



JUVENILE HALL MANUAL

Chapter: Classification and Segregation
Section: Behavior Management and Intervention

1357.1

Effective: 3/22/2017

Authority: Title 15, California Code of Regulations: Minimum Standards for Juvenile Facilities

Replaces: N/A

Responsible for Updates: Juvenile Facilities

Approved By
Chief Probation Officer


Wendy Still

4/20/17
Date

I. Principle

The Alameda County Probation Department shall maintain policies and practices that foster intermediate strategies that promote rehabilitative opportunities, with minimal reliance on the use of physical interventions.

II. Policy

The Alameda County Probation Department's Juvenile Facilities Division provides a safe and secure environment for youth in our facilities in order for rehabilitative opportunities to occur. Juvenile Institutional Officers (JIOs) are charged with the primary responsibility of ensuring the safety and security of youth in our care, custody and control.

III. Procedures

Youth in the care of the Juvenile Facilities Division are often troubled and their behavior may sometimes be aggressive and/or harmful to themselves or others. These behaviors may result in crisis situations of varying degrees. Non-threatening, non-verbal, or verbal techniques should be employed to intervene in a youth's negative behavior. These strategies reinforce the expected behavior and allow the youth to self-correct and return to the expected proper behavior.

For all youth, expectations shall be clear, simple, reasonable, and enforceable.

Behavior Management Techniques

Primary and secondary strategies are positive behavior management techniques intended to prevent situations from escalating to “use of force” conditions. Primary strategies are used to minimize the occurrences of the youth acting out. Secondary strategies are intended to interrupt, correct, adjust, and sometimes de-escalate behaviors.

JIOs are expected to engage in primary strategies (prevention, strength-based, humor, regrouping, restructuring, problem solving) on a daily basis to promote the development of positive interaction with the youth. Differential reinforcement is another primary strategy involving acknowledging appropriate behavior, while ignoring inconsequential behavior. All of these strategies contribute to creating and maintaining a positive climate.

Group supervision techniques create positive and healthy environments, therefore minimizing and diffusing escalating situations. Custody environments have clear program expectations which promote a safe growth oriented culture. JIOs shall adhere to established routines and provide ongoing structure. Proper structure effectively limits the potential for incidents to occur.

It is expected that JIOs shall proactively avoid employing physical intervention whenever possible. Physical intervention is defined as an immediate, temporary intervention used to interrupt, redirect or control a youth’s behavior that is harmful to themselves, others or serious breaches to programming and security. In resolving a potential crisis situation, only the reasonable amount of force necessary to preserve the safety of youth, others, and to maintain or regain control within the custodial setting may be used.

Immediate or Intervention Assessment

The JIOs shall be alert to on-going group dynamics and continuously monitor situations where the potential for conflict exists. Proper group supervision assists in anticipating problems and can result in early intervention, which prevents an escalation of negative behavior.

Alameda County Probation Department

Appropriate positioning, activity management, and teamwork are essential JIO responsibilities, which help to prevent volatile situations.

The JIOs must always be prepared for the emergence of negative behavior(s). When these behaviors occur, immediate assessment shall be initiated and thereafter consist of the following:

- 1. Assess the behavior, including the issues that may lead to physical, mechanical and chemical interventions.**
- 2. Individually assess the youth(s) involved in the behavior.**
- 3. Assess the immediate environment in which the behavior is occurring and identify resources/interventions that may be necessary to resolve the issue(s).**

The JIOs shall be cognizant of the environment. The "Crisis Curve" describes the behavioral sequence and the "Crisis Cycle" describes the psychological aspects of escalating behavior on the part of the individual youth. As incidents escalate, the thought processes of the youth becomes less involved as emotions increase. In many instances, the JIO attempting to assist in these crisis situations becomes the target of misplaced anger.

The JIOs, alert to situations involving oppositional/defiant behaviors and personal insults, will maintain their professionalism and utilize caution while attempting to de-escalate the situation. The JIOs must assess each of these situations while taking care to avoid internalizing comments, thus avoiding counter-aggressive responses.

The JIOs presence, JIO switching (the introduction of a neutral JIO member into the situation) and/or "tapping out" (removing an overly involved JIO) may serve to calm all parties and allow the JIO to maintain control without resorting to physical or chemical intervention. Additional JIOs should monitor these situations and assist as directed.

Range of Intervention Options

JIOs shall utilize only the degree of intervention that is appropriate for the situation encountered, and shall respond accordingly. Interventions are based upon the least restrictive alternative.

When a crisis situation begins to develop, JIOs shall utilize de-escalation techniques. Once a safe environment has been reestablished, the JIOs will continue to monitor, provide support and initiate post intervention procedures. The continuum of intervention options include:

1. *Request for Compliance with Instructions:* When making requests of the youth for compliance with instructions, the JIO shall do so in a fair and respectful manner.
2. *Discussion/Counseling:* The JIO shall attempt to counsel or engage the youth involved in negative behavior through dialogue in an attempt to de-escalate the situation.
3. *Continued Dialogue:* In a firm but non-threatening manner, the JIO shall clearly instruct the youth engaged in non-compliant behavior to cease the activity and comply with their request.
4. *Verbal Command:* In an appropriate firm voice, the JIO shall clearly instruct/order the youth engaged in negative activity to cease their involvement. The JIO shall immediately call for back-up.
5. *Switching JIOs (if the incident is one of youth versus JIO):* If the youth is extremely angry or upset with the JIO trying to de-escalate the incident, another JIO shall take that JIOs place and attempt to counsel the youth and continue the de-escalation process.
6. *JIO Presence:* One or more JIOs are to converge on the area where the incident is occurring. The JIOs shall approach in a non-threatening manner. While converging on the area, the JIOs must continuously instruct/order the youth in a firm voice to cease their negative activity. At the same time, continually assessing the situation. Once present, the arriving JIOs may assist in isolating the situation, providing back-up for the JIO engaging the youth, and securing the rest of the group.
7. *Secluding the Situation/Youth:* If the youth does not comply with verbal instructions and additional JIOs have been called to the area, the youth shall be secluded from the rest of the group. Seclusion occurs in several forms. The preferred form of seclusion is where a youth is voluntarily secured in their room. It is not always possible to convince a youth to return to or enter their room. When this occurs, secluding the youth in a vacant dayroom, vacant hallway, or other area that can be secured is permissible. It is permissible to reduce or halt

Alameda County Probation Department

program activities for the time necessary to handle a crisis situation. The program shall resume after the incident has been resolved and the environment in the unit has returned to normal.

