



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

[X] NEW [] INTERIM [] REVISED		SUBJECT	
EFFECTIVE DATE 12/10/03		*TERMINATION DATE / /	
CLASSIFICATION # 4521	SUPERSEDES	DATED	DISTRIBUTION A
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER		AUTHORIZED BY THE COMMISSIONER	
ROBERT N. DAVOREN, CHIEF OF DEPARTMENT		MARTIN F. HORN	
SIGNATURE		SIGNATURE	

I. PURPOSE



To establish guidelines for ensuring the health, safety and welfare of diagnosed and potentially suicidal inmates in the custody of the New York City Department of Correction.

II. POLICY

- A. All inmates who are at risk for suicide shall be placed on suicide watch by medical/mental health staff. In order to prevent suicide, constant supervision shall be implemented by the Department when an inmate is placed on suicide watch by medical/mental health staff.
- B. Whenever possible, inmates in suicide watch status shall be housed in dormitory settings. Cell housing can be utilized for inmates as indicated by a mental health clinician based on clinical appropriateness (e.g., those in need of observation, and who are also assaultive).

III. DEFINITION

- A. Constant Supervision - The uninterrupted personal visual observation of inmates (without the aid of any electrical or mechanical surveillance devices) and continuous and direct supervision by permanently occupying an established post in close proximity to the inmate under supervision. Staff shall be provided with:
 1. A continuous clear view of all prisoners under supervision; and
 2. The ability to immediately and directly intervene in response to situations or behavior observed which threaten the health or safety of prisoners or the good order of the facility.

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IV. PROCEDURES

A. Identifying Inmates at Risk for Suicide

Staff shall perform routine tours of their assigned posts, observing the inmates in their custody for unusual incidents, behavior or conditions. During tours of inspection, staff must remain alert for any behavior displayed by an inmate that may indicate he/she is mentally ill or suicidal.

The following guidelines have been established in an effort to decrease the number of suicidal attempts. These guidelines cover environmental causes, pre-disposing factors, high risk suicidal periods, and warning signs and symptoms.

1. CHARACTERISTICS OF JAIL ENVIRONMENT WHICH ENHANCE SUICIDAL BEHAVIOR



These characteristics include:

- a. Fear of the unknown;
- b. Authoritarian environment;
- c. No apparent control over the future;
- d. Isolation from family and significant other;
- e. Shame of incarceration; and
- f. Dehumanizing aspects of incarceration.

2. POTENTIAL SUICIDE PRE-DISPOSING FACTORS

These factors include:

- a. Recent excessive drinking or drug use (e.g., detoxing/withdrawing);
- b. Recent loss of stabilizing resources (e.g., break-up with spouse or significant other);
- c. Severe guilt or shame over the offense (e.g., sexual offense);
- d. Same-sex rape or threat of such;
- e. Current mental illness;
- f. Poor physical health or terminal illness;
- g. Court officials indicate suicide watch/alert on securing order;
- h. Recently sentenced, facing a long sentence;
- i. Inmate is a "Pillar of Society" (e.g., clergy, politician, professional, etc.);
- j. Charged with a capital offense;
- k. Violent felony (e.g., murder, rape, arson);

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IV. PROCEDURES (continued)

- I. Violent history;
- m. Culture considers suicide honorable (Immigrants);
- n. Family history of suicide or prior suicide attempts; and
- o. Experienced a personal tragedy.

3. HIGH RISK SUICIDE PERIOD

These periods include:

- a. The first 24 hours of confinement;
- b. Intoxication/withdrawal;
- c. Trial and sentencing hearings;
- d. Impending release;
- e. Decreased staff supervision;
- f. Weekends and holidays; and
- g. Bad news from home/attorney.



4. WARNING SIGNS AND SYMPTOMS OF SUICIDAL BEHAVIOR

Specific behaviors that may indicate mental illness or a propensity for suicidal ideation include:

- a. Talking about or threatening suicide;
- b. Writing a will and/or suicide note;
- c. Sadness and crying;
- d. Withdrawal, silence;
- e. Sudden loss or gain in appetite;
- f. Insomnia;
- g. Lethargy;
- h. Projecting hopelessness or helplessness;
- i. Speaking unrealistically about future and getting out of jail;
- j. Giving away possessions and/or packing belongings;
- k. Increasing difficulty relating to others;
- l. Severe aggressiveness; and
- m. Paranoid delusions or hallucinations.

B. Suicide Prevention Screening

Screening and assessment when inmates enter a facility are critical.

