



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

Official Policy

Policy Name: Involuntary Room Confinement

Policy #: 03.03.01(a) **Effective Date:** March 15, 2013

Repeals: 03.03.01, effective date 5/1/08

References:
DYS Policy No. 02.02.02(c) "Individual Management"
DYS Policy No. 02.02.05(c) "Suicide Assessment in Secure"
DYS Policy No. 02.02.06(a) "Suicide Assessment in Residential"
DYS Policy No. 03.01.02(a) "Searches in Secure Facilities"
DYS Policy No. 03.01.03(a) "Searches in Residential Facilities"

Signature: 
DYS Commissioner, *Edward J. Dolan*

Applicability: This policy shall apply to DYS and Support Contract employees working at any DYS location. Providers are expected to enact their own policy consistent with the principles set forth here.

Policy

It is the policy of the Department of Youth Services ("DYS") that, during non-sleep hours, youth may be kept involuntarily in a room for the following reasons: to calm a youth who is exhibiting seriously disruptive or dangerous behavior; for population management; for the safety and security of a youth; and for investigation of an incident. A youth may not be confined in a room for the following purposes: as a consequence for non-compliance; punishment; harassment; or in retaliation for any youth conduct. A youth shall not be placed in room confinement status in accordance with this policy while on any suicide watch status. Youth on any watch status level shall be managed in accordance with the suicide assessment policies. Room confinement may only be used when less restrictive interventions have failed and for the least amount of time required for the youth to regain self-control. Additionally, it is the policy of DYS that youth in individual room confinement receive appropriate monitoring and services.

Procedure

A. Definitions

1. The following definitions shall have the meanings assigned to them in this policy for purposes of interpreting this policy.

Breaks: Specific purposes for which staff may remove the youth from the room, including bathroom visits, showers or personal hygiene, medical attention, or exercise.

Break time includes time after release from room confinement if staff place the youth in room confinement again within 30 minutes of release.

Involuntary Room Confinement: The placement of a youth in any locked or unlocked room, with authorization, where the staff decides when the youth leaves the room.

Population Management: Use of unit-wide room confinement, in the discretion of a Program Director, for safety and security, including shift change, a unit shakedown or an emergency.

Release Strategy: Application of the DYS de-escalation, behavior management and conflict resolution techniques taught to direct care staff to help a youth process out of disruptive and dangerous behaviors and out of room confinement. *See* Section G(1) of this policy.

Room Checks: Staff monitoring of youths in a room, as specified in Suicide Assessment Policy No. 02.02.05(c) or Policy No. 02.02.06(a).

Seriously Disruptive or Dangerous Behavior: When a youth acts or threatens to act to disrupt a unit and poses an immediate safety or security risk to anyone on the unit.

Suicide Assessment Policies: The official DYS suicide assessment policy as applicable to either secure or residential facilities:

Policy No. 02.02.05(c)	Suicide Assessment in Secure Facilities
Policy No. 02.02.06(a)	Suicide Assessment in Residential

Total Room Confinement Time: The total time a youth is continuously confined in a locked or unlocked room without the freedom to leave, including bedtime, shift change, lockdowns and breaks.

Youth: Any individual being detained or who has been committed to DYS.

2. Terms defined in Policy No. 01.01.04(a), “Policy Definitions” shall have the meanings assigned to them in that policy, unless a contrary meaning is intended.
3. Terms not defined in Policy No. 01.01.04(a) or in this policy shall have the meanings assigned to them by reasonably accepted standard dictionary definitions of American English.

B. Individual Room Confinement

1. Staff may put a youth in individual room confinement if all the following apply:
 - a. the youth is exhibiting seriously disruptive or dangerous behavior, or when a safety or security concern arises;
 - b. less restrictive crisis intervention techniques have failed; and
 - c. staff obtains proper authorization, as described in Section F of this policy.

