

## SAFETY ROOMS

- AUTHORITY:** Administrative Directive  
Orange County Superior Court Order dated 07/27/90  
American Psychiatric Association Task Force,  
Seclusion and Restraint Report 22 (Page 14)  
California Code of Regulations, Title 15, Section 1359
- RESCINDS:** Procedure Manual Item 3-2-111, dated 07/16/13
- FORMS:**
- |   |             |
|---|-------------|
| Special Incident Report (SIR)   | (F057-7018) |
| Restraint Report  | (F057-6305) |
| OCJH Soft Leather Restraint/Safety<br>Room Time and Accountability Report | (F057-6235) |
| OCJH SJCO Restraint Summary   | (F057-6236) |
- PURPOSE:** To establish guidelines for the use of safety rooms

### I. GENERAL INFORMATION

- A. There are two Safety Rooms at Juvenile Hall. They are located in Unit I, room #15, and Unit A, room #38.
- B. Each room must contain a mattress. The mattress may only be removed if a **youth** is using it to create a danger to him/herself or damage to County property (i.e., covering the window, damaging the mattress, etc.)
- C. Use of Safety Rooms is a serious and extreme measure and may be imposed only in emergency situations as described herein. Safety Rooms may not be used for punishment of a **youth** or for the convenience of staff.
- D. A **youth** may be confined in a Safety Room only when he/she is out of control and a serious and immediate physical danger to himself/herself or others, or is in imminent danger of causing major damage to property, and only after less restrictive methods of restraints have failed, and only so long as there is no less restrictive alternative. Major damage to property shall include such behaviors as destruction or attempted destruction of doors, windows or furniture.
- E. It is the policy of the Department that **youth** will be removed from Safety Rooms as quickly as possible consistent with considerations for the safety of persons and property.
- F. **Prior to the use of Safety Rooms, the approval of a psychiatrist is required.**  
The only exception is "clear emergency" where neither time nor availability permits Juvenile Hall staff to obtain the prior approval of a psychiatrist.
1. A "clear emergency" is defined as a situation which "is regarded as posing an immediate threat of violence to self or others."
  2. On those occasions, only Administration/Supervising Juvenile Correctional Officer (SJCO) who have been certified by a psychiatrist as

trained and qualified to make the decision will have the authority to approve the use of Safety Rooms in the absence of prior approval from the psychiatrist. The “on-call” psychiatrist must be called as quickly as possible, but no longer than 45 minutes after the use of a Safety Room is authorized. The psychiatrist will make the decision whether or not to report to Juvenile Hall.

3. No “certified staff” member will authorize the use of a Safety Room if he or she was involved in physically subduing the **youth** in the instant matter or was subjected to a physical attack or attempted physical attack by the **youth**.
- G. A **youth** placed in the safety room will not be deprived of any rights afforded **youth** in the **facility**. However, at the request of the **youth** or his/her attorney, visitation with the attorney will be permitted while the **youth** is in the Safety Room.
- H. Safety Rooms may serve as an alternative to the use of soft-leather restraints.
- I. Within 24 hours, or by the close of the next business day after the **youth** is released from the Safety Room, a complete copy of all Special Incident Reports (SIRs) and Restraint Reports regarding the incident will be forwarded (via the appropriate SJCO) to the psychiatrist designated by the Division Director as the Supervising Psychiatrist; also, the nurse from the Medical Unit who monitored the incident will provide copies of the medical records to the psychiatrist.
- J. Within five (5) working days of receiving these reports, the supervising psychiatrist will submit to the Director a signed approval of all actions taken in connection with the incident, or a signed disapproval with the reasons stated, or a signed approval with comments critiquing the steps taken during the incident.
- K. Within ten (10) working days after the supervising psychiatrist submits his/her written statement to the Division Director, the Division Director and supervising psychiatrist will consult with staff to critique the incident.

