

**VOLUSIA COUNTY DIVISION OF CORRECTIONS  
POLICY AND PROCEDURE MANUAL**

POLICY NO. 305.04

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DATE: August 1, 2011

SUBJECT: SPECIAL MANAGEMENT INMATES

SUPERSEDES: March 24, 2011

**Suicidal Inmates**

It shall be the policy of the Volusia County Division of Corrections to protect those inmates identified as suicidal or potentially suicidal during their incarceration.

ACA 3ALDF - 4E-19-20-34-37-38-39-40-45F.C.A.C. 10.05, 10.06; F.M.J.S. 5.04, 5.07, 5.08(I)(V)b, 8.07, 8.08

**NOTE:** The guidelines herein are not exhaustive and should serve only as a foundation on which the sound clinical judgment of the responsible mental health or medical professional is based.

While all Division staff share the responsibility for preventing self-injury and suicide by implementing procedures for intake screening, identification, reporting and supervision, it is the responsibility of mental health and medical staff to assess the suicide risk, assign the level of observation, evaluate changes in the inmate's status, communicate specific information about the status of risk to appropriate staff, and provide necessary treatment and follow-up.

- DEFINITION**
- A. Direct Supervision - defined as constant and continuous observation of an inmate by a Correctional Officer/Medical Staff. Fifteen (15) minute entries shall be maintained on a VCDC-52 or Guard 1 plus system.
  - B. Close supervision - defined as an inmate being within hearing distance of a Correctional Officer/Medical Staff and shall be physically observed every fifteen (15) minutes. Staff shall log the 15-minute observations on a VCDC-52 or Guard 1 plus system.
  - C. Close monitoring - defined as an inmate being within hearing distance of a Correctional Officer /Medical Staff and shall be physically observed every thirty (30) minutes. Staff shall log the 30-minute observations on a VCDC 52 or Guard 1 plus system.
  - D. Periodic Watch - is defined as an observation of an inmate for a time specified by Medical/Security Staff not to exceed one (1) hour.
  - E. Segregation watch - is defined as an observation of an inmate in segregation to be documented by staff not to exceed two (2) hours
  - F. Suicide - the taking of one's life with conscious intent.
  - G. Suicide attempt - the intentional act, genuine effort to take one's life, the expectation that their actions will cause their death.
  - H. Suicide gesture - made without the awareness the gesture would lead to their death.
  - I. Suicidal threats - written or spoken threats of self-harm.

J. High risk suicide periods:

1. Can occur at any time during an inmate's confinement.
2. Close to the date of court hearings; in less than 2 days of court hearing.
3. Decreased staff supervision.
4. Close to the date of a telephone call or visit; less than 1 day of telephone call and/or visit.

K. Possible indicators of potentially suicidal inmates:

1. Past history of suicide attempts/Mental Health Illness
2. Active discussion of suicide plans
3. Sudden drastic change in eating, sleeping or other personal habits
4. Events of personal crisis (examples: death in the family, divorce, etc.)
5. Loss of interest in activities or relationships that the inmate had previously enjoyed or engaged in
6. Express strong guilt/shame over offense
7. Under the influence of alcohol/drugs
8. Severe agitation or aggressiveness

L. High risk candidates for suicide:

1. Single white males
2. Average age of 35
3. Serious charge of a Personal and/or violent nature.
4. Physicians/psychiatrists
5. Victim of rape
6. Persons who would be considered "pillars of the community" such as the Mayor or Commissioner.
7. History of substance abuse.
8. First offenders
9. Law enforcement

M. Suicide indicators:

1. Feelings of inability to go on
2. Extreme sadness
3. Withdrawal

4. Change in appetite
5. Pessimistic attitudes about the future
6. Insomnia/excessive sleeping
7. Mood swings
8. Tenseness, strong emotions or rage
9. Lethargic - slow movements/non-reactive
10. Loss of self-esteem
11. Lack of interest in people, appearance or activities
12. Noticeable behavior change
13. Becomes calm/passive after aggressive behavior
14. Increased difficulty in relating to others
15. Does not effectively deal with the present, can be pre-occupied with the past
16. Gives away possessions
17. Packs belongings
18. Excessive self-blaming
19. Strong guilt feelings
20. Difficulty concentrating or thinking

When an inmate demonstrates bizarre, mentally disordered, self-destructive behavior or any behavior as listed in the definitions, the Mental Health/Medical Unit shall be immediately contacted for consideration of a special watch and what procedures shall be initiated.

