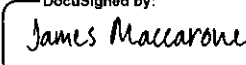


MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES JUVENILE INSTITUTIONS	
Subject: Suicide Prevention	Policy Number: 12
Number of Pages: 15	Section: XIII
<p style="text-align: center;">Attachments</p> <p>VII.10.B Observation Documentation Form XIII.12.A Precautionary Status Protocol XIII.12.B Safety Alert Protocol - Level 1 XIII.12.C Safety Alert Protocol - Level 2 XIII.12.D Safety Alert Protocol - Level 3 XIII.12.E Initial Suicide Risk Assessment XIII.12.F Subsequent Suicide Risk Assessment XIII.12.G Suicide Risk Assessment Log XIII.12. H Daily Safety Alert List</p>	<p style="text-align: center;">Related Standards & References</p> <p>ACA 3-JTS-4C-37, ACA 3-JDF-3E-01, ACA 3-JDF-3E-02, ACA 3-JDF-3E-04, ACA 3-JDF-3E-05 Arizona Department of Juvenile Corrections -Policy 4250 Form 4250A Georgia Department of Juvenile Justice -Policy 12.21</p>
Effective Date: July 1, 2006 Revised: 6/23/2008, 5/2/2012, 8/9/2017, 9/3/2019, 10/1/2019	Approved: DocuSigned by:  2C316EF5186B4A2...

I. POLICY

It is the policy of the Mississippi Department of Human Services (MDHS), Division of Youth Services (DYS), that a suicide prevention program shall be implemented with a focus on providing an environment conducive to youth safety through early detection of at-risk youth and proactive intervention. The suicide prevention program shall be implemented by a multidisciplinary team and shall operate as a facility-wide effort to include, but not be limited to, administrative staff, mental health staff, medical staff, and direct care staff All youth shall be evaluated during the intake process to assess the potential for suicide using objective assessment tools. Any youth suspected of suicide risk shall receive treatment and supervision at the appropriate level.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. **Behavior Management Isolation (BMI):** A “cooling off” period for youth, where youth are placed in a room, either locked or unlocked, for the purposes of controlling aggressive behavior, restoring order, correcting undesirable behavior, and to achieve compliance with behavioral rules and expectations.
- B. **Constant Supervision:** A youth shall be assigned a staff member who shall provide continuous, uninterrupted, one-on-one supervision within five physical feet while the youth is sleeping and awake. A youth under constant supervision must remain within the clear, unobstructed view of staff at all times. The staff member will not be responsible for supervising any other youth while assigned this duty.

- C. **Daily Safety Alert List:** A daily list of youth deemed to be at risk for suicidal or self-injurious behavior as determined by QMHP staff.
- D. **Due Process Isolation:** Any instance when a youth is confined alone in a room as a result of a Due Process Hearing
- E. **Initial Screening Protocol:** A standardized process administered by a QMHP for identifying potential risk factors for suicidal or self-injurious behaviors that includes a review of all admission documents, consultation with transporting officer, and a face-to-face interview with the youth.
- F. **Observation Documentation Form:** The form used by staff to document staggered intervals of observation of a youth placed on any Precautionary Status, Safety Alert Level, Behavior Management Isolation (BMI), Behavior Management Isolation Extension, Rotating Floor Schedule (RFS), and/or Due Process Isolation (DPI).
- G. **Precautionary Status:** An observation period for a youth who demonstrates any sign of suicidal or self-injurious behavior. Any staff member may place a youth on Precautionary Status. The youth will be monitored as if on the highest level of Safety Alert.
- H. **Precautionary Status Protocol or Safety Alert Protocol:** The forms used to document the risk of suicidal or self-injurious behaviors for any youth placed on Precautionary Status or Safety Alert Levels 1, 2 or 3. The protocol shall describe the supervision to be provided, the restrictions which are to be placed on the youth, and the privileges that the youth may receive.
- I. **Qualified Mental Health Professional (QMHP):** Mental health care provider licensed and sufficiently trained to provide the necessary mental health program services.
- J. **Rotating Floor Schedule (RFS):** Upon review of frequency of Major Violations (see Major Violations attached to this policy) and history of sanctions/restrictions imposed, a youth may be placed on a specified schedule in which the youth will rotate from a room in which the door is closed and locked during the hours of non-sleep (not to exceed 1 hour) to the dayroom floor to receive services.
- K. **Safety Alert Levels:** Youth who are determined by assessment of a QMHP to be at risk of suicide or self-injurious behavior shall be assigned to one of three suicide prevention levels.
 - a. **Safety Alert Level 1 — Watch:** This is the least restrictive level of supervision and is required for a youth who may have expressed or verbalized suicidal feelings or made cursory verbal threats but indicated no intention of harming oneself. A youth may have a history of suicidal threats or behavior and/or non-lethal gestures of self-harm or may appear to be depressed or have thoughts of hopelessness without currently expressing suicidal ideation. A youth who has received distressing news or who has recently experienced a disturbing event may be placed on this level for monitoring or assessment to insure stabilization.
 - b. **Safety Alert Level 2 — Warning:** This level of supervision shall be provided for a youth who has a history of demonstrating suicidal gestures or attempts and is currently expressing suicidal ideation, but who, in the clinical judgment of a QMHP, is not at imminent risk for a suicide attempt. A youth may also have engaged in minor self-injurious behaviors, such as scratching his/her wrist or performing some other

