INMATE DEATH
How to Reduce Liability
Suicide Prevention Policy

Rob Yantis, NCCE

Policy & Operations Manager

National Institute for Jail Operations

ryantis@jailtraining.org

Tel: (605) 858-2588



Tate McCotter, MCJ, NCCE, CJE
Executive Director
National Institute for Jail Operations

tmccotter@jailtraining.org
Tel: 801-810-5245

Josh Arnold, NCCE, CJE
Director of Operations
National Institute for Jail Operations

jarnold@jailtraining.org
Tel: 520-940-3047

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ACCEPTING CUSTODY = ACCEPTING LIABILITY

Interfacing and Delineating Operational Liability

Medical/Mental Health Responsibility

vs

Correctional Staff Responsibility

Health-Care Services - A system of professional preventative and therapeutic services that provide for the physical and mental well-being of a population. Includes medical, dental, and mental-health services.

Medical – Mental Health Authority –
The power, legitimacy, and trust granted to healthcare professionals, institutions, or governing bodies to make decisions regarding patient care, treatment protocols, and health policies.

Medical – Mental Health Provider - a licensed individual or certified institution legally authorized to deliver healthcare services.

Inmates in need of immediate attention for a serious medical problem should not be admitted to the jail until examined, treated and approved for admission to the jail by a physician.

- Unconscious
- Seriously injured
- Seriously ill and in need of medical care

- Intake / Accepting Custody
- Suicide – At Risk
- Med Pass and Prescriptions
- Hunger Strikes
- Using Restraints
- Pregnant or Postpartum
- Pre-Existing Conditions / Elective Treatment

Does the facility require arresting or transporting officers to inform you if:

- the arrestee was involved in an accident?
- the arrestee was violent and aggressive prior to arrest?

- if the arrestee made any statements about assaulting anyone or suicidal thoughts?
- if any other persons involved made statements or concerns to the mental stability of the arrestee?
- Notification of any known co-defendants or other safety concerns?

What training have correctional staff received to perform their duties?

- Medication administration
- Medication refusal
- Forced medication

Suicidal Ideation - A broad term generally accepted to describe a range of contemplations, wishes, and preoccupations with death and suicide.

- Active Suicidal Ideation - Suicidal ideation that includes the intent to die by suicide or plans to self-harm.
- Passive Suicidal Ideation - Suicidal ideation that does not include the intent to die by suicide or plans to self-harm.

Screenings that indicate an elevated risk of suicide are reviewed by the shift supervisor and mental health/medical staff (if available) to determine the level of supervision to be instituted.

All officers receive training on suicide prevention and detection prior to independently supervising inmates. The training includes but is not limited to

- identifying the warning signs and symptoms of impending suicidal behavior;
- responding to suicidal and depressed inmates;

- communicating between correctional and health care personnel;
- using referral procedures;
- housing observation;
- watch level procedures; and
- follow-up monitoring of inmates who make a suicide attempt.

Trained staff screen each new intake to determine their risk of attempting suicide. This screening considers information provided from the inmate, observations of the screening staff, and includes but is not limited to

- present suicide ideation;
- history of suicidal behavior;
- current mental health complaints, diagnosis, treatment, and/or prescribed psychotropic medication;

- history of psychiatric treatment;
- history of substance abuse;
- significant recent loss;
- general appearance and behavior;
- evidence of abuse and/or trauma;
- current symptoms of psychosis, depression, or anxiety;
- impairment from drugs or alcohol; and
- aggression.

An “In-Custody” death is any death occurring while an individual is incarcerated, being transported in custodial circumstances or being taken into custody.

An “In-Custody” death, regardless of the cause and who may bear responsibility, is a nightmare for every corrections manager.

When death is not clearly established, victims are transported to the emergency department, and the scene is immediately secured.

If emergency lifesaving is unadvised by emergency services, the scene is immediately secured.

An inmate is not assumed to be deceased until declaration by an appropriate medical professional.

If a death occurs in the facility or under the supervision of facility staff, the scene is secured, and administrative personnel are notified.

- Ensure all staff and inmates are safe and attend to any ongoing critical health needs.
- Contact Sheriff’s Office Command Staff.
- Secure inmates with consideration for communication contamination.
- Vacate unnecessary personnel from the scene.

A supervisor establishes scene security of the incident location.

- No one enters the secured scene unless with explicit permission from the scene investigators.
- Records (to include identification, times, and purpose) are kept of anyone entering or exiting the scene until the scene is released by the lead investigator.

- No cleanup of the scene is performed and no items (including items left after lifesaving attempts) are taken or moved at the scene except by investigators.
- Inmates or personnel housed or working around the scene are identified and relocated for the duration of the investigation.

NOTIFICATION

- Sheriff's Office Command Staff & Jail Command Staff
- Personnel for perimeter security and scene isolation
- Outside criminal investigative personnel

- Internal investigators to assist outside criminal investigators, and inmate interviews
- Public Information Officer (PIO)
- Next of kin and appropriate criminal justice entities are notified under the direction of the command staff and lead investigator.

A criminal investigation is conducted and every effort is made to cooperate with investigators.

