**Suicide Prevention Status Orders – Placement**

**Inmate Information**

|  |  |
| --- | --- |
|  **Inmate Name:** |  **ACOMS#:** |

**Order**

|  |  |
| --- | --- |
| [ ]  |  Initiate suicide prevention status  |

 **Suicide Prevention Status**

|  |  |
| --- | --- |
| [ ]  | Constant Observation (continuous visual observation by staff) |
| [ ]  | Close Observation (staggered intervals not to exceed every 15 minutes) |
| [ ]  |  Modified Observation |
| [ ]  |  Cumulative Observations | [ ]  |  15 minutes  | [ ]  |  30 minutes  |

**Additional Interventions**

|  |  |
| --- | --- |
| [ ]  |  Suicide Prevention Aide |
| [ ]  |  Other: |
|  Details: |

**Housing**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Suicide prevention cell | [ ]  | Single housing cell | [ ]  |  Camera cell |
| [ ]  |  Roommate | [ ]  |  | [ ]  |  |
| [ ]  |  Other: |
|  Details: |

**Clothing**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Suicide smock | [ ]  |  Shirt | [ ]  |  Pants |
| [ ]  |  Briefs | [ ]  |  Bra | [ ]  |  T-shirt |
| [ ]  |  Other: |
|  Details: |

**Bedding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Suicide prevention blanket | [ ]  |  Blanket  | [ ]  |  Mattress |
| [ ]  |  Suicide sleep system | [ ]  |  Pillow | [ ]  |  Pillowcase |
| [ ]  |  Sheets |  |
| [ ]  |  Other: |
|  Details: |

**Dining**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  |  Clinical precautionary diet | [ ]  |  Regular tray  |
| [ ]  |  Other: |
|  Details: |

**Visitors**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  |  Yes | [ ]  |  No |
| [ ]  |  Only following visitors approved: |
|  Details: |

**Movement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Staff approved movement only | [ ]  |  Recreation time | [ ]  |  Court  |
| [ ]  |  Attorney visit | [ ]  |  Other: |
|  Details: |

**Hygiene**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Bar soap | [ ]  |  Comb | [ ]  |  Deodorant |
| [ ]  |  Liquid soap  | [ ]  | Razor supervised | [ ]  |  Feminine hygiene products |
| [ ]  |  Shampoo | [ ]  |  Shower supervised | [ ]  |  Toilet paper |
| [ ]  |  Toothbrush | [ ]  |  Toothpaste | [ ]  |  Toothpaste tube |
| [ ]  | Towel | [ ]  |  Washcloth  |
| [ ]  |  Other:  |
|  Details: |

**Phone**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  |  Attorney only | [ ]  |  Staff observed calls |
| [ ]  |  Other: |
|  Details: |

**Cell Items**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Chalk/crayons | [ ]  |  Personal pictures | [ ]  |  Mail |
| [ ]  |  Paper | [ ]  |  Reading material | [ ]  |  Unbreakable pencil/pen |
| [ ]  |  Other: |
|  Details: |

**Mental Health Recommendations**

|  |
| --- |
|  |

**Staff Initiating Suicide Prevention Status**

|  |  |
| --- | --- |
|  **Name:** | **Title:****Click here to enter a date.** |
| **Signature:** |  **Date:** |

**Superintendent or Designee Review**

|  |  |
| --- | --- |
|  **Signature:****Click here to enter a date.** |  Date: |
| [ ]  |  **Approved** | [ ]  |  **Denied** |
| **Comments:** |