

POLICY

SUBJECT: Seclusion
NUMBER: RF-720-18
APPLICABLE TO: All Residential Staff

APPROVED: _____ /s/ signature on original
Sam Abed, Secretary
DATE: _____ 4/27/18

I. POLICY

The Department of Juvenile Services (DJS) shall maintain a safe and secure area to seclude youth who present an imminent threat of physical harm to themselves or other individuals, or who have not responded to less restrictive methods of control, or for whom less restrictive measures cannot reasonably be tried, or who have escaped or are attempting to escape.

II. AUTHORITY

- A. Md. Code Ann., Hum. Services., § 9-202, 9-203, 9-204 and 9-227
- B. COMAR 16.18.02.
- C. American Correctional Association (ACA) Standards, 3-JDF-3E-02, 3-JDF-3E-04, 3-JDF-4A-07, 4-JCF-1C-05, 4-JCF-3C-03, 4-JCF-3C-04 and 4-JCF-4C-46

III. DIRECTIVES/POLICIES RESCINDED

- A. Seclusion Policy, RF-01-07
- B. Directive OP/RS-05-16, Seclusion Procedure Modifications, 9/28/16

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
<p>New policy issued; reformatted into new sections and renumbered</p> <p>New procedures issued:</p> <ul style="list-style-type: none"> • Incorporated procedures from Directive OP/RS-05-16, dated 9/28/16, the Shift Commander has the authority to make the initial decision to place a youth in seclusion. Immediately after taking this action, the Shift Commander must seek approval from the Superintendent for the continued use of seclusion. Removed Administrator on-call. Rescinded directive. • Added requirement that the Shift Commander, Assistant Superintendent, or Superintendent must authorize the removal of a youth from seclusion. • Added requirement that two staff must be present when a youth is removed from seclusion. • Updated definitions for the following: <ul style="list-style-type: none"> ○ Treatment Team ○ Qualified Behavioral Health Professional (QBHP) ○ Health Care Professional ○ Health Care Practitioner • Incorporated PREA standards into policy. • Added requirement that Behavioral Health staff shall assess youth at the time of placement in seclusion and release, unless otherwise indicated. • Added provision for youth use of the bathroom, and two staff must be present to release youth. • Updated Seclusion Observation form to include Behavior Health. • Updated Release Form. • Added Behavioral Health On-Call Notification form. 	4/29/18
<p>Revised policy issued:</p> <ul style="list-style-type: none"> • Added requirement for the QBHP to assess youth placed in seclusion less than 8 hours on the next business day. If a youth is in seclusion for more than 8 hours the QBHP shall assess the youth within 24 hours of initial placement in seclusion. • Updated Section E. 5 In addition, to required visits by the nurse and the qualified behavioral health 	6/29/18

professional as defined in Section E. 3C and 4C, youth in seclusion greater than 8 hours shall have a visit at least once each day (within 24 hours) from the Superintendent or Assistant Superintendent, Spiritual Advisor, and the Facility Case Management Specialist (CMS). Actual entry into the room or removal of the youth from the room is required for the purpose of discussion and/or counseling which constitutes a visit, except in circumstances where doing so could threaten facility security.

- Updated Crisis Behavioral Health Referral form

PROCEDURES

SUBJECT: Seclusion
NUMBER: RF-720-18
APPLICABLE TO: All Residential Staff

APPROVED: _____ /s/ signature on original
Linda McWilliams, Deputy Secretary
DATE: _____ 6/29/18

I. PURPOSE

To provide procedures for the safe and secure seclusion of youth who present an imminent threat to themselves, others and/or facility security.

II. DEFINITIONS

Health Care Practitioner means clinicians trained to diagnose and treat patients to include, physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners and physician assistants.

Health Care Professional means staff who perform clinical duties, including health care practitioners, nurses, social workers, dietitians and emergency medical technicians, in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

Qualified Behavioral Health Professional (QBHP) means the individuals employed by or contracted with DJS who provide evaluation, treatment, care, or rehabilitation to DJS youth for mental health and substance abuse services which may include their families. These include all staff licensed, or a doctoral level psychologist under the supervision of a licensed psychologist; and alcohol and drug counselors that are licensed to provide mental health and substance abuse treatment to the youth.

Seclusion means the placement of a youth in a locked room.

Shift Commander means the DJS employee who is responsible for supervising facility operations on each shift.

Treatment Team means assigned staff from multiple disciplines that meet monthly to assess the progress and needs of youth in custody, and to ensure that responsive treatment services are developed and implemented.

