



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Suicide Prevention	Page 1 of 12 NUMBER: 67-MNH-09
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-09 dated 01/08/15
RELATED ACA STANDARDS: 4-4357; 4-4373; 4-4403; 4-4416; 4-4435	EFFECTIVE DATE: January 22, 2016
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish procedures for the identification and management of potentially suicidal inmates.

III. APPLICABILITY

This policy applies to all persons employed by the Ohio Department of Rehabilitation and Correction, all contractors providing direct mental health and medical services to inmates, and all inmates confined in institutions operated by the Department.

IV. DEFINITIONS

Close Watch - A level of suicide precaution that requires close staff observation with physical checks and documentation of the watch at irregular, staggered intervals not to exceed fifteen (15) minutes. Documentation is completed at the time of the actual physical observation on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).

Constant Watch - A more intense level of suicide precaution that requires continuous, uninterrupted observation, with documentation at irregular, staggered intervals not to exceed fifteen (15) minutes on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).

Cut-down Devices - A tool, designated by the Managing Officer for each specific institution, such as a pair of blunt nosed scissors or a curved cutting device, used to cut through materials that have been fashioned into a noose.

Independently Licensed Mental Health Professionals (ILMHP) - Psychiatrists, Psychologists, Advanced Practice Nurse – Mental Health (APN-MH), Licensed Professional Clinical Counselors (LPCC) and Licensed Independent Social Workers (LISW), who, by virtue of their training and experience and state licensure laws, are qualified to provide mental health care and have been specifically assigned identified tasks in this policy.

Mental Health Administrator/Mental Health Manager (MHA/MHM) – Those who by position manage the Mental Health Departments at each of the institutions.

Mental Health Professional (MHP) - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state's licensure laws, policies and guidelines including Psychology Assistants, Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN), and Activity Therapists (AT).

Mental Health Special Observation Status (MHSOS) - A level of increased monitoring, special housing, mental health and other interventions that can only be initiated by an ILMHP. MHSOS may be used as step-down from suicide watch status when an inmate is assessed as no longer presenting an imminent risk of suicide and/or crisis care for inmates experiencing mental health crisis or other mental health condition requiring a temporary increase in level of mental health care. Inmates placed on MHSOS require physical checks and documentation of the watch at irregular intervals not to exceed thirty (30) minutes by security staff, and daily contact by mental health staff, excluding weekends and holidays. Additional detail regarding MHSOS procedures is detailed in Department policy 67-MNH-32, Mental Health Special Observation Status.

Regional Behavior Health Administrator – Assigned by region as the BOBHS primary staff member responsible for technical assistance and site visit monitoring.

Safe Cells - Designated cells within each institution for placement of inmates on watch status. Safe cells must permit clear visibility to all areas of the cell to allow continuous visual observation. These cells shall be suicide resistant and include: stainless steel fixtures, fine mesh screens over windows and vents with no exposed plumbing or other fixtures/objects from which a person could hang him or herself. The cell door must contain a food/cuff port with locks and the cell outfitted with a maximum security bed and suicide resistant mattress or moduform bed.

Suicide Attempt - A conscious, deliberate, self-injurious act intended to take one's own life/commit suicide with non-fatal outcomes which may include, but are not limited to, injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, injury by firearm, and poisoning.

Suicide Prevention Coordinator(s) - An ILMHP who, by virtue of their training and experience, is appointed by the Mental Health Administrator/Mental Manager (MHA/MHM), to serve as lead clinician in overseeing, coordinating, and implementing suicide risk assessment and prevention activities within each respective institution. The Suicide Prevention Coordinator shall chair the Suicide Prevention and Review Team (SPART) and be a member of the Quality Improvement Team.

Suicide Prevention and Review Team (SPART) - A review team comprised of the appropriate Deputy Warden, Mental Health Administrator/Mental Health Manager, Health Care Administrator, Unit Management Chief, Security Chief and Quality Improvement Coordinator (QIC). The SPART is chaired by the Suicide Prevention Coordinator. The review team shall meet as needed but no less than quarterly to discuss the management of, including but not limited to, suicide incidents, close watch, constant watch and mental health special observation status concerns, restraints, drills, assaults, prolonged threats and death of an inmate or staff member.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to maintain a program for managing crises and suicide prevention that addresses each of the following components: training, identification, referral, evaluation, treatment, housing and monitoring, communication, intervention, notification, review and debriefing.

