

~~Suicide Prevention and Special Watches at the Training School~~

~~Rhode Island Department of Children, Youth and Families
Division of Juvenile Correctional Services: Training
School Policy: 1200.0709~~

~~*Effective Date: March 1, 2011* ————— *Version: 1*~~

~~The R.I. Training School maintains an environment which promotes the health, safety and well-being for residents at all times. Some residents present with vulnerabilities related to cognitive functioning, behavioral health challenges, including elevated risk of suicide, and special health care needs. Closer supervision of a resident through a special watch is provided when necessary to prevent self harm, respond to behavioral health or cognitive needs or manage medical emergencies.~~

Related Procedure

~~Suicide Prevention and Special Watches at the Training School~~

Related Policy

~~Clinical Services at the RI Training School Training and Professional Development Fifteen Minute Room Checks~~

~~Education of Non-Adjudicated Residents~~

~~Educational Planning for and Transition of Adjudicated Residents~~

~~Suicide Prevention and Special Watches at the Training School~~

~~Procedure from Policy 1200.0709: Suicide Prevention and Special Watches at the Training School~~

- A. Juvenile Program Workers (JPWs), Unit Managers, Clinical Social Workers, educational staff, nurses, doctors and administrators may identify resident behaviors or presentations that suggest the need for a Special Watch at any point in a resident's stay:
1. All residents are carefully screened at intake and staff are notified of any health or behavioral health care needs that require close supervision in conformance with DCYF Policy 1200.1100, Clinical Services at the RI Training School.
 2. In conformance with DCYF Policy 400.0000, Training and Professional Development, staff are trained to recognize and report possible signs of self-harmful or self-abusive behavior by a resident or any behavioral or verbal presentation that suggests the potential for self-harm by a resident or behavior that may indicate a resident's need for medical assistance.
 3. All staff are vigilant for any indication of self-harmful or self-abusive behavior by a resident or any behavioral or verbal presentation that suggests the potential for self-harm by a resident or behavior that may indicate a resident's need for medical assistance.
 4. Staff report such behavior immediately to the Unit Manager or Clinical Social Worker or, in his/her absence, to the Master Control Center (MCC):
 - a. The MCC contacts the Superintendent or designee if necessary.
 - b. Any staff may place a resident on a special watch if he/she believes it is necessary to protect the resident's safety.
 5. Special Watches include a Constant Watch (One-on-One Supervision) or a Five (5) Minute Watch.
- B. The individual placing a resident on a special watch informs unit staff immediately by telephone, completes Form SRA # 3 carefully noting all restrictions on resident activities and posts the form in a central location on the unit.
1. Staff notified of a Special Watch ensure that all restricted items, such as laces, sharp objects, and linens are removed from resident's bedroom as specified on the Form SRA # 3.
 2. Unit staff record in the Unit Log Book the type of watch and level of supervision ordered to ensure information is transferred to oncoming shifts. Unit Staff on each subsequent shift carry over this notation in the Unit Log until notified that the Special Watch has been removed.
 3. The MCC maintains a daily list of residents placed on Special Watches. By 7:00 AM, the MCC distributes this list to the Unit Manager, Clinical Social Worker, JPWs, nursing and educational staff.
 - a. Notification of changes in a watch status is documented on Form SRA # 2 by the staff that evaluated the resident and changed the watch:
 - i. The SRA # 2 is sent to the MCC, Unit Manager, Clinical Social Worker, JPWs, School, Clinic and Psychiatrist.
 - ii. The SRA # 2 may be completed and distributed in electronic or hard copy form.
 - b. The MCC informs the unit staff responsible for the log book of any changes in a resident's watch status.
 - c. The unit staff responsible for the unit log book makes the watch change entry into the log book.

- C. ~~Each resident on a Special Watch is evaluated daily during the duty hours of his/her assigned or covering Clinical Social Worker. These evaluations are documented in case activity notes within the resident's electronic case record.~~

1. ~~If the Clinical Social Worker believes that a resident on a Five (5) Minute Watch can be maintained on a less restrictive status, he/she may remove the watch.~~
2. ~~If the Clinical Social Worker believes the resident on Constant Watch can be maintained on a less restrictive status, he/she consults the on duty or on call psychiatrist.~~
 - a. ~~Upon consultation, if the psychiatrist concurs, he/she directs the Clinical Social Worker to change the watch.~~
 - b. ~~The Clinical Social Worker follows the psychiatrist's directive- documenting the evaluation of the resident, the consultation with the psychiatrist and the change in watch on Form SRA # 2.~~
3. ~~The evaluating Clinical Social Worker notifies staff of the change in watch status as described in paragraph B, above.~~

