I. PURPOSE: The purpose of this policy is to provide information and guidelines which assist staff to ensure the safety of youth exhibiting deliberate self-harm.

II. POLICY: In the DYRS Secure Facilities, there are many opportunities to provide professional intervention when there are perceived emotional or behavioral health needs. The intervention and supervision is critical to providing the best services for each case. This policy provides the structure for supervision, care and reporting of youth in this classification.

III. DEFINITIONS:

A. Deliberate Self-harm: Any behavior, verbalizations or ideations that indicate a resident is suicidal or has intentions of harming him/herself such as:

   1. Any youth attempt, threats or expression to harm or kill one-self.
   2. Any youth behaviors such as cutting, punching walls, maintaining objects used for self-harm, verbalizations or ideation of self-harm may also be used to explain the need to implement the procedures in this policy.

B. Intense Observation (I/O): Constant visual supervision of a youth by a staff member with no other duty assignment. Supervision must be within arm’s length distance at all times.

C. Close Observation (C/O): Continuous visual supervision of a youth. Staff may have other duties; however, duties must not impede staff’s ability to provide immediate response and intervention if required.

IV. INTENSE OBSERVATION:

A. All facility staff are authorized to place a youth on I/O status if they have safety concerns.
B. Staff must provide constant visual supervision of an I/O youth at all times and have no other duties.
C. Staff providing supervision must be within arm’s length to ensure an immediate response if required.
D. Staff placing a youth on I/O status must immediately communicate, both orally and in writing the resident status with the supervisors, psychologist and medical staff.
E. When a staff places a youth on I/O status, staff is required to remain with the youth until another staff person is identified to monitor the resident.
F. A youth is to have an unclothed search for potentially dangerous materials. Dangerous materials must immediately be removed from the resident's possession e.g. shoe laces, belts, strings, sharp objects, pens, pencils etc. and bedroom.

G. Once the youth's clothing has been removed, the psychologist and supervisor will provide direction regarding permitted clothing.

H. A youth on I/O status is permitted to have a mattress and pillow without bedding (sheet or pillow case) during sleeping hours.

I. Supervision of a youth on I/O status should be by a staff of the same sex. The Superintendent or designee must approve supervision of a youth by the opposite sex with appropriate protocols in place to prevent any PREA concerns.

J. Staff supervision of an I/O youth will be rotated every two hours.

K. A youth on I/O status will attend all regularly scheduled programming and have one hour of large muscular activity daily. Velcro sneakers must be worn while on I/O status.

L. Chronological record entries shall be recorded every 15 minutes to indicate all significant information about the youth. Random supervisor reviews of entries are required to ensure the protocols and activities are recorded appropriately.

V. CLOSE OBSERVATION:

A. All facility staff are authorized to place a youth on C/O status if they have safety concerns.

B. Staff must have visual observation of the youth at all times. Staff may have other duties when monitoring a youth on C/O status; however, it is the responsibility of the staff to ensure that those duties do not impede with their ability to provide an immediate response and intervention to the youth if required.

C. The youth is to have a clothed search for potentially dangerous materials. Dangerous materials must immediately be removed from the youth's possession and room. Other furnishings and materials may remain in the youth's room.

D. Multiple youth on C/O status during sleeping hours are permitted to sleep directly outside of the staff work station in the common area. Staff must be positioned in a manner that will allow for continuous visual observation of the youth to ensure an immediate response, if required.

E. Chronological record entries shall be recorded every 15 minutes to indicate all significant information about the youth. Random supervisor reviews of entries are required to ensure the protocols and activities are recorded appropriately.
VI. SUPervision of a Violent Youth:
A. Only a youth who expresses or displays violence against other youth or staff while on I/O or C/O status will be placed in a secure room.
B. When supervising a youth in a secure room, the facility will provide a chair or stool that enables unobstructed observation through the room door.
C. The staff assigned to observe the youth through the room door must be equipped with a radio, security keys and access cards for immediate access to the room.
D. Staff supervision of an I/O youth will be rotated every hour.

VII. Removal From Intense or Close Observation:
A. A youth shall be removed from Intense or Close Observation only with the approval of a psychologist and/or psychiatrist or Child Priority Response.

VIII. Procedures for an Act of Deliberate Self-Harm:
A. Staff shall immediately notify the control room to call 911 if:
   1. Youth is found hanging (even if conscious).
   2. Youth is found unconscious.
   3. Youth is bleeding profusely.
   4. Youth ingests any substance.
B. Any situation where the extent of the injury is unknown:
   1. CPR or First Aid is applied on the youth by a certified staff.
   2. Do not move the youth from the location of the incident.
   3. Chronological record entries shall be recorded every 15 minutes to indicate all significant information about the youth. Random supervisor reviews of entries are required to ensure the protocols and activities are properly recorded.
C. Death
   1. Contact the Control Center immediately to call 911.
   2. Contact facility medical personnel.
   3. Notify Superintendent who will be responsible for notifying the Director’s Office, parent/guardian, and HMS of the event.
   4. The Superintendent and Psychologist will convene a group to debrief the youth of the event.
   5. Secure the area until cleared by Superintendent or designee.
   6. Staff are not permitted to discuss the incident with the media.
   7. Information will only be shared with Department personnel on a need to know basis.
IX. **AFTER HOUR MENTAL HEALTH RESPONSE:**

A. Evenings and weekends when the facility psychologist is not available, the AOD will determine whether the youth should be referred to the Child Priority Response (crisis services) for more immediate evaluation.