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IV. PROCEDURES (continued)

1. All court divisions will complete the State of New York Commission of Correction Office of Mental Health (NYSCOCMH) form #330.
2. All facility intake areas will complete form #330 for any inmates who are not processed through the court division, such as state transfers, direct police cases, direct parole cases, etc.
3. The original form #330 will be attached to the arraignment form #239AR and become a permanent part of the inmate's legal folder. A copy will be forwarded to medical staff for completion and will be included in the inmate's medical folder.
4. All checks in column A will be totaled in the space provided. The screening officer will notify a supervisor immediately if form #330 indicates:
 - a. A total score of 8 or more;
 - b. Any shaded boxes are checked; or
 - c. The screening officer feels that notification is appropriate.
5. Indication of potential suicide will result in an immediate referral to mental health staff.



C. Suicide Prevention Procedures for Court Divisions

Correction Officers assigned to Court Divisions perform routine tours of their assigned posts, observing all inmates in their custody for unusual incidents, behavior or conditions at a minimum of every 15 minutes. During tour of inspection, staff must remain alert for any behavior displayed by an inmate that may indicate he/she is mentally ill or suicidal.

1. Inmates identified as being at risk for suicide (according to the guidelines set forth in III. Procedures, A. Identifying Inmates at Risk for Suicide of this Directive) shall be interviewed in private by a supervisor and their belts, shoelaces, drawstrings, neckties, etc. will be confiscated and safeguarded. Form #4018R, entitled "Referral of Inmates to Mental Health Services", shall be completed and attached to the inmate's securing order.

Increased monitoring shall be performed including:

- a. Placement of the inmate within direct line of sight of the officer;

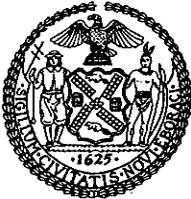

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IV. PROCEDURES (continued)

- b. Constant supervision; and
 - c. Ongoing verbal communication with the inmate.
2. Confiscated property will be taken in accordance with C. 1 above and placed in an appropriately sized envelope, which will be attached to the inmate's securing order. The property will be forwarded with the inmate to his/her housing facility and processed in accordance with current procedures regarding the safeguarding of inmate property.
 3. If the subject inmate is an adult male new admission, he will be transported to the Anna M. Kross Center (AMKC) for new admission processing and a mental health evaluation.
 4. Upon the arrival of the subject inmate to his/her housing facility he/she shall be escorted **without delay** to the clinic for a mental health evaluation in accordance with the procedures set forth in Directive 4018R "Referral of Inmates to Mental Health Services".
 5. Suicide Watch Inmates and Court Appearances

When suicide watch inmates are produced to the court officer from the Office of Court Administration (OCA) for court appearance the following procedures shall apply:

- a. The suicide watch sheet shall remain with the court division officer, and the time that OCA assumes custody shall be noted on the Suicide Watch Report.
 - b. The court officer shall sign for the inmate in the Court Division Record Logbook (242A).
 - c. The remarks section of the Court Division Record Logbook (242A) shall be inscribed with the remark "suicide risk."
 - d. The court officer accepting custody of the inmate shall place his/her initials next to the remarks section that indicates that the inmate is a "suicide risk."
6. On-Trial Suicide Watch Inmates

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IV. PROCEDURES (continued)

On-trial suicide watch inmates will be permitted to wear a belt, necktie and shoelaces **while they are in the courtroom only.**

- a. The sending facility shall place the inmate's property in an appropriately sized envelope, which will be attached to the accompanying card and given to the transportation officer. The outside of the envelope will list the contents (i.e. one black belt, one gray tie, etc.).
- b. Before being placed in OCA custody, the inmate will receive his/her property for his/her court appearance.
- c. Once the inmate returns from his/her court appearance the property will be taken from the inmate by the court division officer before the inmate is placed in the holding pen. The court division officer shall ensure that the contents listed on the property envelope are returned.

D. Initiation of Suicide Watch

1. If any employee suspects that an inmate may be suicidal or a suicide risk even without demonstrating overt suicidal behavior, the employee must immediately notify a supervisor. The inmate shall be immediately referred to mental health by utilizing "Referral of Inmates to Mental Health Services" form #4018.
2. The supervisor will direct that any items that may be used to cause self-harm are confiscated from the at-risk inmate including but not limited to:
 - a. belts;
 - b. shoelaces;
 - c. drawstrings, and;
 - d. neckties, etc.
3. The initiation of a suicide watch may occur after any evaluation by a mental health/medical practitioner. If the clinician determines that a suicide watch is necessary, he/she shall identify the type of housing the inmate should be assigned to (e.g., Mental Observation [MO], Mental Health Assessment Unit for Infracted Inmates [MHAUII], Administrative Mental Observation Unit [AMOU]), as well as whether the area should be dormitory or cell.

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IV. PROCEDURES (continued)

Note: Only a mental health/medical staff member may initiate a suicide watch.

