

Division of Youth Rehabilitative Services

Chapter 2: Professional Practices	Policy # 2.18	Page: 1 of 7
Subject: Suicide Prevention and Intervention	Standards: DSCYF Policy #207 ACA: 4-JCF-4D-07M; 3-JDF-4C-35	
Effective Date: 09/01/2020	Revised: 7/1/2020	

- 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, 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. Youth should be placed on I/O when their behavior indicates a concern for their safety.
 - 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. Youth should be placed on C/O when their statements indicate a concern for their safety.
 - D. **Suicide garments:** Clothing that is specifically designed for the safety and security of a resident which consists of a one piece Velcro type clothing (suicide gown), blanket wrap and helmet.
- 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.

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- D. Staff placing a youth on I/O status must immediately communicate, both orally and in a written administrative report, the resident status with the supervisors, licensed behavioral health professional and medical staff. Staff shall also make a note in the logbook.
- 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. Under no circumstances should staff remove clothing from the youth's body; staff shall wait for the youth to remove their own clothing.
- G. A youth on I/O status is permitted to have a mattress and pillow without bedding (sheet or pillow case) during sleeping hours. During sleeping hours, youth should be in a portable bed next to staff. Youth will be given a suicide blanket.
- H. Supervision of a youth on I/O status should be by a staff of the same gender. The Superintendent or designee must approve supervision of a youth by the opposite gender with appropriate protocols in place to prevent any PREA concerns.
- I. Staff supervision of an I/O youth will be rotated every hour.
- J. A youth on I/O status will attend all regularly scheduled programming and have one hour of large muscular activity daily.
- K. Youth clothing is limited to state issued institutional clothing with no laces, belts or pull strings of any kind. Also, the youth is to wear state issued undergarments and sleepwear during hours of sleep. Velcro sneakers must be worn while on I/O status.
- L. If a youth uses an article of clothing to engage in self-harm, the article of clothing should be removed immediately. The Supervisor and a licensed mental health professional should be notified for further direction. The Superintendent will determine, in collaboration with a licensed behavioral health professional, whether the youth needs to be placed in a suicide garment. If a youth is to wear a suicide gown, they should only be permitted to wear state issued undergarments. Female youth are not permitted to wear a bra while in the suicide gown. Under no circumstances should staff remove clothing from the youth's body; staff shall wait for the youth to remove their own clothing. The youth will remain in the suicide gown until the Superintendent authorizes the youth to be in regular clothing.
- M. Chronological record entries shall be recorded every 15 minutes to indicate all significant information about the youth. Random supervisor reviews of entries should occur twice per shift to ensure the protocols and activities are recorded appropriately and are current.

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V. CLOSE OBERVATION:

- 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 not supervise more than two (2) youth on Close Observation while following the 1:8 supervision ratio. 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. If a youth uses an article of clothing to engage in self-harm, the article of clothing should be removed immediately. The Supervisor and a licensed mental health professional should be notified for further direction. The Superintendent will determine, in collaboration with a licensed behavioral health professional, whether the youth needs to be placed in a suicide garment. If a youth is to wear a suicide gown, they should only be permitted to wear state issued undergarments. Female youth are not permitted to wear a bra while in the suicide gown. Under no circumstances should staff remove clothing from the youth's body; staff shall wait for the youth to remove their own clothing. The youth will remain in the suicide gown until the Superintendent authorizes the youth to be in regular clothing.
- F. Chronological record entries shall be recorded every 15 minutes to indicate all significant information about the youth. Random supervisor reviews of entries should occur twice per shift to ensure the protocols and activities are recorded appropriately and are current.

VI. SUPERVISION OF YOUTH IN A SECURED ROOM:

- A. Youth who express or display aggression or other safety concerns while on I/O or C/O status may be placed in a secure room with the approval of the Assistant Superintendent or higher level management.

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- B. When supervising a youth in a secure room or area, the room or area should be cleared of any potential dangerous materials and objects.
- C. The facility will provide a chair or stool that enables unobstructed observation through the room door.
- D. The staff assigned to observe the youth through the room door must be equipped with a radio and security key to access the room.
- E. Staff supervision of a youth in a secured room will be rotated every hour.

VII. REMOVAL FROM INTENSE OR CLOSE OBSERVATION:

- A. A youth shall be removed from I/O or C/O status only with the written approval of a licensed behavioral health professional.