minor injury to his/her body. A youth experiencing severe depression may be appropriate for placement on this level.

- c. **Safety Alert Level 3 — Alert:** This level of supervision is the most intensive and restrictive prevention level. It is required if a youth has recently made a suicide attempt, expresses an intention to commit suicide, or discloses a plan for suicide. A youth who presents severe depression, serious mental illness or another high-risk behavior may be placed on Safety Alert Level 3 based on the clinical judgment of the QMHP.
- L. **Staggered Intervals:** Regular checks conducted at random intervals, 5 minutes minimum and 10 minutes maximum, to ensure that observation of the youth is on an unpredictable schedule in order to promote youth safety for a youth classified on any Safety Alert Level or Precautionary Status.
- M. **Suicide Risk Assessments:** Suicide risk assessments involve a standard protocol administered by a QMHP including review of records, consultation with staff members, face-to-face interview with youth, and administration of checklists and additional assessments as needed to determine risk for suicide or self-injury.
- N. **Suicide-Resistant Room:** A room designated for a suicidal youth that is free of all obvious protrusions and provides full visibility. The room contains tamper-proof light fixtures, smoke detectors and ceiling/wall air vents that are protrusion-free. The room does not contain any live electrical switches or outlets, bunks with open bottoms, any type of clothing hook, towel racks on desks and sinks, radiator vents, or any other object that provides an easy anchoring device for hanging.
- O. **Unit Log Book:** Log book located in a residential unit that contains pertinent shift information including changes or observations of youth on a Precautionary Status or Safety Alert Level.

III. PROCEDURE

- A. **Intake Assessment and Identification:** Each youth shall be assessed for suicide risk during Intake.
 - 1. Youth arriving at the facility shall be under constant, line-of-sight supervision until the Initial Screening Protocol is administered by a QMHP (See OYDC Policy: XIII.3, Youth Screening and Assessment).
 - 2. This screening shall include a review of all admission documents, a review of previous commitment records and an interview. The interviewer shall ask questions about the youth's potential for suicide and self-injurious behaviors, including questions about previous suicide attempts, thoughts about suicide, and previous or current self-injurious behaviors.
 - 3. During the intake process, the QMHP shall review previous commitment Master Files and Medical Files to determine if the youth was on Safety Alert during a previous commitment to a DYS facility. Such information will be documented on the Initial Screening Protocol.
 - 4. If the Initial Screening Protocol indicates no evidence of risk, the youth may be placed on routine observation.

