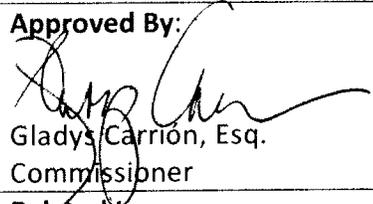


**Safe Intervention Policy for Secure and Non-Secure Detention**

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<b>Related Documents/Forms:</b> A. Safe Crisis Management Guidelines B. Behavior Support Plan C. Youth Debriefing Form D. Supervisory Follow-Up Form/Staff Debriefing Form E. Health Services Medical Incident Report F. Medical Summary Report G. Incident Report			
<b>SUMMARY:</b> It is the policy of the Administration for Children's Services (ACS) to promote the safety of youth and staff in detention, as well as the surrounding community, using the least intrusive and least restrictive intervention necessary. To accomplish this, staff are expected to employ Safe Crisis Management (SCM), a comprehensive approach to behavior management. This approach requires substantial effort in prevention and non-physical intervention and the use of Emergency Safety Physical Interventions (ESPIs) only after less intrusive alternatives have been attempted and failed or have been deemed inappropriate. ESPIs shall be used without purposely inflicting pain or harm. ESPIs must be employed according to the intervention principles of SCM; and only staff who have been trained in SCM are allowed to use the SCM ESPIs.			
<b>SCOPE:</b> This policy applies to ACS Division of Youth and Family Justice (DYFJ) Detention Services staff and contracted detention provider agency staff, as well as to all youth remanded to detention.			

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## **I. Purpose**

- A. The Administration for Children’s Services (ACS) is committed to the implementation of strategies and practices that promote environments free from violence and coercion and the use of skills that minimize risk of harm and support best practice for the management of youth. The following safe intervention policy is to be implemented in the context of detention programs informed by core principles, beliefs, and values that guide the detention system.
- B. The purpose of this policy is to provide clear guidelines and procedures for Division of Youth and Family Justice (DYFJ) Detention Services and contracted detention provider agency staff to follow when they are required to contain the acute physical behavior of youth. 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. ACS will not tolerate the use of excessive force or inappropriate restraint techniques.<sup>1</sup>

## **II. Policy**

- A. It is ACS’ policy to promote the safety of youth and staff in detention, as well as the surrounding community, using the least intrusive and least restrictive intervention necessary. To accomplish this, staff are expected to employ Safe Crisis Management (SCM), a comprehensive approach to behavior management in which all detention staff are trained. Only staff trained in SCM are allowed to use the SCM ESPIs. This training will occur under the auspices of the ACS James Satterwhite Academy.
- B. Physical intervention 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. Where physical interventions are necessary, staff shall use only the minimum amount of physical intervention necessary to stabilize the youth or situation. Failure to use de-escalation techniques to avoid the use of physical intervention where there is an opportunity to do so, failure to make efforts to protect youth or staff from harm due to assaultive or violent behavior, and failure to make efforts to protect youth from self-inflicted injury may result in disciplinary and/or other corrective action.

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<sup>1</sup> The use of excessive force or inappropriate restraint techniques must be reported to the Justice Center.

- C. Emergency Safety Physical Interventions (ESPIs) will be employed according to the intervention principles of SCM. SCM is a comprehensive prevention and intervention system in which all staff must be trained. Only staff trained in SCM may use SCM ESPIs.
- D. The use of ESPIs as “punishment” for any behavior or for the convenience of staff is strictly prohibited. These interventions are deemed appropriate only when conditions of harm to self or others exist or there is an attempt to escape or abscond. ESPIs must be ended when the threat of harm has ceased.

### III. Definitions

- A. Acute Physical Behavior – A youth’s conduct that:
  - 1. Presents a risk of physical injury to the youth and/or others; or
  - 2. Clearly indicates that the youth is physically attempting to escape/abscond from the facility or from custody.
- B. Behavior Support Plan – A specific documented plan developed by a youth’s treatment team in conjunction with the youth and the youth’s family, which is tailored to the youth’s individual needs and used to determine intervention strategies and/or safety procedures to be used to defuse the youth’s behavior(s) of concern and/or misbehavior. The plan shall include any limitations on physical interventions authorized for the youth.
- C. Debriefing – A structured process, used after a physical intervention, when the youth is calm. During the debriefing, staff review the incident with the youth to determine the well-being of the youth, review the behavior that led to the physical intervention.
- D. Emergency Safety Physical Intervention (ESPI) – Any authorized means of physically holding/moving a youth against his or her will to interrupt and control acute physical behaviors.
- E. Escort – The temporary touching, holding and guiding of a youth’s hand, wrist, arm, shoulder or back without the use of force or confrontation for the purpose of inducing the youth to walk to another location.
- F. Least Restrictive Alternative – The least amount of intervention necessary to manage a youth’s behavior, including acute physical behavior.
- G. Mechanical Restraint – A restraining device used to contain acute physical behavior.
- H. Room Confinement – Physically confining a youth to his or her room or limited space without access to other programs. The use of this intervention is prohibited

except in the case of room confinements in secure detention institutions authorized by the Executive Director of the Facility or his or her designee pursuant to State regulation. See 9 NYCRR § 180.9 (2012).<sup>2</sup>

- I. Restricted Activity List – A list of youth whose physical activities must be restricted due to a medical condition or for whom precautions must be taken when applying ESPIs due to age, size or medical condition. This daily list is generated by the Health Services Unit.
- J. Safe Crisis Management (SCM) – A comprehensive crisis intervention and behavior management system that includes prevention, non-physical intervention, emergency safety physical intervention, after-incident resolution, and follow-up.
- K. Supportive Touch - Physical contact that is used to encourage, comfort or calm and does not restrict movement, is taught by qualified instructors, and is used when prescribed by the youth’s Behavior Support Plan.
- L. 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 the area by tactfully relieving the colleague of his or her responsibilities.

