

<b>UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY</b>		
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<b>Use of Seclusion</b>		
<p><b>RATIONALE:</b> This policy is to define seclusion and establish guidelines for the use of seclusion as a behavior management method. Seclusion is sometimes needed to gain control of behavior that endangers the safety of staff and other minors.</p> <p><i>Related Policies, Applicable Standards, Statutes: Section 62A-2-101; R501-1; JJYS 04-01 Rights and Responsibilities of Minors, 05-03 Suicide Prevention, 05-06 Use of Restraint Devices, 05-07 Physical Intervention Continuum, 05-08 Staff Supervision and Monitoring, 05-17 Specialized Interventions, and 07-01 Non-Emergency Medical and Dental Services</i></p>		
<b>Original Effective: August 14, 2008</b>	<b>Revision: August 1, 2023</b>	<b>Next Review Due: August 1, 2026</b>

**I. DESCRIPTION**

Division staff may utilize seclusion as a behavior management method if all other methods of verbal de-escalation have been tried without success for a minor who; presents an immediate threat of physical harm to another person or to property; poses a threat of leaving the unit; engages in continued rule infractions which threaten the safety and security of program operations; or for limited administrative purposes. Seclusion is not to be used for the purpose of punishment.

**II. DEFINITIONS**

The following terms are defined for this policy as:

- A. **Calming Room:** a room that provides a space that is unlocked with comfortable chairs, without items that could be used for harming self or others and allows the youth to safely de-escalate.
- B. **Medical Isolation:** determined by a qualified healthcare professional for purposes related to a medical issue and means a resident will stay in their assigned room except to shower; needs a mask to transfer through public areas; and should not share a room while in medical isolation.
- C. **Non-secure Setting:** residential program without locking doors.
- D. **Qualified Mental Health Professional (QMHP):** a licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- E. **Safe Room:** A room that is locked and provides an area free of distractions where a youth can de-escalate safely.

- F. **Seclusion:** the involuntary confinement of a minor in a room or an area:
  - 1. Away from the minor's peers; and
  - 2. In a manner that physically prevents the minor from leaving the room or area.
- G. **Self-seclusion:** used in a secure setting when a minor decides on their own to go to their locked room for self-regulation, complaint of illness, or personal time (e.g., read a book) rather than participating in programming.
- H. **Self-timeout:** used in a non-secure setting when a minor decides on their own to go to their room for self-regulation, complaint of illness, or personal time (e.g., read a book) rather than participating in programming.
- I. **Secure Setting:** secure care or secure detention.
- J. **Valid Programming:** predetermined programming schedule set by facility/program administration.
- K. **Verbal De-escalation:** a method of giving directions, setting expectations, and stating limits and consequences.

### III. POLICY

- A. Seclusion shall only be used when reasonably necessary:
  - 1. To prevent a minor from causing physical harm to another person;
  - 2. To protect the minor and other people from injury when the minor is in possession of a weapon or other dangerous object;
  - 3. To prevent a minor from leaving their assigned area creating a safety threat or significant disruption; or
  - 4. In cases of continued rule infractions which result in significant disruptions of program operations.
- B. Seclusion may not be used during:
  - 1. Shower time;
  - 2. Team meetings;
  - 3. Food cart retrieval;
  - 4. As part of regular programming, except as set forth in Subsection C;
  - 5. As a consequence, punishment, substitution for valid programming or for the convenience of staff; or
  - 6. In youth services settings, except as allowed by Division approved operations manuals.
- C. Seclusion may only be used for daily programming as follows:
  - 1. During shift change, not to exceed 30 minutes;
  - 2. Following school (e.g. bathroom breaks for minors), not to exceed 15 minutes; or
  - 3. Early/late bedtimes as prescribed in the level system.
    - a) Minors shall not be placed in their room for bedtime before 8:30 p.m. without PD approval.

### IV. PROCEDURE

- A. Secure Setting
  - 1. The criteria for placement in seclusion is limited to the following:
    - a) The minor's behavior presents an immediate threat of physical harm to another person;

