



**DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:**  
**4-JDF-4C-01, 18, 33-1**  
**3-JCRF-3B-18, 4C-01, 08**  
**4-JCF-4C-28, 47**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A.065**

**SUBJECT: Health Services Definitions**

**POLICY NUMBER: DJJ 400**

**TOTAL PAGES: 8**

**EFFECTIVE DATE: October 3, 2023**

**APPROVAL: Vicki Reed, COMMISSIONER**

### **I. POLICY**

The following definitions shall apply in the Department of Juvenile Justice Policy and Procedures Manual (DJJPP) 400.1 through 430.

### **II. APPLICABILITY**

This policy shall apply to all DJJ staff.

### **III. DEFINITIONS**

- A. “Assessment protocols” means written orders that specify the steps to be taken in appraising a youth’s physical and mental health status.
- B. “Bloodborne pathogens” means pathogenic microorganisms present in human blood which may cause disease in humans, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Other pathogenic microorganisms may be identified or present during acute phases of other infectious diseases.
- C. “Caustic” means any material, either alkali or acid, that can burn, eat away or destroy tissue by chemical reaction and which could cause death if taken internally.
- D. “Central chemical control” means a system that limits the number of bulk storage sites to only designated areas with limited access. Chemicals are then issued from the bulk area in controlled amounts only in a one-day or one shift usage amount (weekends and holidays excluded).
- E. “Chemically dependent” means the state of physiological or psychological dependence on alcohol or other drugs.
- F. “Chronic care” means a medical service rendered to a youth over a long period of time, for such conditions as diabetes, hypertension, asthma, and epilepsy.
- G. “Class A tools” means tools that can be used by youth either in effecting an escape or cause death or serious injury.

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- H. “Class B tools” means less restricted tools (non-hazardous) than “Class A” tools.
- I. “Clinical Supervisor” means the qualified health care professional appointed by the Medical Director to provide direct oversight of all nursing activities related to the delivery of health care to youths in DJJ facilities. Administrative supervision of the DJJ nursing staff remains with the respective superintendents and is not the responsibility of the Clinical Supervisor.
- J. “Combustible” means a substance with a flash point at or above 100° Fahrenheit.
- K. “Comprehensive family planning” includes education regarding sexuality, pregnancy prevention, and options for those who are pregnant.
- L. “Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- M. “Convalescent care” means medical service rendered to a youth to assist in the recovery from illness or injury.
- N. “Detoxification” means the process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug upon which the person is physiologically dependent, one that is cross-tolerant (antagonistic) to it, or one that has demonstrated to be effective on the basis of medical research.
- O. “Dispensing” is defined by KRS 315.010(9).
- P. “Disposal” means the returning of unused portions of medications to a pharmacy.
- Q. “DJJ” means Department of Juvenile Justice.
- R. “Drop procedure” means an activity by which each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows.
- S. “Emergency medical treatment” means medical situations which require immediate care.
- T. “Employee exposure control kit” means an informational packet on procedures to follow after an occupational exposure to a possible infectious disease.
- U. “Flammable” means a substance with a flash point below 100° Fahrenheit.
- V. “Flammables Storage Room” means a room of fire resistant construction

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designed to store flammable liquids.

- W. “Flash point” means the minimum temperature required for a substance to ignite.
- X. “Fire Safety Officer” means the facility staff person who has received training in the application of fire, safety, and sanitation requirements/standards from a qualified source such as representatives from the state or local fire authority, or state and local college or university.
- Y. “Forensic purposes” means issues relating to courts of law. Examples of forensic purposes are body cavity searches, drug screening, DNA testing, and psychological evaluations for use in adversarial proceedings.
- Z. “Formulary” means a written list of prescription and non-prescription medications available to authorized prescribers. This shall not restrict prescriptions of medication generated by health care providers.
- AA. “Health Authority” means a registered nurse with local responsibility for health care services pursuant to a written agreement, contract, or job description.
- BB. “Health Care Coordinator” means, in DJJ programs without a full-time registered nurse, a health-trained staff identified to coordinate the provision of health care.
- CC. “Health care provider” is defined by KRS 304.17A-005.
- DD. “Health trained staff” means staff members who have completed CPR and First Aid certification and the health services protocol training. These staff shall provide emergency care as needed and other health services within the guidelines of their training that need not be carried out by nurses or physicians, however, at the direction of a physician or nurse. Reference DJJPP Chapter 5.
- EE. “High risk behavior” means behavior which creates the possibility of transmitting a serious infectious disease, including tattooing, sexual contact, needle use, fighting or assaultive behavior, self-mutilation, and body piercing.
- FF. “Incident” means an unusual event or occurrence in which youth behaviors compromise the health, safety, or security of youth or staff including:
1. Use of isolation;
  2. AWOL or escape;
  3. Assault by youth on youth;
  4. Assault by youth on staff;
  5. Major property destruction;
  6. Possession of contraband;

