

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient –  
Restrictive Procedures

POLICY # TX III-1

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SUBJECT: Therapeutic Seclusion

EFFECTIVE DATE: September 2007  
SUPERCEDES DATE: April 2005

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## PURPOSE

To establish a uniform policy within the Division of Prisons for the use of therapeutic seclusion (TS).

## POLICY

Mental Health Services shall use the least restrictive effective treatment. TS shall **never** be used as coercion, punishment, retaliation, for convenience of staff or to compensate for inadequate staffing. Secluded inmates' dignity shall be respected to the greatest extent possible allowed by the degree of threat to inmate's and/or others' safety and to the program's integrity.

## DEFINITIONS

**Therapeutic Seclusion (TS):** Treatment intervention used to isolate a mentally ill inmate in a single cell to prevent harm to self or others or to prevent significant disruption of the treatment program. To ensure safety, inmates on TS may be placed under additional restrictions related to clothing, bedding, potentially dangerous objects or anything else which compromises the physical integrity of the unit. TS may be implemented in response to an emergency, as part of an inmate's treatment plan or upon an inmate's voluntary request. TS may be used only on units where acute inpatient or residential treatment is provided and only a clinician may order TS.

**Emergency TS:** TS implemented in response to an emergency

**Planned TS:** TS which is part of an inmate's treatment plan

**Voluntary TS:** TS implemented upon an inmate's request and approved by a clinician

**Health Professional:** A staff member trained in the delivery of medical or mental health procedures.

**Clinician:** A psychologist, psychiatrist, licensed clinical social worker, or physician

**Responsible Clinician:** The psychologist, psychiatrist, licensed clinical social worker or physician designated as responsible for that inmate's treatment. This may include a clinician designated as on-call for the Unit.

## PROCEDURE

### I. **Emergency TS**

#### A. Indications:

1. In an emergency, TS may be implemented:
  - a) To prevent clear imminent harm to the inmate or others when control by other means would be ineffective or inappropriate and/or;
  - b) To prevent significant disruption to the treatment program or physical surroundings when control by other means would be ineffective or inappropriate.
  - c) The clinician shall consider the nature, seriousness and duration of the inmate's current behavior as well as the inmate's documented past history when determining if emergency TS is needed. Signs that an inmate may need emergency TS include, but are not limited to:
    1. Expression of thoughts of injury to self or others
    2. Assaultive or destructive behavior
    3. Grossly uncooperative or unpredictable behavior
    4. Marked agitation, hyperactivity, confusion, or thought disorder
    5. Exhibition of grossly impaired judgment

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## B. Implementation:

1. When emergency TS is implemented the responsible clinician shall define the release conditions, i.e., the behavior the inmate must exhibit and anything else which the clinician determines is necessary to ensure that the inmate can be safely provided less restrictive treatment.
2. Clothing and bedding shall be made available to the secluded inmate, unless the responsible clinician determines that providing such items compromises the inmate's or others' safety. In addition to determining what clothing and bedding to provide, the clinician shall determine what, if any, restrictions to impose to ensure that the physical integrity of the unit is not compromised.
3. Emergency TS shall continue until the inmate demonstrates that he/she has regained behavioral control and the responsible clinician has determined that the inmate can be safely provided less restrictive treatment. However, emergency TS may not continue for more than 5 days.

## C. Supervision

1. Inmates placed on emergency TS shall be observed periodically by nursing staff. When 24 hour nursing coverage is not available on a unit, custody shall make the required observations during those shifts when nursing staff is not available. The periodic observations shall be made every 30 minutes **unless** the responsible clinician determines that:
  - a) shortening the period between observations to 15 minutes is clinically necessary, or;
  - b) extending the period between observations to 60 minutes would not adversely affect the health, safety, or welfare of the inmate. However, the responsible clinician may not extend the interval between observations to more than 60 minutes.
2. Clinical Assessment
  - a) In addition to the observations described in I.C.1., a clinician, when present in the facility, shall observe and assess the inmate on emergency TS at least once daily.
  - b) When no clinician is present in the facility, a health professional shall observe the inmate on emergency TS at least once daily and report the observation(s) to a clinician the same day by phone.

