

INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: Adult Operation Only JUVENILE Operations Only DEPARTMENT-WIDE

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PROGRAM AND SERVICES: Resident Companion Program

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Approved By:  , Secretary

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POLICY

The Resident Companion Program provides guidelines for residents who have specialized training in monitoring for potential suicidal behavior in individuals they are observing who have been placed on crisis level status. The Resident Companion Program does not displace the officer from conducting rounds as required by policy.

DEFINITIONS

Multidisciplinary Team (MDT): Representatives from clinical treatment, unit management, and security that provide oversight to a resident's ongoing care and treatment.

Resident Companions: Residents who have specialized training to perform suicide observation of other residents.

Resident Companion Program Committee (RCPC): Committee responsible for implementation, management, and oversight of a facility's Resident Companion Program. The committee consists of the Deputy Warden of Programs, facility Classification Administrator, Chief of Security, and the facility's Behavioral Health Coordinator/Clinical Director (BHC).

PROCEDURES

I. Program Operation

- A. This program operates under the direction of the facility's Resident Companion Program Committee (RCPC) and is chaired by the facility's Deputy Warden of Programs. The RCPC has the responsibility of implementing the policies and procedures outlined in subsequent paragraphs.

II. Selection Criteria for Resident Companions

- A. A sufficient number of Resident Companions are trained and maintained at each facility to provide for observation of individuals which are placed on crisis level status at any given time. The optimum number is determined by multiplying the number of crisis level beds that exist at a facility by the number of Resident Companion shifts in one (1) 24-hour period.
- B. Potential Resident Companions are nominated by unit team staff members and those nominated are then sent to be screened for appropriateness by the facility's Behavioral Health Coordinator/Clinical Director or designee. The BHC may deny an applicant based on their particular treatment history or involvement, even if they meet all criteria outlined below. Individuals approved by the Behavioral Health Coordinator/Clinical Director or designee are reviewed for approval by the ORCPC and then sent to the Warden for final approval.
- C. Each Resident Companion applicant must meet as a minimum the following criteria:

1. No R1 or R2 disciplinary offense convictions involving serious physical harm or property damage in the last six (6) months.
 2. No suicide attempts or serious self-injurious behaviors (that resulted in trauma sufficient to require hospital care or other major medical interventions to treat the injury) in the last year.
 3. No medical or behavioral health restrictions which preclude the performance of duties. Examples of these restrictions include, but are not limited to:
 - a. Any behavioral health treatment classification of four (4) or higher
 - b. Any medical restriction regarding vision or hearing difficulty or prolonged sitting.
 - c. Final approval and/or exceptions to these criteria may occur as deemed appropriate by medical or behavioral health staff.
 4. No facility violence (e.g., determined to have committed, as the aggressor, a battery against any other person) in the last two (2) years.
 5. No confirmed drug use in the last 12 months except if the person is actively working a recovery program per the facility RADAC staff.
 6. No substantiated PREA incident involvement as a perpetrator in the last 10 years.
 7. No history of sexual battery (unwanted or unwelcome touching of a sexual nature) as the perpetrator in the last two (2) years.
 8. No active, or documented involvement as a security threat group member within the last two (2) years.
 9. Able to read and write clearly, and to understand instructions (as determined by behavioral health staff with educational staff consultation as needed).
- D. The Deputy Warden of Programs is to maintain a roster of all approved Resident Companions as well as a resource file on each companion.
1. The file is to contain all signed agreements, pertinent training documents, received applications, time sheets, and any applicable removal documentation.
 2. Files should be maintained together in a secure location under the direction of the Deputy Warden or designee, and should be readily available for review.
 3. The lists of individuals available to serve as companions are available to the shift supervisor and the on-call Behavioral Health staff person.
- E. Individuals are allowed to maintain other types of employment while serving as a Resident Companion. Resident Companion Duties may take precedent over other employment held by a resident as determined by the shift supervisor with consultation by the RCPC.
1. The pay rate established for resident companions is to be incentive pay level F.