III. PROCEDURES

A. Preventive Interventions

Employees shall incrementally exhaust the following preventive interventions prior to placing a youth in seclusion by:

1. Intervening immediately to prevent the behavior from escalating by making staff presence known and, as necessary, calling for assistance;
2. Providing the youth with clear direction and specific verbal instructions;
3. Encouraging the youth to engage in conversation by talking with the youth about making good decisions, discuss alternative ways to resolve the issue, provide an empathy or praise statement;
4. Use the physical re-direct technique to guide the youth in a non-aggressive, non-threatening manner away from a problematic or crisis situation;
5. Utilize interventions consistent with the behavior modification program de-escalation strategies; and
6. If time permits, request assistance from any member of the youth's Treatment Team to include staff from education, behavioral health, medical, case management, or other direct care or administrative staff that may through counseling help the youth to positively modify his/her behavior.

B. Use of Seclusion

1. Seclusion shall not be used as punishment or as a disciplinary sanction.
2. The use of seclusion is limited to when youth:
 - a. Present an imminent threat of physical harm to themselves or other individuals;
 - b. Have not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or
 - c. Have escaped or are attempting to escape.
3. The period of seclusion shall not be a pre-determined amount of time.
4. Youth must be removed from seclusion when they no longer present an imminent threat of physical harm to themselves or others, by demonstrating self-control as evidenced through positive verbal statements and non-aggressive behavior.

C. Seclusion Location

1. The area used for seclusion must be designed and constructed to safeguard the health, safety, and well-being of youth. The area used for seclusion shall have:
 - a. At least 60 feet;
 - b. A tamper-proof ceiling light fixture with a minimum of a 75-watt bulb;
 - c. A door and a window that is impact-resistant, shatterproof, and mounted to allow inspection of the entire room;
 - d. Adequate ventilation;

- e. Equipment and fixtures that are designed and maintained in a manner to prevent their use in an attempted suicide, or assault;
 - f. Prompt access to toilet facilities at all times, day and night; and
 - g. Temperatures appropriate to summer and winter comfort zones.
2. The seclusion location shall be inspected for cleanliness and the absence of contraband prior to the youth being placed in seclusion.
 3. Staff must search youth prior to placement in seclusion to ensure that youth do not possess belts, contraband, or other objects or materials that might be used to inflict self-injury.
 4. Facility operating procedures shall identify the location of seclusion rooms, as DJS facilities do not have dedicated security rooms. Seclusion may occur in a youth's bedroom which must be sanitized by removing all non-attached articles except the mattress.
 5. If seclusion extends into sleeping hours, youth shall be provided a mattress, pillow, sheets, pillow case, and blanket. *If the youth is at risk of suicide, these items may be restricted at the discretion of the Qualified Behavioral Health Professional and Superintendent.*

D. Authorization

1. The Shift Commander has the authority to make the initial decision to place a youth in seclusion. **Immediately** after taking this action, the Shift Commander must seek approval from the **Superintendent** for the continued use of seclusion. The Shift Commander shall document approval by signing the **Seclusion Observation Form (Appendix 1)**, and documenting the date, time, and name of the Superintendent granting approval.
2. At the facility level, only the **Superintendent** may authorize the use of seclusion. The initial approval *is limited to up to one (1) hour* of seclusion. Youth must be removed from seclusion when they no longer present an imminent threat of physical harm to themselves or others, by demonstrating self-control as evidenced through positive verbal statements and non-aggressive behavior.
3. If at the conclusion of one (1) hour a youth continues to demonstrate the need for seclusion, the Shift Commander must obtain authorization from the Superintendent for continued use. The Superintendent may authorize one (1) hour increments of seclusion *up to four (4) hours*.
4. If seclusion is required beyond four (4) hours, authorization must be obtained from the **Executive Director of Residential Services**.
5. The maximum stay in seclusion as a result of a single incident may not exceed 72 hours, unless a declared written emergency is issued by the Superintendent.