E. Notification to DOC by Mental Health/Medical Staff

1. When mental health/medical staff initiate a suicide watch, a Mental Health Status Notification and Mental Observation Transfer Form (TNF) form # OD/HS 02 indicating the initiation of the watch, the type of housing, dormitory/cell and any necessary precautions will be forwarded to the tour commander and movement control.
2. The following information shall be indicated on the TNF:
 - a. The reason for issuing or contra-indicating the use of the suicide prevention smock; and
 - b. The duration of time that the inmate will be required to wear the suicide prevention smock / paper gown.



Note: Inmates may elect to wear the paper gown in lieu of the suicide prevention smock.

3. Mental health staff will house any male inmate on suicide watch status in AMKC/Mental Health Center (C-71), with the exception of those inmates housed in GRVC/MHAUII, West Facility/Contagious Disease Unit (CDU), NIC Infirmary, or NIC/AMOU.
4. The Rose M. Singer Center (RMSC) will house female inmates on suicide watch status in a mental health dormitory dedicated to enhanced suicide observation with the exception of those inmates housed in MHAUII, West Facility/CDU or the Infirmary.

F. Processing of Inmates on Suicide Watch Status

1. The inmate's identification card will be exchanged to receive a new identification card with a black circle identifier;
2. The accompanying card receives a black circle identifier;

Note: Upon removal from suicide watch status the black circle identifier will be removed from the inmate's accompanying card and the identification card will be exchanged for a new card.

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IV. PROCEDURES (continued)

3. All inmates housed on suicide watch within a dormitory designated for suicide watch will surrender all clothing and linen items. The only exception will be those items that mental health/medical staff indicate on the TNF should not be surrendered. The inmate's property will be handled in accordance with Directive 2307R, Surrender and Safekeeping of Inmate Property.
4. Inmates on suicide watch will receive the following suicide prevention items:
 - a. one (1) suicide prevention smock, (see #5)
 - b. two (2) suicide prevention blankets,
 - c. disposable undergarments as needed, and
 - d. one (1) finger toothbrush.
5. The following instances would preclude an inmate on suicide watch from donning the suicide prevention smock:
 - a. Mental health/medical staff contraindicate the use of the suicide prevention smock.
 - b. Inmates that are housed in a mental health dormitory where all inmates are not donning a suicide prevention smock will be allowed to maintain their clothing and linen items.
 - c. Inmates that are housed in cell areas where all inmates are not wearing smocks shall only don the smock while in their cells. They shall exchange the smock for a jumpsuit whenever leaving the cell.
6. The suicide prevention smocks will be exchanged daily. Disposable undergarments will be exchanged as needed, but no less than daily.

G. Housing

1. Any inmate who is identified as a suicide risk will be assigned to a housing area that can provide direct and constant supervision and escorted movement for such a period of time as determined by the appropriate clinical staff.

Note: Mental health/medical staff shall make daily rounds of all areas where inmates on suicide watch are housed.

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IV. PROCEDURES (continued)

2. Suicidal inmates will be assigned beds/cells that are nearest to the officer's station.
3. Cells must be checked prior to placing a suicidal inmate inside the cell to ensure that all potentially harmful articles are removed. Contraband searches should be conducted daily thereafter, be unannounced and be observed by a supervisor and documented in the post logbook.



H. Movement of Inmates Placed on Suicide Watch

1. Movement Within Housing Facility
 - a. Whenever an inmate on suicide watch attends programs (e.g., recreation, visits, law library, etc.) the inmate shall be escorted and his/her Suicide Watch Report (form #4521A) shall be given to the program officer. The program officer will ensure that the inmate is observed and the Suicide Watch Report is completed and returned with the inmate to his/her housing area.

The program officer shall notify his/her supervision to determine if the staffing in the program/service area is adequate to afford constant supervision of the suicide watch inmate. If the supervisor determines that it is not, then the escort officer shall remain with the inmate.

- b. All inmates on suicide watch will change from a smock into a jumpsuit during all out of housing area activities and extra-facility movement.
 - c. A minimum of two (2) jumpsuits per suicide inmate will be maintained in the "A" station daily.
2. Movement Outside of Housing Facility
 - a. Whenever an inmate on suicide watch status travels outside of the housing facility, (e.g., court, clinic, hearing, etc.) his/her Suicide Watch Report (form #4521A) shall be attached to the accompanying card (form #239) and the escort/transportation officer shall be made aware that the inmate is on suicide watch.

The inmate will be seated close to the officer, within line of sight. The escort/transportation officer will ensure that the inmate is observed and his/her findings are recorded on the Suicide Watch Report every 15 minutes.

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IV. PROCEDURES (continued)

The escort/transportation officer shall deliver the inmate's paperwork and Suicide Watch Report sheet to the receiving officer. The receiving officer shall be responsible for ensuring that the inmate is placed in a cell close to the officer within line of sight and ensure that the inmate is observed and his/her findings are recorded on the Suicide Watch Report every 15 minutes.