8. *Mental Health Assistance*: JIOs shall request the assistance of mental health staff, if available, to counsel and assist the youth in regaining self-control. At the same time encouraging the youth to comply with the requests of JIO.
9. *Request Assistance From the ISII*: Once the situation is contained, and efforts to gain compliance have been unsuccessful, the following shall occur:
 - a. *Application of Physical Intervention*: If the verbal commands and the JIOs presence fail to stop the negative behavior, physical intervention shall be employed at the least restrictive level to control the situation.
 - b. *Cease Activity Warning/OC Spray*: If physical intervention attempts are unsuccessful and it becomes necessary to utilize chemical intervention, the JIO shall provide a verbal warning. The verbal warning is used to inform the youth regarding the intended use of chemical intervention by clearly stating in a loud voice, "OC Warning," to the youth involved in the incident.
 - c. *Application of OC Spray*: If the OC warning fails to stop the escalating behavior, OC spray may be deployed. The JIO shall ensure that all decontamination protocols are followed in each instance where chemical intervention is utilized.

NOTE: In instances where a disturbance is occurring involving several youth or a JIO is being physically assaulted by a youth or group of youth, the immediate utilization of chemical intervention is allowed following a verbal warning. The immediate need to utilize chemical intervention must be clearly articulated in the report. Special caution will be taken with youth for whom the application of chemical force is medically contra-indicated (the federal Department of Justice indicates that spraying youth with respiratory ailments and/or those on psychotropic medications would be two examples of meeting the contra-indicated standard).

Situation Assessment

Alameda County Probation Department

It is not possible to foresee all possible situations in which intervention techniques need to escalate. There are three (3) generalized situations in which physical intervention may need to be incorporated into the intervention management process. It must be understood that the prevailing philosophy accompanying any physical intervention is that the actions taken must be necessary to assist the youth to a safer environment.

The three (3) general situations in which physical intervention may be utilized are:

1. **Controlled Situations**: Physical intervention may be used as directed by a supervisor.
2. **Uncontrolled Situation**: An immediate need to utilize physical intervention may exist.
3. **Mental Health Crisis**: The need to apply soft security devices to assist a youth experiencing a mental health crisis may exist.

Controlled Situations

The following examples require de-escalation techniques to be utilized by the JIOs to successfully resolve crisis situations, without injury to the youth, by utilizing the least restrictive alternative:

1. Refusing to follow instructions resulting in a disruption of the unit's program.
2. Non-responsive to the JIOs instructions, which seriously impacts the unit's operation.
3. Banging or kicking doors or windows.
4. Verbally threatening the JIOs.
5. Gassing of JIOs (throwing bodily fluids on JIOs).
6. Throwing food at the JIO or another youth, but not physically aggressive after the act.
7. Assuming an immobile stance with fists clenched.
8. Displaying irate/hostile behavior, but not involving physical aggression.
9. Refusing to exit a room or area.
10. Engaging in self-harming behaviors that are non-life-threatening.

Alameda County Probation Department

The preferred outcome is one in which compliance is voluntarily gained, use of force options are avoided, and both youth and the JIO safely resolve the situation. Occasionally, the need for force may be necessary to maintain a safe environment. The ISII, or the ISI, if present in the unit, must be summoned to the area to take control of the situation and directly authorize any use of force options.

Uncontrolled Situations

The following examples occur quickly and may require an immediate JIO response. The JIOs are expected to utilize the continuum of force options to prevent injury to youth, JIO and/or to protect the community.

1. Major unit disturbance, including but not limited to, multiple youth fighting and/or a riot.
2. Physical assault on a JIO.
3. Physical assault on a youth by another youth.
4. Attempts to escape outside of the immediate living unit area.
5. Engaging in self-harming behaviors that may result in great bodily injury or death if allowed to continue.
6. Serious destruction of county property (breaking windows, light fixtures, doors, etc.).

ALAMEDA COUNTY PROBATION DEPARTMENT	Section 1358	Page 1 of 3
JUVENILE HALL MANUAL	Authority Reference: TITLE 15: Minimum Standards for Juvenile Facilities, Article 5, Section 1358	
Chapter: V	Approved by Executive Management Group: 10/17/01 Reviewed by PPOA: 1/28/03	
Subject: RESTRAINT OF DETAINEES	Effective Date: 9/17/97 Revised Date: 4/15/99 (8/24/01)	

POLICY

Restraints are only to be used when all other counseling interventions have been exhausted. Staff are to make every effort to de-escalate the situation prior to the application of physical restraints. Restraints are to be used as a last resort when all else has failed in controlling a minor's behavior. Restraints are only for those minors who present an immediate danger to themselves or others.

PROCEDURE

- A. Immediate Procedures: Quick action during the early stages of the incident may divert and prevent a problem from developing to the point where the use of restraints is necessary. With proper coverage a staff member, by going into a detainee's room and talking to the detainee, may be able to avert a tense situation. In order to be effective, however, this must be done early. If riotous behavior develops to the point where there is real danger that detainees or staff may be injured or County property will be destroyed or damaged, the Duty Institutional Supervisor II has been delegated the authority to use restraints without the prior approval of Director or Assistant Director. The matter of a few minutes can make the difference between controlling a situation or losing control completely. It is important, therefore, that good judgment be used in the use of restraints. The Director of Juvenile Hall is to be notified by routing the Restraint Report and Incident Report.
- B. Physical restraints will be used only for those minors who present an immediate danger to themselves and/or others, or who exhibit behavior that results in the destruction of property. Procedures outlined in Juvenile Hall Manual Section 1357 - Use of Force, should be applied prior to using restraints. Restraints are used only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.
1. Restraints are not to be used as discipline or as a substitute for treatment. This policy addresses known medical conditions that would contraindicate certain

devices; signs or symptoms which should result in immediate medical/mental health referral.

