

Room Isolation in Limited Secure Juvenile Justice Placement


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Related Forms: Room Isolation Log – Attachment A			
SUMMARY: Limited secure juvenile justice placement (LSP) providers may use room isolation as a last resort to calm and contain the acute physical behavior of a youth only after all approved less restrictive interventions have been attempted and found to be ineffective. The purpose of room isolation is to protect a youth from harming himself, herself, or others. This policy provides guidelines staff must follow whenever considering the use of room isolation.			
SCOPE: This policy applies to all facilities having care and custody of youth placed in LSP with the Administration for Children's Services (ACS) pursuant to Article 3 of the Family Court Act.			

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I. Introduction

The limited secure placement (LSP) system of the Administration for Children's Services (ACS), the spirit of which rests firmly on the premise that youth in residential settings shall be placed in programs that are close to home, and for only as long as is necessary to maintain public safety and impart the skills and tools each youth needs to succeed in the community. All LSP settings are to prioritize youth-centered programming and strive to provide youth with a full range of individual supports they need to achieve their treatment goals. Like the youth in LSP programs, families are to be treated with utmost dignity and respect, and shall be integrated into programming and treatment as full partners throughout the period of each youth's placement and aftercare. Communities and the natural resources they possess are to be valued and relied upon as part of the formula for success in each case. The primary responsibility of all those associated with the LSP system is to protect the safety and security of communities and safety and security of the youth in placement.

II. Purpose

The purpose of this policy is to provide clear instructions for staff to follow when considering the use of room isolation to calm and contain the acute physical behavior of a youth, and rules for how such isolation must be conducted. The primary purpose of any emergency intervention, including room isolation, shall be to protect the immediate safety of the youth, all other youth, the staff, the community, and any others who may be present. This and all other emergency interventions must be conducted with a clear understanding that they are occurring in a programmatic setting designed to promote healthy relationships with youth by employing effective communication, making empathetic connections, and establishing a structured, consistent environment.

III. Terms

A. Acute Physical Behavior – A youth's conduct that:

1. Presents an immediate risk of physical injury to the youth and/or others; or
2. Clearly indicates that the youth is physically attempting to AWOL from the facility or from custody.

B. Behavior Support Plan (BSP) – A specific documented plan developed by a youth's treatment team in conjunction with the youth and the youth's family, which is tailored to the youth's individual needs and used to determine intervention strategies and/or safety procedures to be used to defuse the youth's behavior(s) of concern and/or misbehavior. The BSP shall include any limitations on physical interventions authorized or prohibited for the youth, as well as coping and de-escalation techniques that have been identified as helpful for the youth.

- C. Release Strategy – Based on the youth’s BSP, a strategy the treatment team implements to help safely return a youth to regular program activities.
- D. Room Isolation – In an LSP setting, the isolation of a youth for a time-limited period in a bedroom or other designated room in order to calm and control the acute physical behavior of the youth.

IV. Policy

- A. ACS authorizes LSP provider agencies to use room isolation to calm and contain the acute physical behavior of a youth only after all approved less restrictive interventions have been attempted and found to be ineffective and/or inappropriate. The purpose of room isolation is to protect a youth from harming himself, herself, or others. Room isolation:
 - 1. May only be used with approval of the facility director or his or her designee for the least amount of time necessary for the youth to regain self-control;
 - 2. May not exceed two-hour increments; and
 - 3. May not exceed a period of six (6) hours without authorization from ACS for an extension.
- B. Staff shall not use room isolation for youth who are on special supervision for suicide, but shall monitor these youth in accordance with ACS’ suicide prevention and intervention policy.¹
- C. Staff shall not use room isolation for youth who have a medical condition that makes the use of room isolation unsafe for the youth, including youth who have a seizure disorder.
- D. Staff shall not use room isolation for youth who have significant intellectual or developmental disabilities.
- E. LSP providers shall not use room isolation for a youth who is severely depressed or when therapeutic restrictions have been established prohibiting its use. Therapeutic restriction on the use of room isolation means that the use of room isolation is prohibited by the youth’s BSP in order to prevent heightened risk of psychological distress.
- F. Staff must be aware of and alert to prohibitions or limitations on the use of room isolation for individual youth, as well as the de-escalation strategies detailed in each youth’s BSP.

¹ See *Suicide Prevention and Intervention Policy for Juvenile Justice Placement*.