5. A youth will not be accepted or admitted to the facility until a medical staff member completes the Initial Admissions Screening Tool. Medical staff will specifically ask the arresting and/or transporting officer if they have any information that indicates the youth is currently a medical, mental health or suicide risk. Medical staff will also complete a Nursing Intake Assessment Form on each youth admitted into the facility.
6. Male youth shall be housed in the Intake Management Unit (IMU) and females in designated units/rooms during the time they are completing Orientation. During this time, staff will closely observe youth for any signs or symptoms of suicide risk and report any behavior of concern to the Shift Supervisor who will in turn contact a QMHP. The complete Screening and Orientation processes shall be completed within three working days of Admission. (See OYDC Policy Attachments: XIII.1.A, XIII.1.I, XIII.1.O and OYDC Policy: XIII.3, Youth Screening and Assessment)
7. During Intake, a series of screening tools shall be completed and interpreted within three working days of Admission (See OYDC Policy: XIII.3, Youth Screening and Assessment).
 - i. The Initial Screening Protocol, Youth Assessment Screening Instrument, Massachusetts Youth Screening Instrument II, and the How I Think Questionnaire shall be administered to all youth admitted to a DYS facility.
 - ii. The Trauma Symptom Checklist for Children shall be administered to all youth who have a history of verbal or physical abuse.
 - iii. These instruments shall be administered by a DYS staff member trained and qualified to administer the identified screening instruments. The scored results shall be examined and interpreted by a QMHP.
 - iv. Additional tests may be administered based on the results of the screening tools.
 - v. At any time during this three-day screening and assessment process, a youth's responses to questions regarding suicide or self-injurious behavior suggest risk, a QMHP will be contacted and the youth assessed for risk of suicide or self-injury.
8. If the youth responds positively to questions concerning suicide or self-injury during the Initial Screening Protocol or subsequent intake assessments or has a history of suicidal or self-injurious behavior, a youth will be placed on a Precautionary Status and moved to the Assessment Management Unit (AMU) for constant supervision. Any staff member may place a youth on Precautionary Status. The on-call QMHP shall be contacted for input and guidance. A comprehensive Suicide Risk Assessment shall be completed by a QMHP by the close of the next business day following placement on a Precautionary Status. The assessment shall include a thorough review of the admissions packet, medical chart, and master file. The QMHP shall also consult with housing unit staff regarding the youth's potential risk for suicide. Clinical judgment shall then be used to determine if the youth is at risk for suicide or self-injury. When it is determined that there may be risk of suicide or self-injury, the youth shall be placed on one of three levels of Safety Alert.

9. During the comprehensive suicide assessment, the QMHP will administer a psychometric instrument designed to measure risk for suicidality and a structured suicide assessment interview. Clinical judgment shall then be used to determine if the youth is at risk of suicide. When appropriate, the youth shall be placed on one of three levels of Safety Alert.
 10. The QMHP shall document in writing in the youth's file, the decision not to place the youth on a Safety Alert Level if the youth's responses to items on assessments suggest that the youth is not at risk of suicide.
- B. Observed Suicidal Behavior/Reported Thoughts: Any staff person observing a youth engaging in suicidal behavior or self-harm or reporting thoughts of suicide shall immediately notify their supervisor and the Shift Supervisor.
1. The Shift Supervisor shall see that a Precautionary Status is initiated and have the youth maintained on constant line-of-sight supervision pending an evaluation by a QMHP. The Shift Supervisor shall notify the Facility Administrator or designee that a youth has been placed on a Precautionary Status.
 2. The Shift Supervisor shall notify the on-call QMHP who shall make an immediate assessment of the situation:
 - i. If a QMHP is available on-site at the time of the notification, the QMHP shall conduct a comprehensive face-to-face Suicide Risk Assessment as soon as possible, but no later than the close of business the day following the initiation of the Precautionary Status.
 - ii. If a QMHP is not available on-site and the notification is made via telephone, the QMHP will consult with the Shift Supervisor or designee, the youth (if possible), and determine if the youth should be seen immediately or by the close of the next business day in order to complete the Suicide Risk Assessment. Initiation of a Safety Alert Level shall not be made by telephone. The youth shall remain on Precautionary Status until the assessment process is completed by the QMHP in a face-to-face interview, and determination made that a Safety Alert Level be initiated or the Precautionary Status discontinued.
 - iii. Without a face-to-face suicide risk assessment, the QMHP shall always continue a Precautionary Status or Safety Alert when notification occurs off-site via the telephone. In addition, a QMHP shall never downgrade or discontinue a Safety Alert Level or discontinue a Precautionary Status off-site via the telephone, rather a face-to-face suicide risk assessment of the youth is required by the close of the next business day.
- C. Supervision: Youth shall be assigned to a Precautionary Status or one of three Safety Alert Levels and the corresponding supervision shall be implemented.
1. Precautionary Status: Precautionary Status may be initiated by any staff member. This is not considered an assignment of a Safety Alert Level.
 - i. The JCW Shift Supervisor shall document on the Suicide Risk Assessment Log: the name of the youth, the time and date status initiated, and the name of the staff that placed the youth on Precautionary Status.

