

# ICE/DRO RESIDENTIAL STANDARD

## SUICIDE PREVENTION AND INTERVENTION

**I. PURPOSE AND SCOPE.** Residential Staff are trained to prevent suicide by recognizing potential risk signs and situations, and to intervene with appropriate sensitivity, supervision, referral, and treatment.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. All staff with responsibility for resident supervision will be trained, at least annually, to identify warning signs and symptoms of impending suicidal behavior; demographic, cultural, and precipitating factors of suicidal behavior; how to respond to suicidal and depressed residents; communication between residential staff and health care personnel; referral procedures; housing observation and suicide-watch level procedures; and follow-up monitoring of residents who have attempted suicide.
2. Staff will act to prevent suicides with appropriate sensitivity, supervision, and referrals.
3. Any identified clinically suicidal resident will receive preventative supervision, treatment, and follow-up.

**III. DIRECTIVES AFFECTED.** None

### IV. REFERENCES

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-4C-32, 4C-33, 2A-52.

### V. EXPECTED PRACTICES

#### 1. Suicide Prevention and Intervention Program Required

Each facility shall have a written suicide prevention and intervention program approved and signed by the health authority and facility administrator, and reviewed annually.

At a minimum, the program shall include procedures to address:

- a. Intake screening
- b. Identifying and supervising a suicide-prone resident
- c. Staff training
- d. Management of suicidal incidents, suicide watch, and deaths
- e. Review of critical incidents by administrative, security, and health services staff
- f. Guidelines for returning a previously suicidal resident to the general population, following written authorization by the clinical director

## **2. Training**

All staff with responsibility for resident supervision shall be trained, during orientation and at least annually, on:

- a. Identification of the warning signs and symptoms of impending suicidal behavior
- b. Demographic, cultural, and precipitating factors of suicidal behavior
- c. Interaction with suicidal and depressed residents
- d. Communication between residential staff and health care personnel
- e. Referral procedures
- f. Housing observation and suicide-watch level procedures
- g. Follow-up monitoring of residents who have attempted suicide

## **3. Identification and Intervention**

Suicide potential shall be an element of the initial health screening of a new resident, conducted by the health care provider. Any residents identified as being at-risk for suicide shall be promptly referred to medical staff for evaluation.

Upon change of custody, the staff with custody shall inform the staff assuming custody of the resident's indications of suicide risk.

All staff working with residents shall keep current on the proper course of intervention and referral for a resident who demonstrates signs of suicide risk.

This screening shall be documented on DIHS-794, *In-Processing Health Screening Form*, and forwarded to the medical unit. Medical staff shall immediately follow up with residents identified as at-risk. All staff working with residents shall be trained to recognize and watch for such signs of residents.

Facilities shall document their screening on a form equivalent to DIHS-794.

## **4. Housing and Hospitalization**

The facility administrator may allow a potentially suicidal resident who presents no imminent danger to life or property (as determined by medical staff), to remain in the general population, but only under close observation, and only upon the written recommendation of the clinical director (CD), or equivalent medical authority. Staff shall monitor such residents at intervals ordered by, and in the manner ordered by, the

CD. Precautions must be taken with any personal possessions that could aid in a suicide attempt. If danger to life or property appears imminent, the medical staff has the authority to isolate and transfer the resident from the general population to the nearest hospital. Medical staff must create written documentation of the incident. Medical staff will generate a Treatment Authorization Request TAR for this hospital admission.

Observation of imminently suicidal residents by medical or residential staff shall be one-to-one until the resident is transferred or released by the medical authority. Medical staff shall document the status of the resident in observation at the facility every two hours.

The Health Services Administrator HSA or CD shall report to the ICE facility administrator and JFRMU any resident clinically diagnosed as suicidal or requiring observation for suicide risk.

A resident formerly under a suicide watch may be returned to general population only if it can be reasonably presented that the resident does not pose a danger to himself or herself, or others, and upon written authorization from the CD.

**Standard Approved:**

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**John P. Torres**  
**Director**  
**Office of Detention and Removal**

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**Date**