



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

[] NEW [] INTERIM [X] REVISED			SUBJECT		
EFFECTIVE DATE 2 / 2 / 21		*TERMINATION DATE / /		SUICIDE PREVENTION AND INTERVENTION	
CLASSIFICATION # 4521R-A	SUPERSEDES 4521	DATED 12/10/03	APPROVED FOR WEB POSTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER <i>Hazel Jennings</i> HAZEL JENNINGS, CHIEF OF DEPARTMENT SIGNATURE			AUTHORIZED BY THE COMMISSIONER <i>Cynthia Brann</i> CYNTHIA BRANN SIGNATURE		

I. PURPOSE

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

II. POLICY



It shall be the policy of the New York City Department of Correction to identify and respond to suicidal inmates and implement a suicide prevention and intervention program consistent with best practices. This suicide prevention directive shall address the following components: identification, referrals, monitoring/reporting, housing, communication, intervention, and training.

III. GENERAL INFORMATION

Suicide is a major national public health issue in the United States. Certain populations are more at risk than others for committing suicide. For instance, the LGBTQI+ youth and adults, attempt suicide at rates higher than the national average. Men die more frequently than women, and the suicide rate among incarcerated individuals is significantly higher than the suicide rate among the general population.



There are characteristics of the jail environment which enhance suicidal behavior. These characteristics include:

1. Fear of the unknown;
2. Authoritarian environment;
3. Stigma;
4. Perceived Loss of Control;
5. Isolation from Family/Friends; and
6. Shame of Incarceration.

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IV. DEFINITIONS

- A. **Suicide Attempt:** An act during which an individual attempt to terminate one's own life by inflicting life-threatening injury upon oneself, or by placing oneself in a life-threatening situation (e.g. by hanging, setting oneself on fire, ingesting poisonous chemicals or drugs, inflicting lacerations, etc.)
- B. **Self-Inflicted injury:** An act by which an individual intentionally injures oneself, which is not considered life threatening and does not represent a highly lethal attempt to terminate one's life. This shall include a refusal to consume food or fluids for a period of forty-eight (48) consecutive hours.
- C. **Constant Supervision:** The continuous, uninterrupted personal visual observation of individuals in custody (without the aid of any electrical or mechanical surveillance devices) at all times. Established posts shall be permanently occupied and in close proximity to the individual under supervision. Staff assigned to conduct Constant Supervision shall ensure the following:
1. A continuous, clear, unobstructed view of all individuals in custody under supervision at all times; and
 2. The ability to immediately and directly intervene in response to situations or observed behavior, which threatens the health and safety of the individuals in custody, or the good order of the facility.
 3. Requires 1:1 observation at all times in a cell housing area and no more than 1:1 observation, when deemed appropriate, in a dormitory setting.
- D. **Qualified Mental Health Professional (QMHP):** A psychiatrist, psychologist, qualified physician, psychiatric nurse practitioner, clinical social worker, professional counselor, psychiatric nurse, and others who by virtue of their education, credentials, and experience, are permitted to evaluate and care for the mental health needs of individuals in custody.
- E. **Qualified Medical Professional (QMP):** A physician, nurse, or other medical provider licensed and sufficiently trained to provide the services he or she provides to individuals in custody.
- F. **Observation Aide:** A person in custody with no position of authority who has been trained to identify unusual and/or suicidal behavior and immediately report such behavior to the housing unit officer.

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V. PROCEDURES

A. Recognizing potential self-injurious/suicidal actions and/or behaviors:



Individuals can become suicidal at any point during incarceration. Therefore, all staff shall perform routine tours of their assigned posts, observing the individuals in custody for unusual incidents, behavior or conditions. During tours of inspection, staff must remain alert for any behavior displayed by an individual in custody that may indicate they are mentally ill or suicidal. If staff observe any of the behavior or warnings signs set forth below, staff are required to promptly notify their supervisors, and make the necessary referrals to Mental Health and Medical Staff.