- G. Staff are prohibited from using room isolation simply as the result of non-compliance by a youth or to punish a youth.
- H. Staff who have determined that room isolation is an appropriate intervention must receive prior approval from the facility director or his or her designee before placing a youth in room isolation, unless staff have determined that the youth requires immediate room isolation for safety reasons.
 - 1. In such cases, staff must notify the facility director or his or her designee as soon as possible after the event, but under no circumstances more than 15 minutes after room isolation has begun.
 - 2. If the facility director or his or her designee cannot be reached within 15 minutes, the shift supervisor may approve room isolation for up to one (1) hour.
 - 3. Circumstances describing attempts made to obtain director approval and subsequent actions are to be fully documented in the Facility Activity/Communication Log as well as in an incident report form.
- I. Provider agencies are responsible for explaining the purpose of room isolation, as well as the circumstances under which it might be used, to youth and their parents/guardians during orientation or intake at the facility.
- J. Staff must document all instances of room isolation in the Facility Activity/Communication Log and the Room Isolation Log (Attachment A), must report the incident or circumstances that precipitated the room isolation and complete an incident report form.
- K. Conditions That Must be Met Prior to Placing a Youth in Room Isolation
 - 1. The youth is exhibiting acute physical behavior;
 - 2. Staff have attempted all approved less restrictive interventions and all appropriate de-escalation techniques, found them to be ineffective and have not caused the acute physical behavior to abate, consistent with ACS' safe intervention policy²;
 - 3. Staff have attempted strategies for de-escalation contained in the youth's BSP and have also determined that the BSP does not prohibit the use of room isolation; and

² See *Safe Intervention Policy for Juvenile Justice Placement*.

4. Staff have obtained authorization from the facility director or his or her designee, or have determined, after attempting 2-3 above, that the youth requires immediate room isolation for safety reasons [see Section IV(X) below].

L. Advising the Youth

1. As soon as practicable prior to beginning a period of room isolation, staff shall advise the youth of the reasons for the potential room isolation and the behavior necessary for the youth to avoid being placed in room isolation. Staff shall then give the youth an opportunity to stop the acute physical behavior and, thus, avoid room isolation.
2. As soon as practicable after beginning a period of room isolation, staff shall advise the youth of the reasons for the room isolation and the behavior necessary for the youth to be released from room isolation.

M. Rooms

1. Any room used for room isolation must be clean, fit for habitation, and have the following features:
 - a. A door that locks from the outside, remains closed, and may be locked during the period of room isolation;
 - b. An unbreakable vision panel through which the youth is fully observable at all times;
 - c. No exposed electrical outlets;
 - d. Adequate light and ventilation;
 - e. Appropriate temperature; and
 - f. Furnishings, including a bed, chair, desk or chest, sheet, blanket, and pillow (unless the facility director or his or her designee has determined that any or all of the furnishings must be removed for safety reasons).
2. The wall construction of the room must be approved as sufficient to withstand attacks from a violent youth of reasonable height and weight.

N. Room Inspection

Prior to using a room for room isolation, staff must thoroughly inspect the room to make sure that it is free of any objects that are potentially hazardous to the youth or which the youth could use in a disruptive, dangerous, or self-injurious manner.

O. Personal Youth Search

Consistent with ACS' personal youth search policy³, staff shall conduct a pat-frisk search when practicable before placing a youth in room isolation, in order to prevent the youth from bringing contraband into the room. If additional searches are warranted per the personal search policy, such searches may be conducted.

P. Clothing

Staff may permit the youth to wear his or her own clothing during room isolation, unless they determine it is unsafe to do so. After consulting with a supervisor, staff may remove particular clothing items from the youth's room and/or from the youth if the clothing is determined to be unsafe.

Q. Bathroom Access

Staff must permit the youth to use the bathroom, upon request, at least once per hour, and must be mindful of whether the youth has a condition that necessitates more frequent use. If the youth is able to use the bathroom without incident, staff shall consider ending the period of room isolation as per Section IV(Y) below.

R. Meals

Staff must provide the youth with the same meals and drinks in the room and on the same schedule as other youth in the program. If there are safety concerns, staff may make modifications (e.g., provide food that does not require utensils).

S. Medication

Staff must provide the youth with regularly scheduled medication.

T. Reading Materials or Other Approved Materials

Staff shall provide the youth with reading material or other items, approved by the facility director or his or her designee, that may help calm the youth. Staff must consult the youth's BSP to identify any materials (e.g., music, pictures, personal photos) that might help calm the youth, or that might have the opposite effect.

³ See *Limited Secure Placement Personal Youth Search Policy*.

U. Educational Materials

Staff shall notify on-site school staff that a youth is on room isolation and shall arrange for school work to be provided, as follows:

1. If a youth is in room isolation during the school day, the school shall provide school work to the youth pertaining to that day's lesson.
2. A teacher from the school shall visit any youth receiving school work while in room isolation in order to review the work and to answer any questions the youth may have relating to the lesson.