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7. Death of a resident;
8. Major injury;
9. Suicide attempt;
10. Use of restraint;
11. The taking of hostages;
12. Medication error; or
13. Other.

GG. “Informed consent” means the agreement by the youth or guardian to a medical examination or procedure after the youth receives the material facts regarding the nature, consequences, risks, and alternatives concerning the proposed treatment, examination, or procedure.

HH. “Intra-system transfer” means a youth entering a DJJ operated youth development center, group home, or detention center directly from another DJJ operated youth development center, group home, or detention center.

II. “Isolation” means the removal of a resident from the general population.

JJ. “Licensed Behavioral Health Professional” or “LBHP” means:

1. A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc. or the American Osteopathic Board of Neurology and Psychiatry;
2. A physician licensed in Kentucky to practice medicine or osteopathy in accordance with KRS 311.571;
3. A psychologist licensed and practicing in accordance with KRS 319.050;
4. A psychologist certified and practicing in accordance with KRS 319.056;
5. A licensed psychological associate licensed and practicing in accordance with KRS 319.064;
6. A certified psychologist with autonomous functioning or licensed psychological practitioner practicing in accordance with KRS 319.056;
7. A clinical social worker licensed and practicing in accordance with KRS 335.100;
8. A social worker certified and practicing in accordance with KRS 335.080;
9. An advanced practice registered nurse licensed and practicing in accordance with KRS 314.042;
10. A physician assistant licensed under KRS 311.840 to 311.862;
11. A licensed marriage and family therapist as defined by KRS 335.300(2);
12. A marriage and family therapy associate as defined by KRS 335.300(3);
13. A licensed professional clinical counselor as defined by KRS 335.500(3);
14. A licensed professional counselor associate as defined by KRS 335.500(4);
15. A licensed professional art therapist as defined by KRS 309.130(2);
16. A licensed professional art therapist associate as defined by KRS 309.130(3);
17. A licensed behavior analyst as defined by KRS 319C.010(6); or
18. A registered behavior technician under the supervision of a licensed behavior analyst.

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- KK. “Licensed practical nurse” or “LPN” is defined by KRS 314.011(9).
- LL. “Line of sight” means an imaginary line extending from an observer's eye to a subject.
- MM. “Medical Director” means a licensed physician who plans and oversees all aspects of medical policy, procedure and services provided for youth in the Department of Juvenile Justice.
- NN. “Medical treatment plan” means a series of written statements that specify the particular course of therapy and the roles of medical and non-medical personnel in carrying it out. It is individualized and based on an assessment of the youth’s needs, and it includes a statement of goals as well as the methods to reach these goals. If clinically indicated, the treatment plan provides youth with access to a range of supportive and rehabilitative services as the physician deems appropriate.
- OO. “Mental health evaluation” means procedures designed for the identification of mental health issues conducted by a qualified mental health professional.
- PP. “Mental health referral” means the process by which any staff member alerts the designated Licensed Behavioral Health Professional that a mental health need has been identified or suspected in a youth.
- QQ. “Mental health screening” means the administration of a mental health screening tool approved by the Chief of Mental Health Services for the identification of potential mental health issues.
- RR. “Nurse Shift Program Supervisor” or “NSPS” means the registered nurse responsible for supervising the delivery of health care, the carrying out of medical orders and nursing directives, and for arranging for all levels of health services for youth in youth development facilities. The NSPS supervises the work of all nursing staff and provides clinical supervision of the care provided by youth workers and health trained staff.
- SS. “Occupational exposure” means a specific eye, mouth, or other mucous membrane, non-intact skin or wound which comes in contact with blood or other potentially infectious material that may occur in the performance of an employee’s duties.
- TT. “One-to-one supervision” means when an individual staff member is assigned to directly supervise no more than one (1) youth. The staff shall stay within very close proximity to ensure constant supervision and immediate intervention if needed for safety reasons.
- UU. “Orientation training” means mandatory department and departmental practices

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familiarization training for newly hired staff.

