Title	Self-Injurious Behavior Intervention			
Section	TX III-7	Issue Date December 31, 2020	Supersedes Date September 1, 2016	Next Review Date December 2021

References **Performance-Based Standards and Expected Practices for Adult Corrections, 5th Edition 5-ACI-6A-05, 5–ACI–6A- 35 (M), 5-ACI-6B-12, 5-ACI-6D-02 (M)**

I. PURPOSE

(a) The Division of Prisons recognizes that all Prisons personnel share responsibility for preventing serious self-injurious behavior and suicide by recognizing and immediately reporting warning signs.

(b) Each facility has the responsibility and authority to:

(1) Develop standard operating procedures (SOPs) to minimize the risk of self-inflicted injury within the offender population

(A) The critical components of the SOP include, but are not limited to:

(i) Identification of the risk factors associated with self-injurious behavior.

(ii) Recognition of behavioral signs that indicate increased risk of self-injury.

(iii) The implementation of effective management and clinical interventions to prevent offender self-injury.

(2) Respond effectively to any such attempts.

(3) Ensure that staff members are trained in the recognition of self-injury risk factors and prevention interventions.

II. SCOPE

Applies to North Carolina Department of Public Safety (NCDPS), Division of Prisons (DOP).

III. DEFINITIONS

(a) **Constant Observation** – continuous line-of-sight monitoring or monitoring accomplished with the use of camera, by a prison employee (typically a Correctional Officer) or trained Peer Observer assigned to no other duties.

(1) More than one offender, but not more than four offenders, may be observed constantly by a designated prison employee if the physical layout and equipment so permit.

(b) **Interdisciplinary Team (IDT)** – A designated group of Custody, Medical, and Behavioral Health staff within a given facility that shall meet weekly to discuss significant cases or issues within the facility, as per NCDPS Prisons Policy and Procedure A.1200 Mutual Respect and Collaboration.

(c) **Psychologist** – masters or doctoral level behavioral health clinical staff who is appropriately licensed under North Carolina state statute or a license eligible behavioral health staff under the North Carolina state statute and who has been assessed and granted full privileging within the Division of Prisons, Health and Wellness.

(d) **Peer Observer** – selected and trained offender, in accordance with the Peer Observation Program Operational Manual, assigned to provide one – to – one visual observation of an offender on self-injurious precautions or suicide watch.

(1) Constant observation by a Peer Observer must be limited to one-to-one only, whether by line-of-sight or by camera.

(2) Peer Observer provides constant observation under supervision of an assigned custody staff.

(e) **Self-Injurious Behavior** –behaviors in which an individual deliberately inflicts harm to his or her body for purposes not socially recognized or sanctioned, but without the obvious intention of committing suicide.

(f) **Self-Injury Precautions** –Documented observation and property restriction aimed at preventing self-injury/self-harm on the part of an offender-on Suicide Watch.

(1) The Level of observation shall be continuous.

(2) Documentation of observation and cell door checks must be made on the watch log/cell forms associated with offender's observation status.

(g) **Self-Injury Risk Assessment** – an evaluative method employed by clinical behavioral health staff to aid in determining the degree of risk for self-injury of a given offender.

(h) **Suicide** – death caused by self-directed injurious behavior with intent to die as a result of the behavior.

(i) **Suicide Prevention Program Coordinator** - assigned by the Assistant Director of Behavioral Health for that region for the facility's suicide prevention program.

(A) Responsible for managing the treatment of suicidal/self-injurious offenders

(B) Ensuring the facility's suicide prevention program conforms to the guidelines for training, identification, referral, assessment, and interventions.

(C) Follow up in accordance with Health and Wellness Policy TX III - 9, Suicide Prevention Program.

(D) Must be a Licensed Psychologist or Psychological Associate.

(E) Psychological Program Managers shall serve as the identified Suicide Prevention Program Coordinators for facilities within their area of coverage.

