

Non-Secure Placement
Safe Intervention Policy

I. Purpose

The following safe intervention policy is to be implemented in the context of residential programs informed by core principles, beliefs and values that guide the non-secure placement (NSP) system. As a whole, the system is premised on the assumption that youth who are placed in residential confinement should be placed close to home and that programming should be youth-centered and strive to provide youth with individual support they need to succeed. Families and communities should be integrated into programming and treatment throughout placement and aftercare, to the maximum extent possible. Further, the primary responsibility of all NSP system participants is to protect the safety and security of communities and of youth in care. Placement of youth in residential facilities is to be limited to circumstances where youth pose a risk to community safety; youth will be placed in the least restrictive environment necessary under the circumstances. The purpose of this policy is to provide clear guidelines and procedures for staff to follow when they are required to contain youth's acute physical behavior. The policy requires a comprehensive continuum of strategies for prevention, de-escalation and safe emergency intervention to respond to acute physical behavior. The primary purpose of any emergency intervention shall be to protect the safety of the youth who is being restrained and all other youth, the staff, the community, and others who may be present, within a context that promotes healthy relationships with youth including employing effective communication, making empathetic connections, and establishing a structured, consistent environment. The Administration for Children's Services (ACS) will not tolerate the use of excessive force or of inappropriate restraint techniques.

II. Policy

It shall be the policy of the Division of Youth and Family Development (DYFD) to promote the safety of youth and staff in non-secure placement, as well as the surrounding community, using the least intrusive/restrictive intervention necessary. To accomplish this, staff are expected to employ Safe Crisis Management (SCM), a comprehensive approach to crisis intervention, except for providers that operate sites that serve both juvenile justice and child welfare populations and that already employ another comprehensive approach to crisis intervention and behavior management, which may continue to use the alternative approach on those campuses, provided that they comply with all relevant reporting requirements. In any case, the approach utilized must require a continuum of strategies to address acute physical behavior. Restraint shall be used without purposely inflicting pain or harm, and only when other forms of intervention are either inappropriate or have been or are likely to be ineffective. Emergency Safety Physical Interventions (ESPIs) will be employed according to the intervention principles of SCM, except as noted above with respect to providers that operate sites serving both juvenile

justice and child welfare populations. SCM is a comprehensive prevention and intervention system in which all staff must be trained. Only staff trained in SCM may use SCM ESPIs.

Providers that do not use SCM will be required to submit to ACS a detailed written policy and procedures and guidelines regarding the use of restraints, including required staff training and to receive a determination regarding the sufficiency of the written policy and procedures. Every providers will be required to have a safe intervention policy approved by OCFS and to comply with all reporting and record keeping requirements imposed by the policy and by OCFS regulation and policy.

Restraint will never be used for punishment or for the convenience of staff. These interventions are deemed appropriate only in exceptional circumstances, where other appropriate, pro-active non-physical techniques have been tried and failed and when required to contain a youth's acute physical behavior. As described below, when applying physical interventions, staff shall use the minimum amount of physical control necessary to stabilize the situation; physical interventions must be ended as soon as the threat of harm has ceased.

III. Definitions

Acute Physical Behavior – A youth's conduct that:

- a. presents a risk of physical injury to the youth or others;
- b. poses a substantial threat to the safety and order of the facility; or
- c. clearly indicates that the youth is physically attempting to AWOL/escape from the facility or from custody and represents a danger to him or her self or to others.

Behavior Support Plan – An individualized intervention plan used to determine secondary intervention strategies and/or safety procedures that will be used to defuse a youth's behavior(s) of concern and/or misbehavior.

Emergency Safety Physical Intervention – Physically holding/moving a youth against his/her will to interrupt and control acute physical behavior

Least Restrictive Alternative – The least amount of intervention necessary to manage a youth's acute physical behavior.

Room Isolation – confinement of a child placed in an institution in a room specifically designed and designated for such use in order to control acute physical behavior of that child, and authorized for such use under relevant law and regulation.

Mechanical Restraint – A restraining device used to contain acute physical behavior. Permissible mechanical restraints consist solely of handcuffs and footcuffs.

Physical Escort – Transport of an individual against his/her will from one location to another.

Supportive Touch- Physical contact that does not restrict movement, is taught by qualified instructors, and is used when sanctioned by the youth's Behavior Support Plan.

Safe Crisis Management – A comprehensive crisis intervention and behavior management system that includes prevention, non-physical intervention, emergency physical safety intervention, after-incident resolution and follow-up.