VI. PROCEDURES**A. Training**

1. New Employee Orientation (NEO) - All staff shall receive Mental Health and Suicide Prevention training as part of general NEO. Such training shall include:
 - a. General information about mental health;
 - b. General information about suicide;
 - b. Signs and symptoms of suicidal behavior;
 - c. Factors that increase the risk of suicide while incarcerated;
 - d. Factors that increase the risk of suicide for a specific inmate; and
 - e. Introduction to the Department's suicide prevention policy and procedures.
2. Institutional Orientation - The institutional training officer, in collaboration with the Mental Health Administrator/Manager (MHA/MHM), shall orient all new institutional staff with responsibility for inmate supervision to the institutional suicide prevention policy and procedure.
3. Annual in-service training - All staff shall receive suicide prevention training annually. The training shall cover:
 - a. Signs and symptoms of predisposing factors of potentially suicidal inmates and impending suicidal behavior;
 - b. Demographics and cultural parameters of suicidal behavior including incidence and variations in precipitating factors;
 - c. Risk factors in the evaluation of suicide potential;
 - d. Responding to suicidal and depressed inmates and referral procedures;
 - e. Communication between correctional and mental health care personnel;
 - f. Housing, observation and suicide watch levels;
 - g. Follow-up and monitoring of inmates who make a suicide attempt; and
 - h. Review of institutional procedures regarding suicide prevention including cell entry, location, use of the cut-down device, and notifications.
4. Drills - There shall be real time suicide drills and restraint drills at each institution and on each shift at least quarterly. A narrative shall be submitted to the SPART Committee Chair and the Managing Officer after each drill detailing the date, time, location and participants in the drill and policy and procedural compliance. Drill narratives shall be reviewed during SPART meetings.
5. Specialized Mental Health Training - All mental health, medical and custody staff, including relief officers, assigned to special housing areas including reception, segregation,

infirmary, residential treatment units, residential mental health intensive treatment programs, death row and restricted housing units, shall attend the two (2) day Specialized Mental Health Training within three (3) months of being assigned to any position that requires the training.

- a. The Mental Health Administrator/Manager in conjunction with the training officers, shall ensure the training is offered at least annually, and as often as needed to be in compliance with the above requirement. These may be facilitated regionally to maximize resources.
 - b. The institution training officer, in conjunction with all other responsible managers, (HCA, MHA/MHM, Major, Deputies, etc.) shall ensure staff identified by this policy are scheduled accordingly to attend specialized mental health training.
 - c. Each mandated employee must have the training every five (5) years.
 - d. The institution training officer is responsible for maintaining a record of staff attendance and reporting it to the Mental Health Manager/Administrator on a quarterly basis.
6. Suicide Awareness Video – A suicide awareness video shall be offered to all inmates during inmate orientation at reception and parent institutions within seven (7) calendar days of arrival. For any inmate removed from the routine reception process and transferred into alternative housing (e.g. death row, residential treatment, protective custody, etc.), the Suicide Awareness Video shall be shown on the day of transfer into the alternative housing. This shall be documented on the Inmate Orientation Checklist (DRC 4141) in accordance with Department policy 52-RCP-01.

B. Identification

1. The Initial Medical/Mental Health/Substance Use Screening (DRC5170) shall be utilized to screen inmates for suicide potential upon arrival at reception or upon arrival at the transferred institutions in accordance with Department policy 67-MNH-02, Mental Health Screening and Assessments Activities.
 - a. Reception inmates who are transferred in on a current suicide precaution from the county jail shall continue on constant watch until seen by an Independently Licensed Mental Health Professionals (ILMHP).
 - b. If the inmate was on watch in the county jail in the previous six (6) months, but did not arrive at reception on a suicide precaution, mental health staff shall ensure the inmate is evaluated as soon as possible, but no later than the next business day, to determine if there is a current risk.
2. The Detailed Mental Health Screening (DRC5163) shall be used to identify static and dynamic suicide risk factors and to identify immediate need for follow-up. The MHP conducting the Detailed Mental Health Screening (DRC5163) shall independently verify whether the inmate received mental health services including suicide watch placement in the county jail and request those records. The MHP shall also verify whether the inmate was on the mental health caseload or was on suicide precautions during prior DRC confinement, if any.

