



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.88

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Effective Date: December 1, 2020

Distribution: A

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Approved by: Tony Parker

Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 33-3-104.
- II. PURPOSE: To establish procedures for the effective identification and management of inmates who are exhibiting suicidal or other self-destructive behavior. To provide guidelines for the circumstances under which mental health seclusion and suicide monitoring may be used as safety interventions for inmates experiencing severe disturbances in mood, behavior, or perception due to mental status.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees, The Tennessee Correction Academy (TCA), privately managed facilities, physical health care contract providers, and mental health contract providers.
- IV. DEFINITIONS:
  - A. Licensed Independent Mental Health Professional (LIMHP): A licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation; senior psychological examiner; licensed clinical social worker; or licensed professional counselor with mental health services provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.
  - B. Mental Health Emergency: Sudden serious disturbances of behavior, affect, or thought process due to the inmate's mental status which makes the inmate unable to cope and creates the potential for the inmate to harm himself/herself or others.
  - C. Mental Health Seclusion: The confinement of a mental health inmate to a single cell as part of a safety plan following a mental health crisis typically related to decompensation in mental status without significant thoughts or behaviors related to self-harm.
  - D. Program Coordinator: The Clinical Director or licensed Psychologist located at each institution.
  - E. Qualified Health Professional: For purposes of this policy only, a staff member possessing education and licensure/certification as a health professional, e.g., licensed practical nurse, registered nurse, nurse practitioner/family nurse clinician, physical assistant, or physician or licensed psychologist with health service provider status.
  - F. Qualified Mental Health Professional: A licensed Psychological Examiner, or other individual who is professionally licensed/certified as a therapeutic professional, or Mental Health Program Specialist having a master's degree in the behavioral sciences.
  - G. Quality Improvement Review (QIR): A process of internal review and evaluation to systematically and objectively assess the adequacy and appropriateness of the therapeutic care

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services provided to inmates who inflicted serious self-injury, had an episode of suicidal behavior, made a suicide attempt, were placed in therapeutic restraints, or died as a result of suicide or placement in therapeutic restraints.

- H. Self-Injurious Behavior: Self harm or self-mutilation deliberately inflicted by such acts as puncturing, cutting, swallowing objects, head banging, and ingestion of harmful drugs, chemicals or poisons.
  - I. Serious Self-Injury: Self-injurious behavior which requires emergency or urgent medical intervention.
  - J. Suicidal Behavior: Written or verbal threats or acts which if acted upon would cause serious injury or death and are motivated by a decision to kill oneself.
  - K. Suicidal Ideation: Thoughts, verbal or behavioral indicators denoting that an individual is considering suicide.
  - L. Suicide: All self-injurious behavior in which a willful, self-inflicted, or life-threatening act has resulted in death.
  - M. Suicide Attempt: An incident in which the treatment team has determined that an inmate took action with the intent to end his/her life, but which did not result in death.
  - N. Suicide Monitoring: The monitoring of an inmate who is placed in a safe environment, so that he/she may be observed continuously and provided for in a therapeutic manner.
  - O. Suicide Prevention Coordinator: The Behavioral health administrator/designee located at each institution, responsible for managing the treatment of suicidal inmates and for ensuring that the institution's suicide prevention program conforms to the guidelines for training, identification, referral, assessment, and intervention outlined in this policy.
  - P. Inmate Observer: An inmate who is qualified and trained through a formal program, as part of a suicide prevention plan, to provide constant suicide watch monitoring of a suicidal peer.
- V. POLICY: A concerted effort shall be made to identify and prevent suicidal or other self-destructive behavior in all institutions. Mental health seclusion and suicide monitoring shall only be utilized when necessary to prevent injury to the inmate or to others, and only after less restrictive alternatives have been fully evaluated or attempted and failed. Mental health seclusion and suicide monitoring shall be initiated in a safe and humane manner with respect to the inmate's rights and physical integrity.
- VI. PROCEDURES:
- A. The TCA and each institution shall develop and implement a written suicide prevention/intervention and mental health restraints training plan, and procedures which shall be submitted to the TDOC Director of Behavioral Health/designee no later than February 1 for approval annually. If there is no change to the training plan and procedures from the prior year, the institution may submit a memorandum indicating that the plan is unchanged, and the prior approval shall remain in effect. The training plans and procedures shall be approved by the

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institutional Suicide Prevention Coordinator/designee and reviewed by all mental health staff at the facility to ensure that any changes are incorporated into practice.