VIII. PROCEDURES FOR AN ACT OF DELIBERATE SELF-HARM:

- A. Staff shall immediately radio the control room to call 911 and simultaneously notify medical staff when they are in the facility if:
 - 1. Youth is found hanging (even if conscious).
 - a) After notifying control, cut down youth using rescue knife.
 - 2. Youth is found unconscious.
 - 3. Youth is bleeding profusely.
 - 4. Youth has unknown injuries.
 - 5. Youth is deceased. Staff shall also follow facility policy regarding the death of a youth in custody.
- B. Until medical staff arrive on-site:
 - 1. Do not move the youth from the location of the incident.
 - 2. If necessary, certified staff shall perform CPR or apply first aid.

IX. AFTER HOURS MENTAL HEALTH RESPONSE:

- A. During evenings and weekends when the facility licensed behavioral health professional is not available, the AOD will determine whether the youth should be immediately taken for a psychiatric evaluation or referred to the Mobile Response and Stabilization Services (MRSS) or Adult Mobile Crisis for an onsite evaluation.
 - 1. If the youth is to be transferred out of the facility for a psychiatric evaluation one of the following locations must be used:
 - a. Al DuPont for New Castle youth ages 17 and under
 - b. Wilmington Hospital for New Castle youth who are 18
 - c. Bayhealth Hospital for Kent/Sussex facilities

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2. For youth ages 17 and under, MRSS can be reached statewide at 800-969-4357. When the assessment from MRSS concludes that a psychiatric evaluation is not necessary, MRSS will provide consultation to the facility.
3. For youth who are 18, Adult Mobile Crisis should be contacted by calling 800-652-2929.
4. MRSS and Adult Mobile Crisis should only be contacted for psychiatric mental health support and **NOT** for any medical condition.
5. MRSS and Adult Mobile Crisis should only be contacted to determine if a youth should be hospitalized. MRSS and Adult Mobile Crisis are not permitted to downgrade or remove a youth from IO or CO status.

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. Upon discharge the youth will be placed on I/O until evaluated by a facility licensed behavioral health professional/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 transferred to another facility, the sending program must complete the Change of Custody Form to verify the status and safety supervision requirements. The Medical Unit completes the Transfer Instruction Sheet per DSCYF policy #207.
- B. When a youth on I/O or C/O status is being released to home the following should occur:
 1. If a licensed behavioral health professional is in the facility, the control room should notify the licensed behavioral health professional that the parent/guardian is on-site to pick up the youth. The licensed behavioral health professional will meet with the parent/guardian to discuss the youth being on IO/CO status and provide the parent/guardian with the Providing Services to Youth in Secure Detention Form. The licensed behavioral health professional will ensure that a FOCUS note is entered that the parent has been informed of the IO/CO status and provided the Providing Services to Youth in Secure Detention Form. In addition, facility staff will complete the Change of Custody Form to include information about the IO/CO status and have the parent/guardian sign the form.
 2. If a licensed behavioral health professional is not in the facility, staff shall inform the parent that the youth was on IO/CO status and provide the parent/guardian with the Providing Services to Youth in Secure Detention

Form. In addition, facility staff will complete the Change of Custody Form to include information about the IO/CO status and have the parent/guardian sign the form. The Supervisor will ensure that a FOCUS note is entered that the parent has been informed of the IO/CO status and provided the Providing Services to Youth in Secure Detention Form.

3. The Medical Unit completes the Transfer Instruction Sheet per DSCYF policy #207.

XII. ASSIGNMENT OF INTENSE/CLOSE OBSERVATION:

- A. The supervisor shall assign staff to I/O or C/O responsibilities.
- B. A staff person working a double shift shall not have I/O or C/O responsibilities assigned during the second shift, unless approved by the Superintendent during an exigent circumstance.
- C. It is the responsibility of all staff to report to work prepared to perform their assigned job duties.
- 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 throughout the staff's 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 a licensed behavioral health professional.
- B. Every employee who works within a DYRS secure care facility shall maintain certification in Basic Life Support (CPR/AED) and Basic First Aid.
- C. 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 MRSS at 800-969-4357 (statewide) for a phone consultation to formulate a plan of action. Once a plan of action has been developed, it should be implemented,

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discussed with the supervisor or manager and clearly documented in the Community Services progress note in FOCUS.

- B. Should youth display these concerns to Community Services staff while youth are in a DYRS or contracted residential facility, Community Services staff shall immediately 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 facility staff 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 to contact MRSS at 800-969-4357 for any mental health emergencies.

Behavioral Health Authority Signature Block

Review Date:	<i>Reviewed By:</i>
9/1/2020	<i>Rebecca A. Richmond, Psy.D.</i>

Division Director Signature Block

Review Date:	<i>Reviewed By:</i>
9/1/20	<i>John S. Stancina</i>

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

Signature: _____ Date: _____