



NH Department of Health & Human Services  
Division for Children, Youth & Families

## DCYF Standard Operating Procedure

### 2083.1 RESTRAINT AND SECLUSION

Policy Directive: **20-34**

Effective Date: **November 2020**

Implements Policy: [2083](#)

Approved:

Joseph E. Ribsam, Jr., DCYF Director

This SOP defines how to implement a restraint or seclusion at SYSC.

#### Procedure

*The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.*

- I. Staff are expected to employ de-escalation techniques to the extent possible given the level of unsafe/dangerous behavior throughout any intervention.
- II. The following procedures shall be followed to ensure youth's safety during a restrictive intervention:
  - A. Staff shall maintain direct and continuous visual and auditory monitoring of youth in seclusion by:
    1. Continuous:
      - (a) Physical presence and direct observation of the youth; or
      - (b) Electronic audio and video monitoring of the youth in a room with appropriate equipment to allow observation of the entire room;
    2. Removing any obstruction that interferes with staff's ability to provide continuous observation of the youth (such as door curtains) during the time the seclusion is being implemented; and
    3. Documenting the exact time of the monitoring and initialing on the Seclusion Report (Form 2081) every 5 minutes during continuous observation;
    4. The SYSC Administrator will order and document specific monitoring of any additional medical, psychiatric, or behavioral needs;
  - B. Youth in restraint shall not be left in a prone position (face down against the floor or other surface) beyond the minimum amount of time necessary to establish control due to the potential of "positional asphyxia" (the positioning of a person's body that restricts or interferes with their breathing leading to hypoxia, an inadequate amount of oxygen to meet the body's demand);

- C. Youth in mechanical restraints shall not be left alone or affixed to any object;
- D. Staff shall maintain hands-on, physical control anytime a youth in mechanical restraints is being escorted from one place to another;
- E. Staff shall remain within arms-length, with no barrier between them and the youth, any time a youth in mechanical restraints is seated; and
- F. Mechanical restraints shall be:
  - 1. Double locked and checked for proper spacing and fit; and
  - 2. Removed as soon as it is safe to do so, in accordance with policy and training.
- III. Medical staff shall assess the youth at the conclusion of a restraint to determine whether the youth has any injuries, and document the assessment in YouthCenter on the Medical Assessment Form.
- IV. Clinical staff shall assess a youth who has been secluded as soon as possible, based on the severity of the youth's symptomology, but no later than 24 hours after the incident.
- V. Clinical staff shall assess a youth, who has been restrained, when there is a concern for the youth's immediate psychological health or well-being.
  - A. All clinical assessments shall be documented; and
  - B. The Clinician conducting an assessment shall report their findings to the youth's Treatment Team.
- VI. When a youth has been in seclusion for one hour or more, the Supervisor On-Duty will:
  - A. Complete a face-to-face assessment of the youth to assess the youth's well-being and determine if the use of seclusion continues to be necessary; and
  - B. Advise the SYSC Administrator (or designee) of the circumstances and obtain approval for any episode of seclusion to continue past one hour.
- VII. When circumstances permit, staff should obtain prior authorization from the Supervisor On-Duty before implementing a restrictive intervention.
  - A. If the Supervisor On-Duty is not available to provide immediate approval or the imminent threat warrants immediate intervention, staff may use restrictive interventions in accordance with policy when it is the least restrictive intervention necessary based upon the presenting circumstances.

- B. In the absence of prior approval, staff shall notify the SYSC Administrator, the Administrator of Residential Services or designee, Supervisor On-Duty, SYSC Medical staff, and the youth's JPPO as soon as possible that a restrictive intervention has been implemented.
- VIII. Unit Managers or their designee(s) are responsible for checking division-issued handcuffs maintained within the unit daily and documenting on Form 2078-U Security and Restraint Equipment Log for submission to Central Control, and for ensuring handcuffs are routinely inspected for working condition and safety factors pursuant to training.

Applicable Forms	
Form	Title
2078-U	Security and Restraint Equipment Log
2081	Seclusion Report

**Frequently Asked Questions**

**Q1. Can defiant or disruptive behavior, foul language, and other conduct that may pose emotional harm to other youth justify the use of seclusion?**

**A** No. The use of seclusion for any behavior that does not pose a substantial and imminent risk for physical harm to the youth or others is a violation of the law and this policy.

**Q2. What are the 126-U:5-b Conditions of Seclusion?**

- A** Seclusion may only be imposed in rooms which:
- i. Are of a size which is appropriate for the chronological and developmental age, size, and behavior of the children placed in them;
  - ii. Have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which they are located;
  - iii. Are equipped with heating, cooling, ventilation, and lighting systems that are comparable to the systems that are in use in the other rooms of the building in which they are located;
  - iv. Are free of any object that poses a danger to the children being placed in the rooms;
  - v. Have doors which are either not equipped with locks, or are equipped with devices that automatically disengage the lock in case of an emergency. An "emergency" includes, but is not limited to:
    - 1. The need to provide direct and immediate medical attention to a child;
    - 2. Fire;
    - 3. The need to remove a child to a safe location during a building lockdown; or
    - 4. Other critical situations that may require immediate removal of a child from seclusion to a safe location; and
  - vi. Are equipped with unbreakable observation windows or equivalent devices to allow the safe, direct, and uninterrupted observation of every part of the room.

**Glossary and Document Specific Definitions**

A - B    C - D    E - F    G - I    J - L    M - N    O - Q    R - S    T - V    W - Z

<b>Document Change Log</b>			
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