- b. In instances where the required checks were not documented and/or conducted, the employee responsible for conducting the checks shall document (by memo, form 600AR) the reason(s) and submit his/her report to the area supervisor. If the Tour Commander accepts the explanation, a copy of the memo shall be attached to the Suicide Watch Report. If the explanation(s) is not acceptable, appropriate corrective action will be taken.



Note: All completed Suicide Watch Reports must be submitted to the Control Room of the facility in which the inmate is housed. The Suicide Watch Report will be processed daily Monday-Friday by the office of the Deputy Warden for Programs.

- c. Only inmates on suicide watch that are on-trial (not routine court appearances) will be permitted to wear civilian clothing to court all others will wear a jumpsuit. Items that may be used to harm oneself will not be permitted, including but not limited to belts, neckties, shoelaces, or drawstrings.

I. Suicide Watch Intervention



1. Deputy Warden Security – During business hours (or the Tour Commander during non-business hours and weekends) shall:
 - a. Determine the number of constant supervision officers assigned to a given number of suicide watch inmates. His/her determination will be based on the physical plant and line of sight available for each housing area.

Each instance shall be determined on a case-by-case basis. In general, a dormitory setting will allow for a greater number of suicide watch inmates per officer, versus a cell setting that may warrant one-on-one coverage.

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IV. PROCEDURES (continued)

2. Deputy Warden for Programs – During business hours, shall:
 - a. On a daily basis, provide the Tour Commander and the Control Room with an up-to-date roster of inmates on suicide watch and their location.
 - b. Review all Suicide Watch Reports forms received and ensure that they are reconciled with mental health staff and that they are complete and accurate.
 - c. Shall hold bi-weekly meetings with the mental health unit chief to ensure that **daily** mental health encounters are taking place, review all inmates on suicide watch, their status and/or possible removal.
3. Tour Commanders shall:
 - a. Personally observe suicide watch status inmates during their tours of inspection of housing areas. Tour Commanders shall confirm their observation by affixing their initials in the supervisor column and appropriate time slot on form #4521A.
 - b. Peruse the completed forms for any unusual activities by the inmate.
 - c. Ensure that housing area captains are aware of and personally observe all suicide watch status inmates during tours of inspections of their assigned areas.
 - d. Ensure that sufficient supplies of Suicide Watch Reports are on hand in the Control Room.
4. Housing / Area Captains shall:
 - a. Ensure that all procedures are adhered to in Section III., F. “Processing of Inmates on Suicide Watch Status” of this Directive.
 - b. Personally observe suicide watch status inmates housed in their areas of supervision. Housing area captains shall confirm their observation of the inmate by affixing their initials in the supervisor column and appropriate time slot on the Suicide Watch Report.

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IV. PROCEDURES (continued)

- c. Ensure that housing area officers complete the Suicide Watch Report in the manner prescribed in III. Procedures, I. Suicide Watch Intervention, 4. a-g of this Directive.
- d. Ensure that the officer assigned to perform constant supervision is not assigned any other duties, beyond the constant supervision of the inmate(s) on suicide watch.



Officers assigned to constant supervision posts must be relieved for meal and all other tasks that he/she is directed to do other than directly observe the suicide watch inmate(s). Additionally he/she may not provide a relief for any officer on the same or adjacent posts.

- e. Shall ensure that the relieving housing area supervisor is notified of all inmates on suicide watch status.
5. Correction Officers – Officers assigned to areas housing, inmate programs/ services, escorting or transporting inmates in suicide watch status shall:
- a. Maintain an adequate supply of Suicide Watch Report forms at their place of assignment.
 - b. Ascertain and record the names of all suicide watch status inmates in the housing area logbook upon assuming their post.
 - c. Maintain constant supervision and record their observations of each suicide watch inmate every 15 minutes on the prescribed form and shall include all activity that transpired in the last 15 minutes of continuous observation.

Example of a log entry for the period of 1000-1015 hours: “the inmate ate lunch in the dayroom.”

The report should indicate:

- i. The name and shield number of the officer conducting the check;
- ii. General condition and attitude of the inmate, e.g., appears fine, calm, crying, etc.

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IV. PROCEDURES (continued)

- iii. Any peculiar behavior or unusual actions;
- iv. Inmate activity, e.g., watching television, reading a book, etc.
- v. The name, title and time of any mental health staff interviewing subject inmate;
- vi. The condition of the suicide prevention items, e.g., smock, blanket;
- vii. The time the inmate arrives or returns to the housing area or any other program or location.
- d. Prepare individual suicide watch forms for all inmates requiring them for the on-coming tour.
- e. Submit the completed suicide watch form to the control room, upon completion of the 1500x2331 tour.