Suicidal inmates shall be immediately housed in a designated area where continuing observation is provided by a Correctional Officer/Medical Staff until evaluated by Mental Health or appropriate Medical staff.

Complete forms:

Mental Health Referral (VCDC-721)  
Inmate Work/Cell Change Form (VCDC-208)  
Inmate/Patient Medical Instruction Sheet  
Special Inmate Inspection Record (VCDC-52)  
Guard 1 Plus System, if applicable

A. Housing

1. The Mental Health/Medical staff and Shift Commander (SC)/Operations Supervisor (OS) shall determine the appropriate cell assignment of an inmate identified as a suicide risk.
2. The severity of the risk shall be determined by any relevant information, inmate attitude, current emotional condition, conduct towards others and past history.

3. Single cell housing - the SC/OS shall ensure that any inmate assigned to a single cell on a suicide watch is continually observed by a Correctional Officer/Medical Staff.
4. The Correctional Officer/ Medical Staff assigned to observation shall be relieved for meals, rest room, etc. It is the responsibility of the SC/Housing Unit Supervisor (HUS) to ensure proper relief.
5. Double bunk housing - the SC/OS shall ensure that any inmate assigned to an occupied double bunked cell on suicide watch is placed on close supervision by a Correctional Officer/Medical Staff .
6. Inmates placed in direct supervision (constant watch/CWI) shall be strip searched and given only a suicide gown to wear, unless directed otherwise by Mental Health or Medical staff.
7. When an inmate is placed in a single cell on a suicide watch, all items not authorized for retention by inmates shall be stored in a secure area. Items shall be inventoried and documented on a VCDC-401 and the inmate's general property form in JMS.
8. Once reviewed by Mental Health staff, the inmate may be authorized the following items:
  - a) Jumpsuit/tee shirt and shorts (when an inmate is placed in preventative restraints he/she typically shall be in their jumpsuit/tee shirt and shorts).
  - b) Linens
  - c) Blanket

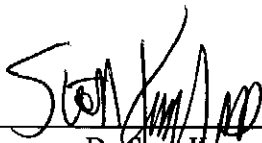
**B. Attempted suicide:**

1. When an inmate is discovered attempting to commit suicide, the officer finding the inmate shall immediately initiate a "Code White".
2. The officer(s) shall then attempt to protect the inmate against any further harm and begin basic life support as necessary.
3. The SC/OS shall respond to the attempted suicide and direct the following activities, using the Suicide/Attempt Checklists (Step-by-Step, On-the Scene, Chronological List of Staff Responding at Scene and Reports) as guides for action, documentation and report generation:
  - a) Ensure that basic life support has begun until Medical staff arrives.
  - b) Follow any medical decisions and requests.
  - c) Notify the Warden or SDO of the situation.
  - d) Request any special instructions from the Warden or SDO.
  - e) Secure the scene and preserve any possible evidence.
  - f) Ensure that all staff members involved in the incident prepare written reports.
  - g) Obtain photos when appropriate.
4. An inmate who has performed a suicidal gesture or displays bizarre behavior and is actively involved in self-destructive behavior causing or that would cause bodily harm when continued, shall be restrained as deemed appropriate by Mental Health/Medical staff on duty in accordance with Policy and Procedure 700.16 and 400.27.
  - a) All orders for 4-point shall be recorded in the inmate's medical file.


5. A copy of all reports where it appears to have been a sincere suicide attempt should be forwarded to the Chair of the Suicide Task Team by the Warden of the involved institution. The Suicide Task Team shall conduct a review of the incident and prepare a report, distributing it to:

- a) The Corrections Director
- b) The Warden of the institution involved

C. Inmate death (Refer to Policy and Procedure 305.10)



Dr. Scott Kennedy  
Regional Medical Director



Marilyn Chandler Ford  
Corrections Director