Individuals in custody who attempt or commit suicide may indicate their intent through exhibiting direct or subtle warning signs. These potential warning signs may manifest during the initial intake process or at anytime during their period of confinement. Potential warning signs may include:

1. Depression;
2. Extreme sadness and/or constant crying;
3. Lack of interest in people or activities;
4. Rapid weight loss or gain;
5. Difficulty performing routine tasks;
6. Withdrawal; and
7. Feelings of helplessness and/or hopelessness.

Additional Warning Signs/Risk Factors may include:

1. Prior suicide attempts;
2. Family history of suicide attempt;
3. History of psychiatric treatment/care;
4. Severe mood swings;
5. Alcohol or drug intoxication;
6. A recent critical loss (e.g. death of a spouse, employment, divorce);
7. First incarceration;
8. Giving away of possessions and/or packing belongings;
9. Direct suicidal statements;
10. Paranoid delusions and/or hallucinations;
11. High profile criminal case;
12. Significant status within the community;
13. Setback in legal proceedings;
14. Change in legal status; and
15. Capital and/or violent offense which may lead to a long sentence.



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V. PROCEDURES (cont.)

B. Suicide Prevention Screening:

Screening an assessment when individuals are first admitted to custody are critical. Therefore, the following screening steps must be taken for all new admissions:

1. All court divisions shall complete the Suicide Prevention Screening Guidelines Form (Form 330 ADM) on all new admissions.
2. All facility intake areas shall complete Form 330 ADM for all individuals who are not processed through the court division, such as state transfers, direct police cases, direct parole cases, etc. If a court division failed to complete Form 330 ADM, the facility shall complete it upon transfer of the individual to the facility.
3. Form 330 ADM includes a set of questions to be used at the time of intake and is designed to identify a potential suicide risk for the first twenty-four to seventy-two hours of incarceration.
4. The staff member completing Form 330 ADM shall be patient, communicate clearly and effectively, avoid ordering, using sarcasm, ridiculing, or placating language.
5. The original Form 330 ADM shall be attached to the arraignment Form 239AR and become a permanent part of the incarcerated individual's legal folder.
6. A copy of Form 330 ADM shall be forwarded to the medical staff for completion and will be included in the individual's health record.
7. The instructions and scoring system on the back of Form 330 ADM shall be strictly adhered to. The screening officer shall notify a supervisor immediately if any of the following conditions exist:
 - a. The individual receives a score of 8 or higher;
 - b. The Form 330 ADM has check marks in any of the shaded areas in Column A (Questions 1, 8, 9, 10B, 11, 16B/C);
 - c. The screening officer feels notification is warranted.
8. Identification of a potential suicide risk shall result in an immediate referral to mental health utilizing the Mental Health Referral Form (Form 4018R) as per Directive 4018R, Referral of Inmates to Mental Health Services.

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V. PROCEDURES (Cont.)

C. Intervention

1. Responding to suicidal or self-inflicted injurious behavior
 - a. In the event that an individual in custody exhibits suicidal or self-inflicted injurious behavior, all staff must adhere to the following steps:
 - i. Immediately summon assistance by alerting another staff member in the area, who shall immediately notify the control room captain and request medical assistance. The Control Room Captain shall immediately notify facility medical staff and then the area's direct supervisor to report to the area. The Control Room Captain shall then immediately notify the Tour Commander.
 - ii. If alone on post, staff shall summon assistance and request medical assistance by activating his/her Personal Body Alarm or utilizing a radio transmission or telephone;
 - iii. Take immediate action to stop the individual from harming themselves;
 - iv. If a staff member observes an individual with a ligature around his/her neck or any other instrument that may be used by an individual to harm him/herself, the staff member shall not wait for assistance to arrive but shall immediately remove, cut, and confiscate the ligature/instrument or, if unable to remove it, disable it (e.g. loosening it) in order to stop the individual from harming themselves;
 - v. if the individual appears to be injured or has stopped breathing, uniformed staff shall immediately commence emergency first aid procedures and continue performing them until medical assistance arrives.