Tap-Out – Procedure employed when a situation is escalating and an employee observes a colleague who is under stress and agitated, performing inappropriately or incorrectly, or whose presence is escalating the situation, to leave an emergency safety physical intervention by tactfully relieving them of their responsibilities.

Time out- The removal of a youth from a situation that is too threatening or emotionally overwhelming for the youth or where the youth's conduct may lead other children into an uncontrollable state or where the youth has exceeded the reasonable limits set by the staff. Staff may use a physical escort to achieve a time out as a strategy for de-escalation. Time outs will be structured based on and in a manner consistent with youth's individual behavior plans.

IV. Staff Training

All staff responsible for the custody and care of youth will receive all training required by the authorized safe intervention system used by the program, which may not include less than six hours of pre-service and twice yearly (every six months) in-service training in the crisis intervention system used by their program. New DYFD and contracted employees responsible for the custody and care of youth will not work with youth until the successful completion of initial crisis intervention training prescribed by ACS. All employees responsible for the custody and care of youth must demonstrate competency in the safe intervention technique used by the program prior to working with youth and must successfully complete refresher training every six months as prescribed by ACS and approved by OCFS. Training will include, but not be limited to:

1. The congruence of SCM or TCI to the DYFD mission, including the importance of program structure and routine, relationship building with all youth and the use of positive behavior support in preventing problematic behavior.
2. Preventive methods and procedures for situations that might lead to use of restraint, and appropriate alternatives to restraint, including the use of non-verbal and verbal de-escalation techniques to reduce negative energy in youth. Also, methods for evaluating risk of harm in situations to determine if ESPIs should be employed.

3. Methods of applying restraint, the rules that must be observed in doing so, and circumstances when restraint may be necessary. The training must include simulation of administering and reviewing emergency intervention techniques.
4. The effects of physical intervention on the person being held, the specific risks associated with each intervention, as well as instruction on monitoring distress indicators and seeking medical assistance.
5. Documentation and reporting requirements and investigation of injuries and complaints.
6. Competency testing for ESPIs.
7. CPR certification and first aid training.

V. Proper Administration of ESPIs:

1. Staff is required to utilize the least amount of force necessary for the safety of staff and youth, and must make reasonable attempts to use non-physical prevention and intervention techniques before applying an ESPI whenever possible.

Non-physical intervention will almost always be the first response when a youth demonstrates behaviors of concern. However, there may be situations where a youth is demonstrating a behavior/behaviors that raise immediate serious concern for the safety of the youth or others and the youth is beyond de-escalation or there is not sufficient time to employ de-escalation that may require an immediate emergency safety physical intervention without the prior use of de-escalation. If an ESPI is administered without prior attempts to de-escalate the situation or contrary to the youth's Behavior Support Plan (BSP), the staff involved in the incident must document the behaviors of concerns that lead to the ESPI.

2. Professional judgment in these situations will be guided by the principle of the **Least Restrictive Alternative**. SCM ESPIs are constructed on a continuum of least to most restrictive. Staff are expected to use the Least Restrictive Alternative along the continuum that is appropriate under the circumstances. This judgment requires assessment of the youth in relationship to the staff resources available, the level of aggression, the specific environment in which the behavior is occurring and the behavior history of the youth.
3. It is strongly preferred that ESPIs be applied using multiple staff. In order to protect safety of both staff and youth, single staff intervention may only be used under emergency circumstances where other staff have been called for assistance, if possible.

4. During an ESPI, youth shall be monitored for distress symptoms. Supervisors on scene or designated shift leaders will assume this function or assign staff as appropriate.
5. The duration of an ESPI is a critical element regarding youth and staff safety. Interventions should be ended as soon as possible. Interventions must end as soon as the threat has ceased or according to the time frames set forth below:
 - a. Prone intervention- The use of this intervention is to be limited to the amount of time it takes to diffuse the situation, but in no event shall a youth be restrained in a prone position for more than three minutes. Trained staff shall monitor youth for signs of physical distress and the youth's ability to speak while restrained in a prone position. Youth shall be assessed by medical personnel as soon as possible after having been restrained in a prone position and in no event more than four hours after the end of the restraint incident.
 - b. Other ESPIs should terminate by the 10-minute mark. Interventions exceeding 10 minutes must be transitioned to an alternative intervention position to reduce the risk of potential injury. Any application of ESPIs for more than 10 minutes must be specifically documented, including an explanation for the duration of the intervention.
6. Staff providing emergency intervention must monitor and govern their reactive instincts. Professional intervention delivered in a calm emotional state is required.