J. Change or Discontinuance of Suicide Watch Status

- 1. The mental health staff will evaluate an inmate on suicide watch within forty-eight (48) hours after initial placement. The next evaluation will be conducted within ninety-six (96) hours after the initial evaluation.
- 2. Any changes in the status of an inmate's suicide watch shall be communicated by mental health/medical via the TNF to the Tour Commander, movement control and Programs Deputy Warden.
- 3. The sole authority to discontinue a suicide watch shall reside with mental health staff, regardless of which medical/mental health clinician orders the initial suicide watch.

K. Suicide Watch Tracking Procedures

The following guidelines shall ensure accountability of all inmates placed on suicide watch:

- 1. Medical Services Supervisor (Clinic Captain) - Shall:
 - Ensure that an updated list of all inmates on suicide watch is submitted to the movement office and the office of the Deputy Warden of Programs each business day.

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IV. PROCEDURES (continued)

2. Housing Area Officer

On a daily basis shall ensure that the suicide watch form for each inmate in his/her custody is forwarded to the control room at the end of the 1500X2331 tour.

3. 11x7 Control Room Captain



- a. On a daily basis shall ensure that all suicide watch forms are collected and reconciled with the active list of inmates on suicide watch.
- b. Ensure that an accurate updated list of all inmates on suicide watch is maintained in the Control Room.

4. Deputy Warden of Programs

- a. Shall maintain an accurate list of all inmates on suicide watch and their locations.
- b. Shall ensure that the Suicide Watch Tracking Form (#4521B, which indicates all inmates under active suicide watch) is forwarded to the facility's Assistant Chief each business by 1100 hours.
- c. Ensure all completed Suicide Watch Reports are delivered to the General Office for filing in the inmates' folder.

5. Assistant Chiefs of Division's I & II

Shall ensure that a compilation of the Suicide Watch Tracking Forms are forwarded to the Offices of the Commissioner, Chief of Facility Operations, Deputy Commissioner of Strategic Planning & Programs and Assistant Commissioner of Health Affairs Unit each business day by 1400 hours.

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V. REFERENCES

- A. New York City Board of Correction Mental Health Minimum Standards;
- B. Directive #2307R "Surrender and Safekeeping of Inmate Property" dated 9/11/98;
- C. Directive #4018R "Referral of Inmates to Mental Health Services" dated 4/8/99;
- D. Directive #4017R "Inmate Observation Aide Program" dated 8/8/88; And
- E. Rules & Regulations: 7.05.090 – 7.05.200.

VI. ATTACHMENTS

- A. Suicide Watch Report (Form #4521A);
- B. Mental Health Status Notification and Mental Observation Transfer Form (TNF) (Form #OD/HS 02, REV 12/10/03);
- C. Suicide Watch Tracking Form (#4521B); and
- D. State of New York Commissioner of Correction Office of Mental Health (NYSCOCMH) Form #330



CORRECTION DEPARTMENT CITY OF NEW YORK

FORM # OD/HS 02
REV 12/10/03

REF: O/O # 22/93
DIR. 4521



MENTAL HEALTH STATUS NOTIFICATION AND OBSERVATION TRANSFER FORM (TNF)

TO BE COMPLETED BY MENTAL HEALTH /CLINICAL STAFF

INMATE NAME	FACILITY
BOOK & CASE #	NYSID #
DATE / /	

BASED ON A CLINICAL INTERVIEW THIS DATE, THE FOLLOWING MARKED (X) INDICATIONS APPLY:

<input type="checkbox"/> SUICIDAL AND / OR HIGHLY SELF-INJURIOUS	<input type="checkbox"/> HIGHLY ASSAULTIVE
<input type="checkbox"/> RECEIVING PSYCHOTROPIC MEDICATION	<input type="checkbox"/> DEVELOPMENTALLY DISABLED
<input type="checkbox"/> 730 EXAMINATION PENDING	<input type="checkbox"/> HISTORY OF VIOLENCE TOWARDS _____

TRANSFER TO:

PSYCHIATRIC PRISON WARD: BHPW KCHPW EHPW

DOC FACILITY: C-71 MENTAL HEALTH NIC ADMINISTRATIVE UNIT

OTHER M.O. HOUSING: DORMITORY CELL EITHER

SPECIAL PRECAUTIONS REQUIRED:

CONSTANT SUICIDE WATCH

GENERAL POPULATION - NO DANGER TO SELF OR OTHERS

NO TRANSFER REQUIRED, BUT MOVE TO DORMITORY CELL

ADDITIONAL INFORMATION/RECOMMENDATIONS:

INTERVIEWER SIGNATURE	TIME OF INTERVIEW _____ HRS.
INTERVIEWER NAME (PRINT)	DATE OF INTERVIEW / /

TO BE COMPLETED BY DEPARTMENT OF CORRECTION STAFF

TIME OF NOTIFICATION TO DOC: _____ HRS.	PERSON NOTIFIED (PRINT NAME & RANK)		
TIME OF NOTIFICATION TO NAMCU: _____ HRS.	PERSON NOTIFIED (PRINT NAME & RANK)		
TRANSFER LOCATION	FACILITY	HOUSING AREA	BED / CELL
PERSON NOTIFIED AT RECEIVING LOCATION (AS REQUIRED)	PRINT NAME	RANK/TITLE	SHIELD NO./I.D.