Note: Personnel who have not been certified in C.P.R. shall limit their resuscitation efforts to chest compressions.

- b. Individuals in custody who engage in self-injurious behavior shall be provided medical treatment without delay and kept under continuous observation until that time, in accordance with the following:



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V. PROCEDURES (Cont.)

- i. Subject individual shall be treated by Faculty Medical Staff;
 - ii. Facility Medical Staff may refer an individual to the hospital to treat either a medical issue as a result of said individual's suicidal or self-inflicted injurious action or to rule out a psychiatric emergency;
 - iii. Medical staff shall facilitate a mental health evaluation/assessment as appropriate.
- c. All suicidal and/or self-inflicted behavior and threats thereof shall be taken seriously, monitored closely, and immediately addressed regardless of whether an individual is known to have a mental health history. Individuals may act impulsively, without a true intent to die, and engage in lethal methods of self-harm, and/or mis-calculate causing serious, life-threatening circumstances. All self-inflicted behavior shall be appropriately reported through the established procedures.
- d. All suicidal or self-inflicted injurious behavior, or threat thereof, regardless of severity, shall be managed by staff in the same manner.
- i. Staff shall remain professional and vigilant at all times when responding to incidents.
 - ii. Staff are prohibited from utilizing the phrase "Manipulative Gesture" or any variation hereof, (i.e. Manipulative nature)
 - iii. Staff shall document and describe all suicidal or self-inflicted injurious behavior on the Injury Report explaining exactly what the individual's actions/behaviors were.

2. Constant Supervision

- a. Initiation of Constant Supervision
 - i. If any Department employee suspects that an individual in custody may be suicidal or a suicide risk even without demonstrating overt self-harm or suicidal behavior, the employee must immediately



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- ii. notify a supervisor. The individual shall then be immediately referred to mental health by utilizing form 4018 "Referral of Inmates to Mental Health Services" and remain under continuous observation until seen by my mental health/medical staff.
 - b. When determined appropriate by mental health/medical staff, Constant Supervision, as defined in Section III. of this Directive shall be initiated, implemented, maintained, and discontinued in accordance with Directive 4021 "Constant Supervision".
 - c. Housing
 - i. Any individual who requires Constant Supervision shall be assigned to a housing area that can provide direct, continuous, and unobstructed supervision and escorted movement for such a period as determined by the appropriate clinical staff.
3. Observation Aide Program
 - a. The Department shall maintain an Observation Aide Program to assist Department Staff in identifying individuals in custody who are at risk for or exhibiting suicidal or self-injurious behavior. The Observation Aide Program shall be administered in accordance with Directive 4017R-C, "Observation Aide Program".
4. Authorized Duty Knife/Rescue Tool:
 - a. New York City Department of Correction authorized uniform staff shall always carry an approved duty knife/rescue tool while on duty as part of their uniform, per Directive #2256A, Uniform and Equipment Inspection.
 - b. All authorized staff shall ensure that their duty knife/rescue tool is in good working order at all times while on duty.

D. Suicide Prevention Procedures for Court Divisions

Correction Officers assigned to Court Divisions must perform routine tours of their assigned posts, observing all individuals in custody for unusual incidents, behavior, or conditions at a minimum of every 15 minutes. During these tours of inspection, staff must remain alert for any behavior displayed by an individual in custody that may indicate they are mentally ill or suicidal.

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V. PROCEDURES (Cont.)