2. Minors will be placed in restraints only with the approval of the Duty Institutional Supervisor II.
 3. Direct visual supervision by a Institutional Supervisor I or II will be conducted to ensure that the restraints are properly employed, and to ensure the safety and well being of the minor.
 4. All minors in restraint devices are housed alone or in Boys' Control or Intake/Control, with provisions to protect the minor from abuse.
 5. Under no circumstances will a minor be in restraints for more than thirty (30) minutes at a time. While a minor is in restraints, staff will continue to attempt to verbally diffuse the situation, thereby reducing the minor's time in restraints.
 6. All checks of minors in restraint shall be documented every 5 minutes on Use of Restraint Device Report Form #249-620.
 7. The affixing of hands and feet together (hog-tying) is prohibited.
 8. Upon removal of the restraints, a medical examination will be made within 2 hours of removal of restraints. A report of the examination will be included on Form #249-620 with the incident report (Form #249-278) which is routed and reviewed by supervisory staff.
 9. If the initial 30 minutes in restraints does not alleviate the behavior causing restraint, a minor may be placed back into restraining devices. However, A FINDING BY MEDICAL STAFF THAT A MINOR NOT BE PLACED BACK IN RESTRAINTS IS FINAL.
- C. Definition: The term "restraining devices" includes and is limited to the following: Wrist straps, leg straps, handcuffs, and leg anklets. No other device, or apparatus is authorized except OC pepper spray (chemical restraint).
- D. In restraining detainees, accidents may occur and detainees may be seriously injured. In restraining a child, staff may use only those means necessary to control the situation. Any act of retaliation or use of unnecessary force will not be tolerated. Staff must be extremely careful not to injure the minor in the restraining process. Arm locks must never be used to escort younger detainees and should be used only when absolutely necessary to facilitate the subduing of the person until the application of handcuffs and

restraints may be accomplished.

1. Within Juvenile Hall, hard restraints (handcuffs, ankle cuffs) may be used if needed to bring detainees who are acting out or out of control, from the living units, dining room, or classrooms to the Control Unit.
2. Hard restraints may be used to bring detainees under control who are acting out while being detained in rooms in Boys' Control and Intake Control. Hard restraints must be replaced with soft restraints (wrist straps or leg straps) before the group counselor leaves the room. If a detainee's behavior warrants that he or she must remain in restraints in a room, only soft restraints will be used. Under no circumstances is a detainee to be left unattended in a room in hard restraints. Minors in restraints shall not be deprived of use of toilet facilities or water while in restraints.

- E. Written Report: Written Incident Reports (Form #249-278) and Use of Restraining Device Reports (Form #249-620) must be submitted by the Duty Institutional Supervisor II prior to the change of shift and routed to the Director of Juvenile Hall. Any incident must be documented for the protection of the individual counselor as well as the Probation Department. The minor must be seen by a medical doctor as soon as possible after the restraint. The treating medical personnel's name, comments, and date of examination must be noted on the Use of Restraining Device Report form.
- F. It is the Institutional Supervisor I's responsibility to see that any child remaining in restraints must be checked visually at least every five (5) minutes. All possible effort to remove restraints must be made so that the time period of restraint device use is kept to an absolute minimum. The occurrence of each time interval check is to be initialed on the Use of Restraining Device Report (Form #249-620). Under no circumstances shall the minor remain in restraints more than thirty (30) minutes unless the minor is being moved to a medical facility.
- G. If the minor is placed in restraint due to attempts to harm him/herself, the Guidance Clinic is notified via the Application for Emergency Psychiatric Evaluation of a Detained Minor, (Form 4011.6) in order for an assessment of the minor's mental and emotional state to be completed.
- A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.
- H. Cardiopulmonary resuscitation equipment (C.P.R.) masks are available in all unit first aid kits if needed.

ALAMEDA COUNTY PROBATION DEPARTMENT	Section 1357.2	Page 1 of 7
JUVENILE HALL MANUAL	Authority Reference: TITLE 15: Minimum Standards for Juvenile Facilities, Article 5, Section 1357	
Chapter: V	Approved by Executive Management Group: 2/25/04 Approved by PPOA: 4/06/04	
Subject: USE OF CHEMICAL RESTRAINT	Effective Date: 4/06/04 Revised Date: 10/04/02 Revised Date: 2/20/04	

POLICY

The use of chemical agents, commonly referred to as tear gas and Oleoresin Capsicum (OC), is permitted under the provisions of Penal Code Section 830.5 and 12401 through 12404. Under provision of law, the Chief Probation Officer may authorize the use of chemical agents.

PROCEDURE

Oleoresin Capsicum will be authorized for use only when the conditions outlined in the procedure are met.

- I. Staff Authorized to (OC)
 - A. The Assistant Chief Probation Officer will designate Juvenile Hall staff classifications authorized to use OC. Employees authorized to use OC must be on duty and meet the following conditions:
 1. Be an Alameda County Probation employee assigned to the Juvenile Hall locked area.
 2. Have completed a POST/STC certified chemical agent and OC training course.
 3. Participate in yearly 4-hour refresher training for chemical agents that includes the limitations of use, potential dangers of use, authorization for use, and "how to" instructions.
 4. Be on duty and designated as staff to be in possession of OC
 5. Be informed and trained in all techniques of Management of Assaultive Behavior (MAB).