V. Scheduled Visits or Phone Calls

In consideration of scheduled visits and phone calls from family members for a youth in room isolation, staff shall make an individual assessment of the youth, taking into account the safety of the youth and others, and the youth's needs.⁴

W. Monitoring

1. Administrative staff, clinical staff, and health services staff are required to visit the youth to assess the youth's well-being.
 - a. **Administrative staff** – A facility director, assistant facility director, unit supervisor, or designee shall visit the youth once every two (2) hours, minimally.
 - b. **Clinical staff** – A psychiatrist, psychologist, social worker, or mental health counselor, if available, shall visit the youth within the first hour of room isolation or within one (1) hour of clinical staff becoming available.
 - c. **Health services staff** – A nurse, physician assistant, or physician shall examine the youth in room isolation at least once in any room isolation event lasting more than two (2) hours. This examination shall occur within the first hour of room isolation or within one (1) hour of health services staff becoming available.
2. One staff person must position himself or herself in a manner that allows that staff person to visually observe the youth at least once every four (4) minutes during the first hour of room isolation.

⁴ See *Visiting Youth in Juvenile Justice Placement Facilities*.

- a. A staff member must be in auditory range of the youth throughout the youth's period of room isolation.
 - b. After the first hour of room isolation, staff must visually check on the youth, at minimum, every 10 minutes, and shall vary the check-in times so they are not predictable to the youth. During these checks, staff must fully observe the youth and document their observations⁵ of the youth's status/behavior.
 - c. Using de-escalation techniques as per the safe intervention policy⁶, or as drawn from the youth's BSP, staff must attempt and document efforts to engage the youth in a release strategy throughout the youth's period of room isolation. Staff shall make such efforts at least every 10 minutes and must document them.
 - d. Ideally, clinical staff will participate in any attempt to engage the youth. If clinical staff members are not able to participate in the attempt to engage the youth, diligent efforts must be made, and documented, to contact clinical staff for advice about how to calm the youth.
 - e. Staff involved in the incident precipitating the room isolation should not be involved in de-escalating the situation or be assigned to supervise the youth in room isolation.
3. Youth may not remain in room isolation for longer than two (2) hours within a six-hour period without authorization from the facility director [see Section IV(X) below].
 - a. If a youth has been in room isolation for approximately 90 minutes and is still exhibiting acute physical behavior, staff (in consultation with clinical staff and the facility director or his or her designee) must determine how to end the room isolation within the following 30 minutes.
 - b. This may include an authorized extension of the room isolation period or transporting the youth to a hospital for a psychiatric evaluation; these options shall only be exercised after other interventions based on the youth's BSP have been attempted, including all approved less restrictive interventions and appropriate de-escalation techniques.
 4. As soon as practicable, and preferably, during the first hour of room isolation, medical and clinical staff shall examine the youth for any issue which would

⁵ See Attachment A.

⁶ See *Safe Intervention Policy for Juvenile Justice Placement*.

prevent safe use of room isolation. If medical and clinical staff are unavailable, the shift supervisor shall determine if the youth has a known injury or medical condition and must document all observations of the youth. If the shift supervisor has any concerns, he or she shall contact the on-site or on-call medical staff and seek appropriate medical attention. The supervisor shall also arrange for medical and clinical staff to see the youth as soon as possible.

5. Staff must have ready access to and must have completed training in the proper use of an emergency response kit/rescue tool⁷ whenever monitoring a youth in room isolation, and must note the location of the nearest kit whenever a youth is in room isolation.

X. Authorization

1. Staff must obtain verbal authorization from the facility director or his or her designee before placing a youth in room isolation.
2. If staff determine that immediate room isolation is necessary and there is no time or opportunity to obtain prior authorization, staff must seek authorization within 15 minutes after room isolation has begun. If the facility director or his or her designee cannot be reached within 15 minutes, the shift supervisor may approve room isolation for up to one (1) hour, but must continue to seek approval from the facility director or his or her designee.
3. The facility director or his or her designee must authorize a maximum specific amount of time for the period of room isolation up to two (2) hours at a time, and room isolation may not exceed four (4) hours within a six-hour period.
4. If staff determine that a youth's room isolation needs to be extended for any period of time beyond two (2) hours, staff must obtain verbal authorization from the facility director or his or her designee. This authorization must include the approved amount of time (not to exceed an additional two [2] hours), and then, be documented by the facility director, his or her designee, or the staff person receiving the authorization.

Y. Release from Room Isolation

1. A youth must be assessed for release from room isolation as soon as the youth is able to maintain a calm demeanor and regain self-control. At that time, staff will provide basic verbal directives for the youth to follow to confirm the youth's

⁷ See *Suicide Prevention and Intervention Policy for Juvenile Justice Placement*.

stability. If the youth is responsive, staff shall open the door and permit the youth to exit the room.

