

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patient

POLICY # TX III-7

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SUBJECT: Self Injurious Behavior

EFFECTIVE DATE: June 2012

SUPERCEDES DATE: April 2012

References

Related ACA Standard 4th edition Standards for Adult Correctional Institutions 4-4373.

PURPOSE

The Division of Prisons recognizes its obligation to develop procedures to minimize the risk of self inflicted injury amongst the inmate population, to respond effectively to any such attempts, and to ensure that staff members are trained in prevention techniques. The following facets are important to accomplishing this responsibility:

- A. The identification of factors that predispose an inmate to self injury;
- B. The recognition of behavioral signs that indicate high risk of self injury; and /or
- C. The implementation of quick and effective action plans to prevent inmate self injury and respond effectively to any attempt.

It is important to note that any inmate who engages in self-injurious behavior is at risk for serious and potentially life-threatening sequelae and therefore must be appropriately managed to insure the safety of all involved, regardless of the root cause.

DEFINITIONS

CLINICIAN – Psychologist, Physician, Psychiatrist.

INPATIENT UNIT – North Carolina Correctional Institute for Women and Central Prison Healthcare Complex.

SELF INJURIOUS ATTEMPT – Any attempt at self-injury; does not necessarily include hunger strikes unless refusal of food and liquids meets the criteria of DOC Health Services Policy *TX VI-3 Refusing to Eat* as follows:

- exceeding five days, and
- to the extent that malnourishment or dehydration is likely to create a medical disorder that endangers the inmate's health.

LEVEL I PRECAUTION - Continuous observation of the inmate by either direct observation or continuous observation with the use of a camera.

LEVEL II PRECAUTION - Observation of the inmate at irregular intervals not to exceed 15 minutes.

PROCEDURE

A. RESPONSIBILITIES

1. The Region Directors /Institution Administrators will direct staff members at each of their locations to develop standard operating procedures (SOPs) in accordance with this policy and applicable to the particular conditions and staffing resources available at each facility. The Region Directors /Institution Administrators are responsible for implementing SOPs once developed. An institution's SOP will address at least the following areas:
 - a. providing staff training annually and as needed to assist in recognizing signs of risk for self injury and actions to take including referral to mental health staff members;
 - b. providing special housing for inmates identified at risk of self injury consistent with resources available at

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each facility. Individual facilities will designate specific areas for protective housing of inmates at risk for self-injury that address the custody and treatment needs of inmates;

- c. designating staff to provide observation, evaluation, supervising and other prevention measures;
 - d. implementing SOPs at each facility that delineate the proper handling of cases of self injury risk or attempts, accessing emergency medical care if needed, notifying mental health staff members providing coverage to the unit, and managing and processing of cases that cannot be handled at the facility consistent with Mental Health Services policy;
 - e. on a monthly basis mental health staff members from each facility will collect data on self-injury attempts and report the data to the Assistant Director of Mental Health for their region and their facility's Continuous Quality Improvement (CQI) Committee; and
 - f. no less frequently than quarterly, and as often as needed, the Institution Administrator or designee, in conjunction with the facility's CQI Committee, will conduct a review of any self-injury attempts at the facility. This review will include a review of potential hazards or high-risk areas within the facility with the goal of minimizing these hazards through facility modifications or changes in operating procedures. The results shall be forwarded to the Office of the Director of Mental Health or designee.
2. Psychology Program Managers /designees assigned to the facility are responsible for:
 - a. assuring self injurious behavior policy and procedures are implemented to identify inmates at risk for self injury and provide treatment or referral to designated mental health units as deemed appropriate; and
 - b. identifying and providing ongoing education and training related to self injurious behavior.
 3. The Director of Mental Health Services or designee is responsible for conducting reviews of suicides and providing an analysis of contributing factors to the Deputy Director of Prisons for Healthcare. These reviews would be in addition to other required investigations and reports required of the Region Director /Institution Administrator.

B. STAFF TRAINING

Training materials for self-injury prevention will be developed at the Division level and will be presented during basic training and orientation, and annually thereafter. Correctional staff will receive recurrent instruction as to the identification and management of self injury risk and will review the facility's SOP for prevention of self-injurious behavior during annual in-service training.

Training should cover at least the following:

1. periods of increased risk of self-injury during incarceration;
2. signs of risk of suicide /self-injurious behavior;
3. situational risk factors;
4. items and techniques used in suicide and self injury attempts;
5. managing potentially self injurious inmates; and
6. manipulation via self mutilation.

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C. OPERATIONAL REQUIREMENTS FOR MANAGEMENT OF SELF INJURIOUS BEHAVIOR

1. Each facility must have procedures to provide emergency medical care when necessary.
2. Each facility must have approved standard operating procedures regarding self injury observation and management.
3. When necessary, symptomatic inmates must be referred to a designated or inpatient mental health unit, the latter site only if not already there.
4. Each facility must provide initially, and annually thereafter, orientation and training of staff on implementation of the SOP on SIB that includes at the minimum discussion of special housing with staff observation as well as removal of items that may be used to cause self-injury.
5. Each facility should maintain a rescue tool in a secure but easily accessible area in high risk locations of the prison such as segregation units and mental health areas. Correctional staff should be aware of the location and availability of the tool and knowledgeable with how to use it.

D. INITIAL PRECAUTIONS

INITIAL RESPONSE: Prior to contact with mental health staff members serving the facility, inmates who are deemed to represent a risk of self-injury will be placed on Level I Precaution. This is to ensure the safety of the inmate in question.