B. Institutional procedures shall include:

1. Consideration of the physical plant and location of therapeutic restraints
2. Designation of a mental health seclusion, suicide, and/or therapeutic restraints monitoring cell(s) which allow for the secure management of an inmate who exhibits suicidal and other self-destructive behaviors, and/or requires placement in therapeutic restraints. Such cell(s) shall allow for continuous observation by correctional staff. Cells used for suicide watch must be inspected annually by the institution's Suicide Prevention Coordinator to ensure that fixtures such as outlet coverings, sprinkler heads, shower, sink, and toilet hardware are secure and safe. The Suicide Prevention Coordinator must certify annually to the institution's executive staff and the TDOC Director of Behavioral Health/designee that cells are safe for inmate suicide watch.
3. A list of the risk factors, demographic and cultural parameters of suicidal behaviors (including incidence and variation in precipitating factors).
4. Identification of the warning signs and symptoms of impending suicidal behavior, and of inmate behaviors, events, and environmental factors that may trigger circumstances that require the use of therapeutic restraints.
5. Referral protocol, including communication procedures, between all health care and correctional staff. Specific protocol for managing suicidal inmates during evening and morning watch and on weekends to include procedures for suicide risk assessment, communication with on-call provider, communication with security staff and documentation.
6. Responses to suicidal and depressed offenders.
7. Use of non-physical de-escalation intervention skills that shall become part of the annual training.
8. The safe application and uses of therapeutic restraints, including training in how to recognize and respond to signs of physical and psychological distress (e.g., positional asphyxia) that shall become part of the annual training.
9. Post orders that contain training materials related to the procedures.
10. Information regarding the supervision, treatment, and safety requirements when therapeutic restraints are applied, i.e., monitoring, first aid, respiratory and circulatory status, skin integrity, vital signs and mental status.
11. Requirements for assessment of the inmate's medical, psychiatric and behavioral status or condition.
12. Observation for suicide monitoring procedures to include documentation requirements Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.

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13. Methods for continuous observation of inmates placed on suicide monitoring including one-on-one uninterrupted inmate observer or staff observation and supplemental closed-circuit monitoring if available. Suicide watch post orders shall be developed at all sites where suicidal inmates are housed.
  - a. Staff Observers: Suicide watch may be conducted using staff observers. Staff assigned to a suicide watch shall have received supplemental training and shall review and sign the suicide watch/infirmarary/medical post orders before starting an assignment. The Program Coordinator shall review the post orders annually adding information as needed.
  - b. The Director of Behavioral Health Services, or designee, in conjunction with institution Warden/Superintendent, has the authority to authorize the use of inmate observers. The use of inmate observers shall be implemented in situations in which there is clinical need or at the request of the institution Warden/Superintendent. The Suicide Prevention Coordinator/designee shall be responsible for oversight of the inmate observers, including selection, training, assignment and removal. There must always be two staff members present while inmate observers are performing their duties. Inmate observers are paid as an institution work assignment. Inmate observer selection and training requirements are identified within this policy.
14. Required follow-up on incidents, as needed, such as an After-Incident Review and/or Quality Improvement Review (QIR)
15. A procedure that identifies the method by which finger foods are selected from the master menu by the responsible professional ordering the suicide monitoring. This shall be coordinated with the institutional food service manager or designee (Refer to Policy #113.35)
- C. The TCA shall be responsible for providing all new TDOC staff with an overview of the identification, prevention and intervention procedures utilized with suicidal inmates and therapeutic restraints during pre-service training.
- D. All institutional personnel who have direct contact with inmates shall receive annual institutional training to review existing procedures and any updated techniques, plans, and procedures.
- E. All training shall be documented by the institutional training coordinator and maintained at the institution.
- F. General:
  1. Mental health seclusion and suicide monitoring shall not be used as punishment, coercion, for the convenience of staff, or as a substitute for a comprehensive treatment program.
  2. In the event of a mental health emergency safety need, the psychiatrist, APN, or licensed psychologist, when off-site, shall respond by telephone to an institutional page within a 30-minute time period.