- VV. “Ortheses” means specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.
- WW. “Personal protective equipment” or “PPE” means specialized clothing or equipment that does not permit blood or other potential infectious material to pass through or reach the employee’s clothes or body and may include, protective gloves, masks, protective shields, eye protection, mouthpiece, or gown.
- XX. “Primary health care provider” means a licensed individual who evaluates the youth’s total health needs and provides medical care.
- YY. “Prostheses” means artificial devices to replace body parts or compensate for defective body functions. They include such items as artificial limbs, eyeglasses, and full and partial dental plates.
- ZZ. “Psychologist” is defined by KRS 319.010.
- AAA. “Psychotropic medications” means any medication that is used to treat disorders of mood, thinking, or behavior.
- BBB. “Qualified health personnel” means physicians, physicians assistants, dentists, nurses, nurse practitioners, psychologists, and other professionals and technical workers who by state law engage in activities that support, compliment, or supplement the functions of physicians or dentists who are licensed, registered, or certified as appropriate to their qualifications to practice; further, they practice within the parameters of their license, certification, or registration.
- CCC. “Qualified independent inspector” means the qualified contracted specialist who provides inspections of various fire and safety systems.
- DDD. “Qualified mental health professional” or “QMHP” is defined by KRS 202A.011.
- EEE. “Registered nurse” is defined by KRS 314.011(5)
- FFF. “Safe area” means a designated space used to protect individuals during an emergency or hostile situation.
- GGG. “Safety Data Sheet” or “SDS” means a document required by government regulation for all hazardous chemical substances produced or sold in the United States.
- HHH. “Secondary container” means a portable container into which chemicals are

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transferred for use.

- III. “Serious infectious disease” means Tuberculosis, HIV or AIDS, Hepatitis (A, B, C), Methicillin-Resistant Staphylococcus Aureus (MRSA), or other communicable disease that may pose a significant health risk.
- JJJ. “Sharps” means any object that can penetrate the skin including culinary equipment, scissors, medical/dental instruments, arts and craft implements and other instruments with a sharp edge or point capable of inflicting serious injury or death.
- KKK. “Skilled nursing” or “infirmity care” means in-patient bed care by or under the supervision of a registered nurse for an illness or diagnosis that requires limited therapy, assistance, observation and management, and does not require admission to a licensed hospital.
- LLL. “Special medical program” means a program that serves a broad range of health conditions and problems, including seizure disorder, diabetes, potential suicide, pregnancy, chemical dependency, and psychosis.
- MMM. “Specialized HIV/AIDS counseling” means counseling provided by a qualified person who has received training in the subject matter.
- NNN. “Standing orders” means written orders that specify the same course of treatment for each youth suspected of having a given condition.
- OOO. “Storage cabinet” means a properly constructed and securely locked cabinet specifically designed to hold flammable materials.
- PPP. “TB disease” means recent infection or reactivated growth of tubercle bacilli from a dormant lesion, which produce tissue necrosis accompanied by fibrosis in any body location it attacks.
- QQQ. “TB infection” means a condition in which living tubercle bacilli are present in the body, but the disease is not clinically active.
- RRR. “Toxic material” means a substance that may cause illness or death when ingested or absorbed even in relatively small quantities.
- SSS. “Tuberculosis skin test” means an intradermal injection in the surface of the forearm of a purified protein derivative (PPD).
- TTT. “Universal precautions” means an approach to infection control in which all body fluids are treated as if known to be infectious.
- UUU. “Urgent care kit” means a portable supply of emergency equipment suitable for

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a medical disaster (varies depending upon geographic area and facility-based activities).





**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
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**REFERENCES:  
505 KAR 1:120  
4-JDF-4C-21, 23, 39  
3-JCRF-4C-09  
4-JCF-4D-03-06  
1-JBC-4C-22, 24  
KRS Chapter 319**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS  
15A.065**

**SUBJECT: Behavioral Health Screening and  
Evaluation**

**KRS Chapter 311**

**POLICY NUMBER: DJJ 405.1**

**TOTAL PAGES: 3**

**EFFECTIVE DATE: October 3, 2023**

**APPROVAL: Vicki Reed, COMMISSIONER**

## **I. POLICY**

Behavioral health screening shall be provided to youth. Behavioral evaluation shall be provided for youth within youth development centers. Evaluations at group homes and detention centers may be provided as appropriate.

