer conducts a strip search prior to the inmate being moved to the Crisis Watch Cell (See Policy and Procedure #3.1.11 Inmate Searches).
4. The Correctional Officer gives the inmate an approved suicide watch gown and a suicide blanket.
5. The Housing Unit Officer responsible for the designated Crisis Watch Cell places the Suicide Watch Observation Sheet in the folder on the cell door in which the suicidal inmate is placed.

**G. Watch levels**

1. Suicidal
  - a. Acutely suicidal – Requires continuous watch by staff and will include verbal, in-person visual contact, and documentation by custody staff. Staff must be able to observe inmate(s) at all times. This must be an in-person observation.
  - b. Non-Acutely Suicidal – Requires continuous staggered checks of no more than 10 minutes and will include verbal, in-person visual contact, and documentation by custody staff. These checks will include a notation on the inmate's behavior or speech. Watch will be documented in writing.
  - c. Close Observation/Close-Detox watch – Requires staggered checks of no more than fifteen (15) minutes by custody staff. Checks will be documented and must include verbal, in-person visual contact, and electronic monitoring (where available) of the inmate. Documentation will include a notation on the inmate's behavior or speech.
2. A Mental Health Professional or a trained designated health care professional will make assessment of inmate(s) mental health status on each shift. Additional contacts will be made as frequently as determined necessary by a Mental Health Professional or medical staff.

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3. All inmates on full suicide (acute/non-acute); Full Detox-watch and those on Close-Observation/Close Detox will remain on assigned crisis watch until a Mental Health Professional determines that the crisis has been resolved or that the inmate can be re-assigned to a different watch status or come off of a watch completely.
4. Inmate will be placed on a Close Observation status for at least 24 hours after the Full Suicide Watch status has been terminated unless the Psychiatrist or other Mental Health Professional documents that such observation is not clinically indicated.
5. Only a Mental Health Professional can place or remove an inmate from full suicide or close observation.

**G Housing Supervision of Inmates on Suicide/Close Observation- Security**

1. Upon admission of inmate to the Special Management Unit, the Housing Unit Officer moves the inmate's name from the IJMS Transfer List, into the IJMS Housing Unit cell slot. At CJC, the officer will amend the Housing Unit Management Log noting the Crisis Watch Status
2. Inmates on a Crisis Watch Status may not be placed on the mezzanine level of a housing unit or approach the stairs at any time.
3. The Housing Officer provides supervision according to the appropriate watch level on an irregular schedule and documents the inmate's activities on the Suicide Watch Observation Sheet that was placed on the outside of the inmate's cell door.
4. If the inmate demonstrates continued suicidal behavior, the Housing Officer informs the Area Supervisor of the behavior immediately. The Area Supervisor informs the Shift Supervisor who immediately consults with the medical staff.
5. After consulting with the Mental Health Professional, the Shift Supervisor decides if the inmate should be restrained and informs the Housing Officer. The inmate is restrained according to procedures found in Policy and Procedure #3.1.20 Restraints.
6. When serving meals, the Housing Officer will ensure that no plastic wrap is given to the inmate.
7. The Housing Officer removes all eating utensils immediately after the inmate has finished eating.



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8. Every Full Suicide and Close Observation inmate is continuously observed via in-person - visual check of the inmate; electronic video camera and CCTV monitoring if available, by Correctional Officers according to the appropriate watch level.
9. The Housing Officer will note any exceptions in the Segregation Log Sheet and will report any unusual behavior to the Floor/Area Supervisor and the Shift Supervisor.
10. The Shift /Area Supervisor will conduct round and observe the inmates and will notify the medical staff if deemed appropriate.
11. If the Medical/Mental Health Staff make a change in the Reassessment or Suicide Watch Observation Level the Housing Unit Officer places the Crisis Watch Form in the folder on the inmate's door and makes a correction in the Segregation Log Sheet. A copy of the form is forwarded to the Shift Supervisor's office.
12. The Housing Officer submits the Suicide Watch Observation Sheets to the Shift Supervisor at the end of each shift.
13. The Shift Supervisor provides a copy of the Suicide Watch Observation Sheet to the Chief of Security who reviews the reports daily.
14. Inmates assigned to either Close Observation or Full Suicide Watch will be allowed visits in accordance with the established visiting schedule unless security or safety considerations dictate otherwise as determined by the Shift Supervisor or Unit Manager.
15. The inmate will be escorted to the visiting area by the Housing Unit Officer or Pod Escort Officer. The Housing Unit Officer or the officer assigned to the visiting area will make staggered checks and visual contact with the inmate(s) no more than 10 minutes.
16. At the conclusion of the visit, the Housing Unit Officer or the Pod Escort Officer will escort the inmate back to the inmate's assigned cell.
17. The visit will be documented on the inmate's IJMS Journal in accordance with the Housing Unit Post Orders.