2. Advising the Youth: Staff shall advise the youth of the reason for the room confinement and the behavior necessary for release from room confinement.
3. Rooms: Each room used for individual room confinement must be fit for human habitation, and:
 - a. have a window through which a youth is observable at all times;
 - b. have adequate light and ventilation;
 - c. be at an appropriate temperature and be reasonably clean; and
 - d. include a mattress, bed linens, and a pillow, unless they are removed in accordance with DYS Suicide Assessment policies. If a youth damages these items or uses them for a purpose other than sleeping, sitting or lying down, staff may remove them.
4. Room Search: Before placing a youth in room confinement, staff shall examine the room, and remove anything that presents a potential hazard to the youth or which the youth could use in a disruptive or dangerous manner.
5. Pat Search: Before placing a youth in room confinement, staff shall conduct a pat search in compliance with DYS Search policy and training, unless an emergency or the youth's behavior prevents it. Staff should perform constant monitoring until the youth can be pat searched.
6. Clothing: Staff shall ensure youths have seasonally appropriate clothing.
7. Bathroom: Staff must allow a youth in room confinement to use a bathroom upon request at least once per hour, unless more frequent use is required due to the youth's medical status.
8. Meals: Staff must provide the youth with meals and fluids in the room on the same schedule as other youth in the program. If there are safety concerns, staff may modify the meal, such as providing food not requiring the use of utensils or limiting the utensils provided.
9. Health and Hygiene: Staff shall allow the youth basic hygiene and regularly scheduled medication. Staff shall obtain medical care as needed for the youth.
10. Education or Other Reading Materials: Staff may provide the youth with educational or other reading materials, including approved mail.
11. Religion: Staff shall allow visits from a chaplain or other member of the clergy.
12. Breaks: In the Shift Supervisor's discretion, staff may remove the youth from the room for specific purposes, including exercise to help the youth gain self-control.
13. Visits or Calls: In the Shift Supervisor's discretion, staff may allow the youth a supervised visit or call to help the youth gain self-control.

C. Unit Wide Room Confinement

1. Shift Change: During shift change, staff may use room confinement for all youths for up to 30 minutes. Room confinement during shift change shall not last longer than 30 minutes without approval from the Program Director, or unless an emergency exists.
2. Unit Shakedown: During a routine or emergency unit shakedown, staff may use room confinement with prior authorization from the Program Director, Assistant Program Director, or Regional on-call Manager for a period of up to three hours. Room confinement during a unit shakedown must be documented in the Unit Log. Staff may request authorization from the Regional Director of Operations, or his/her designee, to extend the room confinement for an additional one hour. Under no circumstances shall room confinement during a unit shakedown last longer than four hours.
3. Other Activities: During any activities or events which leave only one staff on the unit, staff may use room confinement with prior authorization from the Program Director or Assistant Program Director, or Regional on-call Manager.

D. Documentation and Reporting Requirements

1. Staff shall document the use of all individual room confinement in the JJEMS Involuntary Room Confinement e-file by completing all applicable fields prior to the end of the shift when the room confinement occurred but no later than midnight on the day of when the room confinement began. JJEMS shall be updated as needed based on the time the youth or youths are in room confinement and the shifts involved during this period.
2. The Program Director shall maintain a file of all written authorizations for room confinement. *See* Section F.

E. Youth Monitoring for All Room Confinement

1. Staff shall not use room confinement for youth on Alert, Elevated or Full Suicide Watch status, but shall monitor these youth in accordance with the DYS Suicide Assessment policies.
2. For all other youth, staff will conduct four (4) minute room checks during the first hour of room confinement.
3. After the first hour of room confinement, staff shall monitor youths in accordance with the DYS Suicide Assessment policies, as follows:
 - a. General Status in secure: 10 minute room checks. Policy No. 02.02.05(c);
 - b. General Status in residential: 15 minute checks. Policy No. 02.02.06(a).
4. Individual room confinement: In addition to the monitoring required above, staff will:
 - a. fill out a Room Confinement Observation Sheet. *See* attached form;

- b. attempt to engage the youth in a release strategy, at least once every 30 minutes. *See* Section G. The staff member engaging the youth in a release strategy should be someone not involved in the original incident and should include the clinical staff if available; and
- c. arrange for a visit to the youth by at least one of the following staff once every three (3) hours: a Program Director, Assistant Program Director, Shift Supervisor, Clinical staff, or Medical staff.