SUICIDE WATCH TRACKING FORM

(Form # 4521B, eff. 12/10/03)

Facility: _____

No.	Inmate Name (Last, First)	Book & Case No.	Housing Type (Dorm or Cell)	Date and Time watch was initiated	# of rounds made by clinician
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

Prepared by: _____
Name Title

_____ Date

SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME
-----------------	-----	---------------	------------------------	------	------

NAME OF FACILITY	NAME OF SCREENING OFFICER	Detainee showed serious psychiatric problems during prior incarceration YES _____ NO _____
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Check appropriate column for each question

	Column A YES	Column B NO	General Comments/Observations All "YES" Responses Require Note to Document
OBSERVATIONS OF ARRESTING/TRANSPORTING OFFICER			
1. Arresting or transporting officer believes that detainee may be a suicide risk. If YES, notify supervisor.			
PERSONAL DATA	No Family Friends		
2. Detainee lacks support of family or friends in the community.			
3. Detainee has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).			
4. Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).			
5. Detainee's family member or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.			
6. Detainee has history of drug or alcohol abuse. (Note drug and when last used.)			
7. Detainee has history of counseling or mental health evaluation/treatment. (Note current psychotropic medications and name of most recent treatment agency.)			
8. Detainee expresses extreme embarrassment, shame, or feelings of humiliation as result of charge/incarceration (consider detainee's position in community and shocking nature of crime).			
9. Detainee is thinking about killing himself. If YES, notify supervisor.			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred within last month.			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to).			
12. This is detainee's first incarceration in lockup/jail.			
BEHAVIOR/APPEARANCE			
13. Detainee shows signs of depression (e.g., crying, emotional flatness).			
14. Detainee appears overly anxious, panicked, afraid or angry.			
15. Detainee is acting and/or talking in a strange manner (e.g., cannot focus attention; hearing or seeing things which are not there).			
16a. Detainee is apparently under the influence of alcohol or drugs.			
b. If YES, is detainee incoherent, or showing signs of withdrawal or mental illness? If YES to both a & b, notify supervisor.			

TOTAL Column A _____

Officer's Comments / Impressions

ACTION

If total checks in Column A are 8 or more, or any shaded box is checked, or if you feel it is necessary, notify supervisor and institute constant watch.

Supervisor Notified: YES _____ NO _____

Constant Supervision Instituted: YES _____ NO _____

Detainee Referred to Medical/Mental Health:	IF YES:	EMERGENCY	NON-EMERGENCY
YES _____ NO _____		medical _____	medical _____
		mental health _____	mental health _____

Signature and Badge Number of Screening Officer: _____

Medical/Mental Health Personnel Actions: (To be completed by medical/MH staff)

INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES – FORM 330 ADM

GENERAL INFORMATION

It is recommended that the form be completed in triplicate for all detainees prior to cell assignment and be distributed as follows: top copy in detainee's file, second copy to medical or mental health personnel at referral, and the third copy for use according to facility's procedures.

Comment Column: All "YES" responses require note to document:

1. information about the detainee that officer feels is relevant and important;
2. information specifically requested in questions;
3. information regarding detainee's refusal or inability to answer questions.

Detainee's Name: Enter detainee's first and last name and middle initial.

Sex: Enter male (m) or female (f).

Date of Birth: Enter month, day and year.

Most Serious Charge(s): Enter the most serious charge or charges (no more than two [2]) from this arrest.

Date: Enter month, day and year form was completed.

Time: Enter the time of day the form was completed.

Name of Facility: Enter name of jail or lock-up.

Name of Screening Officer: Print name of officer completing form.

Psychiatric Problems During Prior Incarceration: The screening officer should check facility files to determine if the inmate had attempted suicide or was referred for mental health services during prior incarceration. **NOTE: Persons with a diagnosis of schizophrenia or major depression should be referred immediately to mental health as they are generally more at risk for suicide than persons with other psychiatric disorders.**

INSTRUCTIONS FOR ITEMS 1-16

General Instructions

Check the appropriate YES or NO for items 1-16.