E. Observations

1. **Direct Care Staff**
 - a. Make visual contact with the youth in seclusion at least every **ten minutes** at staggered time intervals. Place a **Seclusion**

- Observation Form (Appendix 1)** on the youth's door at the beginning of the seclusion event and record each contact. Documentation must include the time, including a.m. or p.m., the behavior observed, name and title of visitors, and the staff's first initial and last name. Ditto marks are prohibited as entries.
- b. Staff on each shift are responsible for maintaining observations and documentation. At the end of each shift, a final observation of the youth shall be made and documented on the **Seclusion Observation Form (Appendix 1)**. The form shall be removed from the youth's door at the end of the shift and be forwarded to the Shift Commander. A new form shall be *immediately* posted by the staff who removes the form. An entry shall indicate the name of the staff posting the new form. The oncoming shift staff must continue the required observations.
 - c. If staff observes any unusual behaviors they shall immediately notify the Shift Commander who shall immediately notify Behavioral Health staff. Unusual behaviors may include:
 - 1. self-injurious behavior (e.g. scratching self, banging head)
 - 2. hallucinating (sees things that are not present, reports of hearing voices)
 - 3. talking incoherently
 - 4. takes off clothes, smears feces
 - 5. laughing inappropriately
 - 6. trembling, shaking
 - 7. crying
 - d. Staff supervising youth in seclusion are responsible for implementing any actions or directives as communicated by the QBHP and in consultation with the Shift Commander to protect the youth's safety.
 - e. Staff must immediately notify the **Shift Commander** when the youth refrains from verbal and physically aggressive behavior.
 - f. Direct care staff must obtain authorization from the Shift Commander, Assistant Superintendent or Superintendent to remove a youth from seclusion. A second staff must be present when a youth is released from seclusion.
 - g. Direct care staff shall promptly address youth request for access to the bathroom by contacting the Shift Commander to obtain approval to remove the youth from the seclusion room, as appropriate. Two staff shall be present to release the youth from seclusion.
- 2. Shift Commander**
- a. The Shift Commander shall respond to the location of the incident of seclusion. The Shift Commander shall ensure that restraints, if used, are removed from the youth.

- b. The Shift Commander or designee shall immediately notify the nurse of the youth's placement in seclusion, and shall follow up to ensure that the youth receives a medical assessment.
- c. The Shift Commander shall ensure that observation forms are properly posted.
- d. The Shift Commander shall immediately meet with the youth when notified by staff that the youth is not displaying verbal or physically aggressive behavior to assess the youth for removal from seclusion. The Shift Commander shall discuss with the youth the reason for the seclusion, alternatives for the behavior which led to seclusion, and expected behaviors upon release from seclusion.
- e. When it is apparent that the youth should continue in seclusion, the Shift Commander must obtain authorization from the Superintendent and document the reason for continued seclusion. The Shift Commander shall document all contacts with the youth on the **Seclusion Observation Form (Appendix 1)**, in the section titled, "Shift Commander - Condition Check".
- f. The Shift Commander shall meet with the youth at least **every hour** to observe the youth's behavior, assess the need for continued seclusion or removal, and ensure that the **Seclusion Observation Form (Appendix 1)** is being maintained and documented properly by direct care staff.
- g. If a youth remains in seclusion for an extended period of time the Shift Commander shall ensure that the youth is provided scheduled meals and snacks, medical care, one hour of large muscle activity daily, education and treatment services, access to hygiene items, shower and a change of clothing. Large muscle activity shall be offered every 24 hours of seclusion and shall take place outside of the seclusion room. If any of these services cannot be provided, the Shift Commander must clearly document the reasons on the **Seclusion Observation Form (Appendix 1)** and in the Facility Log Book. The Superintendent shall also be notified immediately.

3. **Medical Staff**

- a. The nurse shall complete an assessment of a youth placed in seclusion as soon as possible and no later than 15 minutes after notification from the Shift Commander or other staff, except in emergency situations.
- b. The nurse shall document the medical assessment of a youth in seclusion on the **Seclusion Observation Form (Appendix 1)** and in the youth's health record.
- c. Unless medical attention is needed more frequently, each youth in seclusion shall receive a visit from a nurse or other health care professional **every two (2) hours**.
- d. If the nurse determines a youth is in need of emergency medical attention that is not available on-site, the Shift Commander shall be

notified and shall ensure the youth is immediately transported to the nearest emergency medical facility in accordance with the *Transportation of Youth- Residential and Community Policy and Procedure*.

- e. In the absence of a nurse, the Shift Commander shall make the initial and follow up assessments by interviewing and observing the youth to determine if an injury exists. The interview and assessment shall be recorded on the **Seclusion Observation Form (Appendix 1)** in the section titled “Shift Commander-Condition Checks”. Subsequent medical checks shall also be recorded.
 - 1) If a youth is injured, the Shift Commander shall verbally notify the on-call nurse. Other notifications shall be made consistent with the *Incident Reporting Policy and Procedure*.
 - 2) If immediate medical attention is required, the youth shall be taken to the nearest emergency medical facility.
 - 3) The youth shall be assessed by the nurse during the next on-site visit to the facility.