1. Individuals in custody who are identified as being at risk for suicide or self harm (according to the guidelines set forth above in Section IV.B of this Directive) shall be interviewed in private by a supervisor and their belts, shoelaces, drawstrings, neckties, etc. must be confiscated and safeguarded. Form 4018R, entitled "Referral of Inmates to Mental Health Services" shall be completed and attached to the incarcerated individual's securing order. Increased monitoring shall be immediately performed including:
 - a. Placement of the individual within direct line of sight of the officer;
 - b. Constant Supervision, as defined in Section III. of this Directive; and
 - c. Ongoing verbal communication with the individual.
2. Confiscated property shall be placed in an appropriately sized envelope, which will be attached to the individual's security order. The property shall be forwarded with the incarcerated individual to their housing facility and processed in accordance with current procedures regarding the safeguarding of incarcerated individuals' property.
3. Upon the arrival of the subject incarcerated individual to their housing facility, they 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".

E. Suicide Watch and Court Appearances

When an individual in custody who is on suicide watch is 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 incarcerated individual 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".

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- d. The court officer accepting custody of the individual shall place his/her initials next to the remarks section that indicates the individual is a “suicide risk”.



F. On-Trial Suicide Watch

Individuals in custody who are on-trial shall be permitted to wear a belt, necktie, and shoelaces while they are in the courtroom only.

- a. The sending facility shall place the individual’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. Being placed in OCA custody, the individual will receive their property for their court appearance.
- c. Once the individual returns from their court appearance, the property will be taken from the inmate by the court division officer before the individual is placed in the holding pen. The court division officers shall ensure that the contents listed on the property envelope are returned.

G. Reporting and Monitoring

1. Pursuant to New York State Commission of Correction (SCOC’s) Reportable Incident Manual, submission of information to the E-Justice Portal must be completed for the following circumstances within twenty-four (24) hours:
 - a. An attempted suicide;
 - b. Any self-inflicted injury that requires medical treatment;
 - c. Any accidental injury requiring an individual, employee, or visitor to be admitted to the hospital, or a Facility Medical Unit as an inpatient.
2. The Tour Commander shall be responsible for making a preliminary determination if an incident of self-injury was a suicide attempt or self-inflicted injury as defined by the SCOC.



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The Tour Commander shall:



- a. Be familiar with, understand, and utilize SCOC's definition for a self-inflicted injury and suicide attempt as guidance;
- b. Review and consider all available information,
 1. Staff Reports
 2. Incarcerated Individual's Report/Statement
 3. Healthcare Staff Reports
 4. Review Media
 5. Whether individual was placed on Constant Supervision
- c. Confirm with health services staff that the individual was placed on Constant Supervision.
- d. Make notification to the Central Operations Desk (COD) within one hour of discovery of an incident that reasonably appears to be a suicide or an attempted suicide from their perspective, unless the incident falls under 15-minute reporting criteria, as defined in Directive 5000R-A, Reporting Unusual Incidents.
- e. The Tour Commander shall notify both COD and the Investigation Division within 15 minutes for any individual who was reported to be unresponsive/unconscious or suffered a serious injury or death.
- f. The Tour Commander's report shall provide specific details of the incident including:
 - i. Name of Facility,
 - ii. Name and Title of person reporting,
 - iii. Facility log number,
 - iv. Date and time of report,
 - v. Date and Time of Incident,
 - vi. Specific Location of Incident,
 - vii. Name(s) of participant(s) involved,
 - viii. Incident Description

Note: The final determination of whether an act of self-injury is a suicide attempt or self-inflicted injury shall be determined only by Medical/Mental Health Staff and not by DOC Staff.