#### **IV. Staff Training**

The ACS James Satterwhite Academy shall provide a pre-service and yearly in-service training course in SCM for all Facility Managers, Tour Commanders, Associate Juvenile Counselors I, Juvenile Counselors, Congregate Care Specialists II, Congregate Care Specialists I, Special Officers, Case Managers, and any other DYFJ employees or contracted staff responsible for the care and custody of youth. New DYFJ employees in these titles shall not be assigned to work with youth until successful completion of the training. Training in SCM shall include, but not be limited to:

- A. The congruence of SCM to the DYFJ 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.
- B. Preventive methods and procedures for situations that might lead to the use of ESPIs and appropriate alternatives to ESPIs, including the use of verbal and non-verbal de-escalation techniques to reduce negative energy in youth. In addition, methods for evaluating risk of harm in situations to determine if ESPIs should be employed.
- C. Methods of applying ESPIs, the rules that must be observed in doing so, and circumstances when ESPIs may be necessary, including the implementation of SCM

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<sup>2</sup> See also *Room Confinement Policy for Secure Detention*.

ESPIs during situations in which youth engage in acute physical behavior. The training must include simulation of administering and reviewing emergency intervention techniques.

- D. The effects of ESPIs on the person being held, the specific risks associated with each intervention, as well as instruction on monitoring distress indicators and seeking medical assistance.
- E. Documentation and reporting requirements and investigation of injuries and complaints.
- F. Competency testing for ESPIs and non-physical de-escalation techniques. In order to pass, each staff person must score 85% or higher.
- G. CPR certification and basic first aid training. CPR certification training occurs every two (2) years, and basic first aid training occurs every three (3) years.

**V. Proper Administration of ESPIs:**

- A. ACS authorizes the use of a continuum of ESPIs ranging from least restrictive and least likely to cause harm to more restrictive. All ESPIs must be techniques sanctioned by ACS, taught by qualified instructors, and appropriate to the level of risk presented by the youth; they must utilize the least amount of force necessary to stabilize the youth or situation.
- B. 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 behavior(s) that raise immediate serious concern for the safety of the youth or others, and the youth is beyond de-escalation, or there is insufficient time to employ de-escalation that may require an immediate ESPI 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 concern that led to the ESPI.
- C. Professional judgment shall be guided by the principle of the Least Restrictive Alternative. SCM ESPIs are constructed on a continuum of least to most restrictive. Staff members are expected to select the point along the continuum that is most appropriate for a specific situation. 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 behavioral history of the youth.
- D. It is preferred that ESPIs be applied using multiple staff. In order to protect the safety of both youth and staff, single staff intervention may only be used under

emergency circumstances where other staff members are not immediately available and where other staff members have been called for assistance, if possible.

- E. During an ESPI, staff must monitor youth for distress symptoms. Supervisors on scene or designated shift leaders shall assume this function or assign staff as appropriate.
- F. The duration of an ESPI is a critical element regarding youth and staff safety. Interventions should be ended as soon as possible and must end as soon as the threat has ceased or according to the timeframes set forth below:
  - 1. Prone Intervention: The use of this intervention must be limited to the amount of time it takes to defuse the situation, but in no event shall a youth be restrained in a prone (face down) position for more than three (3) minutes. A prone position must be ended and/or transitioned to a non-prone position before or at the three (3) minute mark. Staff shall monitor youth for signs of physical distress and the 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 (4) hours after the end of the restraint incident.
  - 2. Other ESPIs should not persist longer than 10 minutes. Interventions exceeding 10 minutes must be transitioned to an alternative intervention position to reduce potential injury. Application of ESPIs exceeding 10 minutes must be specifically documented with an explanation for the duration of the intervention.
- G. Staff providing emergency intervention must monitor and govern their reactive instincts. Professional intervention delivered in a calm emotional state is required.
- H. Any staff witnessing a colleague becoming counter aggressive during an intervention is required to employ "Tap-out" communication as prescribed in SCM training.
- I. Youth who are not involved in the 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.
- J. 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. The purpose of this move is to not to confine, but to contain the situation. The removal to a counseling area after the youth has regained control, as an option, may also be appropriate.

- K. Staff shall constantly monitor a youth's vital signs during an ESPI. If a youth loses consciousness during an intervention, staff must immediately check for breathing and pulse and call a "code red" (see Operations Order #014/01 *Code Reds and 911 Phone Calls*). If no pulse or breathing is detected, staff must initiate CPR, including the use of a defibrillator until a medical team arrives on the scene.
- L. Staff members' failure to act when circumstances require staff intervention pursuant to this policy may subject the staff member and agency to investigation and action by ACS.

