DEPARTMENT OF CORRECTIONS

Policy Number:	**500.306**
Title:	**Suicide and Self-Harm Prevention**
Effective Date:	**3/25/26**

PURPOSE: To reduce the risk of incarcerated person/resident suicide or self-harm through staff training, identification, reporting and management procedures, and professional assessment and treatment standards.

APPLICABILITY: All facility staff

DEFINITIONS:

Continuing observation status (COS) – a status involving staff observation of the incarcerated person/resident (physically or electronically) on a continuing and frequent basis, with all medications administered by directly-observed-therapy. At some facilities, a step-down status is available involving increased behavioral monitoring in a normal living unit, allowing the incarcerated person/resident to participate in normal activities and programming.

Over-the-counter (OTC) medication restriction – a status in which an incarcerated person is prevented from purchasing over-the-counter (OTC) medications through the canteen.

Razor restriction – a status in which an incarcerated person is prevented from having access to razors.

PROCEDURES:

A. Assessment

1. All staff are trained on an annual basis and must be alert to recognize incarcerated people/residents who are suicidal or self-injurious. Whenever an incarcerated person/resident indicates by word or action that they may be suicidal or self-injurious, staff must immediately inform mental health services, or the watch commander if after business hours. Staff must continuously observe the incarcerated person/resident until appropriate placement is determined.

2. At the time of an incarcerated person's/resident's admission as a new commit, transfer, or release violator, security staff complete an intake interview that includes suicide and self-harm inquiries. Staff must also evaluate the incarcerated person's/resident's presentation in relation to possible mental health concerns (see Policies 202.040, "Incarcerated Person Intake Screening and Processing," and 202.041, "Juvenile Facility Admissions").

3. Within 24 hours of an incarcerated persons's/resident's arrival at a facility as a new commit, transfer, or release violator, health services staff conduct health and sexual violence screenings that identify mental health, suicide, and self-harm concerns (see Policy 500.050, "Health Screenings and Full Health Appraisals").

4. Within 14 days of an incarcerated person's arrival, and within seven days of a resident's arrival, at a facility as a new commit or a release violator, mental health staff conduct an admission mental health screening. This interview includes questions relating to past and present mental health treatment and concerns, including suicide and self-harm (see Policy 500.303, "Mental Health Assessment").

5. At any time, any DOC employee may make a referral to mental health services for an evaluation of an incarcerated person's/resident's suicide or self-harm potential. A professional evaluation must be conducted as soon as possible, which may include a review of "Suicide Risk and Protective Factors" (available in the electronic health record).

6. If an incarcerated person/resident is identified as at risk for suicide or self-harm outside of normal business hours, the on-call mental health provider must be contacted (see Policy 500.305, "Mental Health Services On-Call"). If deemed necessary by the on-call provider, the incarcerated person/resident is placed on continuing observation status (COS) and is assessed by facility mental health staff the next working day.

B. Intervention and management

1. After assessing an incarcerated person's/resident's risk of suicide or self-harm (with consideration of the standardized "Suicide Risk and Protective Factors"), a mental health provider determines appropriate intervention. Depending on the assessed risk, the provider may:

   a) Provide no further services if there is no readily apparent risk.

   b) Provide clinical services as indicated.

   c) Provide counseling to the incarcerated person/resident while the incarcerated person/resident remains in normal housing. This is used if the incarcerated person/resident poses minimal risk, the stress is a special event that will pass soon, and/or it is desirable to use the support of the incarcerated person's/resident's regular unit and program assignment. This may include increased behavioral monitoring status.

   d) Place the incarcerated person on over-the-counter (OTC) medication restriction (see Procedure C, below).

   e) Place the incarcerated person on razor restriction (see Procedure D, below).

   f) Initiate COS in situations involving moderate or high risk of harm.

      (1) Under normal circumstances, a mental health provider orders COS using a Continuing Observation Order form (available in the electronic health record), and specifies the conditions necessary for the safety of the incarcerated person/resident. (See Policy 500.300, "Mental Health Observation.")

(2) Subsequent modifications of the conditions of COS or the termination of this status must be determined by a DOC-employed, licensed mental health provider, or an unlicensed mental health provider in consultation with a licensed provider. The decision to remove an incarcerated person/resident from COS must include completion of the "Suicide Risk and Protective Factors" form in their electronic health record.

(3) The watch commander must notify mental health services and health services whenever an incarcerated person/resident is placed on COS, and a nurse assesses the incarcerated person/resident on each working day.

