

SUICIDE PREVENTION SCREENING GUIDELINES – SHU/KEEPLOCK (KL) ADMISSION

Ref. Dir. #4101

This form will be completed immediately upon admission to SHU or a separate KL unit. If an inmate is taken to the Infirmary on the way to SHU/KL, this form will be filled out by a health care staff and delivered to the SHU/KL Supervisor. At all other times, the form will be filled out by the SHU/KL Supervisor.

NAME	DIN	DATE	TIME
Name of Facility	Name of Screening Person	Length of SHU/KL Sentence	
Reason Inmate is serving SHU/KL time			

Check appropriate YES or NO Response for Each Question

Observations of Escorting Officer

Escorting Officer observed bizarre behavior or behavior that may be a sign of suicide risk.	YES ***	NO	ANY COMMENTS/OBSERVATIONS
---	------------	----	---------------------------

SHU/KEEPLOCK Screening Questions

Have you served SHU/KL time before?			
Have you been seen by Mental Health Staff while incarcerated?			
Are you currently an active mental health patient?			
Have you tried to commit suicide while incarcerated?	***		
Are you feeling suicidal?	***		
Do you feel that you cannot adjust to SHU/KL confinement?	***		
Do you feel there is nothing to look forward to in the future?	***		
Are you currently taking any mental health medications?			

Behaviors/Appearance

Inmate has visible marks of self-mutilation.	***		
Inmate shows signs of depression (e.g. crying, withdrawn).			
Inmate appears anxious, scared, irritable or angry.			
Inmate appears to have poor hygiene (e.g. smells, debris in hair).			
Inmate is having trouble following direction or responding appropriately.			
Inmate appears to be under the influence of alcohol or drugs, is incoherent or otherwise acting in an abnormal manner.	***		

Actions:

- If any box marked with *** is checked, make an immediate (emergency) referral to Mental Health and notify the Watch Commander.
- If any of the other YES boxes are checked in the Behaviors/Appearances section, make a regular (non-emergency) referral to Mental Health.

Mental Health notified. Yes No
 Type of Mental Health Notification Regular (Non-Emergency) Phone Referral Immediate (Emergency) Referral

If regular referral, how was notification made? phone in-writing in-person

Name and title of clinician contacted: _____
 Name Title

- If for any other reason you feel there is a problem with the inmate, notify Mental Health and call the Watch Commander.

The source of a mental health referral is protected from disclosure under Mental Health Law, Section 33.13 and 33.18, if such disclosure would be detrimental to the referral source, to the patient, or to other persons.

Distribution: White – OMH *If NO OMH referral was "required" or the facility does NOT have OMH staff, white copy to Guidance file
 Canary – SHU/KL Supervisor (for the SHU/KL file)
 Pink – Watch Commander
 Goldenrod – Medical/Health Record Psych. Section