## **VI. ESPIs on Youth with Medical Conditions or Age Restrictions**

- A. Staff must use special precaution 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. Staff shall not use the prone technique on youth with any of these medical conditions.
- B. Staff must use special precaution when applying ESPIs to youth whose growth plates have not been fully developed (usually youth 12 years or younger). During standing assists<sup>3</sup>, the cradle assist is typically used for small to medium sized individuals 12 years or younger and the upper torso assist is typically used for larger individuals older than 12. The prone technique shall not be used on youth 12 years or younger.
- C. Staff shall be alert to the review of the Restricted Activity List, which is read in secure detention during roll call at each tour by the Operations Manager, Tour Commander, or supervisors for any youth with medical restrictions and/or special conditions. Staff in Non-Secure Detention (NSD) shall be alert to the contents of the Restricted Activity List, which should be reviewed at each tour's start. The youth's name and restricted activity/special need shall be annotated and highlighted in the living area logbook roster on each tour in both secure and non-secure detention.
- D. Staff shall call for assistance before intervening with youth who have medical conditions, such as respiratory or cardiac conditions, obesity, pregnancy, sickle cell trait, and osteopenia if practical. ESPI techniques to be used with youth who have medical conditions shall be approved in advance by the DYFJ health services provider. A list of SCM intervention techniques not to be used shall be provided in advance via the Restricted Activity List by the DYFJ health services provider.

## **VII. Mechanical Restraints**

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<sup>3</sup> See Attachment A, *Safe Crisis Management Practice Guidelines*, Section VII(C)(2).

Mechanical restraints may be used when ESPI techniques are unsuccessful in controlling acute physical behavior and when staff have determined that such an intervention is in the best interests of the youth involved.

### **VIII. Pharmacological Restraints**

The use of pharmacological restraints is prohibited.

### **IX. Response After the Use of an ESPI Including Medical and Mental Health Follow-Up**

Following an incident involving the use of an ESPI, the youth must be taken to the Health Services Unit for evaluation and examination.

- A. In secure detention and in NSD, immediately following the use of an ESPI, the facility staff shall contact the Health Services Unit to alert staff of the incident. In secure detention, the youth shall be taken to the Health Services Unit within one hour unless circumstances require quicker medical intervention. In NSD, staff shall transport the youth to the Health Services Unit for medical evaluation and/or treatment. However, in cases where exigent circumstances exist, such as bad weather or staffing shortages, the Health Services Unit shall make a determination whether it is safe to bring the youth in at another time and/or the next day after speaking with the youth by phone. If Health Services personnel determine that the youth must be seen immediately, the group home shall consult with the NSD Operations Liaison regarding transport of the youth to the Health Services Unit.
- B. Youth shall be seen by the Health Services Unit immediately after an ESPI when:
  - 1. The youth requests medical attention;
  - 2. The youth complains of injury or pain;
  - 3. The youth is visibly injured;
  - 4. The youth claims difficulty breathing;
  - 5. The youth demonstrates lack of responsiveness;
  - 6. The youth vomits;
  - 7. The youth displays incontinence;
  - 8. The youth demonstrates an inability to speak;
  - 9. The youth indicates that he or she lost consciousness or is observed by staff to lose consciousness during the ESPI;
  - 10. Activity such as head banging, colliding with furniture, falling or other potentially injurious behavior occurred before, during, or after the ESPI; and/or
  - 11. The youth is exhibiting behavior suggesting the need for a mental health evaluation and/or treatment.

- C. Youth shall be given the opportunity to speak with the medical professional performing the post-restraint evaluation outside of the hearing of other staff or youth.
- D. When conducting a post-restraint medical evaluation, facility health services staff shall record the youth's responses on a Health Services Incident Report (Attachment B), and complete a Medical Summary Report (Attachment C) for those youth in NSD.
- E. The Health Services staff member shall file a copy of the Health Services Incident Report in the youth's medical chart and forward a copy of the report in secure detention to the Tour Commander. The Health Services staff shall forward a copy of the Medical Summary Report to the Facility Director in NSD. If health services staff suspect the improper use of physical interventions, they must call a report in to the Vulnerable Person's Central Register (VPCR). In secure detention, the Health Services Incident Report shall be part of the Incident Report Package and the Tour Commander's report for that tour (see policy on Reporting of Incidents and Data Management). In NSD, the Medical Summary shall be attached to the Incident Report and filed in the youth's case record, as well as in the group home incident file.
- F. If there is ever a cardiopulmonary arrest during an ESPI, staff members who are trained in CPR shall immediately initiate resuscitation. In secure detention, the staff on the scene shall also immediately notify the Security Control Room to call a code red. In NSD, group home staff on the scene shall call 911.
- G. Following an incident involving the use of an ESPI, staff shall ask the youth if he/she would like see a mental health clinician. If so, and the clinician 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 requests to see a clinician, detention staff shall generate a mental health referral and the youth shall be evaluated within 24 hours of the incident.
- H. Following each incident involving an ESPI, the youth and staff involved must have a joint 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. When possible, the staff member(s) involved in the ESPI should not facilitate the debriefing, which should take place within 24 hours of the incident.

