

Suicide Precautions

Date:	Time:	Institution:
Prisoner:	OBSCIS:	RE: SUICIDE PRECAUTION

1. Subject prisoner is considered a risk for suicide. Accordingly, the following suicide precautions are recommended. This prisoner is hereby recommended for placement in segregation by a mental health or medical professional. [22 AAC 05.485(4)]

(A) Housing:

- House with roommate
- Isolation

(B) Cumulative Observations:

- 5 minutes
- 15 minutes
- Other

(C) Management: (Apply checked boxes)

- Strip Cell
- Strip Search
- Supervised Shower
- Finger Foods
- Community Meals
- Suicide Blanket Only (No linen)
- No Sharps/Razors
- No Matches

Institutional Blues:

- Bottoms Only
- Tops Only
- No T-Shirt/Socks
- Jockey Shorts Only
- Regular Meals (Count Utensils) (No Phone Calls)
- No Out of Facility Movement (Transfer, Court, etc.)
- No Off-Unit Movement
- Yard
- Recreation Time
- Restraints:
- Soft
- Hard
- Belt
- Ankle
- Wrist
- Strait Jacket

(D) Visitors:

- No Visitors
- Visitor: _____ is **Specifically Excluded.**
Reason: _____

2. The above procedures/precautions should remain in effect until prisoner is re- evaluated by mental health/medical staff.

(Signed)

- Mental Health Clinician
- Medical Staff
- Other

Mental Health Recommendation to the Superintendent or Designee

() The above Suicide Precautions are instituted and justified because:

() Effective immediately the above precautions are CANCELLED because:

Signature:	Title:
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Superintendent or Designee Review and Comment: _____

Approved <input type="checkbox"/> Denied Date:	Signature:
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