(4) On each working day, a mental health provider must assess any incarcerated person/resident on COS; must consult with the facility mental health director regarding the case; and must document the assessment in the incarcerated person's/resident's electronic health record.

(5) If the incarcerated person/resident on COS demonstrates behaviors suggesting potential physical health concerns, a mental health provider must request that nursing/medical staff review and determine appropriate follow up for the incarcerated person/resident.

(6) A transfer to in-patient mental health care must be considered and documented for any incarcerated person/resident on COS.

2. In urgent situations, a watch commander may place an incarcerated person/resident on COS after office hours, and then immediately consult with the on-call mental health provider. When ordered by a watch commander, the initial observation conditions must be the most restrictive. Watch commanders must use the "Continuing Observation Order" form (available on the general behavioral health iShare site).

3. Following removal from COS, a mental health provider:
   a) Must conduct at least one follow-up session within one week, unless it is determined in consultation with the mental health director (or designee) that the COS placement was not clinically justified (for example, initiated by an on-call provider with limited information).b)May initiate a referral to supportive living services for incarcerated people/residents who need less monitoring than COS, but more intervention than can be provided through only outpatient care.

   c) May initiate involvement in an incarcerated person/resident mentor program, if available at the facility.

   d) May initiate admission to residential mental health care, for incarcerated people/residents needing more intensive mental health services. (For adult male incarcerated people, see also Policy 500.304, "Mental Health Unit Transfers").

C. Over-the-counter (OTC) medication restriction

1. Initial placement of incarcerated individuals on OTC medication restriction
    a) Mental health staff are responsible for the placement of an incarcerated person on OTC medication restriction, when there is a demonstrated concern, including cognitive deficit, medication abuse and/or overdose, and/or suicidal concern with OTC medications.

    b) Mental health staff, in consultation with the mental health director or designee, complete the "Directly Observed Therapy Recommendation" form (available in the electronic health record).

    c) Mental health staff write an incident report documenting an incarcerated person's placement on OTC medication restriction and notify MINNCOR centralized canteen of the placement to prevent these incarcerated individuals from purchasing OTC medications from canteen.

    d) Mental health staff note the placement and removal dates of the OTC medication restriction in the electronic health record for population into the correctional Operations management system (COMS) mental health profile.

2. Once an incarcerated person is placed on OTC medication restriction, security staff must confiscate any OTC medications in their possession and prohibit them from purchasing OTC medications from canteen.

3. If the incarcerated person resides in a multi-occupancy room, all incarcerated individuals residing in that cell must be held accountable to have their OTC and other medications secured in their property.

4. Transfer of incarcerated individuals on OTC medication restriction
    a) Security staff are responsible to check the COMS mental health profile to identify incarcerated individuals on OTC medication restrictions prior to transferring them to another unit or facility and for notifying the new unit or facility of the restriction prior to the transfer.

    b) Mental health staff are responsible to notify the receiving facility of OTC medication restrictions for transferring incarcerated individuals via the "Mental Health Transfer Note" (available in the electronic health record).

D. Razor restriction
1. Initial placement of incarcerated person on razor restriction
    a) Mental health staff is responsible for the placement of an incarcerated person/resident on razor restriction, due to a pattern of self-harm with a razor or other sharp object, to decrease the risk of further self-injurious behavior.

    b) Mental health staff must write a management plan that includes the reason for placement on razor restriction, provisions for periodic review of the restriction, and provisions for removal of the restriction. Mental health staff must place the

plan in the incarcerated person's electronic health record, notify MINNCOR centralized canteen, and note the placement and removal dates in the electronic health record for population into COMS mental health profile.

2. Once an incarcerated person is placed on razor restriction, security staff must confiscate any razors in their possession, and prohibit them from purchasing a razor from the canteen.
   a) If the incarcerated person resides in a multi-occupancy room, all the incarcerated people in that room must also be subject to razor restriction. Individuals placed on razor restriction for this reason do not require documentation in their electronic health record, nor a management plan regarding the razor restriction.

   b) Incarcerated people on razor restrictions are not placed in dormitory settings.

3. Shaving/grooming for incarcerated people on razor restriction
   Facilities must have operational procedures to allow incarcerated people the opportunity to shave at least three times per week. These procedures may include such examples as:
   a) Providing electric razors;

   b) Allowing incarcerated people to shave under the observation of staff;

   c) Having staff pass out razors during a designated time period and then collecting them; or

   d) Other measures preventing incarcerated people from using razors for self-harm.