## **X. Photographs**

Photographs shall be taken of any youth who has been involved in a physical intervention if the youth reports a resulting injury or if staff observe any visible injuries following the physical intervention.

- A. Staff who participated in the physical intervention may not be responsible for taking the

photographs.

- C. Photographs must be taken with a digital camera.
- D. Two (2) frontal full body photographs of the youth -- fully clothed -- shall be taken. Two (2) close-up photographs also must be taken of each view of a youth's injury or purported injury.
- E. All photographs must clearly depict actual injuries or purported injury sites.
- F. Two (2) copies of each photograph will be printed. Every photograph will be labeled with the following information:
  - 1. The name of the youth photographed;
  - 2. The date and time of the photograph;
  - 3. The date and time of the incident;
  - 4. The name, title, and signature of the person who took the photograph; and
  - 5. The signature of the youth photographed.
- H. One full set of photographs shall be submitted with the incident report; the second set shall be filed in the youth's medical record.

#### **XI. Communication/Reports/Records**

- A. Any use of an ESPI with a youth must be immediately reported to the immediate supervisor or Tour Commander in secure detention and the supervisor in NSD as soon as the situation is under control.<sup>4</sup>
- B. Each employee who was involved in or witnessed the incident must complete an Incident Report (Attachment D) as soon as possible following the incident. The supervisor shall report the incident to the Movement Control and Communications Unit (MCCU) within one hour of its occurrence.
- C. Any incident of suspected abuse or maltreatment/neglect of a child in a residential facility must be reported to the Statewide Vulnerable Persons' Central Register (VPCR).
- D. Any incident involving the use of an ESPI must be recorded in the appropriate living unit logbook by the staff and supervisors involved.
- E. During the required weekly contact between the Case Manager and the parent/guardian, the Case Manager will notify the parent/guardian of any recent ESPIs involving his or her child and the circumstances surrounding the incident(s). In

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<sup>4</sup> Debriefing with the youth must take place within 24 hours of the incident. For information on reporting physical interventions and debriefing with youth, see Attachment A, *Safe Crisis Management Practice Guidelines*, Sections VIII and IX.

addition, any ESPI that results in an injury categorized as an Injury A (an injury requiring more than basic over-the-counter first aid or that necessitates an emergency room visit) must immediately be reported to the parent/guardian by the facility case management staff, or in their absence the Operations Manager or Tour Commander in secure detention and the Facility Director or supervisor in NSD.

- F. Youth and their parent(s)/guardian(s) shall be informed of the ACS Safe Intervention Policy via youth orientation, resident facility handbooks, parent/guardian orientation, initial parent/guardian contact with case management, and other informational material. The materials shall include:
1. Who may use ESPIs;
  2. Methods staff shall use to avoid the use of ESPIs;
  3. Types of ESPIs;
  4. Prohibited types of ESPIs;
  5. Specific situations in which ESPIs may be used;
  6. Permissible duration of an ESPI;
  7. Actions a youth must take to be released from an ESPI; and
  8. How to report inappropriate use of an ESPI.

## **XII. Monitoring ESPIs/Evaluation**

- A. DYFJ Executive Directors (of secure detention, NSD, and Court Services/Admissions/MCCU) in conjunction with the Executive Director of Compliance and Control's Office shall conduct an administrative review of restraints in their respective facilities/areas as follows:
1. Read all incident reports generated by MCCU involving an ESPI within 48 hours of occurrence.
  2. Follow up with specific facilities (in the case of NSD) and/or Operations Managers, Facility Directors, Tour Commanders, supervisors, or other relevant staff when there appear to be issues of concern.
  3. Meet regularly as part of an Incident Review Committee<sup>5</sup> to conduct reviews of all incidents involving the prone technique and document same.
  4. Meet regularly as part of an Incident Review Committee to randomly audit the use of ESPIs in detention and document same.
  5. In consultation with the ACS Division of Policy, Planning and Measurement and MIS, create a reporting evaluation system based on data that reviews the following:

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<sup>5</sup> The Incident Review Committee also reviews incidents leading to the use of mechanical restraints and room confinement.

- a. Frequency of incidents and ESPIs;
  - b. Days, times of the day, and during which program activities the ESPIs occur;
  - c. Specific youth involved and frequencies;
  - d. If the BSP helped prevent an ESPI;
  - e. Specific staff involved and their frequency of involvement;
  - f. Duration of ESPIs;
  - g. Injuries to youth and/or staff;
  - h. Frequency of abuse allegations resulting from an ESPI; and
  - i. Substantiations of abuse allegations
6. DYFJ management shall also review data on restraints as part of the monthly GOALS meeting.

## Safe Crisis Management Practice Guidelines

It shall be the policy of the Division of Youth and Family Justice (DYFJ) that its staff in detention 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

- A. Acute Physical Behavior – A youth’s conduct that:
  - 1. Presents a risk of physical injury to the youth or others;
  - 2. Clearly indicates that the youth is physically attempting to abscond/escape from the facility or from custody and represents a danger to him/herself or to others.
  
- B. Behavior Support Plan (BSP) – An individualized intervention plan, which is tailored to a youth’s individual needs and used to determine secondary intervention strategies and/or safety procedures to be used to defuse a youth’s behavior(s) of concern and/or misbehavior. The plan shall include any limitations on physical interventions authorized for youth.
  
