



Juvenile Justice Services (JJS) Policies & Procedures (P&P)

Title Room Confinement 2018, 2nd version

Category Classification and Programs, Crisis Intervention and Behavior Management

Procedure # P.21.18

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1 Overview Statement

- 1.1 During some routine, operational proceedings and emergency/crisis events, employees may confine clients in their rooms.
- 1.2 Room confinement is never used for non-compliance, discipline, punishment, or for the convenience of employees.

2 Purpose

- 2.1 During all room confinements – emergency or routine – clients are confined in their rooms for the shortest time period necessary to deescalate the client, control the situation, or perform necessary employee duties.

- 2.2 In medical/psychiatric emergencies, a client may be confined in a room to provide optimal, immediate health care, per section 6.
- 2.3 During unstructured time, clients may choose to be in their rooms, per section 7.

3 Routine Shift Changes, Meetings, Medication Passes, and Program Transitions

- 3.1 During the morning and evening shift changes, all clients are confined in their rooms. At the 1400-hour shift change, all clients may be confined in their rooms from 1345 – 1415 only.
- 3.2 During weekly team meetings, all clients may be confined in their rooms for a maximum time period of 2 hours.
- 3.3 During Medication Passes, all clients may be confined in their rooms for a maximum time period of 30 minutes.
- 3.4 During regularly scheduled Multidisciplinary Team (MDT) meetings, clients who do not have MDT meetings are expected to engage in structured programming or activities unless the staffing pattern or the available meeting room does not permit it. In these circumstances, clients may be confined to their rooms. These confinements are documented in the unit log and on a Room Confinement Notification form.
- 3.5 Clients may be in their rooms for program transitions and restroom breaks. All program transitions and restroom breaks are documented in the unit log.

4 Showers and Sleeping Hours

- 4.1 During showers, all clients are confined in their rooms for a maximum time period of 2 hours. If showers start at 1900 hours or later, unit-wide room confinement may extend into normal sleeping hours.
- 4.2 During normal sleeping hours, 2100 – 0600, all clients are confined in their rooms. Normal sleeping hours do not last longer than 9 hours.

5 Searches

- 5.1 During some searches, all clients in the unit may need to be confined in their rooms. The shift supervisor follows the requirements for a unit-wide room confinement, per sections 9.4 and 9.5 of this procedure.
- 5.2 Additionally, per *P.5.29 Searches*, all searches are documented in a JJS Facility Search Report and the unit log.

6 Medical/Psychiatric Emergencies

- 6.1 A licensed medical responder or a Behavioral Health (BH) clinician may confine a client in a room.
- 6.2 If a room confinement is a result of a medical emergency, the licensed medical responder will complete a Notification of Special Diet or Medical Needs form.

- 6.3 If a room confinement is a result of a psychiatric emergency, a BH clinician will complete a Suicide/Self-Harm Intervention Plan (SIP), and/or a Reassessment or Change in Crisis form.
- 6.4 This Procedure does not modify P. 4.10, P. 4.12, or P. 5.32 D. Those procedures address quarantine and other medical circumstances that may require client segregation.

7 Client-Initiated, Voluntary Room Time

- 7.1 As a coping strategy, to deescalate a situation, clients voluntarily may go to their own rooms, especially when removing themselves from an imminent altercation.
- 7.2 Additionally, clients may choose to go into their rooms for alone/quiet time during unstructured time, but they cannot opt out of structured programming.
- 7.3 Employees must be able to easily check on clients who are in their rooms during normal rounds.
- 7.4 Clients must be able to reenter the group freely.
- 7.5 The start and end times of client-initiated, voluntary room time are documented in the unit log.
- 7.6 After 1 hour of client-initiated, voluntary room time, clients must ask permission to stay in their rooms, or they must reenter the group.
- 7.7 However, if after 1 hour the client's reintegration would result in a significant safety risk, the shift supervisor may initiate a security room confinement, per section 8.