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3. At privately managed facilities, the Warden or designee shall, within one hour, notify the Contract Monitor of Operations (CMO) when an order has been given for an inmate to be placed in mental health seclusion or suicide monitoring.
4. If an inmate dies in therapeutic restraints, commits suicide, or has a serious suicide attempt a QIR meeting shall be conducted as a function of the institutional CQI committee. (See Policy #113.09). A serious suicide attempt includes any self-injurious behavior which could result in death.
5. Following each incident of suicide attempt or placement in therapeutic restraints, the Suicide Prevention Coordinator/designee and a clinical staff person shall meet with the inmate to conduct an after-incident review. The after-incident report shall consist of the following:
  - a. Review of immediate triggers resulting in suicide attempt or therapeutic restraints placement.
  - b. Inmate's opinion of the personal impact of the suicide attempt and/or therapeutic restraints.
  - c. Discussion of efforts for future least restrictive treatment alternatives.
  - d. The report shall be reviewed during treatment team meeting.

G. Placement in Mental Health Seclusion and Suicide Monitoring:

1. An inmate may be placed in mental health seclusion for observation, evaluation, or mental health intervention if the inmate is suicidal, when a change in the inmate's mental status results in unpredictable or destructive behaviors, marked agitation, or a significantly decrease in his/her food/fluid intake.
2. Mental health seclusion should be initiated only when other interventions have failed. Alternative interventions must be documented in the mental health record and will be included in a Behavioral Management Plan (BMP). The BMP will be available for all staff that has contact with the inmate.
3. An inmate may be placed on suicide monitoring if he/she presents with suicide ideations, self-injurious behaviors, and suicidal behaviors or if a recent suicide attempt was made.
4. Placement of an inmate into mental health seclusion or suicide monitoring shall require that the psychiatrist or APN or licensed psychologist be notified, and an order be obtained. Placement may be accomplished as follows:
  - a. The psychiatrist, APN or licensed psychologist shall directly assess the inmate. If it is determined that mental health seclusion or suicide monitoring is warranted, the psychiatrist, APN, or licensed psychologist shall complete Physician's Orders, CR-1892 and the Mental Health Seclusion/Suicide Restraint Authorization, CR-3082. If on site, the psychiatrist, APN, or licensed psychologist shall also conduct a formal suicide risk assessment protocol, utilizing Suicide Risk Assessment, CR-4050, and document findings, including mental health history, precipitating factors, risk and

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protective factors, degree of lethality, alternative interventions considered, and follow-up plan.