## **II. APPLICABILITY**

This policy shall be applicable to group homes, detention centers, and youth development centers.

## **III. DEFINITIONS**

Refer to Chapter 400.

## **IV. PROCEDURES**

A. Behavioral health screening, to include screening for drug and alcohol abuse, shall be completed at the time of admission in accordance with procedures approved by the Chief of Mental Health Services.

1. In youth development centers the screening shall be completed by the facility Licensed Behavioral Health Professional (LBHP) or trained designee. After the initial screening is completed, the facility LBHP shall review and sign both the medical and behavioral health screening forms.
2. In detention centers the screening shall be completed by the facility LBHP or trained designee. After the initial screening is completed, the facility LBHP shall review and sign both the medical and behavioral health screening forms.

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3. In group homes, staff trained in use of the screening instrument shall complete behavioral health screening. The screening form shall be reviewed and signed by a counselor or Superintendent.
- B. The behavioral health screening shall determine if a youth may join the general population, be referred for immediate evaluation by a LBHP, or be referred for immediate medical evaluation.
  - C. In youth development centers, detention centers, and group homes upon identification of an acute psychiatric condition, the Registered Nurse (RN), the LBHP, or designees shall be informed. The LBHP, the RN, and the Superintendent or designee shall be notified of all suicidal threats or attempts. Residents with acute conditions shall be maintained under continuous observation until directed otherwise by the LBHP or until the resident is hospitalized. If the LBHP recommends that a youth is in need of further behavioral health treatment or review, the LBHP in consultation with the Superintendent or designee shall arrange for the youth to obtain such treatment. If hospital admission is indicated, the LBHP, the Regional Psychologist, and the Superintendent or designee, shall coordinate admissions to psychiatric facilities.
  - D. The RN and Regional Psychologist or designee shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses.
  - E. Youth in youth development centers shall have an evaluation within fourteen (14) days of admission and annually thereafter. The evaluation shall include:
    1. Review of mental-health-screening and appraisal data;
    2. Review of the individual's behavioral health history;
    3. Direct observation of behavior;
    4. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and coping abilities; and
    5. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental-health facility when psychiatric needs exceed the treatment capability of the facility or agency.
  - F. In day treatment programs, upon identification of behavioral health concerns youth shall be referred to behavioral health providers in the community for assessment, consultation, and treatment.
  - G. A behavioral health treatment plan shall be developed for juveniles being treated on an ongoing basis by a LBHP. The plan will be developed within 30 days of initiation of treatment and revised as needed. Treatment plans will include juvenile participation to the extent that is possible. Each youth's Individual Treatment Plan shall reflect the capabilities of the youth to work within the scope of the treatment/work/school program.

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**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Registered Nurse, Regional Psychologist and LBHP, the Quality Assurance Branch, and the Chief of Mental Health Services or Designee.



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**REFERENCES:**  
**505 KAR 1:120**  
**4 -JDF-4C-21, 22, 35, 39**  
**3-JCRF-4C-06, 09**  
**1-JBC-4C-22, 24, 35**  
**4-JCF-3C-03; 4D-07**  
**NCCHC Y-G-05**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A.065**

**SUBJECT: Suicide Prevention and Intervention**

**POLICY NUMBER: DJJ 405.4**

**TOTAL PAGES: 7**

**EFFECTIVE DATE: October 3, 2023**

**APPROVAL: Vicki Reed, COMMISSIONER**

## **I. POLICY**

Youth shall be screened upon admission and continually monitored thereafter to assess the risk for self-harm or suicide and maintain physical safety. Staff shall be trained in the assessment, management, supervision, emergency procedures, documentation, and notification regarding suicidal behavior and physical safety. Because suicide attempts take many forms and youth attempt to use multiple methods and instruments, to enhance the safety and security of both the youth and staff, the room door will remain closed as indicated in the policy to ensure that the youth does not obtain a dangerous instrument outside of the room that would allow them to harm themselves or others.

