# 5-01/050.00 Handling of Suicidal Inmates

## IDENTIFICATION OF SUICIDAL INMATES

The identification of inmates who are suicidal or who may attempt suicide should begin when the inmate initially enters the custody of the Sheriff's Department. What the inmate says and how he or she behaves while being transported to the jail and/or booked, and during the medical screening process at the Inmate Reception Center (IRC) or Century Regional Detention Facility (CRDF), are vital for detecting suicidal behavior. The signs and symptoms exhibited by the inmate often foretell a possible suicide or suicide attempts.

All incidents involving suicidal gestures, self-injurious behavior, and verbal statements which indicate current suicidal intent or ideation are potentially life-threatening and shall be treated as serious incidents, requiring evaluation by medical and mental health personnel.

Custody personnel shall immediately interrupt, and if necessary, provide appropriate aid to an inmate who threatens or exhibits self-injurious behavior, in accordance with procedures delineated in CDM section 5-03/060.00, "Response to Inmate Medical Emergencies."

## SUICIDE ATTEMPTS

Any suicide attempt, suicide threat, self-injurious behavior, or other behavior which may indicate a decompensation of mental health status shall be brought to the immediate attention of a supervisor and to medical and mental health personnel. Personnel shall initiate a Behavioral Observation Mental Health Referral (BOMHR) report and immediately notify CHS mental health personnel of the need to assess the inmate as soon as possible.

### Initiation of a Behavioral Observation and Mental Health Referral Form

All custody personnel who through observation, information received from another person (i.e., relative, clergy, etc.), intake screening, or exhibited behavior, identify an inmate who has a potential need for mental health care or who threatens or exhibits self-injurious behavior, shall complete the first five (5) sections of the BOMHR form (SH-J-407), or corresponding sections of the electronic BOMHR (e-BOMHR), as soon as reasonably practicable, but no later than the end of the shift. Custody personnel shall include in the BOMHR report the date and time the report was completed and the names of any witnesses. If there were no witnesses to the event, this shall be indicated. Custody personnel shall notify Correctional Health Services (CHS) staff upon the submission of an e-BOMHR. Refer to Custody Division Manual (CDM) section 4-05/000.00, "Behavioral Observation and Mental Health Referral Reports."

A BOMHR does not need to be completed by custody personnel when the identification of an inmate's potential self-injurious behavior or need for mental health care is initiated by a CHS mental health clinician. In these cases, the BOMHR will be completed by the respective mental health clinician.

An inmate who suffers an adverse triggering event, such as a suicide attempt, suicide threat, self-injurious behavior, or displays behavior indicative of a decompensation of mental health status, shall be placed under unobstructed visual observation. If personnel are unable to place the inmate under unobstructed visual observation, they shall be placed in a suicide-resistant location with safety checks conducted every 15

minutes, until a CHS mental health clinician has completed their evaluation.

("Unobstructed Visual Observation" is continuous but not necessarily uninterrupted observation within a reasonable physical distance of the inmate. While maintaining unobstructed visual observation, custody personnel are permitted to perform other routine tasks if the at-risk inmate[s] remain[s] in view with clear sight lines. A "Suicide Resistant Location" is an area or housing assignment where known or apparent suicide hazards do not exist or have been removed.)

At no time shall an inmate who suffers an adverse triggering event such as a suicide attempt, suicide threat, self-injurious behavior, or any clear decompensation of mental health status be placed inside of a cell wearing a waist chain. If the inmate refuses to comply with custody personnel's orders, the procedures outlined in CDM section 7-02/020.00, "Handling Insubordinate, Recalcitrant, Hostile, or Aggressive Inmates" shall be followed.