- b. In the absence of a psychiatrist, APN, or licensed psychologist, a LIMHP or a qualified mental health professional shall directly interview the inmate or appraise the circumstance, complete the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, and initiate mental health seclusion or suicide monitoring, by notifying the facility's assigned or supervising nurse. The nurse shall immediately contact the psychiatrist or APN to obtain a telephone order. The nurse shall then complete Physician's Orders, CR-1892, and any applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
  - c. When there are no mental health professionals on-site, the assigned or supervising nurse shall directly interview the inmate and initiate mental health seclusion or suicide monitoring placement, and immediately contact the psychiatrist, APN, or licensed psychologist to obtain a telephone order. The nurse shall complete Physician's Orders, CR-1892 and the Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
5. The shift commander will be immediately notified when an inmate is placed on mental health seclusion or suicide monitoring, who will notify the Warden and associate wardens. When placement on mental health seclusion or suicide monitoring involves removal of property, possessions, security personnel will be responsible for ensuring that the monitoring cell is searched, and the inmate is strip-searched prior to the initiation of mental health seclusion or suicide monitoring.
6. A psychiatrist, APN, or licensed psychologist shall directly assess the inmate within 72 hours from the time the telephone order was given and complete the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization CR-3082, and sign and date the initial Physician's Orders, CR-1892. The psychiatrist, APN, or licensed psychologist will also conduct and document a structured risk assessment, utilizing Suicide Risk Assessment CR-4050, including precipitating event, mental health history, current mental status, risk and protective factors, degree of lethality, and treatment plan, if one was not completed at the time of placement on crisis stabilization.
7. A LIMHP, qualified mental health professional or qualified health provider shall assess each inmate in mental health seclusion and/or suicide monitoring at least daily. Documentation shall be on Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
8. Inmates placed in mental health seclusion shall be monitored on an irregular basis, utilizing Monitoring Report, CR-2004. The elapsed time period between checks shall not exceed 30 minutes.
9. Inmates placed in suicide monitoring shall be monitored on an irregular basis, utilizing Monitoring Report, CR-2004. The elapsed time period between checks shall not exceed fifteen minutes.

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10. Mental health seclusion and/or suicide monitoring shall only be discontinued or upgraded to mental health seclusion status upon the order of a psychiatrist, APN, or licensed psychologist, after a direct assessment has occurred. The psychiatrist or APN shall fully document his/her rationale for discontinuing the order on Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082. Clinical documentation shall include treatment recommendations and a follow-up plan for all inmates removed from mental health seclusion or suicide monitoring.
11. The inmate may be upgraded to a less restrictive monitoring status, e.g., to mental health seclusion, as deemed clinically appropriate by the psychiatrist, APN, or licensed psychologist. Immediate discharge of an inmate back to the general population shall be at the discretion of the releasing clinical staff person.
12. Inmates released from suicide monitoring or mental health seclusion will be seen by a qualified mental health professional within 24 hours for a clinical follow-up. Additional follow-ups after discharge from suicide monitoring or mental health seclusion will occur within 72 hours, seven days, 14 days and 30 days. An additional evaluation shall occur every 30 days for six months post release unless such monitoring is not clinically indicated. To assess for depressive symptoms, The Columbia-Suicide Severity Rating Scale (C-SSRS) will be administered at twenty-four hours, seven days, and 30 days post release. All assessment results will be thoroughly documented in accordance with TDOC policy standards and placed in the inmate's health record. The C-SSRS does not need to be placed in the chart and only a recording of the score from the C-SSRS is necessary. All clinicians shall utilize therapeutic conversation guidelines in their assessment of inmates expressing suicidal ideation.
13. A secluded inmate must have access to drinking water and a toilet.
14. Only under direct observation of staff shall an inmate on suicide monitoring or mental health seclusion utilize hygiene items and/or exercise. Razor blades shall be prohibited during mental health seclusion and suicide monitoring. An electric razor or barber may be utilized under direct supervision and at the discretion of the Assistant Warden of Treatment in consultation with the Program Coordinator.
15. The inmate shall be provided a suicide smock while on mental health seclusion or suicide monitoring.
16. The Physician's Order, CR-1892, should include that the inmate shall be required to remove for safekeeping all articles that could be utilized as possible weapons, i.e., shoelaces, belt, jewelry, etc.
17. If the mental health assessment indicates the inmate is in significant clinical distress which cannot be managed locally, arrangements shall be made to transfer the inmate to a TDOC facility capable of providing adequate mental health services or to a contract community hospital in the case of a life or death emergency. If no mental distress exists, Policies #506.07 or #506.16 may apply.

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H. Suicide Risk Assessment and Referral

1. Upon reception into the TDOC and upon institutional transfer, all inmates shall be screened for suicide risk and other mental health concerns by a health care professional utilizing Health Screening, CR-2178.
2. At any time, referral to mental health staff shall occur if an inmate is determined to be a suicide risk or is presenting with other mental health concerns. (See Policy #113.20)
3. At any time, a mental health professional determines that it is clinically indicated, a referral to the institution chaplain shall occur in order to explore the inmates experience of guilt, plan treatment, and resolve any underlying sense of distress that may be religious-spiritual in nature.

