




STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF CORRECTION

 DIVISION OF CORRECTION DIRECTIVE	PROGRAM:	CUSTODY AND SECURITY
	DCD #:	110-4
	TITLE:	Isolation Cells
	ISSUED:	November 15, 2005
	AUTHORITY:	 James V. Peguese ASSISTANT COMMISSIONER
	APPROVED:	 Frank C. Sizer Jr. COMMISSIONER

I. References:

- A. DPSCSDs 124-401; 124-410; 124-420, and 124-421
- B. MCCS Standard .01 P.
- C. ACA Standards 4-4257, 4-4399, and 4-4400

II. Applicable To: All Division of Correction Institutions

III. Purpose: To provide guidelines regarding the use of isolation cells that are specifically situated and appointed to accommodate a disruptive inmate for the short period of time specified herein.

IV. Definitions: Health Care Provider: A physician, psychiatrist, physician's assistant, psychologist, psychiatric nurse, social worker, nurse, and/or licensed professional counselor.

Mental Health Professionals: A psychiatrist, psychologist, psychiatric nurse, social worker, and any licensed professional counselor.

V. Policy: It is the policy of the Division of Correction that institutions identify cells other than mental health cells to be used for the isolation of inmates for specified periods of time when an inmate exhibits, by his/her behavior, a threat to staff or other inmates.

VI. Procedures:

- A. When an inmate, by reason of his/her behavior, harms, threatens, or attempts to harm him/herself, the provisions of DPSCSD 124-420, Suicidal Precaution, shall be applied until his/her status can be determined by a medical or mental health professional.
- B. Isolation confinement cells shall be used only for inmates who, by reason of their behavior, harm, or threaten harm to institutional staff, institutional property, and/or other inmates.

1. Isolation confinement shall not be used unless the inmate's behavior cannot be modified by placement on administrative segregation status.
 2. The isolation confinement area shall not be used for inmates suffering from mental disorders.
- C. An inmate shall be placed in isolation only by authorization of the warden (or who ever is designated as acting warden) in consultation with a health care provider or mental health professional.
- D. Prior to placement in isolated confinement, the inmate shall be evaluated by a health care provider/mental health professional in order to determine if the inmate is suffering from a mental or medical disorder.
1. If it is determined that the inmate is suffering from a mental disorder, the inmate shall not be placed in the isolation confinement area, but rather a mental health unit or another institution, as designated by the health care provider through coordination with the warden, assistant warden, and/or chief of security.
 2. If the problem is medical, appropriate medical treatment shall be provided in the appropriate location designated by the health care provider through coordination with the warden, assistant warden, and/or chief of security.
- E. An inmate shall be housed in the isolation confinement area only as long as needed for the security and control of the institution and, in no instance, shall the inmate be kept in isolation longer than **eight (8)** consecutive hours, without a follow-up mental health assessment.
1. If at the scheduled time of release from isolation, the inmate resumes disruptive behavior, he/she may be kept in isolation for another "cooling off" period not to exceed **eight (8)** hours before mental health intervention.
 2. If at the end of those **eight (8)** hours, the inmate has continued or resumed behavior that does not permit release from isolation, the inmate shall be evaluated by a health care provider to determine if continued isolation confinement is detrimental to the inmate.
 - a. If the determination is that continued isolation is detrimental to the inmate, the inmate shall be transferred to the mental health unit or to another institution as designated by the health care provider/mental health professional through coordination with the warden, assistant warden, and/or chief of security.

- b. If the determination is that continued isolation is not detrimental, the inmate may remain in isolation and shall be seen by the health care provider/mental health professional at least every four (4) hours thereafter for the duration of isolation confinement to determine if evaluation of the inmate shall be made more frequently by the health care provider.
 - 3. If subsequent mental health assessments of the inmate reflect a need to remove the inmate from isolation confinement, the decision will be made by the health care provider through coordination with the warden, assistant warden, and/or chief of security.
- F. Under no circumstances shall consecutive periods of isolation confinement exceed 48 hours. If at the conclusion of the isolation confinement period the inmate has not resumed behavior that permits release from isolation, the warden shall through the mental health provider take action to transfer the inmate to an appropriate facility.
- G. Health care services for inmates confined to isolation shall be the same as those available to administrative and disciplinary segregation population.
- H. Each inmate placed in the isolation unit shall be **observed at least every 30 minutes** by a correctional officer, on an irregular schedule, who shall sign a log included in the “Record of Isolation Confinement,” DC Form 110-4aR (attached as Appendix 1), and a note of the inmate’s condition at the time of the officer’s observation, e.g., responded to verbal command by movement or verbal response; no physical injuries noted or reported by inmate; meals refused; meals consumed. A copy of the log shall be kept permanently in both the base file and medical file.
- I. The “Record of Isolation of Confinement” shall document all activity in the isolation confinement area during each shift and copies shall be provided to the assistant warden, chief of security, and psychologist through the shift commander.
- 1. DC Form 110-4aR shall be completed for each inmate placed in isolation.
 - 2. The health care provider/mental health professional who initially evaluated the placement of the inmate into isolation shall note the date and time of that evaluation and any comments. Any health care provider/mental health professional evaluating the inmate at a later time shall also note the date and time of the evaluation and any comments.
 - 3. The 30-minute observations of the correctional staff shall be noted on DC Form 110-4aR, as well as subsequent visits of the health care provider/mental health professional, and other supervisors.

4. Information pertaining to the release of the inmate from isolation shall also be recorded.

- J. Each warden is responsible for issuing an institutional directive to comply with this DCD with a copy to his or her respective Assistant Commissioner.

VII. Attachments: Appendix 1, Record of Isolation Confinement (DC Form 110-4aR)

VIII. Rescission: DCD 110-4, dated August 25, 2004

Distribution: A
C
D
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RECORD OF ISOLATION CONFINEMENT**Log for Hourly Observations of Inmate**

Name		Number	Institution
Last	First	Middle	
Date of Placement:		Time _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Official Authorizing Placement:
HOURS	DATE/TIME	OFFICER'S INITIALS	Specific Actions Monitored (e.g., responded to verbal command by movement or verbal response; no physical injuries noted or reported by inmate; meals refused; meals consumed, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
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24			

ATTACH ADDITIONAL PAGES AS NECESSARY
 DISTRIBUTION: Shift Commander/Assistant Warden
 Inmate Medical File
 Inmate Base File