Any staff witnessing a colleague becoming counter aggressive during an intervention is required to employ "Tap-out" communication as prescribed in SCM training.
7. Youth who are not involved in an incident shall be directed away from, and, if necessary, removed from the problem area as soon as practical. Such removal should end as soon as the circumstances that led to the removal are under control. If circumstances that led to the removal are not under control within thirty minutes, a supervisor must be consulted to further assess the situation and provide guidance.
8. During an ESPI, once a youth has regained control of him/herself to the point where the youth can be moved, the youth shall be taken to an area away from the site of the incident in order to contain the incident. Where necessary, this may include taking one or more youth to isolation room(s). The purpose of this move is not to confine or isolate but to contain the situation. The removal to a counseling area after the youth has regained control, as an option, shall also be appropriate.
9. If a youth loses consciousness during an intervention, staff shall immediately check for breathing and pulse and call a "Code Red". If no pulse or breathing is

detected, CPR, including the use of defibrillation, shall be initiated until a medical team arrives on the scene.

10. Staff's failure to act when circumstances require staff intervention pursuant to this policy may subject the staff member and agency to investigation and action by the New York State Office for Children and Family Services and/or ACS.

VI. Room Isolation

I. Room Isolation

The director of the facility must approve any room isolation and review the continuing need for room isolation hourly. Each isolated child shall have access to a bathroom and toilet facilities, and shall receive regular meals. Every effort shall be made to return the youth to the regular program of care as quickly as possible. Absent a showing of necessity, room isolation will not continue beyond two hours.

Room isolation will not be used on youth who are seriously depressed, developmentally disabled, or have a seizure disorder.

II. Restraints on Youth with Medical Conditions

Special precaution shall be used when applying ESPIs to youth with medical conditions including, but not limited to youth who are pregnant, have respiratory or cardiac problems, or are considered obese by a medical practitioner.

1. Staff shall be alert to the contents of a special needs report regarding any youth with medical conditions, which shall be reviewed prior to each tour's start. The youth's name and special need/medical issue shall also be annotated and highlighted in the living area logbook roster on each tour and in the youth's Behavior Support Plan.
2. Staff shall call for medical assistance before intervening with youth that have a medical condition, such as pregnancy, sickle cell trait and osteopenia, if practical. SCM intervention techniques to be used with youth with medical conditions shall be approved in advance by an authorized health services provider and memorialized in a youth's behavior support plan.

III. Circumstances Under Which Mechanical Restraints Can Be Used

Mechanical restraints may be used only during transport of youth who are being transferred to detention, limited secure placement or court due to behavioral issues pending determination regarding modification of placement, based on an individualized assessment that the youth constitutes a clear danger to public safety or to him or herself. The determination of whether to use mechanical restraints must be made by the facility director or his or her delegee.

- IV. Pharmacological Restraints. The use of pharmacological restraints is prohibited.
- V. Restraining youth for destruction of property is prohibited.
- VI. Response After the Use of a Restraint Including Medical and Mental Health Follow-up

Following an incident involving the use of a restraint, the youth shall be asked if he/she is injured in any way or would like to speak to a doctor or nurse. If the answer is no, there are no visible injuries and there is no medical professional at the facility, then the youth does not have to be seen by a licensed medical professional immediately. Under these circumstances, the facility staff shall contact the on-call medical professional for a telephone consultation and should be seen by a medical professional as soon as practical. If there is a licensed medical professional in the facility, then the youth should be seen after the use of a restraint, whether injured or not. In the event that a youth shows evidence or complains of any injury as a result of the restraint or would like to speak to a nurse or doctor, the youth shall be assessed by a licensed medical professional as soon as possible or immediately after, if the injury is of an emergency nature. The youth shall be given the opportunity to speak with the medical professional performing the assessment outside of the hearing of other staff or youth.

1. For programs that do not have a licensed medical provider on site, in cases where exigent circumstances exist, such as bad weather or staffing shortages, the DYFD program management shall make a determination whether it is safe to bring the youth to see an outside medical professional at another time and/or the next day after speaking with the staff and youth via phone. If the youth must be seen immediately, then 911 should be called.
2. For programs that do not have a licensed medical provider on site, when conducting a post-restraint medical evaluation, the following shall occur:
 - a. The youth should be visually observed by qualified staff not involved with the incident for:
 - Movement (joint injuries and lethargy)
 - Respiration and skin coloring
 - External injuries (marks, scrapes, bruises and abrasions)
 - General responsiveness, orientation and cognitive functioning
 - b. The youth should be asked if they are injured or in need of medical care or would like to speak to a doctor or nurse:
 - A second staff should ask the individual if they are injured or in need of medical care or would like to speak to a doctor or nurse.