## **II. APPLICABILITY**

A. This policy shall apply to all youth development centers and detention centers.

B. *Limited Applicability for Group Homes and Day Treatment Programs*

*This policy shall also govern the development of Standard Operating Procedures for Suicide Prevention and Intervention in group homes and day treatment programs.*

## **III. DEFINITIONS**

A. Refer to DJJPP 400.

B. "Level 1" means a high level observation with constant, uninterrupted supervision and is reserved for youths believed to be at high-risk for harm as determined by a licensed behavioral health professional ("LBHP").

C. "Level 2" means a moderate level observation and that the youth is deemed by a LBHP to not be actively suicidal but has expressed suicidal ideation or has a recent history of suicide and is exhibiting significant symptoms of mental illness.

D. "Safe cell" means a cell that has a stainless fixture sink/toilet combination with push button flush and faucet; a bed that has all bedposts or bars at the head and foot of the

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bed removed and the sharp edges covered; the fixtures or pipes that a youth may use to commit suicide are covered with steel or fine mesh; there is visibility to all areas of the cell; no functional electrical outlets or switch plates; and a camera in cell, if available.

- E. "Suicide attempt" means a conscious, deliberate, self-injurious act intended to take one's own life or commit suicide with a non-fatal outcome. The conscious and deliberate act intended to take one's own life or commit suicide may include injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, firearm, and poisoning.

#### **IV. PROCEDURES**

##### **A. Training**

1. All staff shall receive pre-service training regarding how to use all risk assessment tools and the identification, interaction, and supervision of individuals at-risk for suicide. This training shall be reviewed annually by the Chief of Mental Health Services or designee for revisions that reflect updates in the research and best practices.
2. Suicide prevention and intervention training shall also be included as part of the annual in-service training for all staff.

##### **B. Assessment Upon Admission**

1. All youths shall be screened upon admission during intake for suicide potential as part of the mental health screening and mental health appraisal procedure.
2. Youths who are pregnant shall be provided both pre- and post-natal mental health services. All pregnant youths shall be screened for depression at regular intervals throughout the pregnancy. Any results indicating depression or suicidal ideation or intent shall initiate a referral to mental health services so a plan can be created to guide appropriate services or observation status.
3. Based on the initial screening, staff shall determine if the youth may join the general population, be referred for immediate evaluation by a LBHP, or be referred for immediate medical evaluation.
4. If indicated during the initial screening, the youth shall be placed on Level 1 (high level observation) until evaluated by the LBHP. Once evaluated, the LBHP shall determine the level of observation and develop a suicide care plan for the youth.
5. For a staffing shortage or a facility emergency, supervision of the youth on suicide observation shall take priority. The Superintendent shall be notified immediately of the need for additional staffing. A youth requiring inpatient psychiatric care shall be referred for hospitalization in accordance with DJJPP 405.1, 405.5, and 405.6.

##### **C. Staff Responsibility**

1. Juvenile detention centers, youth development centers, and group homes.

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- a. Any staff member that hears a youth verbalizing a desire or intent to commit suicide, observes a youth making an attempt at self-harm, receives information from the community of a youth's suicide risk, or otherwise believes a youth is at risk for suicide shall take immediate steps to ensure that the youth is continuously observed and prevented from self-harm until appropriate medical, mental health, or supervisory assistance is obtained in accordance with DJJPP 405.1, consistent with existing security procedures. The youth shall remain on continuous observation in a safe area or a safe cell, if available, until the youth's mental health status can be assessed by a LBHP.
- b. Staff noting any behaviors indicative of potential suicide shall inform the Shift Supervisor. The Shift Supervisor shall notify the youth's counselor, the Treatment Director, LBHP, Superintendent, and medical staff.
- c. The Superintendent or designee shall ensure that appropriate staff is properly informed of the status of each youth placed on suicide observation. The previous shift supervisor shall brief the incoming shift supervisor on the status of all youths on suicide observation.
- d. A summary progress note shall be completed on all youths placed on suicide observation by the assigned staff each shift and for any unusual occurrences.
- e. Suicide precautions may be lowered or discontinued only by a LBHP, Regional Psychologist, or the Chief of Mental Health Services.

2. Day Treatment Programs.

- a. Any staff member that hears a youth verbalizing a desire or intent to commit suicide shall place the youth on Level 2 fifteen (15) minute continuous observation and call the parent or caregiver for pick up and behavioral health care.
- b. If a youth engages in self-harm or attempts suicide, staff shall call 911 or other emergency services and the youth shall be placed on Level 1 five (5) minute continuous watch.