**H. Housing Supervision - Medical, Mental Health Staff & Caseworkers**

1. Within one (1) working day of notification, the Mental Health Professional interviews and evaluates the inmate.

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2. The Mental Health Professional identifies the most appropriate response for the potentially suicidal inmate:
    - a. The inmate remains in the facility and remains on Full Suicide Watch,
    - b. The inmate remains in the facility and is downgraded to Close Observation,
    - c. The inmate can be upgraded to Full Suicide Watch from Close Observation,
    - d. The inmate is removed from Close Observation Watch Status and transferred to General Population and/or Special Needs.
    - e. The inmate is referred to a psychiatric center for further evaluation and treatment.
    - f. Once removed from Close Observation Status, a MHP will follow up within 24 hours.
  3. The Mental Health Professional and/or designated healthcare professional will:
    - a. Make daily contact on each shift with inmates on Crisis watch, and
    - b. Submit clinical notes regarding an assessment of the inmate's response to treatment and current mental health status the same day for inclusion in the medical file, and
    - c. Makes a notation in the appropriate space on the Crisis Watch Observation Sheet.
  4. The Caseworker will have a face-to-face interview with individuals on Full Suicide Watch/Close Observation on a daily basis. Absence of this contact will be documented with explanation and submitted to the Unit Manager.
- I. Transferring an Inmate on a Watch Status between CJC and MSI**
1. The Medical staff of the transferring facility will contact the receiving facility and alert the Medical staff of the inmate's pending transfer. The transferring facility staff will fax a copy of the Medical Screening Assessment Form.
  2. The medical/mental health staff will alert the Admissions/Processing staff and give them a copy of the Medical Screening Assessment Form.
  3. The Admissions/Processing staff will place the inmate's name on the Watch Hot Board, make copies and distribute the Medical Screening Assessment Form to the

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- Shift Supervisor, Classification, the Pod Unit Supervisor, and the facility Unit Manager.
4. The inmate's name remains on the Watch Hot Board until the inmate arrives at the facility.
  5. Upon the inmate's arrival, the Admissions/Processing staff checks to see if the purple Watch Identification Wristband is on the inmate and the Medical Department will be notified immediately of the inmate's arrival. If the armband is missing another one will be placed on the inmate's left wrist.
  6. Depending on the facility (MSI or CJC) the designated staff person in Admissions/Processing, Classification or the Shift Supervisor will arrange for cell placement.
  7. The Area Supervisor will designate a staff member to escort the inmate to the Special Management Unit.
  8. Upon learning of the pending release of an inmate on watch status into the free community, the Processing/Admissions Supervisor will contact the medical staff immediately. The medical staff will provide the inmate with a list of mental health agencies within the free community.
  9. When an inmate on Crisis Watch Status is being released to another law enforcement agency, the Admissions/Processing Staff document in the Admissions/Processing Log Book that the receiving law enforcement agents were informed that the inmate is on a Crisis Watch Status.
  10. Medical will provide documentation for delivery by Transportation Officer.

**J. Terminating Suicide Watch**

1. Only the Mental Health Professional can terminate a Full Suicide Watch/Close Observation by completing the Crisis Watch Form.
2. The Mental Health Professional provides a copy of the Crisis Watch Form to the Shift Supervisor and the Housing Unit Officer. The Housing Unit Officer updates the Segregation Log Sheet.
3. An inmate's personal property, particularly the clothing, will be returned as soon as practical, consistent with the Mental Health Professional's assessment of the inmate's mental health status.

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4. When reclassification to general population becomes necessary the Shift Supervisor or the Classification Specialist will initiate the move in accordance with Division Policy and Procedure #3.6.1 - Classification.
5. Once the inmate is taken off a watch status and has been scheduled to move out of the Crisis Watch Cell, the inmate is taken to the Processing/Admission unit so that the Purple identification armband can be replaced by the colored armband of the inmate's assigned housing unit.
6. The Shift Supervisor hand delivers copies of the Crisis Watch Form to the Caseworker and Classification Specialist prior to the inmate being moved, and no later than the end of the shift.

**K. Mental Health Services Records and Follow up Monitoring**

1. Upon placement on Close Observation or Full Suicide Watch, a treatment plan for services to be rendered to the inmate will be developed. Upon termination of the emergency, the plan, including a notation of the termination planned follow-up will be developed and placed in the inmate's medical file.
2. An individualized record or records will be kept to document security checks, medical checks, treatment visits and other care provided to inmates while they are on Close Observation, or Full Suicide Watch status.

