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CHAPTER 291

DEPARTMENT OF CORRECTIONS

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FILING CAPTION: Suicide Prevention in Correctional Facilities

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RULES:

291-076-0010, 291-076-0020, 291-076-0030

AMEND: 291-076-0010

NOTICE FILED DATE: 02/04/2026

RULE SUMMARY: Amends rule for minor grammar edits; to change the term "inmate" to the statutorily required term "adult in custody"; and to update language and terminology to match current, community-accepted language

CHANGES TO RULE:

291-076-0010

Authority, Purpose and Policy ¶¶

(1) Authority: The authority for ~~this~~these ~~rules~~ is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030, and 423.075.¶

(2) Purpose: The purpose of ~~this~~these ~~rules~~ is to prevent suicides among the ~~inmate~~adult in custody population.¶

(3) Policy: It is the policy of the Department of Corrections to provide immediate assistance whenever an ~~inmate~~adult in custody demonstrates, or is reported to be at risk of self-destructive behavior, directed violence.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-076-0020

NOTICE FILED DATE: 02/04/2026

RULE SUMMARY: Amends rule to use the department's standard definitions; to change the term "inmate" to the statutorily required term "adult in custody"; to clarify or to spell out acronyms; and to update language and terminology to match current community-accepted language.

CHANGES TO RULE:

291-076-0020

Definitions ¶¶

- (1) Adult in Custody: Any person under the supervision of the Department of Corrections who is not on parole, probation, or post-prison supervision status.¶¶
- (2) Behavioral Health Services (BHS): A unit of ODOC within Oregon Department of Corrections Health Services with primary responsibility for the assessment and treatment of inmates/adults in custody with mental illness and developmental/intellectual disabilities.¶¶
- (23) Mental Health Provider: Any person employed by the Department or engaged by contract with the Department for the explicit purpose of providing mental health services.¶¶
- (34) Self-Directed Violence: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-Directed Violence may be non-suicidal, suicidal or undetermined.¶¶
- (5) Suicide Assessment: A brief but formal assessment of mental status, conducted by a mental health provider or by a registered nurse in consultation with a mental health provider, concluding with a judged level of suicidal risk.¶¶
- (4) Suicide Attempt: Any self-injury requiring significant medical intervention as determined by a mental health provider.¶¶
- (5) Suicide Close Observation: In moderate risk situations, u (6) Suicide Close Observation: Unobstructed visual observation of the inmate/adult in custody is required at staggered intervals, not to exceed 15 minutes, with recorded observation within each 15-minute interval.¶¶
- (67) Suicide Warning Signs: The following list provides some of the indicators of suicide potential:¶¶
- (a) Talk of suicide, threats of suicide;¶¶
 - (b) Extreme sadness or crying;¶¶
 - (c) Apathy, loss of interest in all or almost all people and activities;¶¶
 - (d) Loss of appetite or weight;¶¶
 - (e) Walking or completing tasks at an unusually slow speed;¶¶
 - (f) Difficulty concentrating or thinking;¶¶
 - (g) Sleep disturbances;¶¶
 - (h) Emotional flatness; seems numb, non-reactive;¶¶
 - (i) Difficulty carrying out routine tasks; e.g. (for example, eating, dressing, etc.);¶¶
 - (j) Tension and agitation; inability to relax or sit still, pacing, hand wringing;¶¶
 - (k) Withdrawal, silent, uncommunicative;¶¶
 - (l) Pessimistic attitude about the future;¶¶
 - (m) Emotional outbursts, sudden expression of anger for no apparent reason; or¶¶
 - (n) Feeling of hopelessness and helplessness.¶¶
- (78) Suicide Watch: In high risk situations, c (8) Continuous and unobstructed one-to-one view of the inmate/adult in custody is required at all times with recorded observation within each 15-minute interval.
- Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075
Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

NOTICE FILED DATE: 02/04/2026

RULE SUMMARY: Amends rule to use the department's standard terminology; to clarify rule or process or remove acronyms; to update process; to change the term "inmate" to the statutorily required term "adult in custody"; to use person-first or gender neutral language; and to update language and terminology to match current, community-accepted language.