F. Authorization For Individual Room Confinement

1. Staff must obtain authorization before placing a youth in or extending individual room confinement, with the goal being the least amount of time in room confinement possible.
2. If staff successfully engages the youth in a release strategy before the end of the authorized time period, staff must release the youth.
3. 0 - 3 Hours in Individual Room Confinement
 - a. Staff must obtain verbal authorization from the Program Director, Assistant Program Director or Clinical Director prior to individual room confinement up to three (3) hours, if all the criteria in Section B(1) is met. If none are available, staff should contact the Regional on-call manager.
 - b. If immediate confinement is necessary, staff must obtain authorization within 15 minutes of the beginning of room confinement. If the individuals in Section F(3)(a) cannot be reached within 15 minutes, the Shift Administrator can approve room confinement for up to one (1) hour.
 - c. During the first hour of individual room confinement, medical staff and clinical staff, if available, shall examine the youth for any issue which would prevent safe room confinement. If medical and clinical staff are not available, the Shift Administrator shall determine if the youth has an obvious injury or known medical problem. Medical staff and clinical staff shall examine the youth as soon as they are available. Staff shall document any injuries on the Observation Sheet.
4. 4 - 6 Hours in Individual Room Confinement
 - a. If a youth continues to exhibit dangerous or disruptive behavior after three (3) hours in individual room confinement, staff may request authorization from the Regional Director of Operations, or his/her designee, to extend the individual room confinement for an additional three hours. Authorization may be verbal, documented in the log, and submitted in writing the next business day. The designee for the Regional Director of Operations must be a manager or administrator, at an M4 level or above.
 - b. The authorization to extend individual room confinement may only be for an additional three hours, for a total of six (6) hours of room confinement.
5. 7 - 9 Hours in Individual Room Confinement

- a. If a youth continues to exhibit dangerous or disruptive behavior after six (6) hours, staff may request authorization from the Regional Director of Operations, or his/her designee, to extend the individual room confinement for an additional three hours. Authorization may be verbal but must be documented in the log and confirmed in writing the next business day.
- b. Room confinement beyond six (6) hours requires a visit from a clinician to determine whether some type of clinical intervention is necessary. If a clinician is unavailable, the visit should occur as soon as possible.

6. 10-12 Hours in Individual Room Confinement

- a. If a youth in individual room confinement continues to exhibit dangerous or disruptive behavior after nine (9) hours, staff may request authorization from the Regional Director or, if the Regional Director is unavailable the Regional On-Call Manager, or Regional Clinical Coordinator to extend individual room confinement an additional three hours. The approval to extend may be verbal but must be documented in the log and confirmed in writing the next business day.
- b. For individual room confinement to be authorized beyond nine (9) hours, a clinical evaluation or emergency screening must occur before twelve (12) hours.
- c. For individual room confinement beyond nine hours, staff shall request the youth's caseworker or staff advocate, if available, to visit the youth. The caseworker shall contact the parents or legal guardian and notify them of the individual room confinement and reasons for it. If the caseworker is not available, the Shift Administrator shall contact the parent or guardian.

7. More than 12 Hours in Individual Room Confinement

- a. If a youth exhibits dangerous and disruptive behavior after 12 hours of room confinement, the Regional Director or, if the Regional Director is unavailable the Regional On-Call Manager, must consult with the DYS Central Office On-Call Manager as to how to proceed.
- b. After a youth has spent 12 hours in room confinement, the Shift Administrator must submit an electronic Serious Incident report, in accordance with DYS Policy No. 01.03.05(d).

