

OKLAHOMA DEPARTMENT OF CORRECTIONS
Therapeutic Seclusion Conditions/Precautions

1. Therapeutic Seclusion:

- Initiate therapeutic seclusion
- Maintain therapeutic seclusion
- Change therapeutic seclusion
- Discharge from therapeutic seclusion

Housing Recommendations:

- Return to general population
- Transfer to general population Unit: _____
- Return or refer to Mental Health Unit (MHU)
- Return or refer to Intermediate Care Housing Unit (ICHU)
- Continue SHU placement per security recommendations Comment: _____

2. Reason for Therapeutic Seclusion:

- Inmate behavior likely to cause self-harm
- Inmate off medications/needs medication adjustment
- Mental health staff feels inmate is unstable and unpredictable
- Risk management interview indicates a need
- Less restrictive measures failed

3. Level of Supervision:

- Visual Monitoring: One-to-one visual monitoring on staggered intervals with observations of behaviors logged on the "Therapeutic Seclusion Watch Log".

Visual monitoring to be preformed every: _____

- Routine level of supervision per security and/or classification recommendations

4. Level of Supervision Housing Recommendation:

- Safe cell
- Medical observation cell in SHU
- Regular cell in SHU
- General population

Clothing:	Bedding:	Hygiene:	Dining:	Privileges:
<input type="checkbox"/> Safety smock ONLY (none of the following items may be checked if "Safety Smock Only" is checked) <input type="checkbox"/> Safety smock <input type="checkbox"/> Jumpsuit <input type="checkbox"/> T-shirt <input type="checkbox"/> Jeans (no belt) <input type="checkbox"/> Shorts <input type="checkbox"/> Socks <input type="checkbox"/> Shoes (no laces) <input type="checkbox"/> Shower shoes <input type="checkbox"/> Glasses	<input type="checkbox"/> Safety blanket ONLY (none of the following items may be checked if "Safety Blanket Only" is checked with the exception of mattress) <input type="checkbox"/> Safety blanket <input type="checkbox"/> Mattress <input type="checkbox"/> Blanket <input type="checkbox"/> Pillow <input type="checkbox"/> Pillowcase <input type="checkbox"/> Sheets	<input type="checkbox"/> Shower <input type="checkbox"/> Toothbrush <input type="checkbox"/> Toothpaste tube <input type="checkbox"/> Toothpaste on cloth at cell door <input type="checkbox"/> Deodorant <input type="checkbox"/> Bar soap <input type="checkbox"/> Liquid soap on cloth at cell door <input type="checkbox"/> Comb <input type="checkbox"/> Toilet paper <input type="checkbox"/> Washcloth <input type="checkbox"/> Towel <input type="checkbox"/> Shampoo	<input type="checkbox"/> Sack lunch <input type="checkbox"/> Regular tray	<input type="checkbox"/> Exercise <input type="checkbox"/> Reading material <input type="checkbox"/> Writing material <input type="checkbox"/> Canteen <input type="checkbox"/> Stamps <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____ _____ _____ _____

5. Comments: _____

QMHP Signature: _____ Date: _____

Inmate Name: _____ ODOC#: _____