4. Behavioral Health Staff

- a. The QBHP shall complete an assessment of the youth as soon as possible and no later than 30 minutes after notification from the Shift Commander. The QBHP shall document the assessment contact with the youth on the **Seclusion Observation Form (Appendix 1)** and in the youth’s behavioral health record.
- b. If the QBHP is not on-site, the Shift Commander or designee shall notify the on-call qualified behavioral health professional. The on-call QBHP shall complete an assessment by phone with the Shift Commander/designee as soon as possible and within one (1) hour of notification. The Shift Commander/designee shall document the instructions given by the QBHP on the **Seclusion Observation Form (Appendix 1)**, the **Crisis Behavioral Health Referral Form (Appendix 3)** and in the facility logbook.
- c. The QBHP shall assess youth placed in seclusion less than 8 hours on the next business day. If a youth is in seclusion for more than 8 hours the QBHP shall assess the youth within 24 hours of initial placement in seclusion. The outcome and plan of care, if required, shall be documented on the **Crisis Behavioral Health Referral Form (Appendix 3)**. The completed form shall be placed with the Incident Report. A copy of the Incident Report and the **Crisis Behavioral Health Referral Form (Appendix 3)** shall be placed in the youth’s file.

5. Visits to Youth in Seclusion

In addition, to required visits by the nurse and the qualified behavioral health professional (QBHP) as defined in Section E. 3C and 4C, youth in

seclusion for greater than 8 hours shall have a visit at least once each day (within 24 hours) from the Superintendent or Assistant Superintendent, Spiritual Advisor, and/or the Facility Case Management Specialist (CMS). Actual entry into the room or removal of the youth from the room is required for the purpose of discussion and/or counseling which constitutes a visit, except in circumstances where doing so could threaten facility security.

F. Release from Seclusion

1. The Shift Commander shall complete a **Seclusion Release Form (Appendix 2)** for each youth released from seclusion. The Shift Commander shall forward the original completed **Seclusion Release Form (Appendix 2)** to the Superintendent for review. A copy shall be sent to the Facility Case Manager Specialist (CMS) to be placed in the youth's file.
2. The Shift Commander shall inform the QBHP and the nurse of the youth's release from seclusion.
3. The youth shall be referred to the Treatment Team by the Facility CMS to re-evaluate the need for services.

G. Administrative Review

1. The Superintendent or Assistant Superintendent shall visit a youth in seclusion at least once during each work day.
2. The Shift Commander shall forward all original Seclusion Observation Forms to the Superintendent for review. The **Superintendent** or designee shall complete an administrative review **prior to the end of each work day**. Seclusion Observation Forms shall be filed with the related Incident Report.
3. Copies of completed Seclusion Observation Forms shall be forwarded to the Facility CMS for placement in the youth's file.
4. The Superintendent must monitor to ensure that youth are released from seclusion when they no longer present an imminent threat of physical harm to themselves or others, by demonstrating self-control as evidenced through positive verbal statements and non-aggressive behavior.

H. Incident Reporting

All incidents of seclusion must be documented in an Incident Report in accordance with the *Incident Reporting Policy and Procedure*.

I. Falsification of Documents

1. In accordance with the DJS Standards of Conduct and Disciplinary Process, an employee may not make any false oral or written statements or misrepresent any material fact, under any circumstance, with the intent to mislead any person or tribunal. Reports submitted by staff shall be clear, concise, factual and accurate. There is a distinction between two kinds of reports:
 - a. A false report is one that is intentionally untrue, deceptive or made

with the intent to deceive the person to whom it was directed; and
b. An inaccurate report is one that is untrue by mistake or accident and made in good faith.

2. Missing information can be added but should not be reproduced or dated to give the impression of having been previously documented.
3. Corrected and/or added documents shall be initiated and dated for the time the correction or addition is made.
4. ELT and refresher training will be provided as it relates to proper documentation.

IV. RESPONSIBILITY

Superintendents are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to this procedure.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

- A. Incident Reporting Policy and Procedures
- B. Transportation of Youth- Residential and Community Policy and Procedures

V. APPENDICES

1. Seclusion Observation Form
2. Seclusion Release Form
3. Crisis Behavioral Health Referral Form



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Seclusion
NUMBER: RF-720-18
APPLICABLE TO: All Residential Staff
REVISED: June 29, 2018