I. Documentation:

1. Complete documentation of all actions relating to the placement of an inmate in mental health seclusion, and/or suicide monitoring shall be made on Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, Physician's Orders, CR-1892, and Monitoring Report, CR-2004.
2. Documentation is to be recorded in military time only on the Monitoring Report, CR-2004. Shift commanders are to review all active monitoring reports on each shift to verify that documentation is being properly recorded, and sign at the bottom of the Monitoring Report, CR-2004.
3. By the 15<sup>th</sup> of each month, each institution (except DeBerry Special Needs Facility) shall forward a copy of all completed Mental Health Seclusion/Suicide/Restraint Authorizations, CR-3082, to the Director of Behavioral Health/designee for review.
4. The after-incident review shall be documented in the inmate's health record on the After Incident Review, CR-4204.
5. When the CQI committee meets to discuss a QIR, minutes shall be confidentially compiled and maintained by the Behavioral health administrator or designee.
6. A summary of each QIR shall be forwarded to the TDOC Director of Mental Health Services within 14 days of the occurring event. The QIR summary shall be outlined to include the following:
  - a. CQI Meeting Information, the name of the institution, date/time/location of meeting, names of professional and titles of members present, names and professional titles of absent members.
  - b. Incident Information-Type e.g., suicide attempt, date/time/location of when incident took place.
  - c. Demographic Information- inmate name, date of birth, age, race, religion.



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- d. Criminal History- length of current incarceration in years, custody status, internal affairs investigation (yes/no).
- e. Mental Health Information- diagnosis, current treatment, compliance issues, prior suicide attempts including method, results of suicide screening, review of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, any warning signs if applicable such as, suicide note, feelings of hopelessness, guilt, spiritual/existential issues, disposal and or giving away of personal property.
- f. The report shall include the inmate face sheet and (OMS)incident report (See Policy #103.02).
- g. Central Office behavioral health staff will review all submitted documents for completeness, correct format, and policy requirements.

7. All CR-2004s shall be filed in the health record under Section X Mental Health.

J. Selection of Inmate Observers: Due to the sensitive nature of suicide watches, the facility Warden/Superintendent will approve the selection and removal of all inmate observers. Inmate observer applicants must be free of B or C disciplinary infractions for at least one year and a must not have received a Class A infraction in at least five years. The inmate applicant must be reviewed in all other areas which could assist in determining their suitability for the assignment. The inmate observer applicant may be a LOC 1 or LOC 2, who has not been on clinical alert for at least 18 months. To be appointed as an inmate observer, it is preferable that they are minimum security level; however, medium security level inmates will be considered on a case-by-case basis.

Inmates will be selected based upon their ability to perform the specific task but also for their history within the institution. In the Program Coordinator's judgment, they must be mature, reliable individuals who have proven to be responsible and having a positive influence on their peers. They must be able to protect privacy related to their assignment.

- 1. Inmate Observer Shifts: Observers ordinarily will work in four-hour shifts, except under unusual circumstances, observers will not work longer than one five-hour shift in a 24-hour period. Inmate observers will receive pay for this work assignment.
- 2. Training Inmate Observers: Each observer will receive at least eight hours of training before being assigned to a suicide watch shift. Each observer will also receive at least four hours of training semiannually. Each training session will review policy requirements and instruct the inmates on their duties and responsibilities during the suicide watch, including:
  - a. The location of suicide areas
  - b. Summoning staff during all shifts
  - c. Recognizing behavioral signs of stress or agitation
  - d. Recording observations in the watch log

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Program Coordinator or designee will debrief observers, individually, or in groups, to discuss their experiences and make program changes, if necessary.