## Suicide Intervention

Custody personnel shall immediately interrupt, and if necessary, provide appropriate aid to an inmate who threatens or exhibits self-injurious behavior, in accordance with procedures delineated in CDM section 5-03/060.00, "Response to Inmate Medical Emergencies." In the event of the discovery of an attempt or completed suicide, personnel shall:

- Call for assistance and notify main control.
- Notify medical personnel and request paramedics if necessary.
- Lockdown the immediate area.
- Obtain the emergency response kit.
- In the case of hanging, use the "cut down tool" from the emergency response kit to immediately cut down the inmate. The preservation of life should be staff's primary concern.
- Monitor the inmate's airway, breathing, and circulation.
- Render first aid and/or Cardiopulmonary Resuscitation (CPR) if necessary.
- Provide a brief summary of known, relevant events, and possible mechanisms of injury to responding medical personnel.
- Notify the watch sergeant and the watch commander as soon as practical.

Should the inmate die as a result of a suspected suicide, the procedures described in CDM section 4-10/050.00, "Inmate Death - Reporting and Review Process" shall be followed.

Each "secure" staff station has been assigned an emergency response kit. All housing areas shall maintain an emergency response kit. The emergency response kit is contained in a white waterproof container with red stenciling on the sides labeled "EMERGENCY RESPONSE KIT." The emergency response kit shall only be removed from the staff station to assist with medical emergencies or during training drills. Refer to CDM section 3-14/090.00, "First Aid and Suicide Intervention Kits," for a list of items contained in the emergency response kits.

Personnel responsible for the staff station shall inspect the emergency response kit at the beginning of their shift to ensure the tamper-resistant tape is intact. This inspection shall be documented in the Uniform Daily Activity Log (UDAL) or the e-UDAL. If the tamper-resistant tape is broken or the kit appears to have been opened, custody personnel shall open the kit to inspect and ensure the required items are inside of it. As soon as reasonably practical, the kit shall be replaced by the facility's Training Unit personnel, or a designated

supervisor. If the tamper-resistant tape is secure on the kit, inspection of the contents inside is not necessary.

### Post-Suicide Attempt Follow-up

Subsequent to an attempted suicide, custody personnel shall:

- Arrange for the inmate to be escorted to the medical clinic for evaluation.
- Notify CHS mental health personnel of the need to assess the inmate as soon as possible.
- If necessary, transport the inmate to the appropriate hospital designated by medical personnel for further treatment.
- After treatment and/or evaluation, escort the inmate to the appropriate housing location as directed by a CHS mental health clinician.
- Wristband the inmate with a [REDACTED TEXT] wristband coded [REDACTED TEXT].
- Ensure the Mental Health Movement Sheet (SH-J-472) form is completed by the CHS mental health clinician and submitted to Population Management Bureau's (PMB) Classification Unit. The Mental Health Movement Sheet (SH-J-472) form may be submitted to the Classification Unit via e-mail, fax, or through the Mental Health Tools application found in the intranet and through the e-UDAL. The inmate's classification shall be updated in the Automated Justice Information System (AJIS) with the CHS mental health clinician's recommendations prior to housing the inmate.

### Required Reports

- Complete an Incident Report (SH-R-49).
- Complete an electronic Behavioral Observation and Mental Health Referral Report (SH-J-407).
- Complete an Inmate Injury Report (SH-J-212).
- Ensure the Mental Health Movement Sheet (SH-J-472) form is completed and submitted to the Classification Unit.

When completing an Incident Report (SH-R-49) and all other required reports, custody personnel shall not indicate a suicide attempt as feigned.

Refer to CDM section 4-07/010.00, "Notification and Reporting of Significant Incidents."

Should the inmate die as a result of suicide, the procedures described in CDM section 4-10/050.00, "Inmate Death - Reporting and Review Process," shall be followed.

## NOTIFICATIONS OF AN ATTEMPTED SUICIDE

In cases where an inmate must be sent to IRC or CRDF from an outlying facility for a psychological evaluation, the originating facility watch sergeant shall make a notification of the transfer to the Twin Towers Correctional Facility (TTCF) or CRDF watch sergeant.

