

Index as:  
Suicide Prevention  
Temperament Codes

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SUICIDE PREVENTION

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Controlling authority: Title XV Section 1219

I. POLICY

- A. The intent of this policy is to assess, identify, monitor, and provide treatment to at-risk arrestees/inmates for suicide potential. Once identified, preventive measures will be implemented.
- B. All personnel shall be aware and mindful of inmates that exhibit signs and symptoms related to suicidal ideation throughout the entire incarceration process.
- C. Biannual training will be given to all Corrections Division sworn staff and the medical staff in suicide prevention and crisis intervention.
- D. Individuals that are in immediate crisis will be housed in a safety cell as outlined in policy 503.20 *Use of Safety Cell*.

II. RISK FACTORS

- A. Signs and symptoms exhibited by inmates often foretell suicidal tendencies. If these tendencies are detected in an inmate, preventive measures can be taken to prevent a suicide. Warning signs and symptoms exhibited by an inmate may include:
  - 1. Talking about or threatening suicide;
  - 2. Showing signs of depression - crying, being withdrawn, sudden loss or gain in appetite, insomnia, mood variations, and being lethargic;
  - 3. Appearing overly anxious, afraid, or angry;
  - 4. Expressing feelings of hopelessness or helplessness;
  - 5. Speaking unrealistically about getting out of jail or about the future;

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6. Having made previous suicide attempts;
  7. Having paranoid delusions or hallucinations;
  8. Being pessimistic;
  9. Having low self-esteem;
  10. Giving away possessions or packing belongs without a reason; and/or
  11. Having difficulty relating to others.
- B. High Risk Inmates:
1. Being held for alcohol or drug related charges.
  2. Holding a position of respect in the community and being charged with an embarrassing charge.
  3. Having committed a crime of a shocking nature.
  4. Having scars or ligature marks on the wrist, the middle surface of the elbow joint, throat, or the abdominal area.
  5. Stating intention to commit suicide.
- C. High Risk Suicide Periods for inmates correlate with phases of incarceration or steps in the criminal justice process:
1. The first 24-hours of confinement.
  2. Intoxication/withdrawal.
  3. Trial and sentencing hearings.
  4. Impending release.
  5. Decreased staff supervision.
  6. Weekends and holidays.
  7. Bad news from home.

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- D. Unique characteristics of jail environments which enhance suicidal behavior, from an inmate's perspective:
1. Fear of the unknown.
  2. Authoritarian environment.
  3. No apparent control over the future.
  4. Isolation from family and significant others.
  5. Shame of incarceration.
  6. Dehumanizing aspects of incarceration.

III. PROCEDURES

A. Intake Process

1. The admission process is a critical period and requires focused attention on suicide symptoms and risk factors. The following preventive measures will be taken on all arrested persons:
  - a. While in the sallyport, each arrested person will be asked if they are suicidal or have any intent to harm themselves.
  - b. Inquire of arresting or transporting officer if there were indications of suicide.
  - c. Observe the person for high-risk characteristics of suicide.
    - (1) If one or more characteristics exist, notify the inhouse medical staff immediately for a suicide evaluation and advise the Facility Supervisor. A determination will be made by medical staff and the Facility Supervisor on where to house the arrestee (*i.e. safety cell, holding cell, sobering cell, etc.*).
2. Medical staff will be responsible for completing an intake assessment that includes a screening for suicide risk (see Naphcare Policies *Suicide Prevention* and *Intake Screening*).

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- a. Upon completion of their assessment, medical staff will advise Corrections staff if indicators suggest the arrestee is suicidal.
3. Arrestees housed in the Holding Cell, Sobering Cell, and Safety Cell will be continuously monitored, directly and indirectly for high-risk characteristics (see policies 503.20 *Use of Safety Cell*, 503.30 *Sobering Cell* and 1707.00 *Safety and Security Checks*).
- B. Booking Process
1. The classification process is key to revealing potential suicidal behavior or risk factors for arrestees that are to be housed in the facility. This process will be utilized in the following manner:
    - a. The Booking Deputy shall complete the classification process on all arrestees that are to be housed in the facility.
    - b. If the arrestee exhibits or conveys high-risk characteristics, the medical staff shall be called to perform a suicide evaluation and the Facility Supervisor shall be advised.
- C. Housing Unit Operations
1. The Floor Deputy must be continually observant of inmates exhibiting signs, symptoms, and high-risk characteristics of suicidality. The following measures will be followed:
    - a. Hourly walk-throughs of all housing units.
      - (1) Two walk-throughs per hour in Wing Four
    - b. Reviews of the temperament code print out for identified high-risk inmates.
  2. Referrals to Mental Health can occur in the following manner:
    - a. If a Corrections Deputy observes one or more signs or symptoms of high risk factors for suicidal behavior, immediate contact will be made with the medical staff for an evaluation, and shall advise the Facility Supervisor.

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- b. If an inmate submits a sick call slip to be seen by Mental Health, the Corrections Deputy will speak to the inmate and inquire if it is an emergency. If it is, an immediate contact will be made to medical staff and the Facility Supervisor.

D. Ongoing Monitoring of Those at Risk for Suicide

1. In order to maximize communication, weekly meetings are held between Jail administration, on-site mental health staff, County mental health contractor and community partners in order to discuss ongoing care for at-risk clients/inmates.
  - a. Meetings include discussion of problems or issues with services, current resources available, current status of clients/inmates, aftercare, and continuity of care for both incoming and outgoing inmates.

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