

	JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 4-JCF-3B-10; 3C-03, 04; 4C-46 3-JTS-3C-13; 3E-01-05
CHAPTER: Program Services		AUTHORITY: KRS 15A.0652
SUBJECT: Isolation		
POLICY NUMBER: DJJ 323		
TOTAL PAGES: 6		
EFFECTIVE DATE: 1/04/2016		
APPROVAL: Bob D. Hayter , COMMISSIONER		

I. POLICY

Youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary.

II. APPLICABILITY

This policy shall apply to each youth development center (YDC).

III. DEFINITIONS

Refer to Chapter 300.

IV. PROCEDURES

A. The following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement:

1. Assault or attempted assault;
2. Sexual Assault or attempted sexual assault;
3. Attempted escape or attempted absent without leave (AWOL);
4. Escape;
5. AWOL;
6. Riot;
7. Plotting a Riot;
8. Dangerous contraband;
9. Extensive property damage; or
10. Chronic program disruption.

B. Authorization shall be obtained from the Superintendent, Administrative Duty Officer (ADO), Treatment Director, or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be obtained without jeopardizing safety and security, authorization shall be obtained immediately following the safe securing of the youth.

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- C. The nurse shift program supervisor or on-call nurse designee shall be notified immediately to determine if there are contra-indications for the youth being placed in isolation.
 - 1. The facility nurse or health trained staff shall immediately conduct an assessment of youth placed in isolation or as soon as it is safe to do so, as dictated by the Director of Medical Services.
 - 2. Injuries, bruises, or scratches, and observations shall be noted by a minimum of two (2) staff. The nurse or designee shall document the date, time, and results of the assessment.
- D. The Superintendent may authorize a youth remaining in isolation beyond an initial four (4) hour period.
- E. Isolation placement shall not exceed five (5) days unless approved by the Director of Medical Services or Chief of Mental Health Services and reasons for the exception shall be documented in the youth's Individual Client Record (ICR). For purposes of this section, the five (5) day timeframe shall include any adjacent time period of intensive room supervision.
- F. Protocol for Suicidal Youth
 - 1. Isolation shall not be used as a suicide precaution.
 - 2. If a youth is suicidal a QMHP shall conduct a mental health evaluation pursuant to DJJ Chapter 4.
 - 3. A youth who is suicidal may only be placed in 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.
 - a. One-to-one supervision shall be required until a Qualified Mental Health Professional (QMHP) has conducted a mental health evaluation. The QMHP shall determine if a juvenile may be observed via the use of video cameras. Staff shall follow protocol for dealing with mental health emergencies and suicide intervention and prevention for youth who have been placed in isolation and expresses suicidal ideation.
 - b. Authorization for continued confinement shall be obtained from the Superintendent, Regional Psychologist, and the Facilities Regional Administrator (FRA) immediately following the safe securing of the youth.
 - c. The Superintendent and Treatment Director shall consult with the Regional Psychologist to determine the most appropriate action based on the treatment needs and the goal of terminating the isolation placement as of the youth.
 - 4. For a youth who has already been placed in isolation, who threatens suicide or engages in suicidal behaviors, staff shall follow the

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protocol for dealing with mental health emergencies and suicide intervention and prevention.

- a. If a youth presents an immediate assault risk to staff or other youth, continued placement in isolation may be authorized.
 - b. Authorization shall be obtained from the Superintendent, Treatment Director or QMHP, and the FRA to allow the youth to remain in isolation.
 - c. Subsequent to the isolation, the Superintendent, Treatment Director, or QMHP shall consult with the Regional Psychologist to determine the most appropriate action based on the treatment needs of the youth.
 - d. A QMHP re-evaluation of the youth's mental status shall be required when a youth in isolation exhibits new suicidal, assaultive, or homicidal behavior.
- G. Upon placement of a youth in isolation, staff shall immediately develop and write a plan for the release of the youth from isolation.
1. The plan for release shall:
 - a. State the reason for the isolation placement;
 - b. State the behavioral expectations required for the youth to obtain release from isolation placement;
 - c. Be explained to the youth by staff; and
 - d. Be signed by staff and youth to acknowledge receipt of the documents. Youth who refuses to sign shall have the information presented orally by a non-involved staff member and witnessed by a third party.
 2. When the youth is under reasonable control and demonstrating behavior in accordance with the terms of the plan for release, the youth shall be removed from isolation.
 3. At a minimum, the following shall be taken into consideration in order for the youth to be released from isolation placement:
 - a. The youth has regained control of their behavior;
 - b. The youth is acting in accordance with the terms of their plan for release; and
 - c. The youth is no longer a threat to the security, safety, or orderly management of the facility.
 4. Staff shall notify the ADO or Superintendent when the youth is released from isolation.
- H. A professional review shall be conducted by the youth counselor, the Treatment Director, Superintendent, Assistant Superintendent, or the Youth Services Program Supervisor (YSPS) for the purpose of counseling the youth.

