

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 3/17/2016	NUMBER: I-66.3
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PSYCHIATRIC INPATIENT SECLUSION		

PURPOSE: To establish guidelines for the use of seclusion as a special treatment procedure for patients at inpatient psychiatric facilities.

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

PROCEDURE:

- I. Only a psychiatrist, mid-level practitioner or physician may order seclusion. Telephone or verbal orders must be co-signed within 72 hours. A patient may be placed in seclusion during emergency situations on order from a qualified health care professional while awaiting a psychiatrist/MLP order. Specific discharge criteria (target behavior) will be included in the order to place an offender in seclusion.
- II. Orders for seclusion may not exceed 12 hours. Renewal of seclusion requires a new physician order. Orders may not be “standing” or “PRN”.
- III. 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 seclusion must have access to daily bathing and necessary bathroom privileges.
- VI. Facilities will maintain a log of admissions to seclusion including patient name, TDCJ#, date and time of and authority for admission and date and time of release.
- VII. All incidents of seclusion are reported daily to the facility clinical director/or designee for review.