- B. Authorized staff members are required to carry OC on their person while on duty, and supervisory staff will respond to all incidents where OC is used. Designated staff assigned to Juvenile Hall are authorized to possess and use OC while on duty. Designated staff shall include Intermittent Group Counselors, Group Counselors I/II, Group Counselors III, and the Institutional Supervisor I, Institutional Supervisors II, Senior Institutional Supervisors, the Assistant Director and the Director. These staff members are required to carry OC on their person while on duty, and the supervisory staff listed above will respond to all incidents where the use of OC is necessary.
- C. Dispensing / Inventory of OC
1. Each authorized staff member will be issued an OC canister and holster, with their keys, at the beginning of their shift. A list of staff authorized to carry OC and the last date they completed the OC refresher course will be posted in the cabinet where OC is stored.
 2. The canister will be shaken each time it is issued to ensure that the active ingredients are properly mixed. Each person issued security equipment, including OC, is personally responsible for its proper care and use.
 3. At the end of each shift, the OC will be returned to the Duty Institutional Supervisor II and staff will be required to sign in the canister at that time.
 4. OC Pepper Spray will be secured in a locked cabinet in the Key/Equipment Room (#504). The Director, Assistant Director, Senior Institutional Supervisors and all Institutional Supervisor IIs will be the only staff who have access to the cabinet.
 5. The OC will be inventoried by the Duty Institutional Supervisor assigned to 10p-6a shift to ensure that all canisters are accounted for. After the inventory is completed, the results shall be noted in the Duty Institutional Supervisor Log. If an OC canister is missing, the on-duty senior supervisor will be notified immediately.

II. Oleoresin Capsicum (OC) Description, Usage and Effect

OC is a highly concentrated form of pepper (or a similar synthetic substance) that affects the mucous membranes of humans. OC, when applied to the face, typically causes the following reactions: swelling of the mucous membranes; involuntary closing of the eyes; shortness of breath/difficulty breathing; and an intense burning sensation on exposed areas of skin.

Most persons encountering OC involuntarily bend over at the waist or drop to their knees, regardless of their emotional or intoxicated state. These symptoms are temporary and will dissipate within 45 minutes, or sooner with treatment.

When considering the use of OC, the following factors may be taken into account:

OC products must be used in hand-held canister form. Maximum effectiveness is achieved when the target is at least three but no more than ten feet away from the canister when sprayed. OC must contact the target's face to be effective. Spraying the person below the face will not cause the desired effects.

Precautions should be taken as follows:

- A. Dispensing OC on resisting persons physically engaged with counselors and in the immediate vicinity of bystanders.
- B. The target should always be downwind; i.e. the wind or breeze is to your back. Spraying into the wind could cause the spray to come back and hit the sprayer.
- C. If the subject is in proximity, it is extremely important that the staff member who sprays the OC immediately move laterally to sidestep an attack.

III. Criteria for Use of Oleoresin Capsicum (OC)

- A. OC may be used as a neutralizing force to control and restrain residents displaying violent behavior when such behavior presents a clear and present danger to that resident, other residents, or staff.

Before OC is used, consideration must be given to the gravity of the situation, the present danger of injury to persons and/or property damage and the possible alternatives.

Prior to the use of OC, clear instructions must be given to the resident regarding the expected behavior and a reasonable effort must be made to verbally persuade voluntary compliance, when circumstances allow. The resident will then be informed that a chemical agent will be used if voluntary compliance is not made.

- B. OC will not be used for punishment, retaliation, or disciplinary purposes. The following are examples of inappropriate use of OC:
 - OC cannot be administered into a minor's locked room from outside the door by staff.
 - OC cannot be administered if a minor simply refuses to go to his room. Remember—OC spray is a defensive tool and a minor must be attempting to assault another minor or staff before OC can be used.
 - OC canisters are not to be pointed at minors and minors are not to be threatened with OC for disciplinary reasons.

- OC is not to be played with or discharged unintentionally or intentionally without probable cause in the presence of staff and minors.
 - The OC canister will not be used as a weapon to hit or strike a minor.
 - OC will not be administered by staff when a minor is in his/her room kicking and banging on the door. Staff should attempt to counsel the minor from outside the room door. A supervisor shall be summoned to the unit if counseling is unsuccessful.
- C. MAB options are used to maintain order and security within the institution. The options should be viewed as an elevator, not a ladder, wherein the decisions on which option to use is based on the circumstance.
1. Verbal diffusion, dialogue and counseling;
 2. A show of force by numbers of staff present and notification to supervisor;
 3. MAB techniques.
 4. Departmentally approved compliance techniques;
 5. Restraint devices
 6. OC, immediately followed by decontamination. A supervisor must be notified immediately any time OC is used.
- D. Designated staff may use OC, as a defensive tool only, when one or more of the following conditions are met:
1. There is an immediate danger to residents or staff due to the violent and uncontrollable behavior of one or more residents. Examples: (to intervene when two or more minors are fighting; to intervene in deterring a minor from physically assaulting a staff member or another resident, etc.).
 2. A weapon is being used by a resident to assault another person or effect an escape.
 3. A riot is in progress.
 4. Efforts are made by residents to overpower staff.
 5. A resident is attempting to escape and other defensive measures are inappropriate, unavailable, or ineffective.
 6. To intervene in a suicide attempt and protect the well being of a resident.

IV. Where Chemical Agents May be Deployed

Chemical agents may be used anywhere the need arises within the Juvenile Hall building and grounds. If chemical agents are used within the confines of sleeping

rooms in the living units, the building maintenance engineer shall be contacted immediately to shut the vent blower system off so that the chemical agent does not contaminate the rest of the unit.

V. Aftercare Procedures

The following procedures will be followed after a resident has been sprayed with OC:

- A. Immediately restrain resident with handcuffs (behind the back) and leg restraints cuffs. (Pregnant detainees will not be handcuffed behind their backs.)
- B. Tell the resident to calm down, relax, and try to breathe normally. Assure the resident that the effects will diminish and dissipate within a short period.
- C. As soon as practical, flush face and contaminated areas with cold water. For maximum results, total flushing in a shower with the individual's clothes on is recommended. This can occur in the unit, Boys Control, or Intake/Control.
- D. The supervisor will notify the medical office immediately. The phone number on Old Wing side is 54930; New Wing side 54933. The resident will be evaluated by Juvenile Hall nursing staff who will determine the necessary level of follow-up medical care.