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1. The initial review shall be during the first four (4) hours the youth is in isolation and shall be conducted by staff not involved in the incident leading to the isolation placement.
 2. Reviews shall take place every four (4) hours, or more frequently, to facilitate and assess the youth's progress in meeting the conditions of the plan for release. An isolation placement review shall be completed every twenty-four (24) hours by a staff member not involved in the incident.
 3. During sleeping hours, the time between reviews shall not exceed ten (10) hours.
 4. Staff conducting the professional review shall:
 - a. Evaluate whether the initial and continued placement is necessary to meet treatment needs or immediate and short-term security needs;
 - b. Review the progress of the youth toward the goals of the plan for release; and
 - c. Authorize the release of the youth from isolation placement when appropriate.
 5. The professional review documentation shall include:
 - a. The name and title of the person conducting the review;
 - b. The date and time the review was conducted;
 - c. A summary of the review;
 - d. Recommendations of the review; and
 - e. Justification for step-down, if necessary.
- I. Isolation Protocol
1. The Superintendent and Treatment Director, when on duty at the facility, shall visit each youth in isolation each day. The visit shall be documented in the observation log.
 2. The facility psychologist or designee shall conduct interviews and assessment for disturbances in mental status for example, depression; suicidal ideation; impaired thought processes, cognition or memory; agitation; paranoia; self-injurious behavior; evidence of bruises or other signs of trauma, when the youth's behavior has escalated beyond the staff's ability to control the youth by counseling or disciplinary measures.
 3. If a youth exhibits deterioration in mental status while in isolation, the Treatment Director or Regional Psychologist shall be contacted to determine the most appropriate action based on the treatment needs of the youth.
 4. Youth shall receive a daily visit from the facility nurse or health trained staff, unless medical attention is needed more frequently.

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5. If a youth's problem behavior lasts twenty-four (24) hours and there appears to be a need for continued intervention, a qualified health personnel shall assess the youth daily. Any treatment provided shall be documented in the youth's Medical Record.
 6. Isolation shall not be used for protective custody. When protective custody is required, youth shall be moved to a safe location within the facility or the Department.
 7. Youth in isolation shall be afforded living conditions and privileges approximating those available to the general population including modified access to recreation, educational, and treatment services taking into consideration the youth's safety needs.
 8. Youth shall be responsible for the daily cleaning of their living area while in isolation.
 9. Staff shall monitor the youth in intervals, not to exceed fifteen (15) minutes, for the youth's compliance with the plan for release criteria. These checks shall involve direct visual contact with the youth and the time between checks shall be random.
 10. Behavioral observation and problems with the youth shall be noted in the observation log and the supervisor shall be notified of any existing problems. The observations shall include comments regarding the youth's attitude and outlook.
 11. Staff interactions with the youth shall be documented in log format including the name and title of the persons visiting the youth and a summary of the visit.
- J. When a youth is placed in isolation documentation of the isolation event shall be completed as follows:
1. The documentation shall include:
 - a. The reason for the isolation;
 - b. The duration of the isolation;
 - c. The reason for the duration of the isolation;
 - d. The name and title of the staff person authorizing isolation and the time the approval was received; and
 - e. The staff authorizing release and the time of release;
 2. The isolation packet shall include:
 - a. The incident report;
 - b. The isolation room checklist;
 - c. The medical checklist;
 - d. The observation log and addendum;
 - e. The plan for release; and
 - f. The professional reviews;

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3. The isolation packet shall be reviewed by the Superintendent or designee;
 4. The isolation packet shall be placed in the youth's hard case file. A notation of the incident shall be made in the electronic record, including the date and time of release; and
 5. A copy of the isolation packet shall be sent, via electronic transfer, to the FRA and the Regional Division Director, upon request.
- K. In the absence of the Treatment Director the Regional Psychologist or other QMHP shall be responsible for fulfilling isolation protocol.
- L. Each facility shall track the number of isolations, length of isolation, and reason for each isolation and be included on the Regional Directors monthly report.

V. MONITORING MECHANISM

- A. The Superintendent shall review the isolation placement for accuracy and compliance.
- B. The Quality Assurance (QA) Branch shall review written documentation during their scheduled monitoring.
- C. The Superintendent, Treatment Director, and facility Nurse Supervisor shall discuss the use of isolation during quarterly medical and administrative meetings.