8. Repeated Use of Room Confinement

- a. If a youth exhibits seriously dangerous or disruptive behavior within 30 minutes of release from individual room confinement, staff may return the youth to room confinement for any remainder of the previously authorized time. Staff must follow the procedure for physical exams as described in Section F(3)(c) of this policy. Further time extension must be authorized in accordance with this policy.
- b. If a youth exhibits seriously dangerous or disruptive behavior after 30 minutes of release, staff must follow this policy for a new room confinement.

G. Release from Individual Room Confinement

1. The expectation for initiating any release process requires that the youth maintains a calm demeanor and is in behavioral and physical control of him or herself for a period of time. It is expected that this process will typically take between 5 to 30 minutes.
2. The clinician shall be a part of this release process if available.
3. After the youth has maintained a calm demeanor and behavioral control, the shift supervisor or designee shall give basic verbal directives that need to be followed by the youth to assess youth's stability. If the youth is able to respond to the verbal directives, then the door shall be unsecured and remain open while the youth is monitored while in his room.
4. If the youth has maintained behavioral control as described above, then the shift supervisor or designee following the sequence listed below should consider the following steps for the youth to leave the room and to reintegrate into regular programming. Consideration should be given to the nature of the infraction, the youth's cognitive abilities and the state of the program so as not to create additional conflict or noncompliance. Staff may utilize the DYS DBT Manual within these steps.
 - a. Allow the youth to step outside the room and move to an area away from the main population to allow for continued safety and supervision;
 - b. Discuss the incident with the youth, acknowledging and reinforcing positive behaviors that the youth has demonstrated since regaining control;
 - c. Offer DBT tools for behavior processing such as: behavior chains, story of emotion hand-outs, distress tolerance plans and/or repair work (apology letter, community tasks). Present DBT tools in a work packet to the youth that is tailored to the youth's needs, capabilities, and cognitive level;
 - d. Determine whether conflict resolution work with other residents needs to occur before youth rejoins the program
5. Notification and consultation should take place with Program Administration which includes the Program Director, Assistant Program Director or Clinical Director to determine if a resident may return to full participation in the program or needs to be placed on an Individual Support Plan. *See* Policy No. 02.02.02(c).

H. Program Level Review

1. The Program Director, Assistant Program Director, Clinical Director and Shift Administrator and/or Shift Supervisor shall review all individual room confinements and complete a program level Room Confinement Report with input from all staff involved.
2. The Program Director, Assistant Program Director or Clinical Director shall submit a Serious Incident Report if they determine this policy was not followed.

ROOM CONFINEMENT OBSERVATION SHEET

YOUTH NAME _____ PROGRAM _____ DATE: _____

This form is continued from PREVIOUS day [Yes] [No] This form continues to NEXT day [Yes] [No]

REASON for Room Confinement (RC): _____

Items ALLOWED in Room: _____

Room Confinement START time: _____ AM / PM END time: _____ AM / PM

Bedtime Hours START time: _____ AM / PM END time: _____ AM / PM

➤ MEDICAL SERVICES PROVIDED					
YOUTH IS PRESCRIBED MEDICATION [YES] [NO] Also See YOUTH MED SHEET					
During 1 st hour of individual RC, medical staff should examine youth for health issues. If med staff not available, Shift Supv should determine that the youth has no obvious injury or known medical problem. Document below.					
Time	Medical Screening or Service Provided	Provided By	Location - if Off	Logged By	Does Youth Need Follow Up
➤ CLINICAL SERVICES PROVIDED					
Time	Clinical Service Provided	Provided By	Logged By	Does Youth Need Follow Up	
➤ FOOD / DRINKS PROVIDED					
Time	Meal or Snack?	Served or Refused?	Logged By	Notes	
➤ BATHROOM BREAKS					
Time	Logged By	Time	Logged By	Time	Logged By
➤ HYGIENE BREAKS					
Time	Logged By	Time	Logged By	Time	Logged By
➤ NOTES					Logged By