- ii. During this Precautionary Status, the youth will be supervised as if on the most restrictive Safety Alert Level 3. Males will be placed on the Assessment Management Unit (AMU) until face-to-face assessment can be made by a QMHP by the close of next business day. Females will be placed in a designated area appropriate for maintaining the equivalent of Safety Alert Level 3.
 - iii. The JCW Shift Supervisor will have a Precautionary Status Protocol Sheet posted in the Control Room of the housing unit which documents the staff member who initiated the Precautionary Status, and the date and time initiated. This will remain posted until the assignment of a Safety Alert Level or the Precautionary Status is discontinued by the QMHP.
 - iv. Constant supervision must be used with this youth until a Suicide Risk Assessment has been completed by a QMHP and a determination made by the QMHP regarding Safety Alert Level. All observations and staggered interval checks shall be documented on an Observation Documentation Form (Attachment: VII.10.B) as if the youth was on the highest level of Safety Alert.
 - v. If a youth is on Precautionary Status, and is confined to a room for any reason (e.g., BMI, BMI Extension, DPI, Rotating Floor Schedule, etc.), the youth shall wear a suicide smock while inside his/her room. Youth shall wear standard dress when outside of his/her room.
 - vi. If a youth is on Precautionary Status, and is confined to a room for any reason (e.g., BMI, BMI Extension, DPI, Rotating Floor Schedule, etc.), the youth must remain under the standards of constant supervision.
 - vii. Youth shall not participate in the Community Workforce while on Precautionary Status.
 - viii. If the Suicide Risk Assessment results in a determination that a youth does not present a current risk for suicide or self-injury, the QMHP shall discontinue the Precautionary Status and the youth will return to regular program activity.
 - ix. While a youth is on Precautionary Status, the JCW Supervisor is to come and observe the youth every two (2) hours, and sign the Observation Documentation Form at the time of their observation (Attachment: VII.10.B).
2. Safety Alert Level I- Watch: This is the least restrictive level of supervision.
- i. Youth on Safety Alert Level I shall be housed in a suicide-resistant room.
 - ii. The youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc. which may be used to facilitate suicide or self-injury.
 - iii. The youth shall be observed by staff at staggered intervals, 5 minutes minimum and 10 minutes maximum. Observations made during staggered checks and all other interactions with staff shall be logged on the youth's Observation Documentation Form (Attachment: VII.10.B). Positive and negative findings shall be documented (e.g., "Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.").

- iv. A youth on medication or that has other physical health conditions, shall continue with scheduled visits to the clinic under the close supervision of a JCW.
 - v. Direct care staff and/or the youth's counselor shall continue to interact with the youth daily.
 - vi. Youth shall participate in normal activities of daily living (6:00 AM to 9:00 PM) and be observed by staff who shall report to a QMHP if the youth expresses and/or makes more intense signs of suicidal behavior.
 - vii. Youth shall not participate in the Community Workforce while on Safety Alert Level 1.
 - viii. Doors to the bathroom/shower areas will be locked at all times. All youth on Safety Alert Level 1 will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
 - ix. If a youth is on Safety Alert Level 1, and is confined to a room for any reason (e.g., BMI, BMI Extension, DPI, Rotating Floor Schedule, etc.), the youth shall wear a suicide smock while inside his/her room. Youth shall wear standard dress when outside of his/her room.
 - x. If a youth is on Safety Alert Level 1, and is confined to a room for any reason (e.g., BMI, BMI Extension, DPI, Rotating Floor Schedule, etc.), the youth is to be observed following the standards of constant supervision.
 - xi. The youth shall be maintained on Safety Alert Level 1 for a reasonable time period as determined by a QMHP, but for a minimum of 24 hours.
 - xii. While a youth is on Safety Alert Level 1, the JCW Supervisor is to come and observe the youth every two (2) hours, and sign the Observation Documentation Form at the time of their observation (Attachment: VII.10.B).
3. Safety Alert Level 2 — Warning: This level of supervision is an intermediate level of supervision.
- i. Youth on Safety Alert Level 2 shall be housed in a suicide-resistant room.
 - ii. The youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc. which may be used to facilitate suicide or an attempt at self-injury.
 - iii. The youth shall be observed by staff at staggered intervals, 5 minutes minimum and 10 minutes maximum. Observations made during staggered checks and all other interactions with staff shall be logged on the youth's Observation Documentation Form (Attachment: VII.10.B). Positive and negative findings shall be documented (e.g., "Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.").
 - iv. A youth on medication or that has other physical health conditions shall continue with scheduled visits to the clinic under the close supervision of a JCW.