(i) Authorized to delegate aspects of the Suicide Prevention Program to staff under their clinical oversight.

(j) **Suicide Watch –** one-on-one constant and direct observation of someone who has threatened to or has presented as at-risk to harm or kill himself/herself.

IV. IMPLEMENTATION

(a) **Responsibility**

(1) The Warden will direct Behavioral Health staff to develop a standing operating procedure (SOP).

(A) Pursuant to review and approval of the facility SOP by the Director of Behavioral Health, the Regional Directors/Facility Wardens are responsible for implementing the SOPs.

(B) Facility SOP, at minimum, will address the following areas:

(i) Personnel training on suicide and self-injury prevention during basic training, orientation, and annually thereafter.

(ii) Delineating the requirements for observation and effective management of self-injurious behaviors.

(iii) Protective housing, a designated room or cell for offenders identified as at-risk for self-injury, consistent with resources available at each facility.

(iv) Immediate and unimpeded access to life-saving emergency medical and/or behavioral health care.

(v) Immediate referral to behavioral health staff for offenders presenting with any observed or reported risk factor indicating imminent risk for self-injury

(vi) Immediate availability and access to rescue tools.

(vii) Employee training of the location of the tools and how to use them;

(viii) Transfer to another facility when appropriate housing is not available onsite, or offender cannot be managed safely and/or as clinically indicated.

(ix) Designate facility staff to provide Constant Observation and other preventative measures required to ensure the offender's safety.

(C) Generate facility data on self-injury attempts using the Self-Injury Risk Assessment to collect, trend, and analyze defined data for use by the Deputy Director of Behavioral Health.

(D) The Suicide Prevention Program Coordinator and facility Warden/designee will conduct quarterly reviews of self-injury attempts, to include:

(i) Identification of historical, clinical and situational/environmental risk factors.

(ii) Verification of completed quarterly reviews will be forwarded to the Assistant Director of Behavioral Health of that region.

(2) Suicide Prevention Program Coordinator is responsible for:

(A) Ensuring that processes for the identification, management and appropriate referral of offenders at risk for self-injurious behavior are implemented consistent with the procedural guidelines in this policy.

(B) Providing for ongoing education/training for employees on issues pertinent to the safe and effective management of offenders at risk for self-injurious behavior.

V. Staff Training

(a) Training materials for suicide and self-injury prevention are developed at the Division level and will be presented during basic training and orientation, and annually thereafter.

(1) Training should cover, at minimum:

(A) Periods of increased risk of self-injury during incarceration;

(B) Signs of risk for suicide/self-injurious behavior;

(C) Clinical, historical and situational/environmental risk factors;

(D) Myths about suicide;

(E) Devices and methods used for self-injury;

(F) Intervention and management of potentially self-injurious offender;

(G) Motivational factors, including mood alterations and tension reduction;

(H) Procedure to initiate a referral to behavioral health; and

(I) Health and Wellness Policies TX III - 9 Suicide Prevention Program and TX III - 7 Self-Injurious Behaviors Intervention

(2) The Director of Behavioral Health or designee will review and approve the standardized lesson plan annually.

(3) Documentation of training will be maintained in the Learning Management System (LMS).

VI. Initial Precautions

(a) An offender suspected of or observed as being at risk for self-injury by staff other than behavioral health staff (e.g., Correctional Officer) will be placed on constant observation until evaluated by the psychiatric provider, psychologist, or clinical social worker.

(b) The offender will be placed in an area, cell or room, which has been designated within the facility to provide constant observation for self-injurious behaviors.

(1) Line of sight of the offender is maintained at all times.

(2) The offender and cell/room/area will be searched and inspected prior to placement in the cell/room/area to ensure there are no items that would facilitate hanging, contraband or dangerous items that could be used for self-harm.

(c) Staff initiating the constant observation will simultaneously notify the Officer-in-Charge (OIC).