The medical examination will be documented with date, time, and findings, on the Juvenile Hall Use of Restraining Device form (#249-620)
- E. Each unit will be equipped with a spray bottle to immediately decontaminate the affected detainee of OC spray. The two decontamination areas will be Boys Control and Intake Control.
- F. Remove all contaminated clothing and allow the affected individual to take a shower without soap or any oil-based product. A cool shower is recommended.
- G. Reissue clean clothing.
- H. All contaminated areas, (e.g., floors, counter tops, mattresses) will be thoroughly cleaned with soap and water.
- I. Depending on the circumstances and the needs of the individual resident, a Guidance Clinic referral may be appropriate.

VI. Documentation

- A. Any time OC is deployed, all involved staff will report the incident prior to

going off-duty, on the following:

1. Institutions Incident Report* (ACPD form 249-278), and
2. Use of Force Report

B. Reports will contain:

1. A clear and factual rationale for the use of OC.
2. A description of how OC was used and the results obtained.
3. A complete description of aftercare procedures and medical treatment.
4. The name, date, and time the supervisor was notified.

C. All use of force related reports will be forwarded to the Assistant Chief Probation Officer for review, via the chain of command.

VII. Equipment

- A. OC is the only chemical agent approved for use in Juvenile Hall.
- B. No brand of OC will be used in Juvenile Hall unless it has been certified by the Department of Justice.
- C. The Director of Juvenile Hall (or his or her designee) will develop guidelines for the secure storage, maintenance and issuance of OC at Juvenile Hall.

VIII. Procedure in the Event a Detainee Obtains a Canister of Oleoresin Capsicum

- A. Staff will activate the duress alarm system.
- B. Staff in A, B, C, D, and B-2 Units will notify Boys Control that a detainee has an OC canister. Staff in Units I, II, III, and IV will notify Intake/Control.
- C. The procedure for units to respond to the alarm system will remain in effect.

IX. Miscellaneous

- A. An employee observing any violation of this policy will report the occurrence to the Institutional Supervisor II on an Institutions Incident Report (ACPD form 249-278). Failure to report such violations may result in administrative and/or criminal liability.

- B. In the event a canister of OC is lost or misplaced, it should be immediately reported to the Institutional Supervisor II on duty. The Duty Institutional Supervisor II will then direct staff in the appropriate course of action.
- C. If a staff member inadvertently takes a canister of OC home, they will immediately contact the Duty Institutional Supervisor II and return the canister to the facility, as soon as practical.



JUVENILE HALL MANUAL



Chapter: Use of Force
Section: Use of Chemical Intervention

1357.2
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(4/6/2004)

Responsible for Updates: Juvenile Facilities

Approved By

Chief Probation Officer

Wendy Still

Date

I. Principles

The Department strives to provide staff with intervention strategies, training and alternatives in the management of youth within the Juvenile Hall. When intermediary de-escalation techniques fail and when warranted, staff are provided Oleoresin Capsicum (OC) (AKA: tear gas) to prevent escape, reduce the potential for physical harm and/or the loss of life, and to maintain the safety and security of staff and youth.

II. Policy

The use of chemical agents, commonly referred to as tear gas and OC, is permitted under the provisions of Penal Code Section 830.5, and 12401 through 12404. Under provision of law, the Chief Probation Officer may authorize the use of chemical agents.

OC is an option in the continuum of force. OC will only be used as a defensive tool or as a neutralizing force to control and secure youth displaying disruptive violent behavior. It shall only be administered when such behavior presents a clear and present danger to that youth, other youth, or staff. OC will not be used to threaten, intimidate, or punish a youth. Juvenile Institutional Officers (JIOs) Institutional Supervisor Is (ISI) and Institutional Supervisor IIs (ISIIIs) will be authorized to carry and use OC after successfully completing the required eight (8) hour training to meet certification standards.

III. Procedures

OC will be authorized for use only when the conditions outlined in the procedure are met.

Staff Authorized to Carry and Use OC

The Chief Probation Officer will designate the Juvenile Hall staff classifications authorized to use OC. Employees authorized to use OC must be on duty and meet the following conditions:

1. Be an Alameda County Probation Department employee assigned to the Juvenile Hall locked area.
2. Have completed a POST/STC certified chemical agent and OC training course.
3. Participate in yearly four (4) hour refresher training for chemical agents that includes the limitations of use, potential dangers of use, authorization for use, and “how to” instructions.
4. Be on duty and authorized to use OC.
5. Be informed and trained in all techniques of Safe Crisis Management (SCM).

Authorized staff members are required to carry OC on their person while on duty. ISIs will respond to all incidents where OC is used. Designated staff assigned to Juvenile Hall are authorized to possess and use OC while on duty. Designated staff authorized to use OC shall include Intermittent Juvenile Institutional Officers (IJIO), JIOs ISIs, and ISIIs. These staff members are required to carry OC on their person while on duty, and the supervisory staff listed above will respond to all incidents where OC has been used.

Dispensing/Inventory of OC

Each authorized staff member will be issued an OC canister and holster with their utility belt.

The canister should be shaken each time it is issued to ensure that the active ingredients are properly mixed. Each staff member issued

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17
Alameda County Management Employees Association, Approved 11/30/2017

security equipment (utility belt, handcuffs), including OC, is personally responsible for its proper care and use.

Oleoresin Capsicum (OC) Description, Usage and Effect

OC is a highly concentrated form of pepper (or a similar synthetic substance) that affects the mucous membranes of humans. OC when applied to the face, typically causes the following reactions: swelling of the mucous membranes; involuntary closing of the eyes; shortness of breath/difficulty breathing; and an intense burning sensation on the exposed areas of skin.

Most people encountering OC will involuntarily bend over at the waist or drop to their knees, regardless of their emotional or intoxicated state. These symptoms are temporary and will dissipate within 45 minutes, or sooner with decontamination or treatment of the youth.

