



GENERAL ORDER

Loudoun County Sheriff's Office

Chapter: Correctional Services	Section: 504.4
Subject: Special Management	Topic: Self-Destructive Behavior
Accreditation: 6VAC15-40-450, 6VAC15-40-1010	
	Revised: 09/22/2016
Enacted: 04/16/2008	Last Review:
	Reaffirmed:
	Review:

I. PURPOSE

The purpose of this General Order is to provide directives to follow when an inmate exhibits self-destructive behavior. The primary concern shall be for the safety of the inmate.

II. POLICY

It shall be the policy of the Corrections/Court Services Division that all deputies employ good observation skills and are knowledgeable of signs and symptoms of self-destructive behavior and are capable of providing assistance and safety for such individuals. It shall also be the policy to use the contracted services of the Loudoun County Mental Health Department for appropriate assistance. Adult Detention Center staff and an appropriate medical or mental health authority shall review these procedures every twelve (12) months. These reviews shall be documented and maintained on file with the Assistant Division Commander of Administration.

III. DEFINITIONS:

Self-Destructive Behavior: The threat and/or attempt to cause harm, injury and/or death to one's self or to entice another person to complete the act.

IV. PROCEDURE

A. Identification

1. Identifying a self-destructive behavioral incident is the first and most critical step in the prevention of self-inflicted injury or death.
2. The indicators may be as simple and direct as an inmate making a threat or warning. The indicators can also be much more subtle, such as an inmate attempting to cause a deputy or other inmate to take destructive action toward them. Signs of this type of behavior include, but are not limited to the following:

- a. Withdrawal: An inmate, who radically changes their normal participation in activities, keeps to them self and/or exhibits mood changes or swings may be sending silent signals of impending problems.
- b. Threats: An inmate may become depressed after being incarcerated or sentenced. This depression may trigger self-destructive attitudes. ALL threats, either written or verbal, will be considered serious and given immediate attention.
- c. Aggressive Behavior: Aggressive behavior is not considered a medical problem by itself, but a deputy may inform a supervisor who may request that medical staff evaluate any inmate who exhibits such behavior.
- d. Alcohol or Drug Withdrawal: An inmate suffering from an addictive substance withdrawal is a potential suicide risk and will be observed for abnormal or destructive actions during the initial period of incarceration and withdrawal. The inmate may require medical isolation for monitoring purposes during the withdrawal period.
- e. Action: Should be considered the most serious sign indicating the need for immediate care.
 - 1) Self-Inflicted: Can be by poisoning, overdose, hanging or self mutilation.
 - 2) Force by Others: Sometimes an inmate will attempt to cause another inmate or a deputy to carry out the harm/suicide. An inmate will often attempt this if he/she cannot take the action on their own, if religious beliefs prevent them or if he/she believes their family will benefit in some way. Deputies must be watchful for an inmate who seems to be "forcing" them to take physical action.

B. Prevention

1. The first step in prevention is to identify these signs and thereby eliminate the method the inmate might use to achieve his/her goal.
 - a. Communication is essential to prevent future action.
 - b. Any change in status may signal the deputy to observe the inmate more closely and document any changes, as these observations may directly aid in the treatment of the problem.

- c. Staff will inform a supervisor immediately of any gestures, threats and/or prior history for referral to either mental health or contract medical staff for treatment followed by an In-House Incident Report.
- d. The inmate should not be separated from other inmates, as studies have shown that this provides opportunity to achieve suicide without resistance. If the inmate has taken active steps toward harm, it will be necessary to separate them for observation.
- e. Cell changes may be necessary to allow the inmate to be closely monitored.
 - 1) A mental health counselor will be notified if separation for observation becomes necessary.
 - 2) If closer observation is required, the inmate will be placed into a cell where they can be monitored more frequently by a deputy and medical staff.
 - 3) The deputy will monitor the inmate using audible response and visual contact as frequently as possible, with fifteen (15) minutes as the maximum interval, these checks will be made on a Special Observation Log.
 - 4) The medical staff will monitor the inmate using audible response and visual contact as frequently as possible, but at a minimum of twice per hour at random intervals, these checks will be made on a Special Observation Log.
- f. It may be necessary for a supervisor to limit the inmate's personal property and clothing items to keep the inmate from harming or causing further harm to him/herself.
 - 1) The threat level will be assessed and a response in property and clothing restrictions will be initiated that is less than or equal to the threat posed.
 - 2) Only when an inmate has taken significant actions toward harming themselves will clothing and property be completely restricted. In these cases, the inmate will be issued a paper gown.
 - 3) If the inmate continues to act out and attempts to harm themselves, the restraint chair will be used to prevent further injury. An IBR and all appropriate investigative forms; LCSO forms 6.39, 6.42 will be written outlining the use of the restraint chair.

- g. If all precautionary responses discussed above have been used and the inmate continues some form of self-destructive behavior, a supervisor may authorize the use of restraints to prevent further injury.
- h. All responses used by staff are efforts to protect life and prevent injury based upon the inmate's threat assessment. As the inmate's threat level decreases or increases, so will preventive measures taken by staff.

V. DOC STANDARD #

6VAC15-40-450: Suicide Prevention and Intervention Plan

There shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and reviewed every 12 months by all staff. These reviews shall be documented.

Compliance Documentation:

- Review written plan
- Review approval by medical or mental health authority
- Staff review documentation
- Interview staff

Statistics show that most suicides happen within the first 72 hours of arrest. The mental status of an inmate may vary greatly from day to day. Therefore, staff must employ good observational skills and be knowledgeable of signs and symptoms. Procedures should be in place for staff to notify the appropriate medical authority if concerns should arise.

6VAC15-40-1010: Mental Health Inmates

Written policy, procedure and practice shall specify the handling of mental health inmates to include an agreement to utilize mental health services from either a private party contractor or the community service board.

Compliance Documentation:

- Review written policy and procedures
- Review written agreement/contract
- Review inmate records (if applicable)
- Interview staff

This General Order becomes effective September 22, 2016, and rescinds all previous rules and regulations pertaining to the subject.