- c. The entire process (including the visual check and the youth's verbal responses) shall be thoroughly documented, including photographs of youth, where possible.
3. When conducting a post-restraint medical evaluation, facility Health Services staff shall record the youth's responses on a Health Services Incident Report, and complete a Medical Summary Report.
4. The Health Services staff shall file a report in the youth's medical chart (if on site) and forward a copy of the Medical Summary Report to the Facility Director. The Medical Summary Report shall be attached to the Incident Report and filed in the youth's case record, as well as the facility incident file.
5. If there is ever a cardiopulmonary arrest during an EPSI, staff trained in CPR and defibrillation shall immediately initiate resuscitation. 911 shall be called by the staff on the scene.
6. Following an incident involving the use of a restraint, the youth shall be asked if he/she would like to be seen by a mental health clinician. If so and the mental health staff is available and can see the youth, the youth shall be seen that day. When mental health staff are not on site and the youth wants to see a clinician, a mental health referral shall be generated and the youth shall be evaluated within 24 hours of the incident. Youth with a history of mental health issues documented in their behavior support plan shall be referred to a qualified mental health professional as soon as possible after an incident involving the use of a restraint.
7. Following each incident involving a physical intervention technique, the youth and staff involved will have a debriefing conversation in an effort to discuss behaviors of concern and agree upon a plan for future behavior, as detailed in the SCM practice guidelines. The staff member/members involved in the ESPI should not facilitate the debrief, but shall play an active role in the debrief, which should take place within 24 hours of the incident.

VII. Communication/Reports/Records

1. Any use of an ESPI with a youth shall be reported to the immediate supervisor as soon as the situation is under control.
2. Within one hour of its occurrence, any use of an ESPI shall be reported to the youth's Placement and Permanency Specialist and to the Movement Control and Communications Unit (MCCU), which will enter the incident report into a centralized database.
3. Each employee involved in or witnessing the incident shall complete an Incident Report as soon as possible following the incident.

4. Any incident of suspected child abuse shall be reported to the State Central Register for Child Abuse and Neglect.
5. Each authorized agency shall maintain daily records of the number of children on whom restraints have been used, including the following information:
 - a. name and age of the youth involved in restraint;
 - b. name(s) of staff involved in restraint;
 - c. date and time of the restraint;
 - d. specific location where restraint occurred;
 - e. the circumstances or specific behaviors that led to the use of the restraint;
 - f. the specific type of ESPI used;
 - g. the length of time each ESPI was used;
 - h. any injuries resulting from the ESPI; and
 - i. a description of any debrief with the youth involved in the restraint.
6. Any incident involving the use of ESPI shall be recorded in the appropriate living unit logbook by the staff and supervisors involved in the incident.
7. OCFS requires the use of the New York State Automated Restraints Tracking System as the system of record for tracking restraints.
8. Notification to Youth and Parents- NSP provider must collect and maintain documentation for the youth and parent's/guardian's acknowledgement of the ACS NSP Safe Intervention Policy. This includes age appropriate explanations of the use of restraints to each youth and to his or her parent(s) or guardian(s) at the time of placement. The explanations must include:
 - a. Who can use restraints;
 - b. What methods staff use to avoid the use of restraints;
 - c. Types of restraints used;
 - d. Prohibited types of restraints;
 - e. The specific types situations in which restraints may be used;
 - f. When use of a restraint must cease;
 - g. Actions a youth must take to be released from a restraint; and
 - h. How to report inappropriate use of a restraint.

The informed consent acknowledgement signed by the youth's parent(s) or guardian(s) shall indicate the parent(s)' or guardian(s)' preference with respect to the method of notification to be used in the event of a restraint.

NSP providers will inform a youth's parent(s) or guardian(s) whenever they have been involved in a restraint, using the preferred method indicated on the informed consent acknowledgement and shall document such notification.