4. Facilities may develop operating guidelines/procedures for imposing razor restrictions for all incarcerated people/residents in a living unit.

5. Transfer of incarcerated people on razor restriction
   a) Security staff are responsible to check the COMS mental health profile to identify Incarcerated people on razor restrictions prior to transferring them to another unit or facility, and notifying the new unit or facility of the restriction prior to the transfer.

   b) Mental health staff are responsible to notify the receiving facility of razor restrictions for transferring incarcerated people through the "Mental Health Transfer Note" (available in the electronic health record).

E. Prevention and education
All new DOC employees receive instruction related to the identification and management of suicidal and self-injurious incarcerated people/residents.
1. Department staff are trained to recognize verbal and behavioral cues that indicate the potential for suicide or self-harm, and how to appropriately respond to these cues. Even when staff suspect that an incarcerated person/resident is being manipulative,

suicide/self-harm statements or behaviors must be taken seriously and reported appropriately.

2. Volunteers and contractors who have significant incarcerated person/resident contact also receive training on suicide and self-harm. The DOC employee development unit is responsible for curriculum development and implementation.

3. All staff training must be documented and retained in the agency-approved electronic training management system.

F. Documentation

1. Non-mental health staff must document their observations and concerns regarding suicide and self-harm in an incident report and make a mental health referral if appropriate – in addition to making immediate telephone notification to mental health services staff and/or the watch commander.

2. Clinical notes regarding suicide and self-harm must be written as soon as possible. In addition to the date, notes must reflect the time of day. If retrospective notes are necessary, they must be clearly identified as such. Notes include:
   a) How the risk of suicide or self-harm came to the provider's attention;

   b) An assessment including risk-factors, protective-factors, significant questions asked and responses, consultations with other professionals, how the provider's clinical judgment and decisions were derived from this information;

   c) A chronological listing of all actions taken; and

   d) When precautions (for example, COS) are being withdrawn, the provider's reasoning for that decision must be clearly described. The rationale must include a description of the incarcerated person's/resident's change in behavior and attitude, and how and why the incarcerated person's/resident's perspective on life, suicide motivation, etc. has changed to reduce risk. Although contracting for safety may be useful in establishing a therapeutic alliance, such a contract is not to be relied upon when assessing suicide risk.

3. Suicide or self-harm concerns must be entered into the electronic health record for population in COMS mental health profile and the iShare mental health significant incident log.

4. Incidents of completed or attempted suicide are reviewed in accordance with Policy 500.700, "Health Services Quality Assurance Program."

INTERNAL CONTROLS:

A. "Suicide Risk and Protective Factors" forms and other clinical documentation are stored in the incarcerated person's/resident's electronic health record.

B. Suicide or self-harm concerns must be entered into the correctional operations management system (COMS) and the iShare mental health significant incident log.

C. Clinical documentation supporting the placement of an incarcerated person on over-the-counter (OTC) medication restriction, and the removal from the restriction, is stored in the incarcerated person's electronic health record.

D. Clinical documentation supporting the placement of an incarcerated person on razor restriction, and the removal from razor restriction, is stored in the incarcerated person's electronic health record.

E. Placement and removal dates for OTC medication restrictions are noted in COMS in the mental health profile.

F. Placement and removal dates for razor restriction are noted in COMS in the mental health profile.

G. All staff training is documented and retained in the agency-approved electronic training management system.

STATE CORRECTIONAL FACILITY SECURITY AUDIT STANDARDS: 6.02a.01; 6.02a.02

REFERENCES: Minn. Stat. §§ 244.03; 253B; 244.03; 241.01 subd. 3a(a); and 241.021 subd. 4
Policy 202.040 "Incarcerated Person Intake Screening and Processing"
Policy 202.041, "Juvenile Facility Admissions"
Policy 500.303, "Mental Health Assessment"
Policy 500.300, "Mental Health Observation"
Policy 500.305, "Mental Health Services On-Call"
Policy 500.304, "Mental Health Unit Transfers"
Policy 500.050, "Health Screenings and Full Health Appraisals"
Policy 500.700, "Health Service Quality Assurance Program"

REPLACES: Policy 500.306, "Suicide and Self-Injury Prevention," 2/18/20
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Continuing Observation Order form (500.300B)

APPROVED BY:
Commissioner of Corrections