



NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 291
DEPARTMENT OF CORRECTIONS

FILED

02/04/2026 11:23 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Suicide Prevention in Correctional Facilities

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 03/25/2026 12:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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NEED FOR THE RULE(S)

These proposed amendments are needed to: replace "inmate" with the statutorily required term "adult in custody"; use person-first, gender-neutral, and community-accepted language and standard department definitions and terminology; clarify the rules or processes; and update processes.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

None.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The Department of Corrections anticipates that the proposed amendments to its Division 076 rules, OAR 291-076 Suicide Prevention in Correctional Facilities, will have an overall positive impact on racial equity.

These rules establish the department's policy for the prevention of suicides among the adult in custody population. Some proposed amendments make language and grammar revisions for clarity; to align with current process or with other department rules; and remove gendered language. These non-substantive amendments are anticipated to have no impact on racial equity in the state.

Among the proposed amendments to the department's Division 076 rules are amendments that update terminology to match current, community-accepted language and amendments that expand the classification and review of self-directed violence. These proposed amendments align more closely with therapeutic services, allowing a more patient-centered approach to managing housing and therapeutic intervention for adults in custody who are on suicide precautions. These changes allow for more focus on individualized care. Because adults in custody are disproportionately represented with respect to race, as compared to communities within the state, rules that promote more clinical and individualized services increase the efficacy of treatment.

Other proposed amendments will conform the rules to incorporate the statutory term for individuals incarcerated in Department of Corrections institutions – “adult in custody”. These proposed amendments align with the department’s mission and guiding principles, which seeks to normalize and humanize the experience of individuals who are confined in Oregon’s prisons. The Department of Corrections understands that all adults in custody, including minority racial groups, are positively impacted when a culture of inclusivity, normalization, and humanization is created, and that these proposed rule amendments represent another step toward creating this culture. Because minority racial groups have historically been overrepresented among individuals who have been sentenced to prison incarceration in this state, the department anticipates that these proposed rule amendments will help promote the just and fair treatment of members of these groups while they are incarcerated and upon their release and transition back into Oregon’s communities upon completion of their incarceration sentences.

For these reasons, the Department of Corrections anticipates that these proposed rule amendments will have an overall positive impact on racial equity in this state.

FISCAL AND ECONOMIC IMPACT:

This change updates the rules to reflect current terminology and definitions and removes gendered language; and updates process.

These rule changes are not anticipated to have additional costs or staffing fiscal impacts on the department, other state agencies/partners, local governments (the counties), AICs or the general public.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

None.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rules as they will not be impacted by these rules.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The department has determined that use of an advisory committee would not have provided any substantive assistance in drafting these rule revisions because of the technical nature of the revisions.

RULES PROPOSED:

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

AMEND: 291-076-0010

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 ~~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 ~~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~~or~~receded 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

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 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 inmatesadults in custody with mental illness and developmentintellectual disabilities.¶

(23) Mental Health Provider: Any person employed by the Ddepartment or engaged by contract with the Ddepartment 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, u6) Suicide Close Observation: Unobstructed visual observation of the inmateadult 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, eContinuous and unobstructed one-to-one view of the inmateadult 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

RULE SUMMARY: Amends rule to use the department's standard terminology; 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**ness 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 inmateadult in custody is placed on suicide watch or suicide close observation, the inmateadult 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 staffemployees 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 inmateadult 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, inmateadult in custody responses, as well as any written instructions which are given to the officer-in-charge, will be documented in the inmateadult in custody's Health Services file.¶

(5) **Monitoring - Suicide Watch (high risk):** The officer-in-charge shall be responsible for placing an inmateadult 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 inmateadult in custody on suicide watch shall always be under continuous and unobstructed one-to-one observation at all times.¶

(b) When an inmateadult 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 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 inmateadult 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 inmateadult 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 Infirmary. It is the responsibility of the mental health provider to communicate to the Mental Health Infirmary receiving staff of the impending admission. Behavioral Health Services manager will consult with Mental Health Infirmary to determine whether a Mental Health Infirmary 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 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 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 in ~~signated~~ 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 or either continuously or at staggered interval basis, as required and 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 instruct 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, these 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, ~~the~~ department staff employees and mental health providers will work closely together to ensure adequate and effective communication.¶

(9) Intervention: If a staff member ~~disco~~ 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 directed 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 ~~the~~ 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