I. POLICY:

Department of Juvenile Justice staff shall use a positive approach to building healthy relationships including effective communication, making empathetic connections, and establishing a structured, consistent environment. Staff shall use the least restrictive alternative when ensuring the safety of youth in their care. Physical intervention techniques shall always be utilized in the most humane and safe manner and as the last resort.

II. DEFINITIONS:

Aggravated Active Aggression Response: Use of a physical response that may cause death or serious bodily harm, as governed by Georgia State Law.

Behavioral Health Evaluation: A brief mental status exam completed by a facility case manager or qualified mental health professional following an incident.

Director: For the purposes of this policy, the staff member responsible for the overall operation of a Regional Youth Detention Center (RYDC), Youth Development Campus (YDC), community service office, or other DJJ owned, operated, or contracted facility or program.

First Aid: Initial treatment given by a staff member trained in providing first aid to a sick or injured youth to preserve life, prevent further injury, or promote recovery.

Inappropriate Use of Physical Intervention: Use of physical intervention techniques not authorized by DJJ; use of authorized physical intervention techniques beyond that necessary to manage the behaviors of an acting-out youth; use of a physical intervention technique when it is not warranted; physical handling when the least restrictive alternative is not appropriately utilized.

Injury Severity Rating: A numerical rating assigned by medical services staff that indicates the extent of a youth’s injury.
Least Restrictive Alternative: The least amount of restriction necessary to manage an acting-out youth. Use of the process of safe crisis management so that primary strategies are used before secondary strategies whenever possible.

Mechanical Restraint Device: Any device used to completely or partially constrain a person’s bodily movement.

Physical Intervention: A last resort physical action taken by staff with the intention of managing the behavior of an acting-out youth in order to ensure the safety of the youth and others. Physical interventions include holding, restraining, subduing, and the use of a mechanical restraint device.

Physical Intervention Continuum: A graduated system of control measures to be employed by staff for the purpose of maintaining positive control of a youth, enforcing lawful directives and protecting self or others from injury. The Continuum, as taught by the Office of Training, defines the levels of resistance and the levels of control that will be used to control the behaviors of youth. (See Attachment A) Staff will employ the minimum level of physical intervention needed to achieve the desired outcome.

Positive Behavior Strategies: 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.

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, effectively listening, etc.

Qualified Mental Health Professional (QMHP): Mental health staff with education, training and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments or provide individual counseling to youth with mental illness, the QMHP must have at least a master’s degree in a mental health related field and training and experience in the provision of mental health assessment and counseling procedures. A mental health intern under the supervision of a QMHP may perform the functions of a QMHP.

Report of Youth Injuries: The document used by medical services staff to document the youth’s verbatim statement and physical condition following an incident, and to assign an injury severity rating to any injury sustained in the incident.

Restraint: The complete or partial constraint of a person’s bodily movement through physical or mechanical means.

Safe Crisis Management (SCM): Program sanctioned by DJJ for managing youth behaviors.
**Secondary Strategies:** Verbal, non-verbal, and para verbal efforts used to correct, interrupt or adjust behavior.

**Special Incident Report (SIR):** A report that provides details regarding an event involving youth, employees, and/or facilities/programs/offices (owned, operated, or contracted) that interrupts normal procedure or precipitates a crisis.

### III. GENERAL PROCEDURES:

A. DJJ staff required to use physical intervention techniques in the course of their job duties will be trained, through the Office of Training, in the techniques allowed by DJJ policy (See Attachment A).

B. Untrained staff should only physically intervene in a life-threatening event when no other trained staff are available to respond or in non-life threatening events when the trained staff requires that level of assistance. Untrained staff will use the minimum level of intervention necessary to manage safely the situation.

C. Physical intervention techniques will be used as taught by the Office of Training. Staff will not carry youth in an attempt to move them from one place to another.

D. In secure facilities, in all instances where time permits and video cameras are available, the use of physical intervention techniques and other incidents involving youth will be recorded. (See DJJ 8.15, Video Cameras)

E. Community Services Staff:

1. Community Services staff will use the physical intervention techniques as taught by the Office of Training.

2. The use of physical intervention techniques by Community Services staff is authorized only for the purposes of defense of self or others or to protect youth in cases of emergency.