- v. Direct care staff and/or the youth's counselor shall continue to interact with the youth daily.
 - vi. The youth shall participate in normal activities of living (6:00 AM to 9:00 PM) and be observed by staff who shall report to a QMHP if the youth expresses and/or exhibits more intense signs of suicidal behavior.
 - vii. The youth shall wear a suicide smock while inside his/her room. Youth shall wear standard dress when outside of his/her room.
 - viii. If a youth is on Safety Alert Level 2, and is confined to a room for any reason (e.g., BMI, BMI Extension, DPI, Rotating Floor Schedule, etc.), the youth is to be observed following the standards of constant supervision.
 - ix. Youth shall not participate in the Workforce Program while on Safety Alert Level 2.
 - x. The youth's room and person shall be searched before being placed in his/her room for the night.
 - xi. The youth shall be given a suicide prevention mat to keep inside his/her living quarters.
 - xii. Doors to the bathroom/shower areas will be locked at all times. All youth on Safety Alert Level 2 will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
 - xiii. The youth shall be maintained on Safety Alert Level 2 for a reasonable time period as determined by a QMHP, but for a minimum of 24 hours.
 - xiv. While a youth is on Safety Alert Level 2, the JCW Supervisor is to come and observe the youth every two (2) hours, and sign the Observation Documentation Form at the time of their observation (Attachment: VII.10.B).
4. Safety Alert Level 3 — Alert: Alert is the most intensive and restrictive prevention level.
- i. Youth on Safety Alert Level 3 shall be housed in a suicide-resistant room. Males will be housed in the Assessment Management Unit and females in a designated area appropriate for maintaining the equivalent of Safety Alert Level 3.
 - ii. The youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc. which may be used to facilitate suicide or self-injury.
 - iii. The youth shall be assigned a staff member who shall provide constant one-on-one supervision within five physical feet while the youth is sleeping and awake. If security and safety issues warrant a youth to be confined, youth on this level should only be placed behind one of the glass doors on AMU with a staff member posted at the door supervising with constant line of sight.
 - iv. The youth shall be observed continuously and observations documented on the Observation Documentation Form (Attachment: VII.10.B) at staggered intervals, 5 minutes minimum and 10 minutes maximum. Positive and

- negative findings shall be documented (e.g., "Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.").
- v. A youth on medication or that has other physical health conditions shall continue with scheduled visits to the clinic under the close supervision of a JCW.
 - vi. JCWs and/or the youth's counselor shall continue to actively monitor the youth daily.
 - vii. Youth shall participate in normal activities of daily living (6:00 AM to 9:00 PM) and be observed by staff who shall report to a QMHP if the youth expresses and/or makes more intense signs of suicidal behavior. Youth who demonstrate unstable or unpredictable behavior, as assessed by a QMHP, may be restricted to the unit or their room.
 - viii. The youth shall wear a suicide smock while inside his/her room. Youth shall wear standard dress when outside of his/her room.
 - ix. The youth shall be given a suicide prevention mat to keep inside his/her living quarters.
 - x. If a youth is on Safety Alert Level 2, and is confined to a room for any reason (e.g., BMI, BMI Extension, DPI, Rotating Floor Schedule, etc.), the youth is to be observed following the standards of constant supervision.
 - xi. Youth shall not be allowed to participate in the Community Workforce while on Safety Alert Level 3.
 - xii. Doors to the bathroom/shower areas will be locked at all times. All youth on Safety Alert Level 3 will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
 - xiii. The youth shall be maintained on Safety Alert Level 3 for a reasonable time period as determined by a QMHP, but for a minimum of 24 hours. Should the youth remain at high risk for suicidal behavior and/or continue to engage in self-injurious behavior, a QMHP may recommend transfer to a psychiatric facility.
 - xiv. While a youth is on Safety Alert Level 3, the JCW Supervisor is to come and observe the youth every two (2) hours, and sign the Observation Documentation Form at the time of their observation (Attachment: VII.10.B).
- D. If a youth in Due Process Isolation (DPI) is exhibiting unusual behavior or becomes unresponsive to questions or directions, the JCW shall inform the JCW Supervisor, who shall notify the on-call QMHP for an emergency evaluation and/or suicide prevention as indicated.
- i. If a youth was on DPI prior to placement on Precautionary Status and/or Safety Alert, the youth is not to remain on DPI while on Precautionary Status and/or Safety Alert, unless prior approval has been given to continue DPI by the Facility Administrator.