The originating facility's watch sergeant shall ensure an Incident Report (SH-R-49) is completed, documenting the inmate’s suicide attempt. The originating facility's watch sergeant will also provide the TTCF or CRDF watch sergeant with the Uniform Reporting Number (URN) of the Incident Report so that TTCF or CRDF personnel can complete the Final Housing Information and Watch Commander's Review section of the e-

BOMHR report.

The e-BOMHR system automatically directs the form to the appropriate queues after reporting personnel have completed the necessary fields. In cases where a printed BOMHR was initiated, the BOMHR report shall accompany the inmate from initial observation to final housing, including the medical assessment, any transportation, and

the mental health assessment.

For information on required notifications of attempted suicides by minors in custody, refer to CDM section 5-03/140.00, “Sick or Injured Inmate in Serious or Critical Condition.”

## Inmates Transported to a Medical Facility After an Attempted Suicide

Each custody facility shall develop and maintain a unit order outlining the procedures below for notifying custody personnel from the Los Angeles County + University of Southern California (LAC+USC) Medical Center Jail Ward when an inmate is transferred to their custody after having attempted suicide. The watch deputy from the inmate's housing facility shall contact the booking deputy from LAC+USC via telephone and notify them the inmate being transferred to their custody attempted to commit suicide. The watch deputy shall document on the e-UDAL the name and employee number of the Jail Ward booking deputy who was contacted. Regardless of the duration of the inmate's stay at LAC+USC, the inmate shall be transferred to IRC (male inmates), CRDF (female inmates), or another facility as determined by CHS staff. The inmate shall be cleared by medical and mental health personnel from IRC, CRDF, Urgent Care, or another facility, as directed by CHS staff, prior to being rehoused in another custody facility.

In cases where the inmate is escorted to LAC+USC, but does not enter the jail ward (e.g., enters the hospital's main emergency room only) and is not transferred to the custody of LAC+USC Jail Ward personnel, custody personnel from the inmate's current housing facility shall transfer the inmate to IRC or CRDF after being medically discharged. The inmate shall be cleared by medical and mental health personnel at IRC, CRDF, or Urgent Care, as directed by CHS staff, prior to returning to their previous housing location or being rehoused in another custody facility.

All inmates who are escorted to other medical facilities after attempting to commit suicide shall be transferred to IRC or CRDF after being discharged. The inmate shall be directed to IRC, CRDF, or Urgent Care's healthcare personnel prior to returning to their previous housing location or being rehoused in another custody facility.

## Inmates Identified as Suicidal by Medical Facility Staff

When an inmate is being treated at a medical facility for any medical reason, and is later identified as suicidal by medical staff, the inmate shall be transferred to IRC (male inmates), CRDF (female inmates), or another facility as determined by CHS staff after being medically discharged, regardless of the duration of the inmate’s stay at the medical facility. The inmate shall not return to their previous housing location. The inmate shall be cleared by CHS medical and mental health personnel from IRC, CRDF, Urgent Care, or another facility prior to being rehoused.

## Suicidal Inmates Transferred to the Inmate Reception Center or Century Regional

### Detention Facility from Outlying Custody Facilities

All outlying custody facilities (including court lockups and station jails) that transfer any suicidal or potentially suicidal inmate to IRC (for male inmates) or CRDF (for female inmates) for mental evaluation shall ensure the following before the transfer of that inmate:

- The inmate's wristband is replaced with a [REDACTED TEXT] wristband coded with an [REDACTED TEXT].
- Sections 1 through 6 of the BOMHR report, or respective sections of the e-BOMHR, are completed.
- Any healthcare transfer documents are transported with the inmate.

## HOUSING FOR SUICIDAL INMATES - HIGH OBSERVATION HOUSING

Custody personnel shall visually inspect all High Observation Housing (HOH) cells prior to initially housing a mentally ill inmate and document the inspection on the e-UDAL. Refer to CDM 5-08/010.00, "Searches" and CDM section 3-06/080.00, "Security of Medication."