**L. Suicide/Suicide Attempt Response**

1. A Correctional Staff Member discovering a suicide or suicide attempt initiates a lockdown of all inmates not involved, notifies the Medical Department, the Floor/Area Supervisor, and the Master Control Officer of a Code 3 via radio or telephone, and gives the location of the incident.
2. The Master Control Officer announces a Code 3 over the paging system and the location of the Medical Emergency (See Policy and Procedure #3.2.14 - Emergency Medical Response).
3. The Master Control Officer facilitates a speedy unlocking of all doors leading from the -Medical Unit to the scene while maintaining security for all other doors.
4. The medical staff immediately responds to the scene.
5. The medical staff will direct Corrections staff to notify the St. Louis City Fire Department, if necessary, via telephone to send EMS and advises the Fire Department to drive their vehicle to the Sally Port entrance at the facility. (The instruction to drive vehicle to Sally Port is given simultaneous at the time EMS is contacted).

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6. The Shift Supervisor dispatches a Correctional Officer to the area where EMS will arrive to escort paramedics to the victim.
7. The Floor/Area Supervisor and/or Floor Officer(s) retrieve the first-aid kit nearest the incident. If seat belt cutters are needed, the first-aid kit located in the Floor/Area Supervisor's location at CJC and/or the Shift Supervisor's Office at MSI is brought to the location of the incident.
8. The Housing Officer enters the cell or room of a hanging victim, a back up officer may be in route. While one is cutting down the victim using the seat belt cutter, the other officer is supporting the body to prevent further injury.
9. A First-Aid certified Correctional staff member begins first aid and/or CPR and continues until the medical staff or EMS Paramedics arrive and direct the correctional staff to stop.
10. The Shift Supervisor notifies the Correctional Investigators via telephone of the suicide attempt and the location of the suicide attempt.
11. The Master Control officer monitors the Housing Unit and floor activity via CCTV, electronically opening the Housing Unit door for the Floor/Area Supervisor, and Floor Officer if necessary, to enter the Housing Unit.
12. Correctional staff moves other inmates and do not allow them to enter areas where the suicide attempt has occurred until the area has been cleared by the Shift Supervisor.
13. EMS Paramedics arrive at the Division of Corrections facility and are given direct access to the incident location.
14. The Shift Supervisor will contact Sheriff for transportation. If unavailable, Correctional Officers will escort the inmate to the hospital if hospital run is recommended by the medical staff or paramedics.
15. All involved correctional staff completes an Incident Report (See Policy and Procedure #3.1.10 Incident Reporting). The Housing Unit Officer logs the incident into the unit log book and IJMS.
16. The Floor/Area Supervisor or Shift Supervisor secures the area where the attempt occurred pending the arrival of the Chief of Security, or the Detention Center Superintendent. The Shift Supervisor sees that any items used by the inmate in the suicide attempt are secured as evidence (See Policy and Procedure #3.1.19 - Crime Scene Management and Evidence Preservation).

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17. The Shift Supervisor completes an Incident Report for every attempt and distributes copies according to procedures found in Policy and Procedure #3.1.10 Incident Reporting.
18. The Chief of Security completes appropriate portions of the Incident Report.
19. Post-traumatic counseling for staff witnessing suicides and attempted suicides will be provided upon request through the Employee Assistance Program. The mental health staff will offer counseling for inmates witnessing suicides and attempted suicides upon request.

**M. Communications**

1. A Continuous Quality Improvement (CQI) Committee comprised of custody, Unit Manager, mental health, medical, and social services officials from the Division, chaired by the Superintendent/designee will:
  - a. Meets monthly and continually evaluates the suicide prevention system.
  - b. Recommend for recognition of Correctional, Mental Health, and/or Medical, staff for successfully preventing or intervening during a suicide attempt by demonstrating the correct procedure and acting in a safe, timely manner.
2. In the event of a suicide or suicide attempt, a Critical Incident Debriefing meeting occurs no later than the next working day following the incident to evaluate the Division's response and compliance with procedure, and to propose further improvements to policy, procedure, and practice.
3. The Critical Incident Debriefing meeting will consist of the following staff members: the involved medical and correctional staff members, the Detention Center Superintendent(s), Unit Manager, The Chief of Security, the Director of Nursing, the HSA, Mental Health Professional(s) and the Shift Supervisor.
4. The written evaluation of the incident will be developed by the Detention Center Superintendent and forwarded to the Commissioner of Corrections within three (3) working days following the incident. Any suggested changes in policy should be communicated to the Policy Unit.