1. Correctional staff shall immediately place the inmate in administrative segregation and notify the Officer in Charge (O.I.C).
2. Correctional staff shall provide for Level I precaution (continuous observation by either direct observation or continuous observation with the use of a camera).
3. The Correctional staff assigned to provide this continuous observation shall be assigned no other duties.
4. Male inmates may be allowed a safety blanket, safety smock or paper clothing only. Female inmates may be allowed a safety blanket and paper clothing to cover their body or a safety blanket and safety smock.
5. Inmates shall be served meals without standard utensils. A security utensil will be provided with meals. The security utensil provided will be the EcoSecurity Utensil (paper spoon) approved by the Division of Prisons. For diets receiving bone-in chicken, a chicken patty will be substituted for inmates designated as SIB.
6. Documentation of observation will be made on the Daily Report of Segregated Inmate DC-141 by custody staff.
7. After insuring the immediate safety of the inmate, the O.I.C. shall notify the medical unit or the primary care physician and inform them that an inmate may need to be evaluated and cleared of any physical concerns, if evidence suggests the need for such evaluation. The O.I.C. will concurrently contact the mental health clinician covering the unit and the institution duty officer in as timely a manner as possible.
8. If the inmate is determined by a mental health clinician to be at risk for (further) self-injury as a result of their mental condition and their needs exceed the resources of the facility in question, the inmate will be transferred to a DOP mental health facility that possesses the necessary resources to address both the mental and physical needs at that time. Continuous observation by correctional staff members shall continue during the transfer process to the designated mental health facility. If it is determined by the mental health clinician that the inmate can remain at the present facility, the inmate will remain on Level I Precaution until a face-to-face assessment can be completed by a mental health clinician.

E. ACTIONS TO BE TAKEN

1. Inmate is determined by mental health clinician to be at risk for self-injury as a result of a mental disorder.

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- a. All inmates placed on self-injury precautions shall be seen by a mental health clinician as soon as reasonably practical, but in no instance later than twenty-four (24) hours thereafter.
 - b. Inmates placed on Level I Precaution will remain in the conditions assigned until the precautions are removed or modified by a mental health clinician.
 - c. The mental health clinician will provide follow-up, or will arrange coverage by another mental health clinician who will assume responsibility for continuing supervision of the case.
 - d. All consultations between health services staff members and mental health clinicians and their interactions with inmates on self-injury precautions will be clearly documented in the health record on a Chronological Record of Health Care DC-387 and in OPUS. Consultation between the mental health clinician and custody will be documented on a Daily Report of Segregated Inmate DC-141.
 - e. Nursing will document daily contact with inmates on self-injury precautions on the Chronological Record of Health Care DC-387.
 - f. After a face- to-face assessment with the inmate the mental health clinician will recommend either continuation of, or changes in, the then-current level of precaution and any special conditions of confinement. Recommendations made for self-injury precautions will be documented in the health record by the mental health clinician on the Chronological Record of Health Care DC-387 and in OPUS and conveyed to the Officer in Charge.
 - g. An inmate in administrative segregation on **Level I** Precautions for self- injurious behavior shall be monitored by correctional staff members via continuous direct observation or continuous observation with the use of a camera. An inmate on **Level II** Precaution shall be observed at irregular intervals not to exceed (15) fifteen minutes. The officers shall document the observations on the DC-141.
 - h. Any change to lower the level of confinement and observation shall be made as the result of a face- to- face assessment by a mental health clinician only.
 - i. Inmates in precautions are to be seen no less than daily by a mental health clinician. These interactions are to be documented in the mental health record.
 - j. Mental health and health services contacts will be documented in the health record on the Chronological Record of Health Care DC-387 and in OPUS. The mental health clinician or LCSW and facility health services and nursing staff members are responsible for periodically monitoring the mental status and physical condition, respectively, of the inmate during segregation.
 - k. In cases in which the mental health clinician or other staff member feels the inmate to be suicidal, that staff member will coordinate a transfer to a designated facility at which adequate special housing and monitoring can be provided.
 - l. The inmate's Treatment Plan DC-390 shall be revised as applicable.
 - m. It is the responsibility of the mental health clinician to document all encounters and consultations provided, whether on site or off site, in the health record on the applicable mental health form, the Chronological Record of Health Care DC-387 and in OPUS.
2. Inmate is determined to be threatening or engaging in self-injury primarily for manipulative purposes.
 - a. All inmates placed on self-injury precautions shall be seen by a mental health clinician as soon as reasonably practical, but no later than (24) twenty-four hours thereafter. All other applicable facets of management delineated under (E)(1)(b) through (E)(1)(l) above will apply.
 - b. In cases in which, in the clinical judgment of the mental health clinician, the threat of self-injury is an attempt by the inmate to manipulate the system for secondary gain, the inmate will remain in, or be returned to, the facility of origin, as clinically warranted by behavior and history. The determination that an inmate is primarily manipulative and seeking secondary gain shall only be made by a face-to-face assessment by a mental health clinician.
 - c. Documentation shall be entered in the health record on the Chronological Record of Health Care DC-387 and in OPUS by the mental health clinician that the inmate does not require primary mental health involvement beyond that routinely provided in a consultative capacity or as part of routine treatment for inmates on the caseload.
 - d. Mental health staff will continue to provide consultation to custody and administrative staff as needed and may recommend measures to take in managing the inmate's behavior but housing and management of the inmate

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will remain primarily the responsibility of custody staff.



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John S. Carbone, MD, JD, Director of Mental Health Services

Date

SOR: Director of Mental Health Services