3. Records: The Program Coordinator will maintain a file containing:
  - a. An agreement of understanding expectations signed by each inmate.
  - b. Documentation of attendance and topics discussed at training sessions.
  - c. A schedule of inmates available to serve as observers, which will be distributed to Security staff.
  - d. Verification of hours worked and pay for those inmates performing watches
  
4. Supervision of Inmate Observers during a suicide watch: Supervision will be provided by staff who are in the immediate area of the suicide watch room or who have continuous video observation of the inmate observer. In all cases, when an inmate observer alerts staff to an emergency, staff must immediately respond to the suicide watch room and take necessary action to prevent the inmate on watch from incurring debilitating injury or death. In no case will an inmate observer be assigned to a watch without adequate provisions for staff supervision or without the ability to obtain immediate staff assistance. Supervision must consist of at least 60 minute in-person checks on the inmate observer. Staff will document the hourly supervision checks on the TDOC Monitoring Report, CR-2004, by indicating the date and time of supervision and using activity code "1" from the CR-2004 activity code list.
  
5. Removal: The Program Coordinator or designee may remove any observer from the program at his/her discretion. Removal of an inmate observer should be recorded by the Program Coordinator. If any inmate observer does not perform their work assignment appropriately, any staff may suspend them from the program pending review by the Program Coordinator.

VII. ACA STANDARDS: 5-ACI-6C-13, 5-ACI-3A-18, 5-ACI-4A-11, 5-ACI-6A-31, 5-ACI-6A-35, 5-ACI-6A-37, 5-ACI-6B-12, 5-ACI-6A-29, 5-ACI-6A-30, and 5-ACI-6A-39.

VIII. EXPIRATION DATE: December 1, 2023





Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING



TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION

INSTITUTION \_\_\_\_\_

PATIENT: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRECIPITATING SYMPTOMS (OBSERVATION/JUSTIFICATION): \_\_\_\_\_

ASSESSMENT: \_\_\_\_\_

INITIAL ORDER: \_\_\_\_\_

TIME OF AUTHORIZATION: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE ORDER: \_\_\_\_\_  
SIGNATURE OF ASSIGNED OR SUPERVISING NURSE

SIGNATURE OF ORDERING PSYCHIATRIST/CNS \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE/TITLE OF AUTHORIZING STAFF \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF PLACEMENT:  SECLUSION  SUICIDE WATCH  RESTRAINTS LOCATION: \_\_\_\_\_

IF RESTRAINT, TYPE: \_\_\_\_\_ TIME OF APPLICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT:  SECLUSION  SUICIDE WATCH  RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE/TITLE OF AUTHORIZED STAFF \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT:  SECLUSION  SUICIDE WATCH  RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE/TITLE OF AUTHORIZED STAFF \_\_\_\_\_

Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING

**MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION**

\_\_\_\_\_  
INSTITUTION

PATIENT: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PLACEMENT:     SECLUSION                       SUICIDE WATCH                       RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PLACEMENT:     SECLUSION                       SUICIDE WATCH                       RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PLACEMENT:     SECLUSION                       SUICIDE WATCH                       RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

ORDER DISCONTINUED: \_\_\_\_\_

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PSYCHIATRIST / CNS

Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING



TENNESSEE DEPARTMENT OF CORRECTION HEALTH QUESTIONNAIRE

INMATE NAME: \_\_\_\_\_ TDOC ID \_\_\_\_\_ DOB \_\_\_\_\_

RECEIVING INSTITUTION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_ a.m./p.m.

INITIAL INTAKE: \_\_\_\_\_ TEMPORARY TRANSFER: \_\_\_\_\_ PERMANENT TRANSFER: \_\_\_\_\_

INQUIRE:

- 1. Do you have any barriers to learning? Vision Hearing Reading Writing None
2. Do you speak/read English? Speak: Yes No Read: Yes No
3. Have you ever had a positive TB test? Yes No If yes, describe
4. Are you being treated for any illness or health problem... Yes No If yes, describe:
5. Do you have any physical, mental or dental complaints at this time? Yes No If yes, describe:
6. Are you currently taking any medication(s)? Yes No If yes, was the medication transferred... If yes, describe
7. Have you recently or in the past, abused alcohol or other drugs... Yes No If yes, What? How much?
8. Have you ever been hospitalized for using alcohol or other drugs... Yes No If yes, when?
9. Do you have any allergies? Yes No If yes, describe:

(For women)

- 10. a) LMP b) Are you pregnant? Yes No Number of months
c) Have you recently delivered? Yes No Date:
d) Are you on birth control pills? Yes No
e) Any gynecological problems? Yes No
11. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? Yes No
If so, do you have any open/draining lesions, sores, or insect bites? Yes No
If yes, where are these lesions?