- C. Least Restrictive Alternative (LRA) – The least amount of intervention necessary to manage a youth’s behavior, including acute physical behavior.
  
- D. Emergency Safety Physical Intervention (ESPI) – Any authorized means of physically holding/moving a youth against his or her will to interrupt and control acute physical behavior.
  
- E. 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.

- F. Safe Crisis Management (SCM) – A comprehensive crisis intervention and behavior management system that includes prevention, non-physical intervention, emergency safety physical intervention, after-incident resolution, and follow-up.
- G. Secondary Strategies – Verbal, non-verbal and para-verbal efforts used to correct, interrupt or adjust behavior.

## **II. General Procedures**

- A. Detention staff required to use ESPIs in the course of their job duties must be trained, through the ACS Satterwhite Academy, in the techniques allowed by DYFJ policy.
- B. Untrained staff shall only physically intervene in a life-threatening event when no other trained staff members are available to respond or in non-life threatening events when the trained staff members require that level of assistance.
- C. 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 ESPIs is specifically 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, staff members 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 ESPI by staff during an incident may be reviewed by DYFJ 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:
  - 1. Primary strategies
  - 2. Intervention assessment
  - 3. Secondary strategies
  - 4. Physical intervention

#### **IV. Primary Strategies**

- A. Executive Directors and Facility Directors shall maintain a facility environment that provides for structure, clear expectations, and consistent routines and transitions from one area/activity to another.
- B. Directors are responsible for overseeing that all staff are familiar with the contents of the DYFJ policy manual and receive any training needed to implement the policies within 60 days of the policy's effective date. No staff may use an ESPI or be involved in an ESPI prior to having been trained in the proper use of physical intervention techniques.
- C. Detention 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. Detention facilities shall have a daily schedule that is substantially followed and readily accessible by youth.
- E. Each detention 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 that promote a positive and safe culture in which individuals are afforded the opportunity to thrive.
- G. 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:

1. Attending – actions of staff to promote a conversation
2. Attuning – assessing the emotional climate of the individual and demonstrating a sharing of the emotion
3. Being aware of events
4. Being friendly
5. Celebrating achievements
6. Giving positive acknowledgement
7. Identifying the youth’s strengths
8. Maintaining a positive affect (demeanor)
9. Making random positive connections
10. Meeting and greeting
11. Modeling appropriate behavior
12. Positively correcting behavior – correcting minor misbehaviors in a step-by-step process (“praise sandwich”)
13. Recognizing normal behavior
14. Teaching acceptable behavior
15. Using appropriate humor
16. 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 detention identified with special needs shall have a current, individualized Behavior Support Plan (BSP).
- B. When a youth displays a behavior of concern, staff members shall assess the youth, his or her 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 his or her 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, space limitations, or objects in the area.
  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**

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.

### **A. 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.)
6. Para-Verbal Intervention - Staff shall control their volume, tone, and rate of speech. Staff shall speak calmly and evenly.
7. 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, and eye contact.

### **B. Verbal intervention**

Verbal intervention techniques shall include, but not be limited to:

1. Paraphrasing – Clarifying and demonstrating interest by restating the conversation in a natural and professional way.
2. Perception checking – The motivation for the behavior and the situation is understood.
3. 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.

4. Open ended prompts – Instructions such as, “tell me more,” “help me understand,” and “please explain” are used to prompt discussion.
5. Reflecting feelings – Identifying the current feeling, whether it is being expressed and observable or hidden, using everyday conversation and not phony sounding clichés.
6. Summarizing – Discussion and/or agreements between the individual and staff are reviewed.
7. 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.
8. Benign confrontation – Non-judgmental and unemotional correction of an individual’s behavior.
9. Setting clear expectations – Slowly restating instructions using “rule of five<sup>1</sup>,” gauging understanding, and allowing the individual to process and choose (staff provide space and time).
10. 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.
11. Redirection – Momentarily stopping an activity and asking the individual to restate the behavior expectation, applauding efforts, and reengaging the individual in the same or a different activity.
12. Positive correction “praise sandwich” – The five steps include: beginning with praise, identifying the non-desired behavior, clearly stating the expectations, having the individual repeat or acknowledge the expectation, and once he or she begins to comply, thanking him or her, and again using praise.
13. Limit setting – Positive restatement of expectations and a calm, clear explanation of what will occur should the expectation not occur
14. 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 ESPIs shall be permitted when a youth’s conduct:
  1. Presents a risk of physical injury to the youth or others; or

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<sup>1</sup> No more than five words in a direction and no more than five letters per word.