- ii. If a youth's DPI was not completed while on Precautionary Status and/or Safety Alert, upon dismissal from Precautionary Status and/or Safety Alert, the youth is to return to DPI to finish the remaining hours of their sanction unless otherwise specified by the Facility Administrator.
 - iii. If a youth is on DPI while on Precautionary Status and/or Safety Alert, youth must be in constant line of sight and within five feet of an assigned staff member, and visual observation must be recorded on the youth's Observation Documentation Form (Attachment: VII.10.B) six (6) times per hour, not to exceed ten (10) minutes between recorded checks.
 - iv. If a youth is on DPI while on Precautionary Status and/or Safety Alert, the youth's additional status(es) and start/end times must be marked and documented on the Observation Documentation Form (Attachment VII.10.B) as well.
 - v. Youth will be provided a suicide smock and tear-resistant mattress when confined to room while on Precautionary Status and/or Safety Alert.
- E. Referral: Anytime a QMHP estimates a youth on a Safety Alert Level would be more appropriately managed in a psychiatric hospital setting or another mental health placement, the youth may be referred for a commitment hearing and transferred if approved by the court. Youth who remain on a Safety Alert Level 2 for three consecutive working days or who have ever been placed on Safety Alert Level 3 will be referred to a QMHP and placed on the mental health caseload. These youth will be immediately referred to the Psychiatrist and evaluated as soon as possible but no later than three working days after the referral.
- F. Treatment Plan: The treatment plan for any youth placed on a Safety Alert Level 2 for three consecutive working days or Safety Alert Level 3 must include provisions for the following:
 1. The youth's Treatment Plan shall include individualized treatment goals and specific interventions designed to address and reduce suicidal ideation and threats, self-injurious behavior, and suicidal threats perceived to be based upon attention-seeking behavior.
 2. The youth's Treatment Plan shall describe signs, symptoms, and circumstances under which the risk for suicide or other self-injurious behavior is likely to recur, how recurrence of suicidal and other self-injurious behavior can be avoided, and actions both the youth and staff can take if the suicidal and other self-injurious behavior do occur.
 3. The youth's Treatment Plan will identify the QMHP and Counselor responsible for both developing and implementing the treatment goals and specific interventions.
 4. The youth's Treatment Plan will be discussed with the youth and the youth parent(s) or guardians during a conference call made up of the program counselor, the QMHP, and the parent(s) or guardian.
 5. The youth's Treatment Plan shall be distributed to the Master File and Medical File.
- G. Protocol: A Safety Alert Protocol or Precautionary Status Protocol shall be developed and implemented for any youth who demonstrates risk of suicidal/self-injurious behaviors.

1. A Precautionary Status Protocol shall be initiated by the staff member who placed the youth on the Precautionary Status. This protocol will remain in place until a QMHP assesses the youth and assigns a Safety Alert Level or discontinues the Precautionary Status.
 2. A Safety Alert Protocol shall only be initiated or modified by a QMHP.
 3. A copy of the Precautionary Status Protocol or Safety Alert Protocol shall be posted in the work area of the direct care staff in the unit where the youth is housed. This protocol informs staff about the youth, special supervision that must be provided, and supervisory actions to be taken to manage the dangerous behavior and to reduce the likelihood of a suicide attempt. These supervisory actions may include a listing of privileges and activities allowed or not allowed, and verbal techniques to be used when interacting with the youth.
- H. Initiating, Continuing, Upgrading, Downgrading, and Discontinuing Safety Alert or Precautionary Status: Youth placed on Safety Alert shall be assessed daily by a QMHP.
1. Any designated staff may place a youth on Precautionary Status, but only a QMHP is authorized to initiate, continue, upgrade, downgrade or discontinue a Safety Alert Level or discontinue a Precautionary Status.
 2. A QMHP shall assess youth on a Safety Alert Level on a daily basis until the Safety Alert is discontinued. Following the interview, the QMHP may continue, upgrade, downgrade or discontinue the Safety Alert Level as determined by the Subsequent Suicide Risk Reassessment. The QMHP will only downgrade and discontinue the Safety Alert following a comprehensive assessment which shall include a thorough review of the medical chart and master file, as well as consulting with housing unit staff the level of supervision shall be modified to reflect the change in Safety Alert Levels.
 3. All youth discontinued from Safety Alert will receive periodic follow-up, therapeutic interventions and assessments by the assigned QMHP. Unless the youth's individual Service Plan directs otherwise, the reassessment schedule by QMHP staff shall be as follows: daily for 5 days, once a week for 2 weeks, and then once every month until release.
- I. Communication: All departments shall be notified of each youth's Precautionary Status or Safety Alert Level to ensure safety.
1. Any staff member who sees a youth engaging in or hears a youth talking about performing self-injurious behavior shall immediately call for help, intervene, and then inform his/her immediate supervisor or the youth's Counselor and the Shift Supervisor who, upon verification, shall notify a QMHP and the Facility Administrator or designee.
 2. This information is to be recorded by completing and submitting an Incident Report Form (See OYDC Policy: VII.2. Incident Reporting). Subsequently, a copy of the Incident Report shall be distributed to the Facility Administrator, Shift Supervisor, Medical, Mental Health, and Counseling departments as soon as is possible.
 3. The medical staff, Shift Supervisor and the Facility Administrator or designee shall be promptly notified whenever a youth attempts to harm him/her self. In