OBSERVE:

- 1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating): Normal Abnormal If abnormal, describe:
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)) Yes No If yes, describe:
3. Is there evidence of Abuse or Trauma? Yes No If yes, describe:

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TENNESSEE DEPARTMENT OF CORRECTION HEALTH QUESTIONNAIRE

MENTAL HEALTH:

- 1. Is the inmate presenting behavior(s) that are considered: [ ] Anxious [ ] Antagonistic/Hostile [ ] Hallucinations [ ] Withdrawn/Avoidant [ ] Depressed/Hopeless [ ] No
2. Is the inmate presenting disorganized thought? (Unable to track questions and/or present responses in logical or connected manner) [ ] Yes [ ] No
3. Have you ever been in a mental hospital? [ ] Yes [ ] No
4. Have you ever been treated for mental health? [ ] Yes [ ] No
5. Have you ever attempted to kill yourself? [ ] Yes [ ] No
6. Are you thinking about suicide now? [ ] Yes [ ] No
7. Has a parent, other family member, or close friend committed suicide? [ ] Yes [ ] No
8. Do you have a history of past or current head trauma? [ ] Yes [ ] No
9. As an adult or child, have you personally experienced being: [ ] Sexually abused [ ] Physically abused [ ] Emotionally abused

DISPOSITION:

Intake housing [ ] Intake housing with prompt referral appointment (health, mental health, substance use treatment)
General housing [ ] General housing with prompt/referral appointment
Referred to appropriate health, mental health or substance use provider [ ] Yes [ ] No
Contacted appropriate health, mental health, or substance use provider due to emergency [ ] Yes [ ] No
Additional comments on Progress Notes (CR-1884): [ ] Yes [ ] No

I have received information regarding the procedure for obtaining routine and emergency health care (medical, dental, substance use, and/or mental health, and co-pay requirements). These have been explained to me and I understand how to access healthcare services in the form of:

- [ ] Orientation Handbook (i.e. Inmate Handbook)
[ ] Transient inmate information-describing how to access healthcare

Inmate Signature

Employee Name Printed

Employee Signature and Title





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Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING		



TENNESSEE DEPARTMENT OF CORRECTION  
**MENTAL HEALTH SERVICES**  
**AFTER INCIDENT REVIEW**

INSTITUTION \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Incident Type: ( )Suicide Attempt ( )Therapeutic Restraints

Review of reported immediate triggers resulting in suicide attempt or therapeutic restraints placement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reported opinion of the personal impact of the suicide attempt and/or therapeutic restraints:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Discussion of efforts for future least restrictive treatment alternatives:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date report scheduled to be reviewed during treatment team meeting:

\_\_\_\_\_

Behavioral Health Administrator/Designee Signature:

\_\_\_\_\_  
 \_\_\_\_\_

Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING



TENNESSEE DEPARTMENT OF CORRECTION

SUICIDE RISK ASSESSMENT

INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

<b>Mental Status Exam:</b>	
<b>Risk Factors:</b>	(history of prior attempts, current/past psychiatric disorders, key symptoms such as impulsivity and anxiety, family history, precipitants, stressors, change in treatment)
<b>Protective Factors:</b>	Internal: ability to cope with stress, religious beliefs, frustration tolerance External: responsibility to children or family, positive therapeutic relationships, social support
<b>Suicide Inquiry:</b>	(specific questioning about thoughts, plans, behaviors, intent)
<b>Risk Level – Low, Moderate, High:</b>	(see SAFE-T criteria)
<b>Recommendations/Follow-up:</b>	

MENTAL HEALTH PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_\_