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3. Upon notification from the Tour commander, COD shall report the incident to SCOC as either a suicide, a suicide attempt, or a self-inflicted injury within twenty-four (24) hours of the incident.
 - a. This does not preclude the obligation of the Tour Commander from the responsibility of making the required notifications in accordance with Directive 5000R-A.
4. The Warden shall review all information, including but not limited to, staff reports, individual in custody statements/reports, review of medial, placement on Constant Supervision during business hours in order to confirm or decline the Tour Commanders determination. Incidents which occur on non-business hours, shall be reviewed and decided upon by the Warden no later than the next business day.
5. The Warden's determination of the incident shall be confirmed or denied by the Duty Chief during business hours on the same day of the incident, or no later than the next business day for incidents which occur during non-business hours.
6. If after review, the Warden and Duty Chief disagree with the Tour Commander's determination, COD must be immediately notified, and the incident properly reported to SCOC.
7. The Chief of Security shall compile and forward a monthly list of suicide attempts reported to SCOC to the Department's Health Affairs Unit on the 5th day of the following month.
8. The Health Affairs Unit shall then share the monthly list with CHS on the 10th day of the same month they receive the list.
9. CHS shall review the list and confirm whether the identified incidents were suicide attempts, not suicide attempts, or the determination is pending CHS' monthly Mortality and Morbidity Conference (M+M). CHS shall respond to the Health Affairs Unit within 5 business days of receipt.
 - a. CHS' Co-Chief of Mental Health shall notify the Head of the Department's Health Affairs Unit of any suicide attempt determinations stemming from the Mortality and Morbidity Conference.
10. The Senior Correctional Administrator of the Health Affairs Unit shall notify the Facility's Warden and Bureau Chief of Security of any dispositions which are inconsistent with the preliminary determination.

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11. The Warden or his/her designee shall ensure that all appropriate notifications for an upgrade (to a suicide attempt) or downgrade (from a suicide attempt) are made to the COD without delay and shall make the request to revise the designation to the Bureau Chief of Security.
 - a. COD shall be notified within one hour of CHS informing the Department that an incident was classified as a suicide attempt.
12. The Bureau Chief of Security shall approve or deny the upgrade/downgrade, make appropriate notification to COD, and COD shall update SCOC with this information.
13. The Warden of the Special Operations Division (S.O.D.) shall track this process in order to ensure compliance.

Note: Nothing in this policy shall override existing reporting that is mandated pursuant to Directive 5000R-A Reporting Unusual Incidents.

H. Training and Staff Development:

The New York City Department of Correction places a high priority on ensuring that all members of service receive training regarding the identification of potential mental health issues, including suicide prevention, and how best to respond to the needs of the person in custody.

1. Pre-service Recruit Training:
 - a. Mental Health Training: Eight (8) hour training facilitated by a certified clinician which reviews, educates, and orients staff to various types of mental illnesses commonly found among inmates in a correctional facility. It reviews the various symptoms related to each illness and how each illness may affect the individual.
 - b. Mental Health Minimum Standards Training: Two (2) hour training which covers and reviews the Mental Health Minimum Standards for the mentally ill population. This training reviews and covers the specific duties and responsibilities of each member of the correctional staff in dealing with and managing mentally ill individuals in a correctional environment.
 - c. Mental Health First Aid (MHFA): Eight (8) hour nationally recognized training course providing staff with the knowledge and skills to better help

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an individual who may be developing a mental health problem or experiencing a mental health issue.



- d. NYS SCOC Suicide Prevention Training: Eight (8) hour training focusing on potential risk factors for individuals in custody, warning signs to look for, potential methods individuals in custody use for self-harm, and potential interventions/actions staff can utilize to minimize risk and/or prevent self-injury for incarcerated individuals.

2. Refresher Trainings

- a. Mental Health First Aid (MHFA): Eight (8) hour nationally recognized training course providing staff with the knowledge and skills to better help an individual who may be developing a mental health problem or experiencing a mental health issue. Refresher training provided every three (3) years with priority given to those members of service who are assigned to intake areas, clinics, and mental health housing units. Individuals in custody may also receive MHFA training.
- b. Suicide Prevention: Forty-five (45) minute on-line training conducted annually for members of service who completed the eight (8) hour Suicide Prevention course. The training reviews potential warning signs of an individual at risk for self-harm, potential interventions to minimize risk for self harm and/or prevent self-injury, and procedural and documentation requirements regarding reporting an individual in custody who may be suicidal.
- c. Crisis Intervention Teams (CIT) Refresher Training: Eight (8) hour training course provided annually for those staff who have completed the full CIT training course outlined below.