### Safety Checks

Inmates who have been identified as potentially suicidal shall be assigned to the proper suicide housing locations at the direction of mental health personnel (refer to CDM 5-01/050.10, "Housing for Mentally Ill Inmates"). Safety checks for inmates who are housed in HOH shall be conducted every 15 minutes (refer to CDM section 4-11/030.00, "Inmate Safety Checks").

### Safety Garments, Bedding, Personal Items

Inmates who require a high level of observation may be subject to clinically appropriate property restrictions in order to maintain a safe environment. Upon initial placement in HOH, except when transferred directly from Forensic Inpatient Program (FIP), inmates will only be provided with suicide-resistant blankets, gowns, and approved mattresses, unless otherwise specified, as determined and documented by a CHS mental health clinician.

Property restrictions in HOH beyond 24 hours will be based on an assessment by a CHS mental health clinician as necessary and documented in the electronic medical record. Within 24 hours, a CHS mental health clinician will make recommendations regarding allowable property based upon an individual clinical assessment (refer to JMHS policy 70.7, Suicide Prevention).

CHS mental health clinicians will communicate allowable property recommendations and/or restrictions via an "Inmate Property Door Sign." Custody personnel shall retrieve and print the Inmate Property Door Sign using the Mental Health Tools web application in the e-UDAL (refer to CDM section 5-01/050.15, "Property Restrictions for Mentally Ill Inmates").

Custody personnel shall ensure that suicidal inmates are provided with all of the items identified on the Inmate Property Door Sign. If custody personnel find in the inmate's possession property not listed on the door sign, those items shall be removed from the concerned inmate's environment.

### Placement of Suicidal Inmates in a Suicide Prevention Gown for Housing in a High Observation Housing Area

Personnel from the facility initiating the BOMHR shall transport the inmate to the appropriate facility in their regular jail issued clothing. Once the inmate arrives to the receiving facility, personnel from the facility initiating the BOMHR shall order the inmate to remove their clothing and don the suicide prevention gown. If the inmate refuses, a sergeant from the receiving facility shall assume the responsibility of ensuring the removal of the inmate's clothing prior to housing them in an HOH cell, and personnel shall provide the inmate with a suicide prevention gown immediately upon housing them in the HOH cell.

In exceptional circumstances where the clothing exchange does not occur inside a cell, personnel shall take all reasonable measures to conduct the exchange in an area of privacy where the inmate cannot be observed by persons not participating in the exchange.

## SUICIDE PREVENTION

### Suicide Prevention and Intervention Drills

Each custody facility shall conduct random drills regarding the handling of suicidal inmates and suicide prevention. The drills shall consist of an inspection sheet asking custody personnel specific questions regarding the handling of suicidal inmates and suicide prevention. Custody personnel shall be required to participate in the following scenarios:

- Hangings
- Wrist cuts
- Overt acts that demonstrate suicidal or self-injurious behavior
- Drug overdoses
- Verbal threats of suicide

The scenarios shall also involve practical applications of first aid and CPR procedures. These drills shall be conducted on a quarterly basis and their records shall be maintained at each custody facility's Training Unit.

Custody Training and Standards Bureau (CTSB) shall be responsible for the development and routine distribution of Instructional Bulletins detailing suicide and attempt suicide prevention and handling.

### Audits by Custody Support Services Bureau

Custody Support Services Bureau (CSSB) shall conduct an annual audit of every Custody Services Division facility regarding suicide prevention. California Code of Regulations, Minimum Standards for Local Detention Facilities, Title 15, mandates that each Custody Division facility develops a policy regarding suicide prevention. The unit policy should address specific needs and unique characteristics of that facility with regard to suicide prevention.

Audits conducted by CSSB shall minimally cover the following issues in regard to suicide prevention:

- Proper housing assignments and the completion of safety checks for suicidal inmates.

- The use of safety garments.
- Distribution of Instructional Bulletins.
- Distribution of medication to inmates.
- Department personnel's compliance with policy and procedures and their knowledge of current policy.
- A review of any training provided for suicide prevention.