

Safety Cell Step Down Form

Inmate name _____ ID# _____

Safety Cell placement date / time: _____ Rationale for placement: DTS DTO GD

Prior placements in Safety Cell: Y N Dates: _____

Symptoms when placed in safety cell: Suicidal ideation Homicidal ideation Disorganized
Reporting hallucinations Observed responding to internal stimuli Self-Harm behavior

Describe above symptoms and give additional symptoms observed when was placed in safety cell: _____

Interventions to care for patient: _____

Patient's response to above interventions: _____

Collateral info from custody or community sources: _____

Symptoms currently present: Suicidal ideation Homicidal ideation Disorganized
Reporting hallucinations Observed responding to internal stimuli Self-harm behavior

Describe above symptoms and give additional symptoms observed: _____

Observations indicating that patient is currently ready to step down:

Eating appropriately Drinking appropriately Grooming appropriately Organized behavior

Denies hallucinations Denies suicidal thoughts Denies plan to harm self

Cooperative with staff Verbalizes hope for future Verbalizes positive plans for future

Verbalizes plan to seek help if symptoms arise again Able to identify triggers

Verbalizes willingness to participate in treatment Compliant with medications

Verbalizes reasons to live Verbalizes reasons to not engage in self injury

Further observations regarding ability to step down: _____

- This patient continues to have serious impairment, is dangerous to self or others, and cannot be safely maintained in less restrictive housing.
 - CARES Team was called _____ (time and date).
 - Custody was alerted _____ (time and date).
 - Patient will continue to be seen by MH every 4 hours while in safety cell.

- This patient's symptoms have improved significantly. This patient is no longer a threat to self or others and can be moved to _____ (suggested housing).
 - Custody was alerted _____ (time and date).
 - Patient will be seen again by MH within 24 hours.
 - Patient was instructed on procedures for contacting mental health.

MH professional: _____

Date/time: _____

Inmate name _____ **ID#** _____