## II. PROCEDURES

- A. Deputy Juvenile Correctional Officers (DJCOs) will:
  1. When a **youth** becomes out of control to such an extent as to make the use of the Safety Room a possibility, notify the SJCO/Duty Officer (DO) and medical and/or mental health staff to assist in resolving the crisis. If the situation is not resolved and the use of the Safety Room becomes necessary, contact a psychiatrist for approval before placing a **youth** in the Safety Room.
  2. After authorization for the use of the Safety Room has been obtained, ensure that a sufficient number of assisting staff (4-5) are present, take physical control of the **youth** and place him/her in the room.
  3. Explain to the **youth** exactly what is happening and why, whether or not you think he/she will understand. Advise him/her that as soon as he/she regains control, he/she will be removed from the room.

4. A nurse from the Medical Unit in Juvenile Hall must be summoned immediately after the minor is placed in the Safety Room. The nurse will use his/her professional judgment, depending on the circumstances, to determine the need for continuous or intermittent medical monitoring. All proper medical procedures must be followed by the nurse including, without limitation, maintaining a medical record of all observations made during the restraint period. Following each incident, a medical examination will be performed to evaluate the **youth's** physical well being.
5. Maintain continuous one-to-one supervision of the **youth** at all times while the **youth** is restrained. Remain stationed at the door in a position which allows direct observation. Attempt counseling as appropriate in order to aid the **youth** in regaining control. Do not leave the **youth** unattended for any reason. Keep separate face sheets documenting all occurrences during this procedure (i.e., counseling attempts, comments by minor, etc.)
6. Do not remove any clothing other than shoes unless the **youth** attempts self-injury with an article of clothing. If the **youth** requests to use a restroom facility, carefully re-evaluate the need for continued use of the Safety Room. If it can be done safely, escort the **youth** to a restroom and discontinue his/her Safety Room status. Treat the **youth** with as much dignity as is consistent with safety.
7. Offer the **youth** water every 30 minutes, more often if the **youth** requests. If the **youth** is in the Safety Room during mealtime, offer his/her meal to him/her. If the **youth** accepts the meal, carefully examine the need for him/her to remain in the room. If the **youth** declines the meal, or his/her behavior remains so out of control that he/she cannot safely be removed from the room to eat, set the meal aside and offer it again once the **youth** is released from the room. The offer of the meal, the **youth** response, whether or not the meal was provided, and reasons for that decision must be recorded in the unit logbook and in a Special Incident Report (SIR).
8. Remove the **youth** from the room as soon as he/she regains sufficient control and no longer represents an immediate threat to himself/herself, others or property.
9. After removing the **youth** from the Safety Room, advise the SJCO/DO and either request a medical review on site or escort the **youth** to the Medical Unit for examination, even if the **youth** does not specifically request treatment and there are no apparent injuries.
10. Complete an SIR/Restraint Report before the end of your shift and include the following information:
  - a. The situation which led to the use of the Safety Room (i.e., how and why did the **youth** become upset? Was the **youth** on discipline status? etc.)

- b. Describe the attempts made to counsel or otherwise deescalate the **youth** prior to use of the room.
  - c. Identify the psychiatrist who authorized the restraint in addition to any input/direction provided.
  - d. Identify the psychiatrist-certified individual who authorized the restraint in an emergency when the psychiatrist was unavailable.
  - e. Basis for request to use the room (i.e. describe exactly what the **youth** did or was doing that created a danger to himself/herself, others or property).
  - f. Medical/mental health involvement (i.e. counseling, examination, recommendation, time arrived, time notified, etc.)
  - g. Description of the **youth's** behavior while in the room. Describe every effort to calm down the **youth** and bring him/her under control.
  - h. Time the **youth** was placed in, and removed from, the room.
  - i. Times when water and bedpans were offered/taken.
  - j. Time and location of medical exam and any complaints of injury made by the **youth**.
11. Document the incident as it develops in the unit logbook. The log entries should include all the information listed in 10. a-j
12. Complete a "Safety Room Time and Accountability Report" before the end of your shift.