(d) The OIC will:

(1) Notify nursing staff of offender on constant observation to come to the cell to evaluate, assess and clear (if clinically indicated) for medical/physical conditions or concerns.

(A) The assessment will take place as soon as possible after the offender's initial placement on this status.

(2) Concurrently contact the on duty or on call Behavioral Health Clinician (psychologist, psychiatrist or licensed clinical social worker) and the facility's duty officer, to inform both individuals of the offender's current self-injury status.

(e) Offenders on constant observation will be given a safety blanket, safety smock, and vinyl-covered mattress.

(1) Under no circumstances will an offender be left without a means to minimize physical exposure.

(2) All other property is to be removed, unless a behavioral health clinician (psychiatric provider, psychologist, or licensed clinical social worker) authorizes the property to remain in the cell/room.

(f) Only a behavioral health clinician (psychiatric provider, psychologist, or clinical social worker) may determine the ongoing conditions of the observation and any limiting of property which will be solely for the purpose of maintaining the safety of the individual.

(1) If the offender owns prescription glasses and they are needed for him/her to see, the clinician will determine whether or not the offender may have them while on constant observation.

(2) Unless the written order of the behavioral health clinician explicitly denies the following items (clinical justification for denial must be documented in the offender's order/chart), they will also be provided to the offender while he/she is on constant observation: toilet paper (without cardboard roll), a single Styrofoam cup, a finger toothbrush, and a towel.

(A) All items will be collected by the Correctional Officer or nursing staff when not in use.

(B) The use of the towel may occur only under direct observation of a prison employee.

(C) At no time will a Peer Observer be used to retrieve items/property from or

provide items/property to an offender on suicide watch.

(3) The behavioral health clinician will:

(A) Document in the offender's healthcare record the order regarding property and any other precautions.

(B) Communicate the order to the shift OIC.

(i) The shift OIC is responsible for communicating with the next shift's OIC.

(ii) OICs will ensure staff are informed of the current order.

(g) Offenders on constant observation will be served bone-free meals with a security utensil, such as a heavy paper spoon (e.g., the EcoSecurity utensil or similar Division approved instrument).

(h) Documentation of observations by

(1) Correctional Officers, conducting Constant Observation or supervising a Peer Observer, will be made every fifteen (15) minutes on the Daily Report of Segregated Offender, DC-141 (or Electronic Rounds Tracking Tablet).

(2) Peer Observers will be made every fifteen (15) minutes on DC 422 POP Suicide Watch Peer Observation Log form.

(i) Continuous line-of-sight monitoring of an offender on constant observation will be maintained when he/she is out of the designated cell (e.g., when changing cells, showering, transferring to other facilities, being transported to an outside hospital).

(1) Peer Observers will not be used in these situations.

VII. Subsequent Actions to be Taken

(a) An offender placed on constant observation must be evaluated by a behavioral health clinician within twenty-four (24) hours. Pending and during the evaluation, which is conducted in person (preferred) or remotely via telepsychology using an approved

video-conferencing device or platform. Constant observation will be maintained throughout the evaluation.

(1) The behavioral health clinician will determine which of the following applies:

(A) Significant risk for suicide or serious self-injurious behavior;

(B) Not at significant risk of suicide or serious self-injurious behavior; or

(C) Currently unable to rule in or rule out potential risk for suicide or serious self-injurious behavior to a reasonable degree of clinical certainty.

(b) On the basis of the evaluation, including completion of the Self-Injury Risk Assessment, the offender status may be changed formally to Self-Injury Precautions or the offender may be removed altogether from any form of special monitoring for self-injury. In all cases for which a clinician is unable to rule out the potential risk for suicide, the offender will be placed on Self-Injury Precautions. In the event the offender on constant observation is assessed as not in need of Self-Injury Precautions, any further follow-up will be based on clinical needs.

(c) All previous precautions while on constant observation will remain in effect while on Self-Injury Precautions.