Requirements For The Issuance Of Equipment

1. Each authorized staff member will be issued an OC canister and utility belt with holster.
2. JIOs and ISIs are required to carry OC canister on their person holstered in a utility belt while on duty.
3. While on duty, staff will only carry the OC that has been issued by the Department.
4. It is the responsibility of the staff to store their utility belt in a safe place. It is recommended that the belts be stored in a locker or in an extremely cool place.
5. If staff should leave their belts at home they must notify a supervisor immediately before starting their shift.
6. In the event a youth obtains a canister of OC, staff will notify a supervisor immediately and complete an incident report.

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17
Alameda County Management Employees Association, Approved 11/30/2017

7. In the event the canister does not work or the canister is depleted, staff must advise a supervisor immediately. In order to receive a replacement canister, staff must return the empty or damaged canister to the supervisor responsible for issuing equipment.
8. Juvenile Hall Facility Administration will maintain a backup supply of OC.
9. Permission must be given by an ISI or ISII in order to test the canister of spray. All tests must be completed outside on the ball field. No youth shall be present during the testing of the OC.
10. In the event a canister OC is lost or misplaced, it should be immediately reported to the ISI or ISII. An incident report must be completed by the staff who lost the canister prior to going off duty.

Criteria for Use of Oleoresin Capsicum (OC)

Any intervention being considered to manage a crisis situation shall be applied with the intent to use the least restrictive alternative to resolve the situation. OC is considered a defensive tool. Before OC is used, other alternatives/options must be considered given the gravity of the situation, and the present danger of injury to the youth and/or staff.

Safe Crisis Management (SCM) options:

1. Verbal, de-escalation, dialogue and counseling;
2. A show of force by JIOs and the notification of a supervisor;
3. SCM or other approved training techniques.
4. Security devices (handcuffs, shackles, soft devices, zip ties, etc.).
5. OC, followed by decontamination immediately as behavior permits. Any time OC is used, a supervisor must be immediately notified.

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17
Alameda County Management Employees Association, Approved 11/30/2017

Justification For The Use Of OC

1. When two or more youth are involved in a fight and refuse to respond to verbal commands to cease.
2. Deterring a physically aggressive youth from assaulting a defenseless youth.
3. When a weapon is being used by a youth to assault another youth or staff.
4. A major physical disturbance in the living unit (riot).
5. A youth is attempting to escape.
6. To intervene in a suicide attempt and protect the well-being of a youth.
7. When the youth are attempting to physically overpower staff.

Prior to Using OC

1. Youth who are not involved in the incident must be cleared out of the vicinity where the incident is taking place by securing them in their rooms. Staff may use alternative methods, such as using classrooms, the courtyard or directing youth to the floor when securing them in their rooms is not an option.
2. Clear instructions must be given to the youth regarding the expected behavior. A reasonable effort must be made to verbally redirect the youth in a manner that encourages voluntary compliance. In the event the youth is non-compliant, they will be informed that OC will be deployed.
3. To achieve maximum effectiveness, the youth should be at least three (3), but no more than ten (10) feet away from the canister when the OC is deployed.
4. The target area for maximum effectiveness when deploying the OC is the facial area.
5. Precautions should be taken when deploying OC on resisting youth that are physically engaged with staff, as staff could potentially be sprayed and incapacitated.
6. If the incident occurs outdoors, staff must be mindful of wind direction when deploying the OC.

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17
Alameda County Management Employees Association, Approved 11/30/2017

7. If the youth, who was sprayed with OC is in close proximity to the JIO, it is extremely important that the JIO who deployed the OC be prepared to engage and secure the youth.
8. After a youth is exposed to OC, they must be placed in handcuffs and escorted to a secure room by the JIO.
9. If it becomes necessary to spray a pregnant youth, she must be handcuffed in the front.
10. A supervisor shall be notified immediately following the use of OC.

Improper Use of OC Pepper Spray

The following are examples of inappropriate use of OC spray:

1. OC cannot be administered into a youth's locked room from outside the door by staff.
2. OC cannot be administered on a youth that is secured in handcuffs or soft security devices.
3. OC cannot be administered if a youth simply refuses to go to their room.
4. OC canisters are not to be indiscriminately pointed at the youth, and youth are not to be threatened with OC for disciplinary reasons.
5. OC is not to be played with under any circumstances.
6. The OC canister will not be used as a weapon to hit or strike a youth.
7. OC will not be administered by staff when a youth is in their room kicking and banging on the door.
8. Using OC as an act of retaliation by staff is prohibited.
9. Any staff witnessing inappropriate use of OC on a youth is required to report such incidents to their immediate supervisor. In addition, that staff must make an attempt to intervene by giving verbal commands to stop and/or to physically intervene. Given the seriousness of the incident, it may become necessary for that staff to complete a Suspected Child Abuse Report pursuant to Penal Code Section 11166 and 11168.

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17
Alameda County Management Employees Association, Approved 11/30/2017

Decontamination Process

The decontamination of a youth must be administered immediately after OC has been deployed. The following process will be followed after a youth has been sprayed with OC:

1. Tell the youth to calm down, relax, and try to breathe normally. Assure the youth that the effects will diminish and dissipate within a short period of time.
2. As soon as it is practical to do so, flush their face and contaminated areas with cold water.
3. The JIO will immediately notify the medical office. The youth will be evaluated by medical staff who will determine the necessary level of follow-up medical care.
4. Each unit will be equipped with a spray bottle to immediately decontaminate the affected youth.
5. Remove all contaminated clothing and allow the affected youth to take a shower without soap or any oil-based products. Best results are achieved when the contaminated clothing is removed in the shower.
6. Bag all contaminated clothing and wash separately from other clothing.
7. Issue the youth clean clothing.
8. All contaminated areas, (e.g., floors, counter tops, mattresses) will be thoroughly cleaned with soap and water. If necessary, issue clean bedding as well.
9. Depending on the circumstances and the needs of the individual youth, a Guidance Clinic referral may be appropriate.

