PURPOSE: To establish guidelines for the use of therapeutic seclusion as a special treatment procedure for patients at behavioral health facilities.

POLICY: Behavioral health facilities may utilize therapeutic seclusion as a special treatment procedure for limited periods of time by physician, psychiatrist/psychiatric mid-level practitioner (MLP) order. The use of therapeutic seclusion requires clinical justification and is employed only to protect the patient from self-injury or injury to others. Therapeutic seclusion is not employed as punishment or as a convenience for staff.

PROCEDURE:

I. Only a psychiatrist, MLP or physician may order therapeutic seclusion. Telephone or verbal orders must be co-signed within 72 hours. In an emergency situation, a patient may be placed in therapeutic seclusion based on the assessment of need by a qualified health care professional, in this case a nurse, while awaiting an order by a psychiatrist/MLP. Specific discharge criteria (target behavior) will be included in the order to place an offender in therapeutic seclusion.

II. Orders for therapeutic seclusion may not exceed 12 hours. Renewal of therapeutic seclusion requires a new physician order. Orders may not be “standing” or “PRN”.

III. Therapeutic seclusion must end as soon as the discharge criteria specified in the admission order are met.

IV. The Mental Health Observation Checklist (HSP-5) will be used for documentation of observations made every fifteen minutes while in seclusion.

V. Patients in therapeutic seclusion must have access to daily bathing and necessary bathroom privileges.

VI. Facilities will maintain a log of admissions to therapeutic seclusion including patient name, TDCJ#, date and time of and authority for admission and date and time of release.

VII. All incidents of therapeutic seclusion are reported daily to the facility clinical director/or designee for review.