**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:** | | | | |