Documentation

Any incident involving the use of force, including, but not limited to, the application of handcuffs and/or OC must be documented by the JIO. The youth must be seen by the medical staff as soon as possible following any use of force and the medical examination must be documented in the incident packet. The following forms contained in the incident packet must be completed:

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17
Alameda County Management Employees Association, Approved 11/30/2017

1. Department of Justice Oleoresin Capsicum (OC) Application Form: to be completed by the JIO only when the OC is used.
2. Alameda County Probation Department Witness Statement: to be completed by the youth(s) involved in the incident.
3. Use of Restraining Device Report (Form #249-620): to be completed by the JIO and signed by the Duty ISI/ISII and medical.
4. Notice of Injury to Detainee/Ward (Form #249-073): to be completed by the JIO, medical, and signed by the ISI completing the incident report.
5. Institutions Incident Report (Form #249-278): to be completed by the JIO.
6. Discipline Report (Form #240-88): to be completed by the JIO with comments from the IS.

All forms must be submitted to the ISII prior to the JIOs going off duty. The ISI and ISII will then completed incident critique and route the incident packet to the Juvenile Hall Superintendent.

Anytime OC is deployed, all involved JIOs shall complete all required reports prior to going off-duty.

Reports will contain:

A detailed account of the incident, including, but not limited to, a clear and factual rationale for the use of OC including the verbal commands given to cease the activity or behavior.

A description of how the OC was used and the results obtained.

A complete description of the decontamination process.

The ISI and ISII will review the incident report and provide a documented critique.

Investigation of Improper Use of OC Spray

Any improper use of OC by any staff will be investigated by the Deputy Chief Probation Officer, Superintendent, Assistant Superintendent and/or the Professional Standards Unit. The incident may be referred to the Alameda County Sheriff's Office for investigation and subsequent prosecution.

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17

Alameda County Management Employees Association, Approved 11/30/2017

Any sustained allegation of retaliation, the willful abuse of a youth and/or the deprivation of their rights will be subject to disciplinary action up to and including termination, and face possible prosecution based on severity of the act.

Alameda County Probation Department

Reference: Probation Peace Officers Association, Approve 9/14/17
Alameda County Management Employees Association, Approved 11/30/2017

ALAMEDA COUNTY PROBATION DEPARTMENT	Section 1357	Page 1 of 9
JUVENILE HALL MANUAL	Authority Reference: TITLE 15: Minimum Standards for Juvenile Facilities, Article 5, Section 1357	
Chapter: V	Approved by Administration: 2/28/13 Approved by PPOA: 2/28/13	
Subject: <u>USE OF FORCE</u>	Effective Date: 4/19/13 Revised Date: 4/18/13	

I. POLICY

- A. Pursuant to Title 15, Section 1357, Minimum Standards for Juvenile Facilities, Juvenile Institutional Officers (JIOs) will use the least restrictive alternatives, including but not limited to the use of Oleoresin Capsicum (OC) spray, to protect youth, staff and others from being injured, and to protect county property from being damaged and/or destroyed.
1. Any interventions being considered to manage a crisis situation shall be utilized with the intent to use the least restrictive alternative to resolve the situation and keep the youth and staff safe.
 2. Staff shall only employ use of force options if it is objectively reasonable to do so. An "objectively reasonable" standard is one that an impartial and trained observer would employ to determine whether the force option utilized was both appropriate and necessary. Upon resolution, use of force will be discontinued.
- B. There may be rare occasions where staff are in extreme, life threatening situations and need to use an increased level of force. Staff may utilize an immediate, temporary physical intervention to interrupt, redirect, or control a youth's behavior when it is harmful to self or others or seriously breeches programming, security, or order, without the assistance of additional backup staff.
- C. Excessive force is prohibited by the Alameda County Probation Department.

II. PHYSICAL INTERVENTION OPTIONS

- A. The only physical intervention options or restraint devices permitted are those specifically authorized by the Department and applied according to established Departmental training guidelines as taught in Department approved classes. The classes consist of an initial 16- hour Safe Crisis Management class, with an annual 8 hour refresher; and an 8 hour OC spray class, with an annual 4 hour refresher. Restraints may only be used by employees trained according to Departmental guidelines. In restraining a youth, staff may use only those means reasonably necessary to control a situation.

- B. The Probation Department has approved a number of physical intervention and restraint techniques that restrict mobility or movement and disengage the youth from harmful physical contact. The option of force that can be used in these circumstances is governed by the principle of the "*Least Restrictive Alternative*." This means that selected interventions must be employed with the least amount of force necessary to provide a safe outcome for the youth. All Safe Crisis Management (SCM) physical interventions are described in the training materials.
- C. A range of intervention options is used to maintain or restore order and security within the institution. The options should be viewed as an elevator, not a ladder, wherein the decisions on which option to use is based on the circumstances.
1. Verbal De-escalation, dialogue and counseling
 2. A show of force by departmental staff present and notification to a supervisor
 3. Departmentally approved physical intervention and restraint techniques
 4. Restraint devices
 5. OC spray, followed by decontamination immediately as behavior permits. Any time OC spray is used, a supervisor must be immediately notified.
- D. Situations arise when staff become the target of a youth's aggression. Staff may use a variety of escapes including: stepping away and allowing another staff to deal with the youth's needs; evasion; escapes from grabbing, chokes, hair pulls; parrying blows and kicks.
- E. Option 1 – Minimal interventions: a staff member's minimal techniques include;
1. Physical presence (personal influence)
 2. Verbal and non-verbal techniques
 3. Multiple staff (co-workers, assistance from other staff, etc.)
- F. Option 2 – Separation assists: use teamwork to separate two youth and stay safe.
1. Extended Arm Assist (SCM technique)
 2. Separation from the rear
 3. Rear Waist Belt Shear
 4. Shoulder Waist Shear
 5. Lifeguard Shear

G. Option 3 – Standing Assists:

1. Cradle Assist (SCM technique)
2. Upper Torso Assist (single person or multiple person) (SCM technique)
3. Multiple Person Crossed Arm Assist (SCM technique)
4. Hook Transport Assist (SCM technique)
5. Wall Containment: this technique should be done by two or more staff. The youth is positioned against the wall as two staff spread out the youth's arms. Before cuffing, a third staff may assist the containment by securing the youth's midsection against the wall.
6. 2 Person Cross Armed Escort; staff on either side of the youth secure the youth's arm, by wrapping staffs' arms around the youth, then escorting the youth to a new location.