## D. Documentation

1. When an inmate is placed on emergency TS, the responsible clinician shall:
  - a) Write an order for TS in the Physicians Orders section of the inmate's medical record.
  - b) Document in the progress note section of the inmate's medical record the date and time the inmate was placed on emergency TS.
2. While an inmate is on emergency TS, the responsible clinician shall document daily in the progress note section a description of the inmate's behavior including any significant changes which have occurred and the rationale for continued TS.
3. When an inmate is released from emergency TS, the responsible clinician shall:
  - a) Write an order to discontinue TS in the Physicians Orders section of the inmate's medical record
  - b) Document in the progress note section of the inmate's medical record the date and time the inmate was released from emergency TS.
4. While an inmate is on emergency TS, nursing staff shall document in the progress note section relevant information related to the inmate's physical condition:
  - a) At least once per each shift in each acute inpatient facility.
  - b) At least once per each shift staffed by nurses in each residential facility.
5. While an inmate is on TS, nursing staff shall record the required periodic observations on DC-422S1, TS Observation Log. When 24 hour nursing coverage is not available on a unit, custody shall record the required periodic observations on DC-141 during those shifts not covered by nursing.

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## E. No Clinician Available

1. If either of the conditions described in I.A.1.a) or b) is met and no clinician is available on the unit, a health professional may implement emergency TS without a clinician's order.
2. The health professional must contact a clinician by phone as soon as possible after placing the inmate on TS to obtain an order for TS. When contacted, the clinician will determine if TS is necessary, and if so, give a verbal order to implement TS. No later than the next business day, the responsible clinician will observe and assess the inmate and sign the verbal order.
3. If either of the conditions described in I.A.1.a) or b) is met and neither a clinician nor health professional is available on the unit then the Officer in Charge may implement Administrative Segregation with the following conditions:
  - a) Irregular visual checks no more than fifteen (15) minutes apart
  - b) Documentation of observation checks by custody made on the DC-141.
  - c) Male inmates may be allowed a safety blanket or a safety smock or paper clothing only and female inmates may be allowed only a safety blanket and paper clothing to cover their upper bodies or a safety blanket and safety smock.
  - d) Meals served on styrofoam plates and cups with no utensils. No metal or plastic utensils will be allowed.
4. The Officer in Charge must contact a clinician as soon as possible after implementing administrative segregation for this purpose to obtain an order for TS. When contacted, the clinician will determine if TS is necessary, and if so, give a verbal order to implement TS. The order shall include all information required to complete the Officer in Charge Therapeutic Seclusion Order form, which the Officer in Charge shall complete. The Officer in Charge Therapeutic Seclusion Order form shall be signed by the responsible clinician no later than the next business day.
5. The responsible clinician will observe and assess the inmate no later than the next business day.

## II. **Planned TS**

### A. Indications

1. TS shall be made part of an inmate's treatment plan:
  - a) Whenever TS is necessary for more than 5 consecutive days; or
  - b) Whenever TS is used emergently or voluntarily more than three (3) times in 30 consecutive days; or
  - c) When the treatment team determines that TS is necessary as a measure of therapeutic treatment.
2. Planned TS shall be implemented when a clinician determines that the inmate meets the criteria for TS defined on the Planned Therapeutic Seclusion form.

### B. Implementation

1. Clothing and bedding shall be made available to the secluded inmate, unless the responsible clinician determines that providing such items compromises the inmate's or others' safety. In addition to determining what clothing and bedding to provide, the clinician shall determine what, if any, restrictions to impose to ensure that the physical integrity of the unit is not compromised.
2. The inmate shall be released from planned TS when a clinician determines that the release criteria defined on the Planned TS form are met.

### C. Supervision

1. Inmates placed on planned TS shall be observed periodically by nursing staff. When 24 hour nursing coverage is not available on a unit, custody shall make the required observations during those shifts when nursing staff is not available. The periodic observations shall be made every 30 minutes **unless** the responsible clinician determines that:
  - a) shortening the period between observations to 15 minutes is clinically necessary, or;
  - b) extending the period between observations to 60 minutes would not adversely affect the health,

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safety, or welfare of the inmate. However, the responsible clinician may not extend the interval between observations to more than 60 minutes.

## 2. Clinical Assessment

- a) In addition to the observations described in II.C.1., a clinician, when present in the facility, shall observe inmates on planned TS at least once daily.
- b) When no clinician is present in the facility, a health professional shall observe inmates on planned TS at least once daily and report the observation(s) to a clinician the same day by phone.