The lead investigator operates under the authority of their own entity.

PRESERVE:

- A current “snapshot” of the facility and the day of the event so it is preserved.
- Anything and everything that was in place at the time of the death, and/or related to the death, should be preserved.

- The manner and cause of death has not yet been determined and the scene and documentation will change over time.
- Almost always, a wrongful death civil action suit will be filed but the court proceedings will take approximately one to three years after the incident.

- You will not know exactly what tactics the plaintiff’s lawyers will assume in court.
- Take your time NOW to collect and preserve everything in place at the time of the incident.
- It will be one less impediment in the future when litigation does come.

Report Writing: In-Custody Deaths

Documentation in a report pertaining to a jail death:

- If applicable, any observed behavior of the inmate prior to the death.
- Life-saving actions taken by jail staff.
- Important facts leading up to the death.
- Accurate date, time and location information.
- Emergency response information.

Report Writing: In-Custody Deaths

Even with TOTAL RECALL, reports written contemporaneously with the incident have an added value supporting the officer's memory –

Good reports are very persuasive when introduced as evidence at a deposition or trial.

Shift Logs – Any logs that recorded any events pertaining to the deceased (at least one day prior/ at best from the time of booking) and up to the time of death, including all of the deceased's housing assignments.

Personnel Schedules and Assignments – Identifying all of the posts where personnel worked at the time of the incident.

Property Release to Next of Kin – Documents pertaining to property received by the next of kin.

Names of all Personnel – On duty at the time of the incident (Daily Schedule) most importantly staff involved directly with the incident to include emergency personnel, and facility medical personnel.

Media Releases – Announcements of the death, coroner's findings (cause and manner), progress of the investigation.

Next of Kin Notification – Documenting the appropriate notification. As well as documenting any statements the next of kin makes regarding the offender's death and previous medical or mental health issues/history.

Round Sheets – Documenting the recorded dates and times of the checks pertaining to the deceased.

Incident Reports – Involving the deceased and current and past incarceration history.

Housing Unit Head Count – Identifying the overall inmate population count in the housing unit.

Housing Units Inmate Roster – Identifying the names of all the inmates the deceased was housed with during the incarceration period.

Intake File – Identifying the criminal charges, bond status, preliminary information from the arresting officer, money, property, etc.

Classification File – Identifying other issues regarding the deceased's incarceration period, grievances, special requests etc.

Medical File – Identifying the offender's initial physical condition and screening during the intake process and any medications the deceased may have been taking. Additionally, any mental health records or notes regarding the deceased should be seized.

Criminal History – Identifying all of the deceased's history and contact with law enforcement, if valid. If you can get a copy of the police report as pertained to the deceased most recent incarceration.

Policies and Procedures – Existing and relevant to the actual death incident.

Post Orders – From the housing unit the deceased was assigned.

Standard Operating Procedures – Existing and relevant to the actual death incident.

Written Directives – Existing relevant to the actual death incident.

Mail Logs – Identifying any mail the deceased may have sent out or received.

Letters and Notes – From the deceased's cell and property (check with the mail room and retrieve any incoming and outgoing mail addressed to or from the deceased).

Visitation Logs – Showing who came to visit the deceased and the frequency of those visits. (If the facility has the ability retrieve any recorded/archived video visitations).

Phone Logs – Showing who the deceased calls, date of calls, frequency of calls time of calls, number called and the length of call. (If the facility has the ability retrieve any recorded/archived non privileged phone conversations).

Inmate Cash Account – Showing the balance and transactions.

Commissary Purchases - Identifying the items the deceased purchased from the inmate commissary/canteen.

Video Surveillance Footage – Of the housing unit the deceased was assigned, any other surveillance footage deemed relevant to the investigation.

Photographs – Of the deceased (alive and dead), and the housing unit or area where the death occurred.

Complete Property Inventory – Identifying every piece of property the deceased had in his/her possession, as well as, stored in the property area.

CRITICAL INCIDENT DEBRIEFING

A critical incident debriefing is an extremely important part of the process. Some staff members will find it difficult to deal with the death.

Often the involved staff member will feel somewhat responsible or guilty because they felt they could have done better if they would have tried harder.

IMPORTANT TRAINING TOPICS

- Positional Asphyxia
- Excited Delirium
- Drug Overdose
- Seizure Recognition
- Alcohol & Drug Detoxification
- Suicidal Ideation
- Use Of Force
- Use Of Restraints
- Report Writing & Documentation

COMMON LEGAL EXPOSURE

- Duty to Protect
- Deliberate Indifference
- Failure to Train
- Failure to Supervise
- Negligence

IN CUSTODY DEATH CHECK LIST

In custody deaths will generally mandate at least two and most of the of the time three, separate investigations.

- Criminal
- Civil Suit Preparation
- Administrative Assessment

FUTURE WEBINARS

Session 8: Procedures for Suicide Prevention

Proactive Steps Your Agency can take to help Prevent Suicide in your Facility

December 2, 2026 from 11:00 AM to 12:00 PM

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PHONE
(801) 810-5245 (JAIL)

EMAIL
support@jailtraining.org

WEBSITE
www.jailtraining.org