9. Monitoring Restraints/Evaluation

- a. Each facility and/or contracted agency shall have a formalized incident review process and plan. The plan must be submitted to DYFD for approval. At minimum the plan shall include a Safety Review Committee, which shall include the facility director, the facility director's supervisor, and a facility supervisor, and will meet regularly to review all incidents of restraint.
- b. DYFD shall conduct its own administrative review of restraints in NSP facilities as follows:
 1. Read all incident reports generated by MCCU involving restraints in NSP facilities as soon as possible, and in any case within 24 hours of occurrence.
 2. Review video footage as necessary, including when discrepancies exist in reports about the circumstances surrounding an incident, where serious injury results from an incident, or when an incident leads to an allegation of child abuse.
 3. Follow-up with specific facilities when there appear to be issues of concern.
 4. Meet regularly as part of a Safety Review Committee to conduct reviews of all incidents involving the prone technique and document same.
 5. The Safety Review Committee will audit the use of restraints in NSP facilities in the system and document same.
 6. Create a reporting evaluation system based on data that looks at the following:
 - Frequency of incidents and ESPIs
 - Days, time of day, and during which program activities do ESPIs occur
 - Specific youth involved and frequencies
 - If youth involved in ESPIs are on medication or if they are refusing to take medication as prescribed
 - Activities cancelled or denied due to acting-out behavior
 - If staff were aware of and correctly implemented the youth's BSP
 - If the BSP helped to prevent a physical intervention
 - Specific staff involved and their frequency of involvement
 - Duration of ESPIs
 - Injuries to youth and/or staff
 - Amount of lost work time
 - Frequency of abuse allegations resulting from an ESPI
 - Substantiations of abuse allegations
 7. Data on restraints shall also be reviewed by all DYFD Management as part of the monthly facility directors' meeting.

XI. References

- A. Safe Crisis Management Guidelines
- B. Directive # _____ Reporting/Processing Child Abuse Allegations and Maltreatment/Neglect Allegation
- C. ACS/DJJ Standard of Conduct
- D. NY CLS Soc Serv § 462,462(b)
- E. Consideration for Restraint Policy Design – Juvenile Detention Association of New York State (2004)

Safe Crisis Management Practice Guidelines

It shall be the policy of the Division of Youth and Family Development (DYFD) that its staff and contracted staff shall use a positive approach to building healthy relationships with its youth including employing effective communication, making empathetic connections, and establishing a structured, consistent environment. Staff shall use the least restrictive alternative when confronted with aggressive youth and when protecting the safety of those youth.

I. Definitions

- Acute Physical Behavior – A youth’s conduct that:
 - presents a risk of physical injury to the youth or others;
 - poses a substantial threat to the safety and order of the facility; or
 - clearly indicates that the youth is physically attempting to AWOL/escape from the facility or from custody and represents a danger to him or herself or to others.
- Behavior Support Plan (BSP) – An individualized intervention plan used to determine secondary intervention strategies and/or safety procedures that will be used to defuse a youth’s behavior(s) of concern and/or misbehavior.
- Least Restrictive Alternative (LRA) – The least amount of intervention necessary to manage a youth who is acting out.
- Emergency Safety Physical Intervention (ESPI) –Physically holding/moving a youth against his/her will to interrupt and control acute physical behavior.
- Primary Strategies – Positive approaches to building healthy relationships including effective communication, making empathetic connections, and establishing a structured, consistent environment. Primary strategies include, but are not limited to consistent schedules, consistency between shifts, preparation for transitions, balancing individual and group needs, being friendly, modeling appropriate behavior, teaching acceptable behavior, making random positive connections, and effectively listening.
- Safe Crisis Management (SCM) – The program sanctioned by DYFD to provide staff with a professional and safe approach to managing youth behaviors of concern using the least restrictive alternative.
- Secondary Strategies – verbal, non-verbal and para-verbal efforts used to correct, interrupt or adjust behavior.

II. General Procedures

- A. Staff required to use physical intervention techniques in the course of their job duties shall be trained in the techniques allowed by DYFD policy.
- B. Safe Crisis Management (SCM) ESPIs shall be used as taught by certified SCM Trainers or certified Trainers of Training in SCM.

III. Safe Crisis Management

- A. Staff must use the least restrictive alternative to manage acute physical behavior.
 1. Staff shall use the appropriate strategies necessary to manage acting-out youth.
 2. Inappropriate use of physical intervention is prohibited.
 3. ESPIs are not intended, and shall never be used as a means of punishment or for the convenience of staff.
 4. It is acknowledged that a youth's escalation/resistance and/or the threat level represented may be sudden. When this occurs and the youth's behavior creates imminent danger to the youth or others and less restrictive alternatives are not possible, the staff member shall not be required to sequentially progress through the lesser to more restrictive strategies. Staff shall use the least restrictive strategy necessary to manage the sudden behavior.
 5. The use of a more restrictive physical restraint by staff during an incident may be reviewed by DYFD supervision/management and also reviewed by supervision with staff. The goal shall be to analyze such situations to see if less restrictive techniques could have been employed or if the techniques were appropriately utilized given the situation.
- B. The following strategies shall be authorized to manage the acting-out behavior of youth:
 - Primary strategies
 - Assessment
 - Secondary strategies
 - Physical intervention (last resort)