3. Supplemental Training:

- a. Basic Crisis Management Training: Eight (8) hour training provided to members of service who are assigned to specialized mental health housing areas with the objective of preventing crisis situations and effectively managing them if they arise. The training focuses on being aware of your

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surroundings, understanding potentially aggressive behaviors, how to appropriately respond to aggressive behaviors, reviews potential interventions, reviews factors that may influence an individual's behavior, and explores potential early warning signs. The training also teaches verbal and non-verbal calming techniques, the team approach, and reviews self-defense techniques that are safe for both staff and individuals in custody.



- b. Crisis Intervention Teams (CIT): Forty (40) hour training which provides participants with the needed knowledge and skills to attempt to effectively extinguish escalating situations in mental health housing areas without the use of tactical interventions. The training teaches a team approach consisting of two uniform DOC personnel and a health care professional from CHS who work together to verbally de-escalate crisis situations in an effort to provide a safe resolution for staff and individuals in custody. The goal is to improve the safety for the individual in crisis, as well as, for uniform and health services staff.

VI. ATTACHMENTS

- A. [Suicide Watch Report Form 4521A \(12/10/03\).](#)
- B. [Suicide Watch Tracking Form 4521B \(12/10/03\).](#)
- C. [Mental Health Status Notification and Observation Transfer Form \(TNF\) Form OD/HS 02, \(REV. 02/16\).](#)
- D. [State of New York Commissioner of Correction Office of Mental Health \(NYSCOCMH\) Form 330 \(10/11\).](#)

VII. REFERENCES

- A. [New York City Board of Correction Mental Health Minimum Standards;](#)
- B. [Directive 2307R "Surrender and Safekeeping of Inmate Property, dated 09/11/98;](#)
- C. [Directive 4018R "Referral of Inmates to Mental Health Services, dated 04/08/99;](#)

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- D. [Rules & Regulations: 7.05.090 – 7.05.200](#)

VIII. SUPERSEDES

- A. Directive 4521, Suicide Prevention, dated, 12/10/03.
- B. Any other Directive, Operations Order, Teletype, Memorandum, etc., that may be in conflict with the policies and procedures outlined herein.

IX. SPECIAL INSTRUCTIONS

- A. Within ten (10) days of the effective date of this order Commanding Officers of Facilities and Divisions shall promulgate a Command Level Order to ensure strict compliance with the provisions outlined herein.
- B. Copies of all Command Level Orders shall be forwarded to the office of the respective Bureau/Assistant Chief, and a copy of the CLO shall be uploaded to the FIS folder AgencyShare ([\\FILESERVER1](#)) Z:DRIVE/ Command Level Orders.
- C. Commanding Officers of Facilities and Divisions shall ensure strict compliance with the provisions of this Directive.



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? _____

Area Supervisor: _____ SH#: _____ Is Suicide Smock/Blanket Intact? _____

TIME	OFFICER'S OBSERVATIONS	SUPERVISOR	CLINICIAN <i>Name & Title</i>	TIME	OFFICER'S OBSERVATIONS	SUPERVISOR	CLINICIAN <i>Name & Title</i>
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.			