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

MARYLAND DEPARTMENT OF JUVENILE SERVICES
SECLUSION OBSERVATION FORM

YOUTH'S NAME: _____ YOUTH ASSIST #: _____ YOUTH ON SUICIDE WATCH YES NO

SECLUSION LOG BOOK #: _____

DJS INCIDENT REPORT #: _____

Facility: _____

Date of Observation: _____

Beginning time: _____

Release time: _____

Reason for Seclusion: _____

SECLUSION APPROVED BY: _____

Instructions: This checklist is for the monitoring of youth placed in seclusion. It is also used to assist staff in recognizing and recording behaviors which present “warning signs” of mental disturbance. Checks must be done at least 6 times per hour at staggered time intervals. Code and initials are required for each documentation of behavior. More than one code may be used to document multiple behaviors. **If staff observes any of the “warning signs” (14-22) listed below, the youth must be referred for a behavior health evaluation. Shift Commanders are required to comment next to their code/initials when checking youth with a specific behavior/reason why the youth is not being released from seclusion. All visitors must be documented by name and title.**

OBSERVATION CODES

1. Lying down or sitting calmly
2. Answers questions appropriately
3. Walking about calmly
4. Follows directions, cooperative
5. Sleeping, awakens easily
6. Yelling or screaming
7. Beating on door, wall
8. Cursing, foul language in anger
9. Agitated, pacing
10. Making threatening gestures
11. Nervous, jumpy
12. Sullen, quiet
13. Withdrawn, doesn't want to talk

The following are to be considered Warning Signs and Behavior Health staff must be notified immediately:

14. Making clear threats of violence against others
15. Superficial attempt to hurt self (pinching or scratching self)
16. Hallucinating (sees things that are not present, reports hearing voices)
17. Talking incoherently
18. Takes off clothes, smears feces
19. Laughing inappropriately
20. Trembling, shaking
21. Crying
22. Self-inflicted Injury
23. Other: _____

Seclusion Policy-Appendix #1

*** THIS FORM MUST BE POSTED ON THE SECLUSION DOOR**

6/29/18

SECLUSION RELEASE FORM

Facility: _____

Seclusion Log Book #: _____ IR # _____

Youth's Name: _____ ASSIST #: _____ Unit: _____

Reason youth placed on seclusion: _____

BEGINNING DATE: _____ TIME: _____

ASSESSMENT FOR RELEASE:

Youth demonstrating self-control as evidenced through positive verbal statements and non-aggressive behavior.

Can the youth explain the reason for seclusion? Yes No

Can the youth describe an appropriate alternative behavior? Yes No

Can the youth describe STARR behavioral expectations upon release? Yes No

Is the youth demonstrating self-control and does not appear agitated? Yes No

(Review seclusion observation form)

RELEASE DATE: _____ TIME: _____

Authorization for release

granted by: _____ Date: _____ Time: _____

QBHP notified of release? Yes No

Nurse notified of release? Yes No

Shift Commander: _____ Date: _____ Time: _____

Superintendent or Designee Review: _____ Date: _____

***File original Seclusion Release Form with the Incident Report**

c: Superintendent
Assistant Superintendent
Facility CMS-Youth's Base File



Successful Youth • Strong Leaders • Safer Communities

CRISIS Behavioral Health Referral Form

Youth's Name: _____	Facility: _____
D.O.B.: _____	Unit: _____
Shift Commander/Designee Name: _____	
Notification Date: _____ Notification Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Contacted By:	
Behavioral Health Clinician's Name: _____ <input type="checkbox"/> Phone <input type="checkbox"/> In Person	

1. Reason for Notification/Referral (Check all that apply):

<input type="checkbox"/> Self-injurious Behavior	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Restraint
<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Flagged on MAYSI	<input type="checkbox"/> Suicidal Ideation
<input type="checkbox"/> Hearing voices, hallucinations	<input type="checkbox"/> Sexual Abuse/Contact by staff	<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Death	<input type="checkbox"/> Sexual Abuse/Contact by youth	<input type="checkbox"/> Substance Abuse Detoxification
<input type="checkbox"/> Other (<i>Provide explanation below</i>)		

2. Behavioral Health Clinician's Recommendations, Instructions and/or Comments. (note if any attachments)

Received from: _____	Date: _____	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Print Name of Behavioral Health Clinician	Shift Commander/Designee:	

BEHAVIORAL HEALTH CLINICIAN'S FACE-TO-FACE FOLLOW-UP

Assessment & Interventions: _____	Suicide Watch: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Discontinued <input type="checkbox"/> N/A
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Behavioral Health Clinician: _____

Print Name *Signature*

Date: _____ Time: _____ a.m. p.m.

Copy: Living Unit (LU)	Superintendent	Assistant Superintendent	Shift Commander
Principal	Case Manager Supervisor	Case Manager	Medical Department
Youth Health Record	Youth File		