2. Clearly indicates that the youth is attempting to abscond/escape from the facility or from custody.
- B. The safety of the youth shall be the staff's primary concern. Physical intervention should be a last resort.
- C. ESPI techniques shall be used as taught by certified SCM Trainers or certified SCM Trainers of Training. The following ESPIs are authorized by DYFJ:
1. Escapes
    - a. Pivot and Parry
    - b. Front Choke Escape
    - c. Rear Choke Escape
    - d. Forearm Choke Escape
    - e. Little Finger Roll, Forearm Twist, Scribe a Circle
    - f. Two Handed Wrist Grab
    - g. Hair Pull Assist (front and rear)
    - h. Bite Release
  2. Standing Assists
    - a. Extended Arm Assist (Single Person) (if used as the only ESPI technique, this technique shall not be coded as an ESPI, but as an escort)
    - b. Multiple-Person Extended Arm Assist (if used as the only ESPI technique, this technique shall not be coded as an ESPI, but as an escort)
    - c. Cradle Assist (Single Person)
    - d. Upper Torso Assist (Single Person)
    - e. Upper Torso Assist (Multiple Person)
    - f. Bicep Assist (Multiple Person) (if used as the only ESPI technique, this technique shall not be coded as an ESPI, but as an escort)
  3. Multiple Person Transports or Assists to Seated Kneeling Positions
    - a. Hook Transport (if used as the only ESPI technique, this technique shall not be coded as an ESPI, but as an escort)
    - b. Cradle Assist to Seated/Kneeling Position
    - c. Upper Torso Assist to Seated/Kneeling Position
    - d. Hook Transport and Assist to Seated/Kneeling Position
    - e. Multiple-Person Seated/Kneeling Upper Torso Assist and Bicep Assist

4. Supine Positions
    - a. Supine Torso Assist (Single)
    - b. Supine Torso Assist (Multiple Person)
    - c. Side Assist
  5. Prone Positions
    - a. Prone Torso Assist (Single)
    - b. Prone Torso Assist (Multiple Person)
  6. Note: All uses of the prone technique shall be administratively reviewed to monitor the appropriateness and necessity of the intervention. Wherever possible, it is expected that less restrictive ESPIs will be utilized prior to utilizing prone, which is a more restrictive technique.
  7. Note: It is strongly preferred that ESPIs be applied using multiple staff whenever practical.
- D. Medical attention shall be provided for any injuries suffered as a result of an ESPI as described in the Safe Intervention Policy.
- E. Mechanical restraint devices shall be used only if the youth is a clear and present danger to him/herself or others and crisis intervention techniques have been attempted and failed.

#### **VIII. Reporting Physical Interventions:**

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

- A. In secure detention, the Operations Manager, Tour Commander, and supervisor must be notified immediately when any ESPI is used and in NSD, the Facility Director and Operations Liaison must 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 the incident recorded in the appropriate log books.

#### **IX. Debriefing Conversation with a Youth**

Following each incident that involved an ESPI technique that is not an escort, the youth and staff involved will have a joint debriefing

conversation in an effort to discuss behaviors of concern and agree upon a plan for future behavior. The debriefing will 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 to be Debriefing Facilitators based on the following criteria:
  - 1. Successful completion of Safe Crisis Management training specific to their job title;
  - 2. Excellent interpersonal and communication skills;
  - 3. Excellent problem solving skills;
  - 4. Demonstrated report writing and analytical skills; and
  - 5. Understanding and supporting the vision, mission, and values of DYFJ.
  
- B. The Debriefing Facilitator must receive a competency-based training through the ACS Satterwhite Academy to oversee and assist with the debriefing conversation.
  - 1. The SCM instructor may be a Debriefing Facilitator.
  - 2. In Secure Detention, Operations Managers, Tour Commanders, supervisors, and Case Management staff will serve as the primary Debriefing Facilitators. In NSD, the Facility Directors, supervisors, child care, or case management staff can serve as the primary Debriefing Facilitators.
  - 3. Staff members 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 Tour Commanders Office in secure detention and in supervisors' offices in NSD.
  
- C. By the end of the shift following an incident involving an ESPI 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 Youth 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 Operations Manager/Tour Commander/Facility Director shall approve any delay and the rationale for the delay must be indicated on the Youth Debriefing Conversation Guide.

- E. The debriefing conversation shall 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 directly involved in the ESPI shall complete an 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 lead 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 lead the conversation.
  - 3. If the Debriefing Facilitator was involved in the incident, other than as a neutral observer, he/she will not conduct the debriefing conversation for that incident. Another Debriefing Facilitator shall conduct 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.
- H. Youth Group Debriefing
  - 1. When a group of youth has been negatively affected by an ESPI technique involving one or more youth, a staff member other than the one who used the ESPI, shall facilitate the debriefing conversation by the end of the shift. The staff member who used the ESPI shall 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 ESPI technique should be given the opportunity to address the group, as appropriate.

I. Record Retention

1. The debriefing conversation shall be documented using the Debriefing Conversation guide and as required in the Incident Report.
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 each of the youths' Behavior Support Plans, if any participating youth has a BSP.
4. The Debriefing Facilitator shall forward the original Debriefing Conversation Guide to the Tour Commander/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 members 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 using the Supervisory Follow-Up/Staff Debriefing Form which may include the following questions concerning:
  1. Whether 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. Whether the staff contributed to the situation;
  6. What the staff did that worked well;
  7. What staff felt might have been done differently;
  8. Whether the staff felt supported;
  9. Whether 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;  
and
  13. If any changes should be made to the BSP

D. Record Retention

1. The Supervisory Follow-Up/Staff Debriefing Form shall be included as a supervisory follow-up on each staff member's Incident Report that was primarily involved in applying an ESPI on a youth. If more than one staff member was involved in the ESPI, the supervisor may at his or her discretion interview each staff member individually or as a group.
  