D. Mental Health Assessment

1. All youths placed on a suicide observation shall be evaluated by a LBHP as soon as possible, but not later than 24 hours after the initiation of the observation.
2. Based on this evaluation, the LBHP shall determine the appropriate level of observation, which shall include either Level 1 (high level observation) or Level 2 (moderate level observation), and communicate to the superintendent and shift supervisor the level of observation monitoring required.
3. The LBHP shall monitor and assess the youth as needed and adjust the observation status as appropriate, not less than once every 24 hours. The observation status may only be adjusted or terminated by a LBHP, Regional Psychologist, or Chief of Mental Health Services.
4. While a youth is on suicide observation, mechanical restraints for mental health purposes may only be used as a last resort for periods in which the youth is physically engaging in self-destructive behavior.

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## E. Observation Levels

### 1. Level 1 High-Level Observation

- a. i. Juvenile detention centers and youth development centers. The youth shall be assigned continuous supervision and placed in an area designated as safe or a safe cell if available. This continuous observation may be conducted by any staff. The door shall remain closed. Staff shall maintain a line of sight with the youth at all times and be ready to intervene rapidly in the event of an emergency. Staff shall not leave their post until relieved by other staff.
- ii. Group homes. The youth shall be assigned continuous supervision and placed in an area designated as safe. This continuous observation may be conducted by any staff. The door shall remain open and the observing staff shall remain within an arm's reach of the youth.
- b. If the cells or rooms used for observation at a facility are physically located next to one another, with an unobstructed view of both youths and their entire cells or rooms, one staff member may be assigned to observe two youths.
- c. Continuous supervision shall be required until determined by a LBHP or independently licensed mental health provider.
- d. The cell or room shall be searched and inspected and any harmful objects removed. Documentation of the search shall be entered into the suicide observation log.
- e. The bedding shall be removed and the youth shall be provided a suicide blanket.
- f. The youth shall be searched for possession of any potentially harmful objects. At a minimum, the search shall include a pat down, but circumstances may require a more thorough search. Documentation of the search shall be entered into the suicide observation log.
- g. If a youth has used clothing to make a suicide attempt, the youth's clothing may be removed and the youth placed in a suicide smock. If the situation requires staff to remove the youth's clothing, the staff shall be the same sex as the youth except for exigent circumstances.
- h. The youth shall be placed on "no sharps" precautions and finger food.
- i. The allowed property of the youth shall be determined at the discretion of the LBHP.
- j. Staff shall search the toilet and bathing areas for potentially harmful objects prior to use. When a youth is using the toilet or bathing area:
  - i. Same sex staff shall be standing nearby and maintain verbal contact with the youth.
  - ii. The door shall be left ajar for toileting if a toilet is not located in the youth's room.

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- iii. When showering, same sex staff shall hand the youth items as they are needed.
  - k. The youth shall be afforded education services using non-traditional instruction (NTI) packets.
  - l. Recreational activities shall be conducted in the room with the supervising staff. Upon approval from the LBHP, Regional Psychologist, or Psychiatrist, the supervising staff may permit the youth to engage in recreation outside of the room. Prior to placing the youth back in the room, the youth shall be searched.
  - m. Transfer to an acute psychiatric setting shall be considered.
  - n. A professional review of observation status shall be conducted every two (2) hours during waking hours by the Counselor or designee, LBHP or designee, the Superintendent, or Administrative Duty Officer.
- 2. Level 2 Moderate Level Observation
  - a. Searches as described under Level 1 (high level observation) shall be conducted.
  - b. The youth may be placed on the regular unit and participate in the normal routine.
  - c. Staff shall maintain a line of sight with the youth at all times and be ready to intervene rapidly in the event of an emergency.
  - d. Staff shall observe the youth for signs and symptoms of depression and signs of suicidal ideation. If the youth exhibits signs of psychiatric distress or decompensation, the staff shall place the youth on Level 1 (high level observation) and the youth shall be referred for a mental health evaluation.
  - e. The door to a room that is occupied by a youth on Level 2 (moderate level observation) may remain open during waking hours, but shall be closed during sleeping hours.
  - f. The youth may be placed on “no sharps” precautions and finger food.
  - g. The allowed property of the youth shall be determined at the discretion of the LBHP.
  - h. Same sex staff shall search the toilet and bathing areas for potentially harmful objects prior to use. When a youth is using the toilet or bathing area:
    - i. Same sex staff shall be standing nearby and maintain verbal contact with the youth.
    - ii. The door shall be left ajar for toileting.
    - iii. When showering, same sex staff shall hand the youth items as they are needed.