CHANGES TO RULE:

291-076-0030

Procedures ¶

(1) Identification: All new admissions to the Department of Corrections will receive a mental health screening interview as part of the intake process. The mental health screening will include mental health history, suicide potential, and evidence of psychosis, or other acute mental health emergency. ¶

(2) Training: All employees having direct ~~inmate~~ contact with adults in custody will receive suicide prevention training. ¶

(a) Suicide warning signs, prevention strategies, and response procedures will be present in New Employee Orientation (NEO) and in annual in-service training. ¶

(b) Suicide prevention training curriculum will be approved by the Administrator of Behavioral Health Services. ¶

(c) Additional training is required of ~~staff~~ employees in special housing units where adults in custody with mentally ill or suicidal risk inmates are concentrated. ¶

~~(3) Referral: Inmates~~ are at high risk for suicide ¶

(3) Referral: Adults in custody with significant potential for self-harm, directed violence or who are displaying suicide warning signs should be referred to Behavioral Health Services for evaluation. ¶

(4) Assessment: Any ~~Department~~ staff employee, upon concluding that sufficient suicide warning signs are present to merit concern, should immediately notify a registered nurse or mental health provider. A mental health provider, or a registered nurse in consultation with a mental health provider, will then determine if suicide risk is present. ¶

(a) When an ~~inmate~~ adult in custody is placed on suicide watch or suicide close observation, the ~~inmate~~ adult in custody should be reassessed by a registered nurse every four hours and the placement reviewed by a mental health provider within 24 hours, in person or by phone, and at least once every 24-hour period thereafter. ¶

(b) At those facilities without 24-hour nursing coverage, a suicide assessment will be completed every four hours when nursing ~~staff~~ employees are on duty, as well as or at the end of the last shift and the beginning of the next shift if there is more than four hours without nursing employees on duty. During the interim, specific written instructions shall be given to the officer-in-charge regarding what actions should be taken if the ~~inmate~~ adult in custody's mental status appears to deteriorate, or if any acts of self-destruction, directed violence are carried out. ¶

(c) All suicide assessment, reassessments, ~~inmate~~ adult in custody responses, as well as any written instructions which are given to the officer-in-charge, will be documented in the ~~inmate~~ adult in custody's Health Services file. ¶

(5) Monitoring - Suicide Watch (high risk): The officer-in-charge shall be responsible for placing an ~~inmate~~ adult in custody on suicide watch based on ~~the~~ instruction from a mental health provider or from a registered nurse in consultation with a mental health provider. The officer-in-charge may initiate a suicide watch until a registered nurse or mental health provider arrives. ¶

(a) An ~~inmate~~ adult in custody on suicide watch shall always be under continuous and unobstructed one-to-one observation ~~at all times~~. ¶

(b) When an ~~inmate~~ adult in custody is placed on suicide watch, the officer-in-charge shall remove from the adult in custody's living area any items that pose a threat ~~to~~ for self-harm ~~from the inmate's living area~~ directed violence, based on ~~the~~ instruction from a mental health provider or from a registered nurse in consultation with a mental health provider. ¶

(c) Any ~~inmate~~ adult in custody placed on suicide watch will ~~be continued~~ remain in this status until a mental health provider, or a registered nurse in consultation with a mental health provider, determines that the suicide watch is no longer necessary, and has notified the officer-in-charge. The officer-in-charge will then order the suicide watch discontinued and property will be returned as instructed. ¶

(d) If the mental health provider decides to maintain an ~~inmate~~ adult in custody on suicide watch past 48 hours, the ~~officer-in-charge will be notified and arrangements will be made for the transportation of the inmate to the nearest Mental Health Infirmiry. It is the responsibility of the mental health provider to communicate to the Mental Health Infirmiry receiving staff of the impending admission.~~ Behavioral Health Services manager will consult with Mental