SUICIDE WATCH TRACKING FORM

(Form # 4521B, eff. 12/1/03)

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 _____



CORRECTION DEPARTMENT CITY OF NEW YORK

FORM # OD/HS 02
REV 02 /16

REF: O/O # 22/93
DIR. 4521R-A



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: <input type="checkbox"/> BHPW	<input type="checkbox"/> EHPW
DOC FACILITY: <input type="checkbox"/> C-71 MENTAL HEALTH	<input type="checkbox"/> CAPS <input type="checkbox"/> RHU <input type="checkbox"/> PUNITIVE SEG
OTHER M.O. HOUSING: <input type="checkbox"/> DORMITORY	<input type="checkbox"/> CELL <input type="checkbox"/> EITHER

SPECIAL PRECAUTIONS REQUIRED:

<input type="checkbox"/> CONSTANT SUICIDE WATCH
<input type="checkbox"/> GENERAL POPULATION - NO DANGER TO SELF OR OTHERS
<input type="checkbox"/> NO TRANSFER REQUIRED, BUT MOVE TO <input type="checkbox"/> DORMITORY <input type="checkbox"/> CELL

BASED ON MENTAL HEALTH STAFF REVIEW, THE INMATE:

<input type="checkbox"/> Has successfully completed all levels of the RHU program and is eligible for a fifty-percent punitive segregation time reduction incentive and abeyance.
<input type="checkbox"/> Has successfully completed the CAPS program and is eligible to have remaining punitive segregation time owed expunged.
<input type="checkbox"/> Has been evaluated and is clinically cleared for restoration of punitive segregation time held in abeyance.

ADDITIONAL INFORMATION / RECOMMENDATIONS:

MENTAL HEALTH STAFF SIGNATURE	TIME _____ HRS.
MENTAL HEALTH STAFF (PRINT)	DATE / /

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.

NOTE: THE DETERMINATION CONTAINED HEREIN EXPIRES AFTER SEVEN (7) BUSINESS DAYS.

SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME
NAME OF FACILITY		NAME OF SCREENING OFFICER		Does detainee have prior ADM 330 on file. YES <input type="checkbox"/> if yes, review NO <input type="checkbox"/>	
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 or has received information that detainee may be a suicide risk. If YES, notify supervisor.			
PERSONAL DATA 2. Detainee lacks support of family or friends in the community.	No Family Friends		
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 (ie. Are you worried arrest/incarceration will cause embarrassment for self or family?) If YES, notify supervisor.			
9. Detainee is thinking about killing self. If YES, notify supervisor.			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred within last year. If YES, notify supervisor.			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to). If YES, notify supervisor.			
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 displaying unusual behaviors or 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. Detainee self reports or is showing signs of withdrawal from alcohol or drugs.			
c. Detainee is incoherent, disoriented, or showing signs of mental illness. If YES to b or c, 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, institute constant supervision and notify supervisor.

Constant Supervision Instituted: YES _____ NO _____

Supervisor Notified: YES _____ NO _____

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

Signature and Badge Number of Screening Officer: _____

Signature and Badge Number of Supervisor: (If required) _____

INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES – FORM 330 ADM

GENERAL INFORMATION

It is recommended that the form be completed for all detainees prior to cell assignment and be distributed as follows: top copy (white) in detainee's file, second copy (yellow) to medical or mental health personnel at referral or to the receiving agency if being transferred.

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.

Prior ADM 330 on File: The screening officer should check facility files to determine if the detainee has had a screening completed during a prior incarceration.

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. Note current psychotropic medication and name of most recent treatment agency. If YES, make appropriate referral to mental health.

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. If YES, notify supervisor.

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 (10a&b) Previous attempt: Check YES if detainee states he has attempted suicide. If YES, explore method and note scars. Obtain as much information as possible re method and time of attempt. If YES to 10b, notify supervisor.

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, 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, 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 or has been detained for the instant offence of DWI.

ITEM (16b) Signs of withdrawal: Means physical withdrawal from drugs or alcohol. If YES, notify supervisor and immediately refer to medical.

ITEM (16c) Check YES if detainee is showing signs of mental illness or is not oriented to person, place, or time. If YES, notify supervisor and immediately refer to medical/mental health.

COMMENTS/IMPRESSIONS: Note any "gut" feelings or general impression regarding 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.

SUPERVISOR SIGNATURE AND BADGE NUMBER

Sign form and enter badge number if required.

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.