8 Individual Room Confinement

- 8.1 When clients pose an immediate and substantial risk to self, others, or the security of the facility, and lesser means of intervention have failed to control behavior, those clients may be confined in their rooms.
- 8.2 Immediately, a unit employee documents the room confinement in the unit log and contacts the shift supervisor.
- 8.3 The shift supervisor ensures that a Room Confinement Notification form is completed. If necessary, a Disciplinary Incident Report (DIR) may also be completed.
- 8.4 As soon as the client regains self-control, an employee must reintegrate the client back into the group for regular programming.
- 8.5 If, after 30 minutes, the client is not ready to reenter the group, a BH clinician must be present to administer a mental status exam and a suicide assessment of the client. If it is after hours, the on-call BH clinician must report to the facility.
- 8.6 At the 1-hour mark, if the client is still confined, the Superintendent and/or OIC must approve the room confinement continuation.

- 8.7 At a minimum, every 2 hours after the start of a room confinement, unit employees assess the client. The shift supervisor ensures that check-in is documented in the unit log and on the Room Confinement Notification form.
- 8.8 At the 4-hour mark, if the client is still confined, the Superintendent and/or OIC must notify the Deputy Director for Facilities of the room confinement continuation. That notification is documented in the unit log.
- 8.9 At the 8-hour mark, if the client is still confined, the Superintendent and/or OIC must notify the JJS Director of the room confinement continuation. That notification is documented in the unit log.
- 8.10 If a room confinement continues from one shift to another shift, the shift supervisors debrief at Master Control.
- 8.11 If a room confinement occurs during school hours, the shift supervisor notifies Education employees.

9 Unit-Wide Room Confinement

- 9.1 During an emergency, clients may need to be confined in their rooms.
- 9.2 After an incident, clients may be confined in their rooms while employees collect information and conduct interviews.
- 9.3 Immediately after an allegation of sexual abuse, non-involved clients are confined in their rooms pending instructions/direction from law enforcement. Involved clients may be moved to Medical and/or other living units.
- 9.4 The shift supervisor ensures a Room Confinement Notification form is completed for all unit-wide room confinements. If necessary, DIRs may also be completed.
- 9.5 If any unit-wide room confinement is still in effect at the 2-hour mark, the Deputy Director for Facilities must approve the unit-wide room confinement continuation via email.

10 Exceptions

- 10.1 If a living unit is programming under a Temporary Unit Safety Plan (TUSP), a group of clients may be confined while other clients from their living unit program separately.
- 10.2 If a client is programming under an Individual Safety Plan (ISP), that client may be confined while other clients from the living unit program separately.

11 Programming and Services Requirements

- 11.1 During room confinement, all clients are offered programming and services:
 - Meals and hygiene breaks,
 - BH therapy,
 - Educational programming (however, class attendance may be limited),
 - Medical care (however, non-essential off-site appointments may be rescheduled or delayed), and

1 hour of large muscle exercise daily.

11.2 If a client refuses programming or services, that refusal is documented on the unit log.

12 Reporting Prohibited Room Confinement

12.1 Clients are instructed and encouraged to call the toll-free JJS Facility Confidential Reporting Number (1-855-563-5065) if they allege prohibited room confinement, isolation, segregation, or separation.

12.2 JJS employees who believe a client has been confined to their room in violation of this Procedure must call the JJS Facility Confidential Reporting Number.

12.3 Additionally, if a client complains to a JJS employee about room confinement, isolation, segregation, or separation, that JJS employee must call the JJS Facility Confidential Reporting Number on behalf of the client.

13 Debriefing Room Confinement

The Superintendent and/or OIC debriefs all room confinements.

14 Consequences of Noncompliance

An employee who fails to follow this Procedure may be subject to disciplinary action in accordance with the CYFD Code of Conduct.

15 Forms and Additional Documents

Room Confinement Notification form,

Investigation Report

Suicide/Self-Harm Intervention Plan (SIP)

Reassessment or Change in Crisis

JJS Facility Search Report

Notification of Special Diet or Medical Needs

16 Issue Date

April 1, 2018

17 Effective Date

May 1, 2018

18 Rescinded Directive

16-007 Notification Protocol for Room Confinements, issued 09/01/2016

19 Replaced Procedures

P. 21.18 Room Confinement 2018, released prematurely 02/09/2018 (issue date 03/01/2018)

P. 21.18 Room Confinement, issued 03/01/2016

20 Applicable Policy (Regulation)

NMAC 8.14.21.18 Classification and Programs, Crisis Intervention and Behavior Management

21 Authorizing Signatures



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