addition, the above will be notified when a youth is placed on a Precautionary Status or a Safety Alert Level.

4. The on-call QMHP shall complete a Daily Safety Alert List. The list shall include the youth's name, housing unit, Precautionary Status or initial Safety Alert Level, start date/time, staff member that initiated the Precautionary Status or Safety Alert Level, current Safety Alert Level, date of last QMHP assessment, and name of QMHP completing last assessment. The list shall be distributed on a daily basis by the Facility Administrator or designee to all QMHP staff, Counselors, the medical department, education department, Special Management Unit and Unit 1 managers, and other personnel as deemed appropriate by the Facility Administrator.
 5. Direct care staff shall conduct a verbal briefing between shifts that reviews which youth are on a Precautionary Status or Safety Alert Level, the history of behavior since initiating the Precautionary Status or Safety Alert Level, and the actions taken to assure the youth does not attempt suicide or self-injury. The briefing shall include a review of the shift log that contains the observations made about any youth being maintained on a Precautionary Status or Safety Alert Level.
 6. All QMHP staff shall have unimpeded access to the youth's medical chart.
- J. Documentation: Staff shall fully document behavior, treatment plans, and interactions related to suicidal or self-injurious youth. The following documentation shall take place:
1. All incidences of self-injurious behavior, suicidal threats, and/or attempts shall be documented in the housing unit log book and on the appropriate incident forms. Completed Incident Reports shall be submitted in accordance with OYDC Policy: VII.2, Incident Reporting.
 2. Counselors shall document interactions and progress in the youth's Master File.
 3. Upon notification that a youth has been placed on Safety Alert Level, medical staff will record the information on the Medical Problem List of the youth's medical chart.
 4. The psychiatric evaluation of a youth placed on Safety Alert shall be documented in the youth's medical file.
 5. Documentation of assessments, observations and interventions by QMHPs shall be made in the youth's master file and medical file.
 6. The Shift Supervisor is responsible for reviewing the unit log book at the beginning of each shift.
- K. Involvement of Next of Kin: If a youth is determined to be at risk of suicide, his or her parents shall be contacted. Contact shall be made by the Assessment Management Unit Counselor or the youth's assigned counselor. In emergency situations, the Shift Supervisor, medical staff, or the QMHP on call may be required to contact the parents.
1. Background information about previous suicidal attempts and/or thinking shall be requested.
 2. Information about proposed treatment programming shall be shared.

