



<div><p><b>COLORADO</b> <b>Division of Youth Services</b></p></div>	<b>POLICY S-12-21</b>	<b>PAGE NUMBER</b> 1 OF 4
	<b>CHAPTER:</b> Medical and Health Care Services	
	<b>SUBJECT:</b> Protective Devices and Seclusion NCCHC Standards: Y-E-09, Y-I-01	
	<b>EFFECTIVE DATE:</b> January 1, 2021	
	 <b>Anders Jacobson, Director</b>	
<b>THIS POLICY RELATES TO:</b>  Detention Youth Centers Treatment Youth Centers Regional Offices Central Office		

I. POLICY:

Staff physical response, protective devices, and seclusion of youth are available for youth exhibiting behavior that is dangerous to self or others. Healthcare staff shall not participate in the physical response of youth but shall observe where possible.

II. KEY TERMS: See the Division of Youth Services website for detailed definitions.

 [DYS Policy Key Terms](#)

- A. Debrief
- B. Healthcare Checks
- C. Healthcare Staff
- D. Healthcare Liasion
- E. Physical Response
- F. Protective Devices
- G. Qualified Health Care Professional
- H. Qualified Mental Health Professional

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I. Responsible Health Authority

J. Responsible Physician

K. Seclusion

III. ASSOCIATED FORMS:

A. Room Time Check Sheet

B. Protective Devices Check Sheet

C. Protective Devices Extended Check Sheet

IV. PROCEDURES:

A. Youth shall not be controlled in a manner that would jeopardize their health.

B. A qualified healthcare professional shall be notified whenever there is a physical response, the use of protective devices, or seclusion, with or without injury.

C. Youth shall be seen by a qualified healthcare professional in a timely manner.

D. Corresponding documentation of the face-to-face encounter shall be completed at the time of examination and no later than by the end of that shift.

1. Documentation of the examination shall be made in the youth's health record and shall contain:

a. An accurate description of the injury, and

b. A body chart or photo documentation, if needed

c. Any notifications made, and

d. The responsible physician's recommendation, if contacted.

2. The note shall include documentation of "no injuries seen" if there are none.

3. A treatment plan shall be initiated for injuries, if necessary.

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- E. When protective devices are used by a Youth Services Specialist (YSS) for security reasons, healthcare staff shall be notified immediately, if available.
1. Qualified healthcare professionals shall have reviewed the youth's health record for contraindications to the use of protective devices.
  2. All contraindications shall be communicated to appropriate YSS as soon as they are discovered.
  3. The QUALIFIED HEALTHCARE PROFESSIONAL AND/OR responsible physician shall be notified in accordance with Division of Youth Services policy 9.4, Physical Response and Protective Devices, and policy 9.4A, Physical Response and Protective Devices, for any youth with medical or mental health condition(s) placed in protective devices so that, if needed, appropriate orders can be given.
  4. Healthcare monitoring shall be initiated and shall continue at designated intervals while the youth is in a protective device. Monitoring reports include, but are not limited to:
    - a. Healthcare trained YSS, or qualified healthcare professional checks on the youth at a minimum of every 15 minutes with findings, and
    - b. Documentation that proper peripheral circulation is maintained, and
    - c. Documentation that proper nutrition, hydration, and toileting is provided.
  5. A plan for removing youth from protective devices as soon as possible.
  6. Improper application of protective devices noticed by healthcare staff shall be communicated to the appropriate supervisor immediately.
  7. Excessive use of force will be communicated to the appropriate Department of Human Services (Child Abuse Hotline 1-844-CO4-kids).
- F. Seclusion:
1. Healthcare staff shall be notified when a youth is placed in seclusion in accordance with Division of Youth Services policy 9.4 and, Physical Response and Protective Devices.
  2. A qualified healthcare professional shall have reviewed the chart for

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existing medical, dental, or mental health needs that prohibit seclusion or require special accommodation. This review shall be documented in the youth's health record and shared with employees to a response, if appropriate.

3. Any recommendations from the qualified healthcare professional shall be documented.
4. While the youth is on seclusion status qualified healthcare professionals and qualified mental health professionals monitor youth daily by performing healthcare checks. The healthcare check shall include:
  - a. A face-to-face encounter to ascertain medical and mental health status of youth, and
  - b. The youth given an opportunity to request healthcare, and
  - c. When problems are identified, appropriate clinical interventions are initiated that may include discontinuation of seclusion, and
  - d. The date and time of contact, and
  - e. The signature or initials of the healthcare staff performing the healthcare check.
5. Significant health findings shall be documented in the youth's health record. If the findings warrant further evaluation and treatment, the evaluation shall be arranged, along with the following:
  - a. A written plan generated for urgent mental health assessment by a qualified mental health professional, and/or
  - b. Alternatives to seclusion obtained, if necessary.
6. The youth center shall maintain a monthly seclusion report. This report shall include:
  - a. Number of youth in seclusion during the month, and
  - b. Amount of time spent in seclusion, and
  - c. ANY ADVERSE HEALTH OUTCOMES DIRECTLY RELATED TO THE SECLUSION.