3. Restricted Housing Units
 - a. Pre-Placement Screening by Security Staff

When an inmate enters segregation or is in the Residential Treatment Unit (RTU) on a disciplinary or protective custody status, the shift supervisor shall ensure the completion of the Mental Health Segregation Admission Screening Form (DRC5404) immediately and prior to placement in the segregation unit. In addition, security staff shall also notify both medical and mental health staff when an inmate is placed in segregation and document the notification on the Suicide Questionnaire (DRC5404). A copy of the Suicide Questionnaire (DRC 5404) shall be placed in the Mental Health mailbox if the placement occurs after hours in order to provide notice.

- b. Mental Health Rounds

The MHP conducting weekly segregation rounds shall identify any inmates who may be at risk. The MHP shall document rounds on the Segregation Unit Individual Record Sheet (DRC4118) as well as the Mental Health Services Rounds Log (DRC5171). Clinical judgment shall be exercised as to whether the inmate should be seen immediately or whether the rounds described in Department policy 67-MNH-31, Mental Health Rounds in Special Management and Death Row Housing Units, shall be utilized to assess risk.

C. Referral

1. Any staff member who receives information from the community of an inmate's suicide risk is responsible for assuring the safety of the inmate. Staff shall take immediate steps to ensure the Suicide Prevention Coordinator or designee is informed. If mental health staff is available immediately, they can consult about the disposition. If no mental health staff is available due to the time the information is received, the inmate shall be placed on constant watch until mental health staff is available.
2. If an inmate is notified of a serious change in his/her health condition or other significant life event (e.g. death of family member, new sentence or adverse parole decision, etc.) medical staff or any staff who becomes aware of this significant information shall make a referral to mental health in accordance with Department policy 67-MNH-02, Mental Health Screening and Assessments Activities, on the same day that the inmate is notified.
3. Any staff that comes in contact with an inmate exhibiting signs or symptoms of suicide risk shall maintain constant observation/supervision of the inmate and notify the Shift Commander of the risk. Constant observation of the inmate shall be maintained until security staff arrive to escort the inmate to a designated area where preparations can be made for suicide watch placement in a safe cell. Any staff may contact the shift supervisor if they feel an offender should be placed on constant watch. The shift supervisor or mental health professional shall initiate a constant watch by utilizing the Authorization for Crisis Precautions (DRC5200).

D. Evaluation

1. The ILMHP shall complete an evaluation of the inmate placed on watch, conduct a risk assessment- Initial Crisis Assessment (DRC5201) and document the results within twenty-four (24) hours of watch placement.
2. The ILMHP shall inform the Suicide Prevention Coordinator of the results of the evaluation and watch status of the inmate.
3. While an inmate is on a crisis precaution, physical restraints for mental health purposes shall only be used as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. The restraint shall be in compliance with Departmental policy 63-UOF-04, Physically Immobilizing Restraints.

E. Treatment

1. Inmates who are on constant or close watch require daily evaluation by an ILMHP. The Crisis Precaution Disposition and Property List (DRC5202) shall be completed by the ILMHP completing the crisis assessment daily to inform the correctional staff of the level of watch and property permitted.
2. A crisis treatment plan shall be developed by a qualified MHP staff in conjunction with the inmate as well as medical and correctional staff for any inmate on watch for more than seventy-two (72) hours. The plan shall describe signs, symptoms and circumstances under which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided and actions the inmate and staff shall take if suicidal ideation recurs. The rationale for continuation of the crisis precaution shall be documented in the progress notes. If the inmate already has a Mental Health Treatment Plan (DRC5197), it shall also be reviewed and updated at this time.
3. In every instance in which a crisis watch was initiated or continued due to a risk of suicide as assessed by an ILMHP, in contrast to other reasons for initiation of watch, the inmate patient shall be seen in follow-up upon release by a MHP within twenty-four (24) hours after the watch is concluded, seventy-two (72) hours after release from watch and seven (7) calendar days after release from the watch unless more frequent contact is indicated. The MHP shall be assigned by the Suicide Prevention Coordinator to ensure the crisis is resolved and the inmate is no longer at elevated risk of suicide. These encounters shall be documented on a mental health progress note. In addition, inmates previously on the mental health caseload or admitted to it as a consequence of the crisis episode shall have a treatment team meeting within seven (7) calendar days of the watch discontinuation in order to update planned interventions and the frequency of follow-up for continued care. All other inmates shall receive mental health follow-up as clinically indicated. The plan for follow-up shall be documented in a progress note for these cases.

