

OKLAHOMA DEPARTMENT OF CORRECTIONS
Suicide Watch Conditions/Precautions

1. Suicide Watch:

- Initiate suicide watch
- Maintain suicide watch
- Change suicide watch
- Discharge from suicide watch

Housing Recommendations:

- Return to general population
- Transfer to general population unit: _____
- Continue SHU placement per security recommendations Comment: _____

2. Reason for Suicide Watch:

- Inmate behavior likely to cause self-harm
- Inmate made suicidal gesture/threat
- Suicide attempt was made
- Engaging in self harm
- Risk management interview indicates a need
- Less restrictive measures failed

3. Level of Supervision:

- Suicide Watch: Level I - Continuous Watch - *Inmate placed in Safe Cell* - Continuous, one-to-one visual, line-of-sight monitoring with observations of behavior logged a minimum of once every 15 minutes (stagger) on "Suicide Watch Log."
- Suicide Watch: Level II - Close Watch - One-to-one, visual monitoring on staggered intervals with observations of behaviors logged every 15 minutes (stagger) on "Suicide Watch Log."
- Suicide Watch: Level III - Routine Watch - One-to-one, visual monitoring on staggered intervals with observations of behavior logged a minimum of once every 30 minutes (stagger) on "Suicide Watch Log."
- Routine Supervision - Routine level of supervision per security and/or classification.

4. Level of Supervision Housing Recommendation:

- Safe cell
- Medical observation cell in SHU
- Regular cell in SHU
- MHU safe cell
- General population

Clothing:	Bedding:	Hygiene:	Dining:	Privileges:
<input type="checkbox"/> Safety smock ONLY (none of the following items may be checked if "Safety Smock Only" is checked) <input type="checkbox"/> Safety smock <input type="checkbox"/> Jumpsuit <input type="checkbox"/> T-shirt <input type="checkbox"/> Jeans (no belt) <input type="checkbox"/> Shorts <input type="checkbox"/> Socks <input type="checkbox"/> Shoes (no laces) <input type="checkbox"/> Shower shoes <input type="checkbox"/> Glasses	<input type="checkbox"/> Safety blanket ONLY (none of the following items may be checked if "Safety Blanket Only" is checked with the exception of mattress) <input type="checkbox"/> Safety blanket <input type="checkbox"/> Mattress <input type="checkbox"/> Blanket <input type="checkbox"/> Pillow <input type="checkbox"/> Pillowcase <input type="checkbox"/> Sheets	<input type="checkbox"/> Shower <input type="checkbox"/> Toothbrush <input type="checkbox"/> Toothpaste tube <input type="checkbox"/> Toothpaste on cloth at cell door <input type="checkbox"/> Deodorant <input type="checkbox"/> Bar soap <input type="checkbox"/> Liquid soap on cloth at cell door <input type="checkbox"/> Comb <input type="checkbox"/> Toilet paper <input type="checkbox"/> Washcloth <input type="checkbox"/> Towel <input type="checkbox"/> Shampoo	<input type="checkbox"/> Sack lunch <input type="checkbox"/> Regular tray <input type="checkbox"/> Paper spoon	<input type="checkbox"/> Exercise <input type="checkbox"/> Reading material <input type="checkbox"/> Writing material <input type="checkbox"/> Canteen <input type="checkbox"/> Stamps <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____ _____ _____

5. Comments: _____

QMHP Signature: _____ Date: _____

Inmate Name: _____ ODOC#: _____