3. Staff will assess the situation and make decisions based on the safest course of action for all concerned.

4. Local law enforcement or staff trained in the use of physical intervention techniques will be called at the earliest possible time when staff anticipate violent behavior by a youth or notice other signs that may be considered a danger to staff, citizens or the youth.

5. Following the use of physical intervention techniques by Community Services staff, the youth will be immediately referred for any needed medical attention.

6. Community Services staff who may use physical intervention techniques in the course of their job duties will be trained through the Office of Training. The
Deputy Commissioner of Youth Services will designate the specific positions that will require training.

F. Weapons:

1. Only those individuals approved by the Commissioner will be issued a firearm.

2. No weapon of any type is authorized inside a DJJ facility/program unless specifically authorized by the Commissioner or designee.

3. In an emergency, the local law enforcement agency will not need prior authorization of the Commissioner for entry with weapons. (The Commissioner must be immediately notified via the chain of command.)

IV. PHYSICAL INTERVENTION CONTINUUM:

A. The least restrictive alternative will serve as the guideline to the response(s) authorized by DJJ to manage acting-out behavior.

1. Staff will use the appropriate strategies necessary to manage acting-out youth.

2. Inappropriate use of physical intervention is specifically prohibited.

3. Physical intervention techniques are not intended, and shall never be used as a means of punishment.

4. It is acknowledged that a youth’s escalation/resistance and/or the threat level represented may be sudden. When this occurs, the staff member will not be required to sequentially progress through the lesser to more restrictive strategies.

B. The following strategies will be authorized to manage the acting-out behavior of youth:

- Primary strategies;
- Assessment;
- Secondary strategies; and
- Physical intervention (last resort).

C. The use of physical intervention will be permitted in the following circumstances:

- Defense of self;
- Protection of youth, staff, or others;
- In secure facilities, prevention of substantial damage to property when that damage could legitimately cause a safety hazard;
- In secure facilities, escape prevention; and
- In secure facilities, enforcement of lawful orders and directives, upon supervisor approval when other lesser intervention techniques have failed.
D. The safety of the youth shall be the staff’s primary concern. Physical intervention is always a last resort.

E. Levels of Intervention

**Level I:** (Maintaining positive control with staff presence): The focus is on staff presence. Staff should mobilize sufficient numbers of trained staff to the area to overwhelm youth and deter undesirable behavior.

**Level II:** (Maintaining positive control with verbal directions and warnings): The focus is on verbal intervention and diffusion of the situation through direct orders, counseling and crisis intervention techniques. Whenever possible, staff should call mental health staff or behavioral health staff to the scene to provide crisis intervention.

**Level III:** (Maintaining positive control with passive removal): The focus is on diffusion of the situation by passively removing the youth from the area or group activity by guiding without attempting to subdue the youth or defend self or others. Levels I and II techniques should continue.

**Level IV and Level V:** (Physical intervention measures): The focus is to provide immediate intervention to ensure safety and control. Physical intervention measures may be used to:

- Manage combative and/or resistant youth;
- Separate participants in a fight;
- Protect self or others from injury;
- Prevent escape (facilities only); and
- Enforce lawful instructions when all other measures have failed.

Physical intervention measures involve compelling a youth against his/her will by using empty hand control techniques employed in a manner consistent with the minimum amount required to achieve compliance by the youth.

When a youth is restrained, physically or mechanically, the head must be able to rotate freely, the airway must be unobstructed at all times, and the lungs must not be restricted by excessive pressure on the back or chest. The youth will remain facedown only for the length of time required to physically subdue a youth and/or secure a mechanical restraint. After the physical or mechanical restraint is secured, the youth will be immediately turned on his/her side or brought to his/her feet.