F. Housing and Monitoring

1. Any inmate placed on constant or close watch shall be housed in a safe cell.
 - a. The safe cell shall be inspected for safety immediately before the inmate's placement according to Department policy 310-SEC-01, Inmates and Physical Plant Searches. The completion of the cell search and strip search shall be documented on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
 - b. A Bureau of Behavioral Health Services (BOBHS) approved suicide-resistant gown and suicide blanket shall be provided at the conclusion of the strip search and prior to being placed in the safe cell to preserve the inmate's dignity. Provisions shall be made to supply the inmate with a security garment that will promote inmate safety in a way that the product is designed. The ILMHP may modify what property the inmate can keep utilizing the Crisis Precaution/Disposition Property List (DRC5202).
2. Specifications for Safe Cells and the SPART inspection criteria are located in Mental Health Protocol I-7: Safe Cell Specifications and Inspection Criteria and the Safe Cells Inspection form (DRC5526).
3. Suicide Precautions
 - a. Constant Watch
 - i. Constant watch is used for any crisis situation in which the highest level of control, containment and monitoring is indicated. This may include an inmate who is actively suicidal, threatening or engaging in self-injury, who poses a high risk for suicide or as an initial precaution prior to an evaluation by an ILMHP.
 - ii. Inmates placed on constant watch shall be housed in a safe cell.
 - iii. A designated correction officer must observe inmates at this level on a continuous, uninterrupted basis, with documentation of observation at staggered intervals not to exceed fifteen minutes using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
 - iv. If the safe cells utilized for constant watch at a given institution are physically located next to one another, with an unobstructed view of both inmates and both entire cells, one (1) officer may be assigned to observe two (2) inmates at this level of observation.
 - v. Documentation of the inmates' condition/behavior must occur at irregular, staggered intervals, not to exceed fifteen (15) minutes, using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534). The designated correction officer assigned to conduct constant watch shall be provided periodic rotation from the assignment during the course of their shift. In addition, whenever possible, an employee of the same sex as the inmate shall be utilized to maintain observation whenever the inmate on constant watch uses the toilet.

- vi. Although contact with other inmates shall be kept at a minimum, there may be times when another inmate must come into contact with a suicidal inmate (e.g. porter, food service worker). In those rare occasions, the officer conducting the watch, must observe all interactions, check food trays, etc. for the conveyance of contraband.
 - vii. Only an ILMHP may downgrade or discontinue this level of watch after a face-to-face assessment of the inmate in an environment that ensures the maintenance of privacy and confidentiality.
- b. Close Watch
- i. Close Watch is a lesser degree of observation reserved for the inmate who is not actively suicidal but clinically assessed by the ILMHP as requiring continued control, containment and monitoring due a continued but lower risk for suicide.
 - ii. This level of watch requires the designated correction officer to observe inmates at irregular, staggered intervals, not to exceed fifteen (15) minutes, and with documentation of the inmate's condition as the observation occurs, using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
 - iii. Only an ILMHP may initiate this level of observation.
 - iv. Any staff may notify the shift supervisor to recommend upgrading the crisis precaution watch level of an inmate.
 - v. Only an ILMHP may downgrade or discontinue this level of watch after a face-to-face assessment of the inmate in an environment that ensures the maintenance of privacy and confidentiality.
4. Transport of Inmates on Constant/Close Watch or Mental Health Special Observation Status
- a. Inmates on constant watch, close watch, or mental health special observation status shall not be transported while on any crisis precaution watch status unless they are being transported to a Residential Treatment Unit (RTU), a psychiatric hospital, a medical facility for a medical emergency, or discharged from the Franklin Medical Center (FMC) to their parent institution. Under extenuating circumstances this requirement can be waived utilizing the process outlined in F.4.d below.
 - b. Inmates being transported on constant watch, close watch, or mental health special observation status shall not be transported to a Residential Treatment Unit (RTU) on the hub.
 - c. The Crisis Precaution and/or Immobilizing Restraints Log (DRC2534) shall be completed by a transportation officer during the transport when an inmate is transported on constant watch, close watch or MHSOS. The inmate shall also be required to sit in the front seat of the secured passenger compartment of the transportation vehicle to assist officers conducting visual observations of the inmate.

