



NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION

**SUICIDE PREVENTION
ADMINISTRATIVE REGULATION – 645**

SUPERSEDES: AR 645 (Temporary 02/28/11); AR 645 (04/08/11)

EFFECTIVE DATE: August 8, 2022, TEMPORARY EDITION

AUTHORITY: NRS 209.131, NRS 433a, NCCH P-B-05, NRS 433a

RESPONSIBILITY

Medical Division and mental health staff are responsible for having knowledge of and comply with this regulation.

645.01 PREVENTION OF SUICIDE, VIOLENCE, AND SELF-INJURIOUS BEHAVIOR

1. New admissions to the Nevada Department of Corrections (NDOC) will receive a mental health screening to include a mental health history, suicide potential, evidence of serious mental illness, or acute mental health urgency.
2. Staff having direct contact with offenders will receive training which includes suicide prevention with emphasis on identification of the potentially suicidal offender.
3. Offenders with significant potential for self-harm should be referred promptly to a mental health professional for evaluation.
4. Offenders who pose a threat for self-injurious behavior should be assigned to the appropriate housing for continuous observation, until seen by a mental health practitioner for evaluation and treatment plan.
5. Other offenders should not be used as a substitute for staff supervision or observation.

645.02 SUICIDE PREVENTION PROCEDURES

1. Offenders suspected of having suicidal ideation or presenting with self-injurious behaviors may be referred to mental health staff by any NDOC staff member. Mental

health staff will administer the Columbia-Suicide Severity Rating Scale (DOC 2737) to the offender to determine the threat level.

2. For offenders determined not to pose a risk for suicide, a progress note will be entered into NOTIS and any additional needs will be addressed.
3. For offenders who pose a risk for self-harm, a psychiatric provider will be contacted so an order can be received to place the inmate on suicide watch. The order should include the limitations of what items the offender may have in their possession while housed on suicide watch. Pending the receipt of the psychiatric order, the inmate will be under constant observation by correctional staff.
4. While on suicide watch, specific contacts with the inmate are required by mental health staff.
 - A. Initial Suicide Watch Contact: This is the first contact mental health staff has with the offender.
 - B. Daily Suicide Watch Contacts: Mental health staff are required to see the inmate daily while on suicide watch. Additional contacts may occur throughout the day if the situation warrants it.
 - C. Suicide Watch Discharge: When the mental health team determines that the offender poses no further risk of self-harm, a discharge from suicide watch note will be entered into NOTIS. The Columbia-Suicide Severity Rating Scale (DOC 2737) will also be completed at this time.
 - D. Post Suicide Watch Contacts: Mental health staff will assess the offender on days 1, 3 and 7 post suicide watch to ensure the offender's continued safety.

645.03 SUICIDE PREVENTION AT DISCHARGE

1. When it is determined that an offender presents as a suicide risk at release, mental health staff will administer the Columbia-Suicide Severity Rating Scale (DOC 2737). If the offender poses an immediate risk of self-harm, the following steps will be taken:
 - A. The mental health staff member will notify the shift commander of the findings.
 - B. A psychiatrist, nurse practitioner, registered nurse or other legally authorized professional will complete the Legal 2000 (involuntary hospitalization form) pursuant to NRS 433a.
 - C. The offender will be transported via ambulance to a local emergency room for additional evaluation.

APPLICABILITY

1. This regulation requires a Medical Directive (MD 319) for suicide prevention and training for Medical Division staff.
2. This regulation requires an audit.

REFERENCES

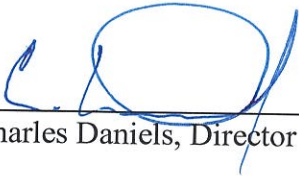
ACA Standards 5th Edition 5-ACI-6A-35, 5-ACI-6A-36, AR 643



Michael Minev, Medical Director



Date



Charles Daniels, Director



Date