2. If the supervisor feels that a corrective action needs to occur as a result of what is ascertained through the staff debriefing or incident review, the supervisor shall take appropriate actions which can involve, but are not necessarily limited to: a review of staff response times and actions, a review of available video, a referral to the Incident Review Committee, a recommendation for retraining or additional coaching, or referral for disciplinary action.

**ATTACHMENT B**

**BEHAVIOR SUPPORT PLAN**

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male  
Facility:  Crossroads  Horizon  NSD: \_\_\_\_\_ Admission Date: \_\_\_\_\_

.....  
Date of Initial Plan: \_\_\_\_\_ Date of Plan Revision: \_\_\_\_\_  
.....

**Describe the reason for the Behavior Support Plan (What is the concerning behavior?)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identify any diagnostic information:**

Is the youth taking any psychotropic medications?  Yes  No

Are there any possible side effects from the medication?  Yes  No

*Please list all psychotropic medications, medication schedule and target behaviors:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goals:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Ways to recognize resident is struggling/upset (behavioral cues):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Triggers to negative behavior / noncompliance:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Staff interventions to help calm this youth:

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Comments/Observation/Feedback:

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Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIVISION OF YOUTH AND FAMILY JUSTICE  
YOUTH DEBRIEFING CONVERSATION GUIDE**

Attachment C

Instructions: To be filled out every time an ESPI is used. Debriefing begins when the individual youth and staff involved are calm. Explain to the youth why he/she is there and state the process and the point of the debriefing. The facilitator ideally should be a director/manager, supervisor, or case manager. Note: If an ESPI resulted in a child abuse allegation, the staff named in the allegation must not participate.

This form is to be attached to the original Incident Report. A copy of this form is to be placed in the youth's case management folder.

Facility :  CAM  CJC  HJC  NSD: \_\_\_\_\_ ESPI Staff Participant Present?  Yes  No

Incident #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM/PM)

Youth's Name: \_\_\_\_\_

ESPI Staff Participant 1 Name: \_\_\_\_\_ Title: \_\_\_\_\_

ESPI Staff Participant 2 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facilitator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Other Participants in Conference (list names and titles): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Ask the youth to describe the incident as he/she experienced it. What were his/her thoughts at the time? How was he/she feeling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Share staff's perception of the incident [as a reality check].. Connect the incident to a pattern of the Youth's behavior (if one exists). Clarify his/her pattern of behavior. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Explore other ways to handle the issue. Was there a better way to handle the situation? Explore options with the Youth. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the youth think there was a way the incident could have been avoided? Did they try anything to avoid or deescalate the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# SUPERVISORY FOLLOW-UP FORM/STAFF DEBRIEFING FORM

Instructions: To be used In incidents involving an ESPI

Facility :  CAM  CJC  HJC  NSD: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Involved in ESPI: \_\_\_\_\_ Title: \_\_\_\_\_  
last name first name

Staff Involved in ESPI: \_\_\_\_\_ Title: \_\_\_\_\_  
last name first name

Facilitator's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
last name first name

Incident #: \_\_\_\_\_ Date: \_\_\_\_\_

Was the youth injured?  Yes  No Time \_\_\_\_\_ am/pm Type of injury (if any)  A  B

1. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were staff injured?  Yes  No  
2. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was debriefing conducted with youth and staff involved in ESPI ?  Yes (attach)  No  
3. If no, explain why?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff Debriefing: Ask the following questions of staff directly involved in the ESPI.** List Staff debriefed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. What primary or secondary strategies were utilized to prevent the use of ESPI? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was the youth's response? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How did the situation escalate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did you feel in control of the situation?  Y  N *Please explain:* \_\_\_\_\_

5. Is there anything that you would have done differently? \_\_\_\_\_

6. What could have been done to make you feel more supported? *Please explain:* \_\_\_\_\_

7. Was there sufficient staff to help deal with the situation? \_\_\_\_\_

8. What could the other staff present have done to be more helpful? \_\_\_\_\_

9. Was there anything that could have improved the current situation? \_\_\_\_\_

10. Was the Behavior Support Plan (BSP) followed?  Y  N  No Plan in Place *If Y or N, please explain:* \_\_\_\_\_

11. What changes (if any) do you recommend be made to the BSP? \_\_\_\_\_

12. What was the incident Resolution? \_\_\_\_\_

13. Do you have any other suggestions to help avoid a similar situation in the future? \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DIVISION OF YOUTH AND FAMILY JUSTICE  
HEALTH SERVICES INCIDENT REPORT**

PLEASE CHECK FACILITY:     CROSSROADS     HORIZON     NSD

DATE: \_\_\_\_\_

**RESIDENT INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADMISSION NO: \_\_\_\_\_ DORM/HOUSE: \_\_\_\_\_  
INCIDENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

RESIDENT/STAFF INVOLVED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENT'S DESCRIPTION OF EVENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INCIDENT REPORTED TO: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_  
RESIDENT SIGNATURE AGREEING TO THE ABOVE DESCRIPTION: \_\_\_\_\_

**MEDICAL STAFF OBSERVATION OF RESIDENT'S PHYSICAL/MENTAL CONDITION AND TREATMENT PROVIDED:**

EVALUATION/ TREATMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
FINDINGS/ OBSERVATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHOTOS TAKEN:    YES     NO

INDICATE INJURY LEVEL AND TREATMENT:

**INJURY A**

TREATMENT: \_\_\_\_\_

DEFINITION: A PHYSICAL INJURY REQUIRING MORE THAN BASIC OVER-THE-COUNTER FIRST AID OR THAT NECESSITATES AN EMERGENCY ROOM VISIT.