- b) A minor in a secure facility presents an immediate threat of escape;
  - c) A minor persists in willful rule infractions that significantly disrupts program operations or causes a threat to safety and security; or
  - d) The minor damages property in such a way that the damaged property becomes an imminent threat to the safety or security of the minor or other individuals on the unit.
2. Conditions of seclusion or medical isolation:
- a) Seclusion shall typically be in the minor's normally assigned sleeping room. Any items in the room which pose a threat to safety or security may be removed from the room during the period of seclusion.
  - b) Seclusion of a minor in a room not assigned to them, including the safe room (in approved settings), may be used in the following circumstances:
    - 1) the need for closer supervision to protect the safety of the minor or others in the facility;
    - 2) rule violations that cause a threat to safety or security;
    - 3) continued significant disruption to other residents or programming; or
    - 4) as specified in a Specialized Intervention Plan (SIP) approved by the APD and QMHP (Policy 05-17 Specialized Interventions).
  - c) Meals shall be offered on the same schedule as other minors in the facility and consist of the same menu.
  - d) Any item, including any article of clothing, that is being used for violence or self-directed violence shall be removed (policy 05-06 Use of Restraint Devices). A safety garment will be provided if other clothing is removed (policies 04-01 Rights and Responsibilities of Minors, 05-03 Suicide Prevention, 05-06 Use of Restraint Devices, and 05-07 Physical Intervention Continuum).
  - e) Youth in medical isolation shall stay in their room except to shower; shall wear a mask to transfer through public areas; and shall not share a room while in medical isolation (07-01 Non-Emergency Medical and Dental Services).
3. Self-timeout and self-seclusion require the following:
- a) When a self-timeout or self-seclusion lasts longer than one shift and is not related to illness, staff shall contact a QMHP or a treatment team to develop a plan to help the minor come out of their room.
  - b) Employees shall contact medical staff when a minor remains in their room due to a complaint of illness.
4. Length of stay in seclusion:
- a) Staff shall not seclude a minor for a predetermined period of time, but rather shall use seclusion only as long as is needed to manage the problematic behavior.
  - b) Seclusion shall only be used until the minor can demonstrate self-control by displaying behavior that does not threaten safety or security and complies with facility/program rules.
  - c) Staff shall begin to assess the minor's readiness to rejoin the population continually upon placement in seclusion. The minor shall be removed from seclusion when they have demonstrated a

reasonable level of calmness and can follow directions from staff (e.g., sit on the bed for five minutes).

5. Authorization for the use of seclusion:
    - a) Supervisors, or shift leads if the supervisor is not available, shall approve any period of seclusion exceeding one hour. Supervisors, or shift leads if the supervisor is not available, shall document the authorization in the shift log and file an incident report as per policy 05-15 Incident Reports. Shift leads shall notify the supervisor as soon as possible.
    - b) When exigent circumstances require the seclusion to exceed two hours, approval shall be obtained from both the facility APD, or their designee, and the Program Director.
      - 1) The facility APD or designee shall document the authorization and reason for extended seclusion.
      - 2) Staff shall update the facility APD or designee every hour on progress of removal from seclusion until the minor is removed from seclusion.
    - c) If seclusion exceeds three hours, approval shall be obtained from the Deputy Director or Director.
  6. Monitoring:
    - a) Staff shall visually monitor minors placed in seclusion. Monitoring shall be performed in accordance with policy 05-08 Staff Supervision and Monitoring, and 05-03 Suicide Prevention. Monitoring shall be documented using the electronic scanning device.
  7. Documentation:
    - a) Periods of seclusion longer than 15 minutes require a standard incident report and periods of seclusion longer than one hour require a critical incident report indicating the following:
      - 1) the specific behavior exhibited that resulted in the seclusion;
      - 2) the efforts made by staff to remove the minor from seclusion;
      - 3) other persons involved (staff and minors);
      - 4) The name of the person who authorized the use of seclusion; and
      - 5) "Time In" and/or "Time Out" of seclusion.
    - b) Self-time out and self-seclusion do not require an incident report.
- B. Non-secure Setting
1. The use of seclusion is prohibited in division non-secure programs except as allowed by Division approved operations manuals.
- C. Safe Room Procedures
1. A minor may be placed in a safe room when they engage in behavior that justifies a physical intervention (05-07 Physical Intervention Continuum) or as part of a Specialized Intervention Plan (05-17 Specialized Intervention).
  2. Prior to placing a youth in a safe room, staff shall use techniques of verbal de-escalation, negotiation, discussion, persuasion, and other less restrictive measures, including the calming room, before placing a youth in the safe room.
  3. The decision to place a youth in the safe room shall be agreed upon by a minimum of two staff and then approved by the supervisor or lead on shift.

- a) The APD shall be notified of a youth being placed in the safe room once staff have ensured youth safety and facility security.
  4. Staff shall maintain constant visual observation of the youth. If this observation appears to agitate or incite behavior, staff may move out of the line of sight of the minor and remain at the door. The staff may ask Control or other staff to assist with constant visual observation via the video surveillance system in addition to direct observation.
  5. Staff offering a meal to a minor in a safe room may restrict the use of eating utensils to maintain a safe environment for the minor.
    - a) A minor's refusal of a meal shall be documented in the daily log.
- D. Safe Room Monitoring and Documentation
1. The shift lead staff shall contact a QMHP within one hour of a minor being placed into the safe room, or as directed by the SIP. A QMHP shall meet and assess minors within 24 hours of being placed in the safe room. When a facility QMHP is not available, staff may utilize telehealth, Mobile Crisis Response Team (MCOT) or other services provided by the local mental health authority.
  2. Staff shall monitor a minor as per policy 05-08 Staff Supervision.
  3. An incident report shall be completed by staff directly involved in placing a youth in a safe room (policy 05-15 Incident Reports).
  4. Staff shall notify medical staff (policy 05-07 Physical Intervention Continuum).

**V. Continuous Renewal**

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice and Youth Services Executive Management Team and is approved upon the signature of the Director.

  
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Brett Peterson, Director  
Division of Juvenile Justice & Youth Services

08/01/2023  
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Signature Date