If information required to complete these questions is unknown to screening officer, such information should be obtained by asking detainee to answer questions. However, detainee has the right to refuse to answer.

If detainee refuses to answer questions 2-12, enter RTA (refused to answer) in the Comment Column next to each question. In addition, complete the YES or NO boxes only if information is known to you.

If during an otherwise cooperative interview, detainee refuses to answer one or two question: Check YES in the box(es) next to the unanswered question(s) and enter RTA in the comment box next to each unanswered question.

If detainee is unable to answer all questions 2-12, enter UTA (unable to answer) in the Comment Column next to each question. Also enter reason (e.g., not English speaking) for not answering these questions in the Comment Column next to Question 2. In addition, complete the YES or NO boxes only if information is known to you.

Observation of Transporting Officer

ITEM (1) Check YES or NO based upon the written/verbal report of the arresting/transporting officer or upon the screening form completed by the arresting agency. If YES, notify supervisor.

NOTE: The following questions and observations should not be read word for word but restated in your own words.

Personal Data Questions

ITEM (2) Family/friends: Check NO if someone other than a lawyer or bondsman would (1) be willing to post detainee's bail, (2) visit detainee while he/she is incarcerated, or (3) accept a collect call from detainee.

ITEM (3) Significant loss: Ask all three components to this question—loss of job, loss of relationship and death of close friend or family member.

ITEM (4) Worried about problems: Ask about such problems as financial, medical condition or fear of losing job. Check YES if detainee answers YES to any of these:

ITEM (5) Family/significant other attempted suicide: Significant other is defined as someone who has an important emotional relationship with detainee.

ITEM (6) Alcohol or drug history: Check YES if detainee has had prior treatment for alcohol/drug abuse or if prior arrests were alcohol/drug related.

ITEM (7) History of counseling or mental health evaluation/treatment: Check YES if detainee (1) has ever had psychiatric hospitalization, (2) is currently on psychotropic medication, or (3) has been in outpatient psychotherapy during past six months. Note current psychotropic medication and name of most recent treatment agency.

ITEM (8) Check YES if detainee expresses extreme shame as result of arrest or feels that arrest/detention will cause humiliation to self/significant others.

ITEM (9) Suicidal: Check YES if detainee makes suicidal statement or responds YES to direct question, "Are you thinking about killing yourself?" If YES, notify supervisor.

ITEM (10) Previous attempt: Check YES if detainee states he has attempted suicide. If YES or NO, explore method and note scars. Obtain as much information as possible re method and time of attempt.

ITEM (11) Hopeless: Check YES if detainee states feeling hopeless, that he has given up, that he feels helpless to make his life better. If YES to both items 10 and 11, notify supervisor.

ITEM (12) Criminal History: Ask detainee or check files to determine if this is detainee's first incarceration.

Behavior/Appearance Observations

YES or NO must always be checked for each of these items. They are observations made by the screening officer. They are not questions.

ITEM (13) Depression: Indicators include behavior such as crying, emotional flatness, apathy, lethargy, extreme sadness, unusually slow reactions.

ITEM (14) Overly anxious, afraid, panicked, or angry: Indicators include behavior such as handwringing, pacing, excessive fidgeting, profuse sweating, cursing, physical violence, etc.

ITEM (15) Acting in strange manner: Check YES if you observe unusual behavior or speech such as hallucinations, severe mood swings, disorientation, withdrawal, etc. If detainee is hearing voices telling him to harm himself, make an immediate referral to mental health services.

ITEM (16a) Under influence: Check YES if detainee is apparently intoxicated on drugs or alcohol.

ITEM (16b) Incoherence, withdrawal, or mental illness: Means physical withdrawal from substance. If YES to both a & b, notify supervisor.

COMMENTS/IMPRESSIONS: Note any "gut" feelings or general impression re suicide risk.

SCORING

Count all checks in Column A. Enter total. Notify supervisor if (1) total is 8 or more, (2) any shaded area is checked, (3) if you feel notification is appropriate.

BOOKING OFFICER SIGNATURE AND BADGE NUMBER

Sign form and enter badge number.

DISPOSITION

Corrections Personnel: Supervisor notified: check YES or NO. Notification should be made prior to cell assignment.
Note if constant supervision instituted.
Note emergency/non-emergency referral to medical and/or mental health personnel.

Medical/Mental Health Personnel: Medical/mental health staff should note recommendations and actions taken.



SUICIDE WATCH REPORT

FACILITY: _____ ORDERED BY: _____

INMATE: _____ BOOK & CASE #: _____ NYSID #: _____

HOUSING AREA: _____ BED/CELL #: _____ HOUSING TYPE: _____ CELL DORM
(e.g., MO,PS,INF, etc.)