IV. Primary Strategies

- A. Executive Directors and Facility Directors shall promote a facility environment that provides for structure, clear expectations, and consistent routines and transitions from one area/activity to another.
- B. Directors shall familiarize all staff with the contents of the DYFD NSP Safe Intervention Policy and receive any training needed to implement the policy within 30 days of its effective date. No staff may use restraint or be involved in a restraint prior to having been trained in the proper use of restraint techniques.
- C. Non-secure placement facilities shall provide an environment that is safe, secure and orderly. Sufficient staff shall be scheduled and on duty to provide supervision of youth. The safety and well-being of youth, staff, visitors and the general public shall be the primary consideration in all decision making and planning.
- D. Facilities shall have a daily schedule that is substantially followed and readily accessible by youth.

- E. Each facility shall use a standardized behavior management system designed to promote the development of self-control and to teach and encourage positive behavior and interaction with others. Positive behavior shall be recognized and rewarded.
- F. Staff shall build positive, professional relationships with other staff, youth and their families to promote a positive and safe culture in which individuals are afforded the opportunity to thrive.
- G. Directors shall develop and implement consistent daily routines/schedules, expectations, activities, etc.
- H. Staff shall interact with youth in a positive manner, even when addressing minor misbehaviors. Behavior management techniques shall be used to address minor misbehavior. These techniques include, but are not limited to:
 - Attending – actions of a staff to promote a conversation
 - Attuning – assessing the emotional climate of the individual and demonstrating a sharing of the emotion
 - Being aware of events
 - Being friendly
 - Celebrating achievements
 - Giving positive acknowledgement
 - Identifying the youth's strengths
 - Maintaining a positive affect (demeanor)
 - Making random positive connections
 - Meeting and greeting
 - Modeling appropriate behavior
 - Positively correcting behavior – correcting minor misbehaviors in a step-by-step process (“praise sandwich”)
 - Recognizing normal behavior
 - Teaching acceptable behavior
 - Using appropriate humor
 - Using differential reinforcement – using positive acknowledgement or simply positive statements at a ratio of 15-1 versus comments which could be perceived negatively.

V. Intervention Assessment

- A. Each youth in placement shall have a current, individualized BSP.
- B. When youth display a behavior of concern, staff shall assess the youth, their behavior, the environment and the staff's ability to handle the situation to determine the strategy to be used.
 1. In assessing the youth, staff shall identify coping strengths and limitations that would be helpful in communicating with the youth and de-escalating their behavior.
 2. In assessing the environment, staff shall identify challenges and resources in the environment that will affect the intervention strategy to be used, such as other youth, limited space, objects, etc.
 3. In assessing the youth's behavior, staff shall make an assessment of the type of acting-out behavior that is being presented.

4. In assessing themselves, staff shall make a determination about the type of intervention that will be necessary. This may include assessing such areas as previous relationship history with the youth, physical capacity, professional experience, etc.

VI. Secondary Strategies

- A. Non-physical interventions shall be used to de-escalate a youth's acting-out behavior. Non-physical interventions shall include: non-verbal communication, para-verbal intervention, active listening and verbal intervention.
- B. For minor misbehavior, staff shall use the following non-verbal steps:
 1. Planned Ignoring: Ignoring nuisance behaviors and attention-seeking negative behaviors (other than self-harm behaviors and behaviors causing harm to others)
 2. Affect
 3. Signals: Giving non-verbal cues to communicate the expected behavior
 4. Proximity Prompt: Moving closer to the youth
 5. Touch Prompt: Giving a slight pat on the shoulder or upper arm to send a reassuring message or to alert the youth of a poor choice. (Staff must be aware of a youth's history prior to using the touch. The youth may respond negatively to touch.)
- C. Para-Verbal Intervention
Staff shall control their volume, tone and rate of speech. Staff shall speak calmly and evenly.
- D. Active Listening
Staff shall use active listening to understand the youth and show interest in the youth. Ways to show active listening include head nods, paraphrasing, reflecting a feeling, eye contact, etc.
- E. Verbal intervention
Verbal intervention techniques shall include, but not be limited to:
 - Paraphrasing –Clarifying and demonstrating interest by restating the conversation in a natural and professional way.
 - Perception checking – The motivation for the behavior and the situation is understood.
 - Behavior description – Identifying the specific behavior and any patterns of behavior. The emphasis should be on specific behaviors and not on outside influences, which may have contributed to the behavior.
 - Open ended prompts – Instruction such as “tell me more,” “help me understand,” and “please explain” are used to prompt discussion