3. If a youth makes a serious suicide attempt which results in injuries requiring transportation to an emergency room or hospitalization for treatment, the next of kin shall be notified.
- L. M. Training: All staff (including security, direct care, medical, mental health, and educational personnel) who have regular contact with youth shall be initially trained in the identification and management of suicidal youth, as well as in the DYS suicide prevention policy.
1. Initial training shall encompass four (4) hours of instruction. New employees shall receive such instruction through the orientation process. Current staff shall receive such instruction through scheduled training workshops.
 2. The initial training should include juvenile suicide research, why the environments of juvenile facilities are conducive to suicidal behavior, staff attitudes about suicide, potential predisposing factors to suicide, high-risk suicide periods, warning signs and symptoms, identifying suicidal youth despite their denial of risk, components of the DYS suicide prevention policy, and liability issues associated with juvenile suicide.
 3. All staff who have regular contact with youth shall receive two (2) hours of annual suicide prevention training. The two-hour training workshop shall include a review of predisposing risk factors, warning signs and symptoms, identifying suicidal youth despite their denial of risk, and review of any changes to the DYS suicide prevention policy and program. The annual training shall also include general discussion of any recent suicides and/or suicide attempts in the facility.
- M. Intervention Following Suicide Attempt: Following a suicide attempt, the degree and promptness of the staff's intervention often foretells whether the victim will survive.
- i. All staff members who have regular contact with youth shall receive standard first aid, cardiopulmonary resuscitation (CPR), and Automated External Defibrillator (AED) training. All staff shall also be trained in the use of various emergency equipment, located in each housing unit. In an effort to ensure an efficient emergency response to suicide attempts, "mock drills" shall be incorporated.
 - ii. All housing units shall contain an emergency response bag that includes a first aid kit, mouth shield, latex gloves, and emergency rescue tool. All staff who come into regular contact with youth shall know the location of this emergency response bag and be trained in its use.
 - iii. Any staff member who discovers a youth attempting suicide will immediately respond, survey the scene to ensure the emergency is genuine, alert other staff to call for the facility's medical personnel, and bring the emergency response bag to the room. If the suicide attempt is life-threatening, Central Control personnel will be instructed to immediately notify outside ("911") Emergency Medical Services (EMS). The exact nature (e.g., "hanging attempt") and location of the emergency will be communicated to both facility medical staff and EMS personnel.
 - iv. Following appropriate notification of the emergency, the first responding staff shall use their professional discretion in regard to entering the room without

waiting for backup staff to arrive. With no exceptions, if room entry is not immediate, it shall occur no later than four (4) minutes from initial notification of the emergency.

- v. Upon entering the room, direct care staff shall never presume that the victim is dead, rather life-saving (e.g., first aid and CPR) measures shall be initiated immediately. Direct care staff will never wait for medical personnel to arrive before entering a cell or before initiating appropriate life-saving measures.
 - vi. In hanging attempts, the victim shall first be released from the ligature (using the emergency rescue tool if necessary). Staff shall assume a neck/spinal cord injury and carefully place the victim on the floor. Should the victim lack vital signs, CPR will be initiated immediately. All life-saving measures shall be continued by direct care staff until relieved by medical personnel.
 - vii. Automated External Defibrillators (AEDs) shall be located in the Medical Unit and Central Control. All medical and direct care staff shall be trained in its use. The Health Services Supervisor shall provide direct oversight of AED use and maintenance.
 - viii. The Health Services Supervisor shall ensure that all equipment utilized in the response to medical emergencies (e.g., crash cart, oxygen tank, AED, etc.) is inspected and in proper working order on a daily basis.
- N. Follow-Up/Morbidity-Mortality Review Process: Each serious suicide attempt (i.e., requiring off-site medical treatment) or suicide shall result in appropriate follow-up and review procedures.
- i. Critical Incident Stress Debriefing (CISD) provides affected staff and youth an opportunity to process their feelings about the incident, develop an understanding of critical stress symptoms, and seek ways of dealing with those symptoms. In the event of a serious suicide attempt or suicide, all affected staff and youth shall be offered CISD. For maximum effectiveness, the CISD process and other appropriate support services shall occur within 24 to 72 hours of the critical incident.
 - ii. Every completed suicide, as well as serious suicide attempt, shall be examined by a multidisciplinary Morbidity-Mortality Review Team that includes representatives of both line and management level staff from the direct care, medical and mental health divisions.
 - iii. The Morbidity-Mortality Review process shall comprise a critical inquiry of:
 - iv. Circumstances surrounding the incident
 - v. Facility procedures relevant to the incident
 - vi. All relevant training received by involved staff
 - vii. Pertinent medical and mental health services/reports involving the victim
 - viii. Possible precipitating factors leading to the suicide
 - ix. Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and/or operational procedures

- x. When appropriate, the Morbidity-Mortality Review Team shall develop a written plan (and timetable) to address areas that require corrective action.