**INJURY B**

TREATMENT: \_\_\_\_\_

DEFINITION: A PHYSICAL INJURY THAT DOES NOT REQUIRE HOSPITALIZATION OR MEDICAL TREATMENT BEYOND THE PRESCRIPTION OF OVER-THE-COUNTER ANALGESICS OR THE ADMINISTRATION OF MINOR FIRST AID.

NAME OF MEDICAL STAFF: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CHILD ABUSE REPORT:  YES     NO    PERSON CONTACTED: \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**DIVISION OF YOUTH AND FAMILY JUSTICE – HEALTH SERVICES  
MEDICAL TREATMENT SUMMARY**

**FACILITY:**  HORIZON  CROSSROADS  NSD: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR MEDICAL VISIT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIAGNOSIS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TREATMENT PLAN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOLLOW-UP APPOINTMENT NEEDED WITH MEDICAL: \_\_\_\_ NO \_\_\_\_ YES, WHEN? \_\_\_\_\_

PPD: IMPLANTED: \_\_\_\_ READ: \_\_\_\_ RESULT: \_\_\_\_\_

SPECIAL DIET: \_\_\_\_\_

ACTIVITY RESTRICTIONS: \_\_\_\_\_

LAB RESULTS PENDING: \_\_\_\_\_

IMMUNIZATIONS: \_\_\_\_\_

REFERRALS: \_\_\_\_\_  
\_\_\_\_\_

PROVIDER COMPLETING FORM: \_\_\_\_\_ DATE: \_\_\_\_\_



### ESPI REPORT

*Each youth involved in ESPI should have own sheet, attach all sheets together.*

*Additional sheet number* \_\_\_\_\_

**COMPLETE ONLY IF ESPI Category A or B WAS USED: CHECK ALL THAT APPLY.**

**A. Was an escape technique used?**  Yes  No **If yes, check the technique(s) used:**  Bite Release

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

**B. Was an Emergency Safety Physical Intervention Used (ESPI)?**  Yes  No **(If yes, check the technique(s) used below:**

**Escorts:** Youth Injury?  Y  N

Extended Arm Assist       Multiple Person Extended Arm Assist       Hook Transport       Multiple Person Bicep Assist      *Minutes in ESPI* \_\_\_\_\_

**Lower Level ESPIs:** Youth Injury?  Y  N

Upper Torso Assist       Multiple Person Upper Torso Assist       Cradle Assist      *Minutes in ESPI* \_\_\_\_\_

Cradle Assist to Seated Kneeling       Hook Transport and Assist to Seated /Kneeling Position      *Minutes in ESPI* \_\_\_\_\_

**Higher Level ESPIs** Youth Injury?  Y  N

Upper Torso Assist to Seated/Kneeling Position       Multiple – Person Seated/Kneeling Upper Torso Assist and Bicep Assist      *Minutes in ESPI* \_\_\_\_\_

Individual Supine Torso Assist       Multiple Person Supine Torso Assist       Side Assist      *Minutes in ESPI* \_\_\_\_\_

Individual Prone Torso Assist       Multiple Person Prone Torso Assist      *Minutes in ESPI* \_\_\_\_\_

Staff Signature \_\_\_\_\_

#### SUPERVISORY FOLLOW-UP

**Mechanical Restraint used:**  Yes  No. **If Yes,**  Hand Cuffs  Shackles *Minutes in Mechanical Restraint* \_\_\_\_\_

**Was a Mental Health Referral generated?**  Yes  No **Was a medical incident form completed?**  Yes  No **(attach form)**

**If injury, indicate type:**  Type A  Type B. **Indicate cause of injury:**  Incident  Restraint

**If Staff injury, indicate type:**  Type A  Type B. **Indicate cause of injury:**  Incident  Restraint

**Was an individual Youth Debriefing completed?**  Yes  No **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

**Was a Staff Debriefing completed?**  Yes  No **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

**Was a Group Youth Debriefing completed?**  Yes  No **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

**Did the incident result in a child abuse allegation?**  Yes  No. **If Yes, Reported to SCR or VPCR?**  Yes  No

**Date Reported:** \_\_\_\_\_ **Accepted by** \_\_\_\_\_ *(name)*

- Reason for ESPI:**
- Youth presented a risk of physical injury to self and/or others
  - Youth posed substantial threat to the safety and/or secure order of the facility.
  - Youth was attempting to abscond/escape from the facility or from custody

**Non ESPI Intervention used (reason must be included in narrative):** \_\_\_\_\_

**Non-ESPI related injuries (youth name and injury if known):** \_\_\_\_\_

**Supervisor's Follow-up Narrative:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor Signature/Title:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**All ORIGINAL Incident Reports are to be forwarded for distribution before completion of the tour to the applicable Operations Manager or Tour Commander in Secure Detention, Court Services or to the Supervisor/Facility Director in Non-Secure Detention. All reportable incidents must be called into MCCU within one (1) hour of occurrence.**