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- i. If the youth engages in self-harm or attempts suicide, the youth shall be placed on Level 1 (high level observation) until evaluated by a LBHP. Any staff may initiate moving a youth up to Level 1 (high level observation).
- j. A professional review of observation status shall be conducted every four (4) hours during waking hours by the Counselor or designee, LBHP or designee, the Superintendent, or Administrative Duty Officer.

F. Documentation

- 1. The suicide observation log shall be completed on all youths placed on suicide observation.
- 2. The LBHP shall respond as soon as possible upon notification of the observation request to conduct a face-to-face evaluation of the youth in an individual session in person or through telehealth. In exigent circumstances, the evaluation may be performed by telephone. A progress note shall be made in the youth's medical record with reference to the completed suicide consultation, any clinical intervention used to stabilize the youth, and the suicide care plan.
- 3. Reassessments or changes in observation status shall be completed by the LBHP, Regional Psychologist, or Chief of Mental Health Services and documented on the suicide care plan and a copy provided to medical staff to place in the medical record.
- 4. The LBHP shall make daily progress notes. A copy of the progress notes shall be provided to medical staff to place in the medical record of youths on suicide observation. Any changes in the property allowed or suicide care plan shall be included in the daily progress notes.
- 5. The discontinuation of or any changes in observation status shall be documented by the LBHP, Regional Psychologist, or Chief of Mental Health Services on the suicide care plan and in the medical record by medical staff.
- 6. Staff shall maintain the suicide observation log until the observation requirement is removed.
- 7. The Shift Supervisor shall sign the suicide observation log being used on their shift during the Shift Supervisor's rounds.
- 8. Observations shall be documented at staggered intervals of no more than five (5) minutes for Level 1 (high level observation) and fifteen (15) minutes for Level 2 (moderate level observation).
- 9. Observations during waking hours shall be an interactive contact.
- 10. Observations during sleeping hours shall be conducted to ensure the youth's health and welfare. The observations shall include the following:
  - a. The youth's presence is known;
  - b. The youth's head is uncovered;
  - c. No apparent item is secured around the youth's neck;
  - d. The youth is in no apparent distress;
  - e. There is no visual contraband in the youth's room; and

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- f. Any other observations that raise concern.
- 11. Staff shall accurately document all observations, including actual time the staff conducted the check on the youth. Information recorded shall include:
  - a. Checks of the youth conducted; including notation of bruises or other trauma markings.
  - b. The notation of behavioral observations and problems on the observation log. The LBHP shall notify the supervisor of any significant mental health or behavioral concerns and the supervisor shall immediately notify the superintendent or designee.
- 12. Suicide and suicide attempts shall be documented on an incident report in accordance with DJJPP Series 300 or Series 700. In the event of a completed suicide, reference DJJPP Series 100 (Death of a Youth) for procedural instructions.

**G. Isolation**

- 1. A youth who is suicidal may only be placed in or remain on isolation if they present an immediate assault risk to staff or other youth as evidenced by physical actions and other less restrictive interventions have failed or are not appropriate. Initial authorization shall be given by the facility LBHP or the Regional Psychologist in consultation with the Chief of Mental Health Services.
- 2. One-to-one supervision shall be required until a LBHP has conducted a mental health evaluation. Staff shall follow protocol for dealing with mental health emergencies and suicide intervention and prevention for a youth who has been placed in isolation and expresses suicidal ideation.
- 3. Authorization for continued confinement shall be obtained, every four (4) hours during waking hours, from the Superintendent, LBHP, and the Facilities Regional Administrator (FRA) immediately following the safe securing of the youth.
- 4. The Superintendent, LBHP, and the FRA shall determine when the isolation placement will be ended. Suicidal precautions shall continue until removed by a LBHP.

**V. MONITORING MECHANISM**

The Chief of Mental Health Services or designee, LBHPs, Division of Compliance, Division of Program Services, and the Division of Detention Services shall monitor this activity.