INSTRUCTIONS:

1. THIS REPORT SHALL BE USED TO MONITOR ALL OF THE INMATE'S ACTIVITIES WHILE ON CONSTANT OBSERVATION IN THE CUSTODY OF THIS DEPARTMENT.
2. ENTRIES SHALL BE MADE TO INDICATE ALL OF THE INMATE'S MOVEMENT THROUGHOUT THE DEPARTMENT (I.E., CLINIC, COURT, RECREATION, ETC.).
3. ALL COMPLETED SUICIDE WATCH REPORTS MUST BE SUBMITTED TO THE CONTROL ROOM OF THE FACILITY IN WHICH THE INMATE IS HOUSED.

Constantly observe the subject inmate and record the location and activity of subject inmate On suicide watch status at (a minimum of) fifteen (15) minute intervals.

This report should indicate:

- i. General condition and attitude of the inmate, e.g., appears fine, calm, agitated, etc.
- ii. Inmate activity at the time of inspection, e.g., sleeping, eating;
- iii. Any peculiar behavior or unusual actions (e.g. refusing to eat, etc.);
- iv. The name, title and time of any mental health staff interviewing subject inmate;
- v. The time that the random search is conducted;
- vi. The time the inmate arrives or returns to the housing area or any other program or location;
- vii. During movement any Member of Service assigned to observe the subject inmate other than the officer originally assigned shall record their name and shield # at that time.

DATE: ___/___/___ TOUR: _____ OFFICER ASSIGNED: _____ SH #: _____

AREA SUPERVISOR: _____ SH#: _____ Is Suicide Smock /Blanket Intact ? YES / NO

TIME	OFFICER'S OBSERVATIONS	SUPERVISOR	CLINICIAN Name & Title
0700 Hrs.			
0715 Hrs.			
0730 Hrs.			
0745 Hrs.			
0800 Hrs.			
0815 Hrs.			
0830 Hrs.			
0845 Hrs.			
0900 Hrs.			
0915 Hrs.			
0930 Hrs.			
0945 Hrs.			
1000 Hrs.			
1015 Hrs.			
1030 Hrs.			
1045 Hrs.			
1100 Hrs.			
1115 Hrs.			
1130 Hrs.			
1145 Hrs.			
1200 Hrs.			
1215 Hrs.			
1230 Hrs.			
1245 Hrs.			
1300 Hrs.			
1315 Hrs.			
1330 Hrs.			
1345 Hrs.			
1400 Hrs.			
1415 Hrs.			
1430 Hrs.			
1445 Hrs.			

FACILITY: _____

INMATE: _____

BOOK & CASE #: _____

NYSID #: _____

Date: ___/___/___ Tour: _____ Officer Assigned: _____ SH #: _____

Date: ___/___/___ Tour: _____ Officer Assigned: _____ SH #: _____

Area Supervisor: _____ SH#: _____ Is Suicide Smock /Blanket Intact ?
YES / NO

Area Supervisor: _____ SH#: _____ Is Suicide Smock /Blanket Intact ?
YES / NO

TIME	OFFICER'S OBSERVATIONS	SUPERVISOR	CLINICIAN Name & Title	TIME	OFFICER'S OBSERVATIONS	SUPERVISOR	CLINICIAN Name & Title
2300 Hrs.				1500 Hrs.			
2315 Hrs.				1515 Hrs.			
2330 Hrs.				1530 Hrs.			
2345 Hrs.				1545 Hrs.			
0000 Hrs.				1600 Hrs.			
0015 Hrs.				1615 Hrs.			
0030 Hrs.				1630 Hrs.			
0045 Hrs.				1645 Hrs.			
0100 Hrs.				1700 Hrs.			
0115 Hrs.				1715 Hrs.			
0130 Hrs.				1730 Hrs.			
0145 Hrs.				1745 Hrs.			
0200 Hrs.				1800 Hrs.			
0215 Hrs.				1815 Hrs.			
0230 Hrs.				1830 Hrs.			
0245 Hrs.				1845 Hrs.			
0300 Hrs.				1900 Hrs.			
0315 Hrs.				1915 Hrs.			
0330 Hrs.				1930 Hrs.			
0345 Hrs.				1945 Hrs.			
0400 Hrs.				2000 Hrs.			
0415 Hrs.				2015 Hrs.			
0430 Hrs.				2030 Hrs.			
0445 Hrs.				2045 Hrs.			
0500 Hrs.				2100 Hrs.			
0515 Hrs.				2115 Hrs.			
0530 Hrs.				2130 Hrs.			
0545 Hrs.				2145 Hrs.			
0600 Hrs.				2200 Hrs.			
0615 Hrs.				2215 Hrs.			
0630 Hrs.				2230 Hrs.			
0645 Hrs.				2245 Hrs.			