B. SJCO will:

- 1. Upon notification of the crisis, respond to the unit, observe and assess the situation and consider input from the counseling staff and medical/mental health staff.
- 2. Contact the psychiatrist for authorization to use the Safety Room if appropriate or provide direction for a less restrictive alternative (if practicable). In a clear emergency, in the absence of prior approval from a psychiatrist, the highest-ranking psychiatrist-certified staff member readily available may make the decision.
- 3. Ensure that the Division Director or Assistant Division Director or Administrator in Charge (AIC) is notified when on duty.
- 4. Ensure that all policy and procedural guidelines are met.
- 5. Review all SIRs, Restraint Reports and Safety Room Time and Accountability Reports by staff involved in the restraint for thoroughness and accuracy. Complete "SJCO Restraint Report" and forward it, along

with the SIRs and pertinent unit log pages, to the appropriate Assistant Director for management review with 24 hours. Forward a copy of the Restraint Report and all SIRs to the supervising psychiatrist within 24 hours.

C. Review and Process

1. One-Hour Review

- a. Approval from the psychiatrist must be received to continue use of the Safety Room at every one-hour interval the **youth** is placed in the Safety Room and until the **youth** is removed.
- b. If the **youth** remains in the Safety Room in excess of one hour, the appropriate SJCO or DO must be notified and must personally consult with the psychiatrist.
- c. Under extraordinary circumstances where it is impossible to contact a psychiatrist to obtain approval for continued use of the Safety Room, the appropriate SJCO, Assistant Division Director or Division Director on duty may make the decision for the minor to remain in the Safety Room at the one-hour point. All supervisory and management staff will remain trained to render such decisions and certified by name by the supervising psychiatrist.

2. Two-Hour and Three-Hour Review

- a. If the **youth** remains in the Safety Room, an Assistant Division Director must be advised, must personally review the situation, and must consult with the psychiatrist at the two-hour point and the three-hour point.
- b. Under extraordinary circumstances where it is impossible to contact a psychiatrist to obtain authorization for continued use of the Safety Room, the Assistant Division Director may make the decision.
- c. During the normal business hours (8:00 a.m. to 5:00 p.m.), the Assistant Division Director will conduct the review in person. During non-business hours (5:00 p.m. to 11:00 p.m.), the review will be referred to the AIC. During sleeping hours (11:00 p.m. to 8:00 a.m.), the matter will be reviewed and discussed by telephone.

3. Four-Hour Review

- a. If the **youth** remains in the Safety Room after four hours, the **Facility** Division Director or Acting Division Director will be advised, will review the situation, and will consult with the psychiatrist at hourly intervals.
- b. Under extraordinary circumstances where it is impossible to contact a psychiatrist to obtain authorization for continued use of

the Safety Room, the Division Director or Acting Division Director may make the decision.

- c. On-site review will be conducted when the Division Director or Acting Division Director is in the **facility**; otherwise, the matter will be reviewed and discussed by telephone.
4. At each review, a note will be made in the unit logbook regarding the justification for allowing the minor to remain in the Safety Room and the name of the authorizing individual.

**REFERENCES:**

|             |         |  |
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| Procedures: | 3-1-003 | Deterrence of Unacceptable Behavior  |
|             | 3-1-012 | Residents' Grievance Procedure   |
|             | 3-1-022 | Youths' Rights   |
|             | 3-1-049 | Integrated Case Management System (ICMS)<br>Automated Logbook and Manual Logbook |
|             | 3-1-303 | Special Incident Reports   |
|             | 3-2-002 | Prevention and Control of Inappropriate<br>Behavior                              |
|             | 3-2-101 | Assistance Calls   |
|             | 3-2-110 | Soft-Leather Restraints/tubes  |

|           |      |   |
|-----------|------|---|
| Policies: | C-16 | Employee Conduct-On Duty                      |
|           | D-1  | Threats, Harm, Danger to Employees and Others |
|           | D-2  | Use of Physical Restraint/Corporal Punishment |

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**APPROVED BY:**