**Level VI:** (Aggravated active aggression response): Aggravated active aggression response will only be used when necessary to defend self or others against force that is intended or likely to cause death or great bodily harm. The facility Director must immediately notify the Director of the Office of Investigations following the use of Level VI physical interventions.
F. Physical intervention techniques not approved by DJJ shall not be employed except in cases of extreme emergency when other approved techniques would be ineffective. (As an example, but not limited to: self-defense against a youth or group of youth that are physically assaulting staff.) Incidents involving the use of physical intervention technique not approved by DJJ will be investigated and administratively reviewed to determine whether the situation warranted such use.

G. Medical attention will be given immediately to any injuries suffered because of a physical intervention. If the youth is in distress and medical services staff are not present, the youth will be immediately transported to the emergency room.

H. Mechanical restraint devices will 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 or unless specified in a Special Management Plan. Mechanical restraint devices will be used in accordance with DJJ 8.31, Restraint of Youth.

V. INTERVENTION ASSESSMENT:

A. Each youth in a secure facility will have current, individualized Positive Behavior Strategies. (See DJJ 18.31, Positive Behavior Strategies)

B. When youth display a behavior of concern, staff will assess the youth, their behavior, the environment and the staff’s ability to handle the situation to determine the strategy to be used.

VI. SECONDARY STRATEGIES:

Non-physical interventions will be used to de-escalate a youth’s acting-out behavior. Non-physical interventions include: non-verbal communication, para verbal intervention, active listening and verbal intervention.

VII. DEBRIEFING CONVERSATION (FACILITIES ONLY):

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.

A. Each facility Director will designate staff to serve as Debriefing Facilitator.

1. The Debriefing Facilitator must receive a competency-based training through the Office of Training to oversee and assist with the debriefing conversation.

2. The Training Officer may be a Debriefing Facilitator.

3. The Debriefing Facilitator will not serve as the disciplinary hearing officer or the disciplinary hearing investigator for that incident.
4. The staff completing the Behavioral Health Evaluation will never serve as the Debriefing Facilitator for that incident.

5. Staff directly involved in the incident will not serve as the Debriefing Facilitator for that incident.

B. Within 72 hours following an incident involving a physical intervention technique, the Debriefing Facilitator will oversee and provide assistance with a debriefing conversation with the youth and staff involved. The debriefing conversation will be documented using the Debriefing Conversation Guide (Attachment B).

C. If a physical intervention code is added during the administrative review of the SIR, the Director will assign a Debriefing Facilitator to oversee and assist with the debriefing conversation.

D. The debriefing conversation should occur in a quiet location. The involved individuals should be in control of their emotions and the debriefing conversation must be conducted calmly.

E. The debriefing conversation should result in an agreement between the involved staff and youth. If an agreement cannot be reached, the debriefing conversation will be attempted again within the same 72-hour period. Both debriefing conversations will be documented on the same Debriefing Guide.

F. Youth must complete the Statement for the Record prior to the debriefing conversation. (Refusals to complete a Statement for the Record will not delay the debriefing conversation.)

G. Staff must complete the Statement for the Record or SIR prior to the debriefing conversation.

H. A debriefing conversation does not change the youth’s rights to file a grievance.

I. Debriefing Conversation:

1. The Debriefing Facilitator will provide oversight of and assistance with the debriefing conversation with the involved staff and youth within 72 hours of the incident.

2. The involved staff will 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. Staff and youth will have the opportunity to share their observations of the incident in a respectful manner.
4. Allegations of child abuse, sexual abuse/exploitation, and neglect will be reported in accordance with DJJ 8.5, Special Incident and Child Abuse Reporting.

J. Youth Group Debriefing:

1. When a group of youth has been negatively impacted by a physical intervention technique with one or more youth, the staff member who used the physical intervention technique will facilitate the debriefing conversation within 72 hours of the incident.

2. 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. 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.

4. Allegations of child abuse, sexual abuse/exploitation, and neglect will be reported in accordance with DJJ 8.5, Special Incident and Child Abuse Reporting.

K. Records Retention:

1. The debriefing conversation will be documented using the Debriefing Conversation Guide.

2. The Debriefing Facilitator will forward the original Debriefing Conversation Guide to the facility Director to be attached to the SIR.

VIII. LOCAL OPERATING PROCEDURES REQUIRED: NO