1. Child Priority Response can be reached statewide at 800-722-7710. When the assessment from Child Priority Response concludes that a psychiatric evaluation is not necessary, Child Priority Response will provide consultation to the facility.

2. If the youth has to be transferred for out of the facility for a psychiatric evaluation one of the following locations must be used:
   
   a. Wilmington Hospital – New Castle facilities
   
   b. Milford Memorial Hospital for Kent/Sussex facilities.

3. Child Priority Response should only be contacted for psychiatric mental health support and **NOT** for any medical condition.

X. **RETURNING FROM HOSPITALIZATION:**

A. A youth released from a medical hospital or a psychiatric facility after a psychiatric evaluation or treatment may only be returned to the facility with approval from the hospital physician and the facility’s on-call physician. Upon discharge the youth will be placed on I/O until evaluated by a facility psychologist/psychiatrist.

B. Advanced discharge planning/coordination between the psychiatric hospital and the facility medical and mental health staff are important for the preparation and return into the facility.

XI. **YOUTH PREPARING FOR FACILITY RELEASE:**

A. When a youth on I/O or C/O status is being released to another facility, the sending program must complete the Transfer Instruction Sheet (refer to DSCYF Policy #207) to verify the status and safety supervision requirements that are needed. The Transfer Instruction Sheet must include clinical contact information.

B. When a youth on I/O or C/O status is being released to home, the sending program/facility must complete the Transfer Instruction Sheet (refer to DSCYF Policy #207) alerting the parent/guardian that there is a need to discuss the observation with the child and there may be a need for professional follow-up care.

C. The exchange between the program and the parent/guardian shall occur through a face-to-face meeting completed by the psychologist.
1. Beyond the working hours of the facility psychology staff, the shift supervisor will meet with the parent/guardian and complete the safety dialogue.

2. Supervisors will be trained on how to present this safety dialogue to the parent/guardian. The training and accompanied script will ensure that all information shared by supervisors is consistent.

3. Brochures and informational on how to access mental health services in the community will be provided to the parent/guardian for additional assistance.

D. The parent/guardian will be required to sign a form verifying that the safety information was shared. This form will also denote if any prescribed medications were given to the parent/guardian.

E. The supervisor will ensure that a FACTS progress note is entered into the record to verify that the parent has been informed of the safety information (medication and/or observation status).

XII. ASSIGNMENT OF INTENSE/CLOSE OBSERVATION:

A. The supervisor shall determine the fitness and ability of staff assigned I/O or C/O responsibilities.

B. I/O or C/O responsibilities shall not be assigned to a staff person working a double shift, taking sedating medications, reporting or appear is fatigued or experiencing any other factor that might adversely affect his/her alertness.

C. It is the assigned staff person’s responsibility to immediately notify his/her supervisor if they are having difficulty maintaining alertness and/or attention to duty.

D. It is the supervisor’s responsibility to monitor the performance of staff supervising I/O and C/O residents. The supervisor shall make staff changes or take corrective actions when necessary to ensure the fitness and ability of staff at all times throughout their period of assignment to I/O or C/O responsibilities.

XIII. TRAINING:

A. Every employee who works within a DYRS secure care facility must be trained on the respective facility's suicide prevention policy annually by the psychologist.

B. Every employee who works within a DYRS secure care facility shall be trained on Suicide Prevention annually.

C. Every employee who works within a DYRS secure care facility shall maintain certification in Basic Life Support (CPR/AED) and Basic First Aid.

D. Only employees that have completed annual suicide or medical emergency training shall be assigned to supervise residents on I/O or C/O status.
XIV. COMMUNITY SERVICES:

A. Community Services staff should seek immediate assistance from a mental health provider, if the youth is threatening to hurt or kill himself, or talking of wanting to hurt or kill himself; if a youth is looking for ways to kill himself by seeking access to firearms, pills, or other means; talking or writing about death, dying or suicide, when these actions are out of the ordinary for this person. Staff should contact Child Priority Response at 800-722-7710 (statewide) for a phone consultation to formulate a plan of action. Once a plan of action has been developed, it should be implemented, discussed with the supervisor or manager and clearly documented in the Community Services progress note in FACTS.

B. Should youth display these concerns while Community Services staff are visiting with them in a DYRS secure facility, Community Services staff should bring these concerns to the attention of the facility staff. Facility staff will then be expected to follow their internal procedures. Community Services staff should follow up with the secure care case manager to document the outcome of the internal actions.

C. For all phone numbers assigned to Community Services staff, the out of office voicemail should include the contact number for mental health emergencies:

1. New Castle: 302-633-5218
2. Kent: 302-678-3782
3. Sussex: 302-424-4357
### Behavioral Health Authority Signature Block

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### Division Director Signature Block

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NOTE: This policy is not the responsibility of the Medical Department. The Medical Authority is aware that the policy exists.

Signature: ___________________________  Date: ________________