- Reflecting feelings – Identifying the current feeling whether it is being expressed and observable or hidden using everyday conversation and not phony sounding clichés.
- Summarizing – Discussion and/or agreements between the individual and staff are reviewed.
- Directly appealing – Simply asking the individual to alter a behavior or accomplish a task. A healthy relationship is important for this intervention to be effective.
- Benign confrontation – Non-judgmental and unemotional correction of an individual’s behavior.
- Setting clear expectations – Slowly restating instructions using “rule of five,”¹ gauging understanding and allowing the individual to process and choose (staff provide space and time).
- Positive problem solving – Identifying the situation, assisting in exploring alternatives, prompting the individual to select a solution, sharing the plan with others involved, and providing timely and periodic review and feedback.
- Redirection – Momentarily stopping an activity and asking the individual to restate the behavior expectation, applauding their efforts and reengaging them in the same or a different activity
- Positive correction “praise sandwich” – The five steps include: beginning with praise, identifying the non-desired behavior, clearly stating the expectations, having them repeat or acknowledge the expectation and once they begin to comply –thanking them and again using praise.
- Limit setting – positive restatement of expectations and a calm clear explanation of what will occur should the expectation not occur
- Reminding of the consequence(s) – stating the known consequences. This should occur after other intervention strategies have been tried.

VII. Physical Intervention

- A. The use of physical intervention shall be permitted when a youth’s conduct:
 - presents a risk of physical injury to the youth or others;
 - threatens the safe and secure operations of the facility; or
 -
 - clearly indicates that the youth is attempting to AWOL/escape from the facility or from custody.
- B. The safety of the youth and others shall be the staff’s primary concern. Physical intervention is always a last resort.
- C. Emergency safety physical intervention techniques shall be used as taught by Certified SCM Trainers or Trainers of Trainers. The following ESPIs are authorized by DYFD:

Escapes

¹ No more than five words in a direction and no more than five letters per word.

- Pivot and Parry
- Front Choke Escape
- Rear Choke Escape
- Forearm Choke Escape
- Little Finger Roll, Forearm Twist, Scribe a Circle
- Two Handed Wrist Grab
- Hair Pull Assist (front and rear)
- Bite Release

Single Person Standing Assists

- Extended Arm Assist (Single Person)
- Cradle Assist (Single Person)
- Upper Torso Assist (Single Person)

Multiple-Person Standing Assists

- Multiple-Person Extended Arm Assist
- Multiple- Person Bicep Assist
- Multiple-Person Upper Torso Assist

Multiple Person Transports or Assists to Seated Kneeling Positions

- Cradle and Upper Torso Assist to Seated/Kneeling Position
- Hook Transport and Assist to Seated/Kneeling Position
- Multiple-Person Seated/Kneeling Upper Torso Assist and Bicep Assist

Supine Positions

- Multiple-Person Supine Torso Assist
- Sitting up from a Supine Position
- Side Assist

Prone Positions

- Prone Torso Assist

Note: All uses of the prone technique shall be administratively reviewed regarding the appropriateness and necessity of the intervention. Wherever possible, it is expected that less restrictive ESPIs shall be utilized prior to utilizing prone, which is a more restrictive technique.

- A. It is strongly preferred that ESPIs be applied using multiple staff. In order to protect safety of both staff and youth, single staff intervention may only be used under emergency circumstances and only after other staff have been called for assistance, if possible.
- B. Medical attention shall be provided for any injuries suffered as a result of a physical intervention as described in Section X of the Safe Intervention Policy.
- C. Mechanical restraint devices shall be used only under circumstances set forth in Section VIII of the Safe Intervention Policy.

1. When mechanical restraints are utilized, the following conditions shall apply:
 - a) Employees must apply mechanical restraints properly (e.g. to allow proper circulation).
 - b) Youth shall be handcuffed in the front using a flex-cuff, handcuff or other cuffing device authorized by DYFD.

Employees shall not secure mechanical restraints to any stationary object.

VIII. Reporting Physical Interventions:

The following procedures shall be followed when any physical intervention has been used:

- A. The Facility Director and DYFD Operations Liaison shall be immediately notified.
- B. All staff with direct knowledge of the incident shall complete an Incident Report.
- C. Within an hour of the intervention, MCCU shall be notified and a report taken.

IX. Debriefing Conversation with a Youth

Following each incident that involved a physical intervention technique, the youth and staff involved will have a debriefing conversation in an effort to discuss behaviors of concern and agree upon a plan for future behavior. This debriefing should take place as soon as the youth is calm enough to have a conversation and, if a youth remains at the facility, within 24 hours of the incident.