D. ~~Constant Watch (One on One Supervision)~~

1. ~~When a resident is assigned to a Constant Watch, a unit staff is assigned to that resident.~~
 - a. ~~The Unit Staff assigned to the resident on a Constant Watch completes Form SRA # 4 on each shift that the resident remains on Constant Watch and provides it to the MGC by the end of the shift.~~
 - b. ~~Any unusual occurrence in the resident's behavior is noted on form SRA #4 and verbally reported to the MGC. The MGC notifies nursing or clinical staff.~~
2. ~~To the extent possible, the resident assigned to a Constant Watch is integrated into unit activities with other residents. Any restrictions are clearly documented on the Form SRA # 3.~~
3. ~~The use of isolation, mechanical restraints, suicide gowns and or blankets, or removal of normal items of clothing and bedding are avoided and must be ordered by the mental health clinician evaluating the resident.~~
4. ~~Staff assigned to supervise a resident on a Constant Watch remains within an arms-length of the resident in the Living Unit and Cafeteria at all times except as identified below:~~
 - a. ~~Bedroom: Prior to permitting a resident to enter his/her room, staff complete a thorough room search removing anything which could be used to cause harm to the resident or others. The resident's door remains open. Staff post in the doorway in constant view of the resident.~~
 - b. ~~Gym: If deemed clinically appropriate by mental health staff, the resident participates in physical activity. Staff remain within constant view of resident. The resident does not utilize equipment, such as weights, with which he/she could harm him/herself.~~
 - c. ~~Bathroom and Shower: Staff inspect the bathroom and shower prior to use to ensure no items are present which the resident could use to harm self or others. The door is propped open slightly to maintain resident privacy, but ensure verbal contact between the resident and assigned staff until the resident exits the bathroom or shower. Staff post outside the door.~~
 - d. ~~School: The resident attends regularly scheduled classes. Staff remain at arm's length. If safety concerns preclude regular class participation, the resident remains in his/her unit or designated unit to complete work provided daily by the school under the supervision of assigned staff. Assigned work conforms to the resident's educational plan in conformance with DCYF Policy 1200.1715, Education of Non-~~

Adjudicated Residents and DCYF Policy 1200.1716, Educational Planning for and Transition of Adjudicated Residents.

- e. Programs: The resident participates in rehabilitative programming wherever possible. Assigned staff remain in constant visual contact

when residents are participating in group or individual counseling. In all other programming, staff remain within arm's length.

E. ~~Five (5) Minute Watch~~

1. ~~A resident placed on a Five (5) Minute Watch is never out of sight of unit staff for more than a 5 minute period. Unit staff observe residents on a Five (5) Minute Watch as follows:~~
 - a. ~~Living Unit, School, Gym and Cafeteria: The resident remains under the general observation of staff and is allowed normal interaction with peers and staff. The resident is not out of sight of any staff for more than a 5 minute period of time.~~
 - b. ~~Bedroom: Sleeping arrangements for the resident are made consistent with safety needs:~~
 - i. ~~The treatment team may determine that the resident may sleep in his / her room. If so, the treatment team also determines whether the resident's door must remain locked or unlocked.~~
 - ii. ~~The treatment team may determine that the resident must sleep on a cot in the unit's common area. This facilitates staff observation by keeping the resident in continuous sight of staff during the hours designated as sleep periods.~~
 - c. ~~Bathroom and Shower: The resident utilizes the bathroom and shower with the following restrictions:~~
 - i. ~~Prior to resident's use, staff inspect the bathroom or shower to ensure no items are present with which the resident could harm self or others.~~
 - ii. ~~Staff note the time that the resident enters the bathroom or shower.~~
 - iii. ~~Staff knocks on the bathroom or shower door at 5-minute intervals and requires the resident to verbally respond.~~
 - iv. ~~If at any time the resident does not respond as directed, staff announce that he/she will enter the bathroom or shower unless the resident responds verbally immediately.~~
 - v. ~~This process continues until the resident exits the bathroom or shower.~~

F. ~~For residents not assigned to a Special Watch, room checks are performed in conformance with DCYF 1200.0839: Fifteen Minute Room Checks.~~

G. ~~Paragraphs A—F are consistent with American Correctional Association (ACA) Standards 3-JDF-4C-16; 3-JTS-4C-16; 3-JDF-4C-30; 3-JTS-4C-31; 3-JDF-4C-35 and 3-JTS-4C-37.~~

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TITLE 214 - DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

CHAPTER XXX - OLD REGULATIONS WHICH WERE NOT ASSIGNED

CHAPTER-SUBCHAP-PART

SUBCHAPTER XX - OLD REGULATIONS WHICH WERE NOT ASSIGNED

CHAPTER-SUBCHAP-PART

PART 6349 - SUICIDE PREVENTION AND SPECIAL WATCHES

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Agency Head Signature

Agency Signing Date

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Department of State Date