III. Training for Resident Companions

- A. All Resident Companions are to receive up to eight (8) hours of initial training, including
1. Four (4) hours of general behavioral health training provided by facility Behavioral Health staff (to include the requirements for HIPAA and PHI confidentiality standards),

2. Two (2) hours of Behavioral Health suicide prevention training provided by facility Behavioral Health staff, and
 3. Up to two (2) hours of procedural training provided by facility security personnel.
- B. Core concepts of these trainings include, but are not limited to:
1. Understanding the importance of suicide prevention.
 2. Understanding the research pertaining to suicide in prisons.
 3. Recognizing possible risk and protective factors of individual suicide.
 4. Understanding how and with whom to communicate to prevent individual suicides.
 5. Learning how to respond to potentially suicidal individuals.
 6. Understanding the emergency response to a suicide attempt.
 7. The importance and requirements of confidentiality.
 8. The importance and requirements of appropriate documentation and communication of observations while on duty.
- C. All Resident Companion candidates must pass a written exam (achieve a score of 80% or better) at the completion of initial training to demonstrate appropriate incorporation of training information.
- D. Resident Companions also receive up to two (2) hours of refresher training quarterly to review procedures/policies, discuss clinical issues, and supplement training. Quarterly refresher training is to be provided by the facility's Behavioral Health (BH) Coordinator/Clinical Director, or designee. At least once annually, security staff is to be included in the quarterly training to provide updates/refresher training on security related procedures.

IV. Duties of the Resident Companion

- A. The use of Resident Companions is supplemental to the supervision supplied by KDOC security staff and are implemented as approved by the RCMP. Resident Companions are never utilized for observation of individuals on crisis level three (3) status, therapeutic restraints, or forced psychotropic medication incidents.
- B. Resident Companions are not expected to perform any duties not related to their duties while on watch. They must not function as porters, clinic aides, etc.
- C. Once an individual has been placed on crisis level monitoring, the shift supervisor consults with the BH Coordinator/Clinical Director, or designee (to include the "on-call" behavioral health staff when the BH Coordinator/Clinical Director or designee are off-grounds or unavailable), to determine if a Resident Companion is warranted and necessary. If one is determined to be necessary, a Resident Companion is identified and notified via the shift office to take his/her position at the cell front. The cell front position consists of a window-height chair and a small table being placed directly in front of the cell so the individual on crisis level status is in full view of the Resident Companion.
1. The psychiatric provider responsible for a crisis level order may determine that a Resident Companion is contraindicated and, therefore, may not be utilized for crisis level observation services specific to their order.
 - a. If the psychiatric provider determines a Resident Companion is not to be used, the provider must explicitly include this limitation as part of the crisis level order.
 - b. The order restricting the Resident Companion from being used, must be included with each subsequent renewal for the crisis level placement

2. An individual's Multidisciplinary Team (MDT) may make a general recommendation that a Resident Companion is not recommended when that person is placed on a crisis level due to the nature and/or symptoms of the individual's psychiatric disorder. The MDT is then to ensure that an alert is placed in that resident's medical record indicating the restriction. The RCPC is also to maintain a master list of all such individuals with this alert.
- D. Resident Companions maintain constant observation of the individual they are assigned to observe, and complete documentation of their observations at a minimum of every 10 minutes via the Resident Companion Crisis Level Watch Sheet (Attachment A). Completed forms are stored in the docuware file of the individual being observed due to crisis level status. Entries are to be limited to simple behavioral observations such as:
1. Crying, laughing, smiling, frowning, etc.
 2. Individual stated . . . (and then quote the resident).
 3. Individual sitting on bed.
 4. Individual laying down with visible respirations.
 5. Individual is talking (about . . .).
 6. Individual is yelling/pacing/standing/etc. and is/isn't engaging in acts to harm him/herself.
- E. Companions are allowed to engage in inconsequential conversation or dialogue with the resident they are observing. Conversations should not involve controversial or inflammatory topics and if it appears that the resident being observed is becoming upset or agitated, the companion should end the conversation and report the observed behavior and interaction to the officer in charge (as well as documenting it on the log).
- F. As allowed by the crisis level orders, companions may also be provided with safe, recreational activities to share with the resident being observed. Any such items must be pre-approved by the psychiatric staff and by the RCPC, with the items being accounted for both prior to initiating the observation and upon its conclusion (by that companion). (For example, non-toxic crayons, coloring or puzzle pages, a small, soft-bound paper book, etc.).
1. The Deputy Warden of Programs (or designee) is responsible for ensuring the appropriate ordering, storage and inventory of items used for this purpose.
- G. Companions may be provided with other support items as part of their on-duty shift time (as approved by the RCPC). These may include, but are not limited to such things as fresh coffee, a small snack item, etc. (See IV.F.1 for the maintenance of such items.)

V. Supervision of Resident Companions While on Duty

- A. Resident Companions require in-person supervision by security staff trained in crisis response procedures.
- B. Supervision is provided by the Officer in Charge (OIC) assigned to the area in which the crisis level watch is being provided.
1. The officer responsible for the individual(s) on crisis level status must remain in the same area as that in which the Resident Companion is stationed and must remain within hearing distance with no locked doors between the staff member and the Resident Companion.
 2. The supervising officer conducts in-person checks of the Resident Companion at intervals no greater than 15 minutes. The supervising officer initials the Resident Companion's observation report (Attachment A) upon completion of each of their checks, and document distinct observations on the Resident Companion's observation report as appropriate.