## D. Documentation

1. When the treatment team includes TS as part of the inmate's treatment plan, a Planned TS form must be completed.
2. When an inmate is placed on planned TS, the responsible clinician shall:
  - a) Write an order for TS in the Physicians Orders section of the inmate's medical record.
  - b) Document in the progress note section of the inmate's medical record the date and time the inmate was placed on planned TS.
3. During the time an inmate is on planned TS, the responsible clinician shall document in the progress note section after each clinician review a description of the inmate's behavior including any significant changes which have occurred and the rationale for continued TS.  
When an inmate is released from planned TS, the responsible clinician shall
  - a) Write an order to discontinue TS in the Physicians Orders section of the inmate's medical record
  - b) document in the progress note section of the inmate's medical record the date and time the inmate was released from planned TS.
4. While an inmate is on planned TS, nursing staff shall document in the progress note section relevant information related to the inmate's physical condition:
  - a) At least once per each shift in each acute inpatient facility.
  - b) At least once per each shift staffed by nurses in each residential facility.
5. Nursing staff shall record the required periodic observations on a DC-422S1, TS Observation Log, during the time an inmate is on TS.

## III. Review

- A. Seclusion shall not last longer than the time periods specified below without approval of an internal review committee.
  1. 5 consecutive days on emergency TS
  2. 7 consecutive days on intermittent or continuous planned TS
  3. 7 consecutive days on a combination of emergency TS and planned TS
- B. The committee shall consist of:
  1. A clinician (chairperson), designated by the Section Chief, Mental Health Services
  2. A nurse or medical staff person, and;
  3. A member of the administrative staff
- C. The purpose of the review is to determine if all policies and procedures related to TS have been properly implemented.
- D. The committee or its designee shall interview the inmate on TS as part of the review process.

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- E. If the committee approves additional time on TS for an inmate who has been on emergency TS, TS becomes planned TS and a Planned TS form must be completed within 24 hours.
- F. The committee may approve up to 14 additional days on planned TS and shall review the case again at least once every 14 days until planned TS is discontinued. Reviews are required if the inmate is on TS continuously or part of each of the 14 days.
- G. If the committee determines that continued TS is not necessary then the inmate must be released from TS.
- H. Reviews shall be documented on the Internal TS Review Committee Report form.

## IV. Voluntary TS

### A. Indications

- 1. Voluntary TS may be implemented when an inmate requests TS if a clinician approves its use. For example, an inmate may request TS when he or she is not currently acting out but identifies a need to reduce stimulation to prevent becoming agitated.

### B. Implementation

- 1. Clothing and bedding shall be made available to the secluded inmate, unless the responsible clinician determines that providing such items compromises the inmate's or others' safety. In addition to determining what clothing and bedding to provide, the clinician shall determine what, if any, restrictions to impose to ensure that the physical integrity of the unit is not compromised.
- 2. An inmate shall not remain on voluntary TS longer than the amount of time approved by a clinician.

### C. Supervision

- 1. Inmates placed on voluntary TS shall be observed periodically by nursing staff. When 24 hour nursing coverage is not available on a unit, custody shall make the required observations during those shifts when nursing staff is not available. The periodic observations shall be made every 30 minutes **unless** the responsible clinician determines that:
  - a) shortening the period between observations to 15 minutes is clinically necessary, or;
  - b) extending the period between observations to 60 minutes would not adversely affect the health, safety, or welfare of the inmate. However, the responsible clinician may not extend the interval between observations to more than 60 minutes.
- 2. Clinical Assessment
  - a) In addition to the observations described in IV.C.1., a clinician, when present in the facility, shall observe inmates on voluntary TS at least once daily.
  - b) When no clinician is present in the facility, a health professional shall observe inmates on voluntary TS at least once daily and report the observation(s) to a clinician the same day by phone.

### D. Documentation

- 1. When an inmate is approved on voluntary TS, the responsible clinician shall:
  - a) Document in the progress note section of the inmate's medical record the date and time the inmate went on voluntary TS.
- 2. During the time an inmate is on voluntary TS, the responsible clinician shall document in the progress note section after each clinician review a description of the inmate's behavior including any significant changes which have occurred.
- 3. When an inmate is released from voluntary TS, the responsible clinician shall document in the progress note section of the inmate's medical record the date and time the inmate was released from voluntary TS.

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4. While an inmate is on voluntary TS, nursing staff shall document in the progress note section relevant information related to the inmate's physical condition:
  - a) At least once per each shift in each acute inpatient facility.
  - b) At least once per each shift staffed by nurses in each residential facility.
5. Nursing staff shall record the required periodic observations on a DC-422S1, TS Observation Log, during the time an inmate is on TS.

V. **Isolation of Mentally Ill Inmates for Behavioral Reasons**

- A. Nothing in this policy precludes isolation of mentally ill inmates for behavioral reasons by means other than TS.
- B. Such isolation may include administrative segregation or other forms of isolation, which are included in a unit's approved procedures.



9/30/07

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Paula Y. Smith, M.D., Director of Health Services

Date

SOR: Director of Mental Health