- A. Each Executive Director and Facility Director shall designate staff to be trained as a Debriefing Facilitator. Staff shall be chosen as a Debriefing Facilitator based on the following criteria:
 - Successful completion of Safe Crisis Management training specific to their job title
 - Possess good interpersonal and communication skills
 - Possess good problem solving skills
 - Have demonstrated report writing and analytical skills
 - Understand and support the vision, mission and values of ACS
 - Have a minimum of one year of experience in placement or a similar type of residential facility
- B. The Debriefing Facilitator must receive a competency-based training to oversee and assist with the debriefing conversation.
 1. The SCM TOT may be a Debriefing Facilitator.
 2. The supervisors, child care or case planner staff can serve as the primary Debriefing Facilitators.
 3. Staff directly involved in the incident shall not serve as the Debriefing Facilitator for that incident.

4. The Debriefing Facilitator shall be a mandated secondary post on a tour.
 5. A list of the staff designated and trained as Debriefing Facilitators shall be posted in the Supervisors' offices.
- C. By the end of the shift following an incident involving a physical intervention technique, the Debriefing Facilitator shall oversee and provide assistance with a debriefing conversation with the youth and staff involved. The debriefing conversation shall be documented using the Debriefing Conversation Guide.
- D. In circumstances in which the debriefing conversation cannot be held by the end of the shift, the debriefing conversation shall occur as soon as possible following the incident, but always within 24 hours. The Facility Director shall approve any delay and the rationale for the delay must be indicated on the Debriefing Conversation Guide.
- E. The debriefing conversation should occur in a private and quiet location. The involved individuals should be in control of their emotions and the debriefing conversation must be conducted calmly.
- F. Staff shall complete the Incident Report prior to the debriefing conversation.
- G. Debriefing Conversation :
1. The Debriefing Facilitator shall provide oversight of and assistance with the debriefing conversation with the involved staff and youth by the end of the shift.
 2. The involved staff shall facilitate the debriefing conversation. When more than one staff member is involved, the Debriefing Facilitator and all involved staff will decide prior to the debriefing conversation which of the staff will facilitate the conversation.
 3. If the Debriefing Facilitator was involved in the incident, other than as a neutral observer, then he/she will not provide oversight of the debriefing conversation for that incident. Another Debriefing Facilitator shall conduct oversight of the debriefing conversation within the required timeframe.
 4. Staff and youth shall have the opportunity to share their observations of the incident in a respectful manner.
- G. Youth Group Debriefing:
1. When a group of youth has been negatively affected by a physical intervention technique with one or more youth, a staff member other than the staff member who used the physical intervention technique will facilitate the debriefing conversation by the end of the shift. The staff member who used the physical intervention will participate in the debriefing conversation.
 2. When more than one staff member is involved, the Debriefing Facilitator and all involved staff shall decide prior to the debriefing conversation which of the staff will facilitate the conversation.

3. During the meeting, a discussion should occur regarding any unresolved issues. The youth involved in the physical intervention technique should be given the opportunity to address the group, as appropriate.
- H. Records Retention
1. The debriefing conversation shall be documented using the Debriefing Conversation guide.
 2. The Debriefing Facilitator shall provide the youth and staff a copy of the completed Debriefing Conversation Guide.
 3. The Debriefing Facilitator shall attach a copy of the Debriefing Conversation Guide to the youth's Behavior Support Plan, if they have a BSP.
 4. The Debriefing Facilitator shall forward the original Debriefing Conversation Guide to the Director to be attached to the original Incident Report.
- X. Debriefing with Staff:
- A. Supervisors shall conduct an immediate debriefing with the staff involved in which staff will be questioned regarding any physical injury and/or emotional distress.
 - B. When staff require medical or mental health assistance, the appropriate paperwork shall be completed and staff released to seek help.
 - C. Prior to the end of the tour, supervisors shall conduct a debriefing which may include the following questions concerning:
 1. if any primary or secondary strategies were used
 2. the youth(s) response
 3. how the situation escalated
 4. whether the staff felt comfortable and in control
 5. if the staff contributed to the situation
 6. what the staff did that worked well
 7. what staff felt might have been done differently
 8. if the staff felt supported
 9. if there were enough support staff
 10. if the other staff were helpful
 11. what could have improved the situation
 12. if the Behavior Support Plan (BSP) was accessed and helpful
 13. if any changes may need to be made to the BSP
 - D. Record Retention
The staff debriefing shall be included as a supervisory follow-up on each staff's Incident Report that was primarily involved in applying an ESPI on youth. If more than one staff was involved in the ESPI, the supervisor may at his/her discretion interview each staff individually or as a group.