- d. If an inmate is stable, but the treatment team determines the inmate is utilizing crisis precaution as a means of avoiding transfer, every attempt shall be made to intervene and eliminate the behavior. If the behavior persists, and the continued placement is contraindicated due to the use of secondary gain, then the following procedure shall be followed to manage the transfer:
 - i. The MHA/MHM of the sending institution shall contact the Chief of BOBHS/designee to describe the behavior and treatment utilized to deter the behavior. Clear documentation must be provided to demonstrate ~~that~~ the continued crisis precaution has been due to secondary gain and not an unstable mental condition.
 - ii. If warranted, the MHA/MHM shall be directed to set up a teleconference with the sending and receiving institutions and a representative from BOBHS.
 - iii. The BOBHS Chief and appropriate Regional Director /designee or designees, shall provide a signed memo to the Bureau of Classification to authorize the transfer.
 - iv. The inmate shall be transported by institutional staff and shall not be transported on the HUB.

G. Communication

1. In each institution, the MHA/MHM is responsible to ensure compliance with the Suicide Precaution Policy. This shall be completed in conjunction with the Suicide Prevention Coordinator.
2. The Suicide Prevention Coordinator shall track and monitor all suicide watches and provide quarterly updates to the MHA/MHM and the CQI committee and SPART subcommittee.
3. Any issues with compliance, safe cells, suicide drills, restraints drills that are considered an immediate risk shall be communicated to the MHA/MHM immediately (same day). This information shall then be shared with the appropriate Deputy Warden and others as appropriate within one (1) working day.
4. Each institution shall develop a mechanism that allows for ease of sharing relevant crisis/suicide information between all Office of Correctional Health Care staff, custody staff and unit staff that is involved or should be involved in an inmate's care. The following information must be appropriately shared:
 - a. Notification to shift supervisor about the continuation or discontinuation of watches.
 - b. Notification to medical when an inmate's location has changed to ensure medication administration and chronic care treatment.
 - c. Notification to other mental health staff as appropriate for identified interventions.
5. The Suicide Prevention Coordinator shall ensure information is shared and coordinated when an inmate is being transferred between institutions while on watch or if the inmate has been on watch within the last seven (7) calendar days, or if the inmate is under mental

health follow up due to being on watch pursuant to section F.4 above. This information shall also be noted on the Mental Health Transfer Form (DRC5180).

H. Intervention

1. Each institution shall develop a written plan for twenty-four (24) hour emergency mental health service availability. The plan shall include an on-site emergency crisis intervention. This plan shall be shared with the Regional Behavioral Health Administrator at least annually and any time there is a change to the plan.
2. An approved cut-down device to quickly cut through fibrous material shall be safely secured in a lock box in every housing unit or on the person of the correctional staff.
3. Officers need to enter the cell, cut down the inmate and start basic life support while calling for medical assistance.

I. Notification

In the event of a suicide, suicide attempt, or self-injurious behavior, the applicable institutional staff must report the incident to all appropriate prison officials and the Operation Support Center staff in accordance with Departmental policy 67-MNH-17, Mental Health Continuous Quality Improvement, using the Major Healthcare Occurrence Incident Notification/MH (DRC5370).