2. Upon release of a youth from room isolation, staff must provide an opportunity for the youth to see a mental health clinician if he or she chooses.
3. Following an opportunity to meet any hygiene and nutritional needs, staff must debrief the incident with the youth and determine whether intervention with other youth and/or staff is needed prior to the youth rejoining regular program activities.
 - a. The debriefing must be facilitated by staff designated as debriefing facilitators.
 - b. Debriefing must include a discussion with the youth and other staff or peers involved, if applicable, about the sequence of events (e.g., What was happening before the incident/behavior occurred, and what might have triggered it? What was the youth thinking and feeling prior to and during the behavior? What were the positive and negative consequences of the incident/behavior? What could the youth and staff have done differently to avoid the situation?).⁸

Z. Return to Room Isolation

1. If a youth requires a return to room isolation within 30 minutes of release, staff may return the youth to room isolation for the remainder of the previously authorized time. Any extension beyond the previously authorized time would require additional authorization [see Section IV(X) above].
2. If staff determine that a youth requires room isolation after 30 minutes of release, staff must obtain authorization for a new term of room isolation not to exceed a total of four (4) hours within a six-hour period. In addition, staff must discuss with supervisors the events leading to the use of room isolation, the reasons the isolation period is being resumed, and the youth's reaction.

AA. Family Notification

LSP staff must notify the youth's family, by phone, that room isolation is being/was used and shall discuss with the family what other interventions were employed, the duration, the youth's response, and any insight the family may have into diffusing the situation in order to end room isolation. The youth shall be notified of and participate

⁸ For specific guidance about the debriefing process, see *Safe Intervention Policy for Juvenile Justice Placement*, Attachment A "Safe Crisis Management Practice Guidelines."

in this call. This notification to the family must occur as soon as possible, but no more than four (4) hours after the period of room isolation begins.

BB. Documentation and Reporting Requirements

1. Consistent with incident reporting and log book policies, staff must document all instances of room isolation in the Facility Activity/Communication Log, the Room Isolation Log, and the youth's case record. Staff must also individually report the circumstances that precipitated room isolation in accordance with the incident reporting policy by completing an incident report form.
2. Staff must also keep a daily record of every youth in room isolation that includes the following information:
 - a. Youth's name and age;
 - b. Duration of room isolation;
 - c. Reason for use of room isolation;
 - d. Name and title of the staff who approved the use of room isolation;
 - e. Methods of intervention tried prior to room isolation;
 - f. Steps taken to reduce the duration of room isolation;
 - g. Attempts to notify the parent/guardian; and
 - h. Efforts to notify and to engage with the parent/guardian or other family member to discuss de-escalation and what to avoid.
3. Staff must document discussions with supervisors regarding the use of room isolation and any decisions to return a youth to room isolation. All forms must be kept readily available for review by ACS, the Office of Children and Family Services (OCFS), and/or the Justice Center.
4. Medical and clinical staff shall document their observations and assessments of the youth.
5. Staff shall notify the youth's parent/guardian following a period of room isolation and shall document such notification in CONNECTIONS and on an incident report form.
6. Providers must submit a monthly report to OCFS and ACS on the number of youth held in room isolation during the previous month. The report shall include the names of the youth, the duration of isolation, the time, unit and reason for using isolation, and attempts to contact the parent/guardian for each youth.

ROOM ISOLATION LOG

DATE: _____

YOUTH'S NAME & DOB: _____

LSP PROVIDER/FACILITY: _____

Reason for Room Isolation (include an explanation of what interventions were tried unsuccessfully):

Items not allowed in Room: _____

Authorization provided by: _____

Room Isolation Start Time: _____ AM / PM End Time: _____ AM / PM
 (circle AM or PM)

Use additional sheets as necessary.

PARENT/GUARDIAN NOTIFICATION			
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Time	Staff Person Making Notification	Contact Made (yes or no)	Notes

MEDICAL SERVICES PROVIDED					
YOUTH IS PRESCRIBED MEDICATION? [YES] [NO]					

During 1st hour of room isolation, medical staff should examine the youth for health issues. If medical staff is not available, the Facility Director or designee must determine whether the youth has any obvious injuries or a known medical problem. Document below.

Time	Medical Screening/Service Provided	Provided By	Location	Logged By	Does the Youth Need Follow Up?

CLINICAL SERVICES PROVIDED					
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Time	Clinical Service Provided	Provided By	Logged By	Does the Youth Need Follow Up?

FOOD / DRINKS PROVIDED				
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Time	Meal or Snack?	Served/Refused	Logged By	Notes

BATHROOM BREAKS					
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Time	Logged By	Time	Logged By	Time	Logged By