(d) While on Self-Injury Precautions, the offender will be evaluated daily by a psychiatric provider, psychologist, or clinical social worker, either in person (preferred) or remotely via telepsychology using an approved video-conferencing device or platform, to determine whether the offender continues to be at risk for self-injury as a result of his/her mental condition and whether the offender's needs exceed the resources of the facility in question.

(e) If the offender continues to be at risk for Self-Injury and his/her needs do not exceed the resources of the facility, the offender will remain on Self-Injury Precautions at that facility. If the needs of the offender exceed the resources of the facility, the offender will be transferred to a setting that can meet his/her needs. Documentation will be completed in the offender's healthcare record and will be conveyed to the OIC.

(f) In coordination with custody staff, offenders placed on Self-Injury Precautions may be

permitted to shower or otherwise bathe, including being offered a change in clothing, safety smock or blanket.

(g) Consultations between primary care providers, medical specialty consultants, behavioral health clinicians, and the interdisciplinary team regarding an offender on Self-Injury Precautions, as well as direct contacts with the offender, will be clearly documented in the offender healthcare record on the same day of the contact.

(h) In addition to custody staff providing constant observation and a behavioral health clinician making daily contact, nursing staff when on site will make daily contact with the offender. This contact will be documented in the offender's healthcare record.

(i) The offender's individualized plan shall be revised to reflect any changes in clinical status and all other changes/interventions deemed clinically appropriate at that point in time. These changes shall be discussed with the offender prior to the offender's removal from Self-Injury Precautions.

VIII. Discontinuation

(a) Discontinuation of Self-Injury Precautions for an offender can only be authorized by written order of a psychiatric provider, psychologist, or clinical social worker.

(b) If the clinician determines the offender is not at imminent risk for self-injury, Self-Injury Precautions can be discontinued and the offender be returned to the previously assigned housing status.

(c) If the offender was housed in restrictive housing just prior to the placement of the offender on Self-Injury Precautions status, the clinician will carefully review the case to determine the offender's mental health needs and the least restrictive housing assignment for the offender.

(d) Consultation with the Assistant Director of Behavioral Health for the Region within which the institution is located and/or the Director/Dept. Director of Behavioral Health may be necessary in select cases to determine the most appropriate housing assignment.

(e) At the time of discontinuation of Self-Injury Precautions, a summary of recently verbalized threats or acts of self-injury shall be completed in the offender healthcare record. This documentation shall include the rationale for interventions employed as

well as recommendations/plans to reduce and effectively manage any future acts or threats of self-injury.

(f) Any information pertinent to the appropriate management of the offender will be conveyed to the OIC and nursing as applicable.

(g) The OIC is responsible for communicating with the next shift's OIC. The OIC will ensure oncoming staff are informed of the discontinuation of Self-Injury Precautions.

(h) At least one Behavioral Health follow-up contact will occur the next day following removal from Self-Injury Precautions. This follow-up contact shall include, but not be limited to, a debriefing opportunity for the offender (a separate debriefing shall also be conducted with staff responding to the incident when appropriate).

(i) Following the required follow-up contact, the frequency and duration of behavioral health services, will be based on the offender's assessed clinical needs. Offenders not on a behavioral health caseload will be assessed for the need for continued routine support and therapy.

IX. MAINTENANCE OF APPROVED MATTRESSES AND TEAR-RESISTANT BLANKETS AND SMOCK

(a) An inventory of approved mattresses, blankets, and smocks shall be maintained at each facility to ensure that sufficient numbers of each are immediately available on site.

(b) When in use, the condition of each mattress, blanket, and smock will be inspected at least once every twenty-four (24) hours. All items with tears, loose stitching, or other significant defects shall be replaced immediately.

(c) When in use, the vinyl-covered mattress and tear-resistant blanket and smock shall be replaced:

(1) When soiled; or

(2) As otherwise indicated.

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Todd E. Ishee — Date
Commissioner of Prisons