Health Infirmery to determine whether a Mental Health Infirmery referral is clinically indicated. ¶

(6) Monitoring - Suicide Close Observation (moderate risk): The officer-in-charge shall be responsible for placing an inmate adult in custody on suicide close observation based on ~~the~~ instruction ~~of~~ from a mental health provider or ~~from~~ a registered nurse in consultation with a mental health provider. The officer-in-charge may initiate suicide close observation until a registered nurse or mental health provider arrives. ¶

(a) Suicide close observation requires unobstructed one-to-one observation of the inmate adult in custody at staggered intervals, not to exceed 15 minutes (~~e.g. for example,~~ 9:15, 9:25, 9:34, 9:49, 10:00). ¶

(b) When an inmate adult in custody is placed on suicide close observation, the officer-in-charge shall remove ~~from~~ the adult in custody's living area items that pose a threat ~~to~~ for self-harm ~~from the inmate's living area~~ directed violence based on ~~the~~ instruction from a mental health provider or ~~from~~ a registered nurse in consultation with a mental health provider. ¶

(c) Any inmate adult in custody placed on suicide close observation will ~~be continued~~ remain in this status until a mental health provider, or a registered nurse in consultation with a mental health provider, determines that the suicide close observation is no longer necessary and has notified the officer-in-charge. The officer-in-charge will then order the suicide close observation discontinued and property will be returned according to instruction. ¶

(7) Housing: Inmates Adults in custody on suicide watch or suicide close observation may be housed in a segregation cell ~~or,~~ special housing, or other cell modified and identified for use insignated for suicide prevention if there is a visual. The cell must provide and unobstructed view of the inmate so that he or she adult in custody so they can be observed ~~one-to-one on either~~ continuously or at staggered interval basis, as required ~~and p.~~ Property can may be restricted as instructed. ¶

(a) A mental health provider should be consulted ~~as to~~ determine the most appropriate housing. ~~Upon determination and instrue for the adult in custody. If, after this determination by,~~ a mental health provider or a registered nurse in consultation with a mental health provider ~~that an inmate,~~ concludes that the adult in custody cannot be safely maintained at the current facility while on suicide watch or suicide close observation (in particular, those in facilities without 24-hour nursing coverage), arrangements will be made to transfer the inmate adult in custody to an appropriate facility for observation and intervention. ¶

(b) The mental health provider or registered nurse in consultation with a mental health provider will communicate the details of the case to a mental health provider and registered nurse at the receiving facility before the inmate adult in custody arrives at the receiving facility. ¶

(8) Communication: Throughout the process of suicide risk assessment and intervention, ~~D~~ department staff employees and mental health providers will work closely together to ensure adequate and effective communication. ¶

(9) Intervention: If a ~~staff member~~ discon employee observes a suicide in progress adult in custody actively engaging in self-directed violence, the following steps will be followed using universal blood and body fluid precautions: ¶

(a) Call for assistance. ¶

(b) If it is a hanging, the ~~staff member shall cut the inmate down immediately~~ employee shall immediately cut and remove any ligatures or other tools used to restrict breathing or blood circulation. ¶

(c) Emergency first aid procedures should be followed in the event of any self-destructive behavior irected violence and should be continued until Medical Services staff employees arrive and give further instructions. ¶

(d) First aid procedures will be continued until relieved by Medical Services staff employees regardless of belief that the inmate adult in custody is no longer alive. ¶

(10) Notification and Reporting: The officer-in-charge will be responsible for initiating the facility's notification process of any attempted suicide. The notification will include the ~~local~~ Behavioral Health Services Manager or designee ~~and the on-call prescriber for that~~ facility where the attempted suicide took place. In the event of a completed suicide, the notification will include the ~~local~~ Behavioral Health Services Manager or designee and the Behavioral Health Services Administrator or designee for the facility where the completed suicide took place. ¶

(11) The ~~D~~ department of Correction's rules on Death (Inmate AIC) (OAR 291-027) and Emergency Preparedness (OAR 291-053) will be followed in the event of a completed suicide.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075