3. In all cases, when a Resident Companion alerts staff to an emergency situation, staff must immediately respond to the crisis level watch area and take necessary action to prevent the individual on crisis level status from incurring injury or death.
 - a. Each facility must identify, as part of the training and ongoing post-orders, how trained Resident Companions contact security staff during their observation duty. The Resident Companion performing observation duties must have access to a means to immediately summon staff help (emergency whistle, verbal shouting, etc.).
 - b. Resident Companions are to be removed from the immediate area to a safe, separate area while security is responding to the emergency situation so that they have no access to, or involvement with any resident or officers during the resolution of the emergency event.
 - c. Once the emergency is resolved, the Resident Companions may be allowed to resume their observations per the orders of the shift supervisor.

VI. Resident Companion Shifts

- A. Resident Companions shifts operate on an "on-call" basis in which individuals may be expected to present for duty with very little warning or preparation. The duration of a Resident Companion's shift is four (4) hours, with a new resident companion being contacted and placed on duty at the end of the four (4) hour period. If necessary, as part of getting another resident companion or other institutional matter, the Resident Companion's shift may be extended to five (5) Resident companions should not typically work more than four (4) hours in an eight (8) hour period, or more than eight (8) hours in a twenty-four (24) hour period.
- B. The companion may be relieved once each hour for a period of 10 minutes by an available officer. At this time the officer signs off on the observation sheet and relieves the Resident Companion for personal needs (i.e. coffee break or rest room break).
- C. Once assigned to provide observations, the Resident Companion is to be paid for the full four (4)-hour period (or actual time worked if it exceeds four (4) hours), even if he/she is not required to work the full period.

VII. Removal of Resident Companions

- A. Any staff, including contract staff, may remove a Resident Companion from their scheduled detail at any time upon witnessing any unethical or inappropriate behavior. A new Resident Companion is to be immediately assigned by the shift supervisor to replace the observer who was removed from their scheduled shift.
 1. Companions who are relieved of their shift due to misconduct are held responsible for their actions as outlined in KDOC disciplinary procedures.
 - a. Any resident removed from their job per the above should be paid for their actual hours worked at the time of removal (rounded to the nearest full hour).
- B. A Resident Companion may submit a request to his unit team counselor to be removed from the program at any time. Removals based on requests from residents are not considered grounds for penalty or other disciplinary action.
- C. A Resident Companion may be removed from the program by the RCPC for any infractions or violations of the Resident Companion program, or for any other facility or security related concerns associated with the individual's performance on or off the job.

1. If at any time a Resident Companion no longer meets the minimum selection criteria outlined in Section II.C., the Resident Companion is to be removed from the program and cannot be selected again until such time as s/he meets criteria.
 2. Residents who are relieved of their employment as a Resident Companion due to misconduct are held responsible for their actions as outlined in KDOC disciplinary procedures.
- D. In all instances in which a resident has been removed from the Resident Companion Program, it is the responsibility of the Deputy Warden of Programs to ensure that appropriate documentation has been completed and maintained. Residents removed due to inappropriate behavior/misconduct may only be considered for reinstatement in the program if they meet all criteria outlined in Section II.C. and have received the approval of the Warden.
- E. Resident Companions that are transferred to another facility are to have their status/certification and file transferred to the receiving site for consideration/inclusion at the facility's Resident Companion program (if it has one).

VIII. Debriefing

- A. When a Resident Companion has been used, the Officer in Charge (OIC) notifies the facility's Behavioral Health Coordinator (BHC)/Clinical Director (or designee) of the name (and companion's number) of all companions used during the OIC's shift and provides a brief report of any substantive situations that occurred as part of the Companions' duties.
- B. Once per week, the BHC or designee is to conduct a group-based debriefing session, which is open to all residents currently assigned to Resident Companion detail. The purpose of the session is to review significant occurrences during the previous week, and/or to provide support for residents regarding their experiences as Resident Companions.
- C. Residents may decline to participate in any debriefing activity without recourse, but the Behavioral Health Coordinator/Clinical Director (or designee) must document that the debriefing was offered and subsequently declined by the Resident Companion.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders, residents and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or residents, offenders, or an independent duty owed by the Department of Corrections to employees, offenders, residents or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

None.

HISTOR

02-19-20 Original
02-25-22 Rev. 1

ATTACHMENTS

Attachments	Title of Attachments	Page Total
A	Crisis Level Status Observation Report Sheet	1 page

