

Use of seclusion

Purpose

This document is provided as guidance and is not a legal document. It does not override or replace the need to be familiar with rules. Current rules may be found on the [DLBC website](#).

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Definitions

Seclusion means, except for medically approved quarantine, the involuntary confinement of an individual in an area:

- (a) away from the individual's peers; and
- (b) in a manner that physically prevents the individual from leaving the room or area.

Purpose and appropriate use of seclusion

- Seclusion is only to be used to ensure the immediate safety of the client and/or others and should only be used after less restrictive interventions were attempted, were unsuccessful and immediate safety risks remain. A provider and provider staff shall not use seclusion for convenience, due to having inadequate staffing or to maintain ratio compliance. Seclusion may not be used by a provider or provider staff for coercion, retaliation or to humiliate clients.



- Once the risk(s) have been mitigated, the provider and/or provider staff shall immediately terminate the client's seclusion episode. Active supervision by a staff member, who is trained to supervise clients, is required for the duration of the seclusion. Surveillance video may be used to directly supervise a client in seclusion, however, the staff members are required to still conduct physical check-ins of the client every 15 minutes. Supervision and check-ins are required to be documented.
- Seclusion episodes that exceed a four hour time period must be reviewed, documented and justified by the program's clinician. After a 24 hour time period, the program's clinician must provide justification and support for the seclusion episode. After the 24 hour seclusion period, a member of the client's clinical team, a member of the administration, and any other personnel familiar with the client shall meet to discuss the client's needs and how the program will support the client moving forward, including any changes necessary to their treatment plan. During this meeting, if the personnel involved in this discussion agrees that the program is unable to provide the appropriate level of care for this client, the justification to discharge the client must be thoroughly documented, including the client's behaviors and what interventions were implemented with the client while in care.
- All seclusion episodes must be documented by staff members involved, including behaviors that led to the decision of seclusion and the client's supervision and behaviors while in seclusion. The provider is required to submit a detailed critical incident with the seclusion information to OL.

Seclusion, supervision, and space requirements

Please be advised that while current regulations do not require a specific designated space for seclusion, any program that utilizes a space for this purpose must ensure the following requirements are met:

- Staff must ensure there is a clear visual of the clients at all times throughout the seclusion episode. There should never be anything obstructing their view of the client, where it is an object or the angle of the room.
- Any potentially harmful/hazardous items and/or objects, such as chemicals and sharp objects are to be completely removed from the seclusion space.
- If using cameras in the seclusion room, physical, 15- minute checks are still required throughout the entirety of the seclusion episode. These physical checks must be documented.



- The seclusion space must have natural or mechanical ventilation, with break resistant windows, if windows are present.
- Closets, bathrooms, and clients' bedrooms are not to be used as seclusion rooms. Clients are not to be locked in a seclusion room.

Practices not considered seclusion

- Voluntary Time-out: This may include a self-calming strategy that the individual uses to remove themselves from an overly stimulating environment or as a coping strategy to gain self-regulation. The individual must be properly supervised.
- Exclusionary Time-out: This is a procedure in which an individual served is excluded from the immediate environment by staff to help the individual regain behavioral and emotional control. This procedure involves the staff verbally redirecting the individual to remove themselves from the immediate environment and verbally restricting the individual to a quiet area or unlocked quiet room. In instances where the client poses harm to themselves or others a physical redirection may be necessary. This definition of exclusionary timeout does not include instances in which an individual served is restricted to an unlocked room or area consistent with a program's rules (such as restriction to the individual's sleeping area for quiet time before bedtime or a room or area for homework). Exclusionary Time-out must not exceed 30 minutes.
- Social Redirection: This is the involuntary movement of an individual to a neutral location with appropriate staff members and possibly a trusted peer. The purpose of Social Redirection is for interaction, physical movement, and attunement to assist that individual in regaining emotional and behavioral control. Social Redirection is not a punishment. Social Redirection time may vary according to several factors (reactivity, trauma history, emotional intelligence, cognitive capacity). Social Redirection involves engaging an individual in different tasks alongside staff members for the staff members to attune to and assist the individual in calming down through working together (shared attention on achieving goals). Social Redirection involves engaging in conversation and activities together. Social Redirection is providing the client with human interaction, coaching and various daily activities for the individual in a nonhostile, non-confrontational manner until that individual demonstrates that they are able return to the program milieu without disrupting the safety of themselves, others, or the therapeutic environment.