J. Review

Suicide Prevention and Review Teams (SPART)

1. At a minimum, the SPART team shall be chaired by the Suicide Prevention Coordinator and comprised of the appropriate Deputy Warden, MHA/MHM, Health Care Administrator, Unit Management Chief, Security Chief and Quality Improvement Coordinator (QIC). SPART teams shall meet after critical incidents as needed; however, no less than quarterly. At a minimum, the following information shall be reviewed during these meetings:
 - a. All watches shall be reviewed with an adequate sample of documentation of crisis/suicide watches undergoing intensive review for accuracy and thoroughness. In institutions with less than ten (10) crisis/suicide watches, the institution shall review all of the documentation. In institutions with ten (10) or more watches, the institution shall review at least ten (10). Any problematic documentation shall be discussed with the Managing Officer and documented in the BOBHS CQI Quarterly Report (DRC5558). The problems shall be discussed in the institution Mental Health CQI meeting and an action plan developed to address the problems in accordance with Departmental policy 67-MNH-17, Mental Health Services Continuous Quality Improvement.
 - b. Environmental Assessment: All members shall give an assessment of issues which may contribute to increased risk.
 - c. Training shall be reviewed to ensure all staff who works in medical, mental health and segregation receives the Specialized Mental Health Training. The MHA/MHM shall

provide updates as to the upcoming training schedule and identified staff that need to complete the training.

- d. Drills shall be reviewed to ensure that each shift has had a real time drill regarding suicide and restraint application at least quarterly on all shifts.
- e. SPART teams shall conduct safe cell inspections on a quarterly basis, prior to their SPART meetings, and document these inspections on the Safe Cells Inspection form (DRC5526) for review in SPART meetings.

2. Special SPART Meeting

- a. If there is a serious suicide attempt or suicide, the SPART committee shall convene within 72 hours for a special SPART meeting. The purpose of this meeting is to initiate the healthcare occurrence investigation or mortality review in the case of a suicide pursuant to Department policy 67-MNH-17, Mental Health Continuous Quality Improvement. This meeting shall incorporate all SPART members and any OSC members as needed.
- b. For the purpose of this section, a serious suicide attempt is defined by an attempt that had immediate intervention not been provided, would most likely have resulted in death.
- c. A Formal Back to Basics committee shall be formed at the initial seventy-two (72) hour meeting with an expected report out at the next SPART meeting (30 calendar days).
- d. Within thirty (30) calendar days of the above mentioned special SPART meeting, the team shall reconvene to discuss the completed mortality review per Department policy 67-MNH-17, Mental Health Continuous Quality Improvement, the Back to Basics findings and any other relevant information. The thirty (30) day SPART meeting shall include the Managing Officer, the Regional Behavioral Health Administrator or designee and other members of the regional team as available in order to identify any regional specific issue, learn from the incident and make recommendations to other institutions within the region.
- e. Action items or recommendations shall be shared at this meeting. Any recommendation or changes in procedures identified during this process shall be an agenda item for the next four (4) SPART meetings to ensure ongoing compliance.

- 3. In cases of completed suicide, a Mortality Review shall also be conducted by the Regional Behavioral Health Coordinator. This shall include a review of the clinical as well as custodial aspects of the case, emergency response and identification of any potential precipitating factors.

K. Debriefing

After critical incidents occur that could have an impact on staff or inmates, the following shall be offered:

1. Staff can access CISD, Critical Incident Stress Debriefing, in accordance with Department policy 37-EAP-02, Critical Incident Stress Management.
 2. For all inmates, caseload or non-caseload, mental health shall be available at the request of the inmate. Mental health shall post information on how to access services and shall track the use of those services.
- L. Review of this policy shall be documented annually and upon revision by the Managing Officer and the Mental Health Administrator/Manager by both individuals signing and dating a current copy of the policy.

Related Department Forms:

Crisis Precautions and/or Immobilizing Restraints Log	DRC2534
Segregation Unit Individual Record Sheet	DRC4118
Inmate Orientation Checklist	DRC4141
Detailed Mental Health Screening	DRC5163
Initial Medical/Mental Health/Substance Use Screening	DRC5170
Mental Health Services Segregation Rounds Log	DRC5171
Mental Health Transfer Summary	DRC5180
Mental Health Treatment Plan	DRC5197
Authorization for Crisis Precautions	DRC5200
Initial Crisis Assessment	DRC5201
Crisis Precaution Disposition and Property List	DRC5202
Referral to Mental Health Services	DRC5265
Major Healthcare Occurrence Incident Notification/MH	DRC5370
Suicide Questionnaire	DRC5404
Safe Cells Inspection	DRC5526
BOMHS CQI Quarterly Report	DRC5558