

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/19/2018	NUMBER: I-66.3
	Replaces: 3/8/2018	
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<b>THERAPEUTIC SECLUSION OF MENTAL HEALTH PATIENTS</b>		

**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.