H. Option 4 – Seated Assists: Seated/Kneeling Upper Torso Assist (SCM techniques)

I. Option 5 – Floor Assists:

1. Supine Extension Assist (SCM techniques)
2. Prone Bridge Assist (SCM techniques)
3. Prone Torso Assist (SCM techniques)
4. Floor Containment
5. A youth in a seated position may be assisted to a more restrictive intervention. The supine and prone assists are available to staff when a youth is so volatile that the floor (supine or prone) may be temporarily safer than a seated position. A youth placed in a prone position is to be moved to a seated position (and placed in mechanical restraints, if necessary) immediately upon gaining control of the situation.
6. The Prone Bridge Assist and Prone Torso Assist are not recommended for a youth who is obese, pregnant or is known to have asthmatic, respiratory, substance abuse or cardiac problems. National data suggests that prone positions are more frequently associated with tragedies such as positional asphyxia. Youth with these conditions, who are placed in a prone position, are to be immediately placed in a Supine Torso Assist or in a seated position and mechanically restrained as necessary until control is established.

J. Option 6 – Compliance Assists: When the above options have not been effective or are impractical, the following physical restraints may be used. Their use should follow the Least Restrictive Alternative continuum.

1. Two Hand Wrist Flex
2. Bent Arm Lock
3. The Accordion

K. Option 7 – Mechanical Restraints: Mechanical devices (handcuffs, flex-cuffs or leather restraints) utilized to immobilize an individual's extremities.

- L. Option 8 – Chemical Restraints: The application of OC spray as authorized under 12403 PC to control behavior and subdue violent behavior.

III. PROCEDURE

- A. Verbal De-escalation by staff should be used before any physical force is implemented.
- B. If it appears that an incident may develop which will require the use of physical force by a staff, the supervisor on duty must be notified as soon as practicable.
- C. Additional staff may be summoned to assist if necessary to establish an appropriate show of force. The presence of additional staff may resolve a stressful situation without the need for physical force.
- D. Pregnant Youth: The use of physical force on pregnant youth must be applied in the least restrictive way possible considering the legitimate security needs of the youth. Only in extraordinary circumstances should restraints be use on a pregnant youth. Anytime restraints are used on a pregnant youth, the restraints must be the least restrictive and available under the circumstances (soft restraints should be considered). No leg irons or waist chains should be used on any youth known to be pregnant.
- E. Any incident involving the use of physical force must be documented. The youth must be seen by medical staff as soon as possible following any use of physical force and the medical examination must be documented in the incident packet. The following forms contained in the incident packet must be completed:
1. Department of Justice Oleoresin Capsicum (OC) Application Form.
 - a. To be completed by the JIO only when OC spray is used.
 2. Alameda County Probation Department Witness Statement.
 - a. To be completed by the JIO.
 3. Use of Restraining Device Report (Form #249-620).
 - a. To be completed by the JIO and signed off by the Duty Institutional Supervisor I or II (ISI/ISII) and Medical.
 4. Notice of Injury to Detainee/Ward (Form #249-073)
 - a. To be completed by the JIO and Medical.
 5. Institutions Incident Report (Form #249-278).
 - a. To be completed by the JIO.
 6. Discipline Report (Form #240-88).
 - a. To be completed by the JIO with comments from the ISI and ISII.

All forms must be submitted to the ISII prior to staff leaving the shift. The ISI and ISII will then complete Incident Critique forms and route the incident packet to the Juvenile Hall Superintendent.

- F. Any improper use of force by staff will be investigated by the Deputy Chief, Superintendent, Assistant Superintendent, the Internal Affairs Unit, and may be referred to the Alameda County Sheriff's Office for investigation and/or to the District Attorney's Office for prosecution.
- G. Any sustained allegation of retaliation, the willful abuse of a youth and/or the deprivation of their rights by any sworn institutional staff under the color of law or color of authority will be subject to disciplinary action up to and including termination and face possible prosecution based on the severity of the act.
 - a. Staff's intentional disengagement from a youth for a temporary cooling off period is not to exceed the remainder of their shift and shall not be considered retaliatory.
 - b. Youth shall not lose any of their rights and/or privileges as a result of the cooling off period.
- H. Any staff witnessing inappropriate use of force on a youth must intervene by the means of verbal and/or physical action. Additionally, staff witnessing inappropriate use of force is required to immediately report such incidents to a duty supervisor. The seriousness of the incident may require that staff complete a Suspected Child Abuse Report pursuant to Penal Code Sections 11166 and 11168.
- I. Youth who had physical force applied to them (as defined above) have the right to grieve the use of force, as outlined in Juvenile Hall Manual Section 1361 - Rights of Youth in Juvenile Hall and the Grievance Procedure.

IV. PROHIBITED: Types of restraint techniques, methods, or options prohibited by the Department.

- 1. Body Wrap
- 2. Pain compliance techniques
- 3. Restraint techniques that cut off blood and air circulation:
 - a. Use of carotid techniques, Bar Arm Choke, or other choke holds.
 - b. Suffocation.
- 4. Any form of torture:
 - a. Punching or striking a youth with a closed or opened hand.
 - b. Kicking or stomping a youth with a boot or shoe.
 - c. OC spraying a youth that is mechanically restrained.
 - d. Spitting on youth.
 - e. Intentionally slamming a youth against a wall or floor.
 - f. Hog tying a youth.
 - g. Striking a youth with any instrument that can be considered a weapon i.e. belt, stick, baton.

V. DEFINITIONS

The Accordion (Option 6): apply minimal pressure while at the same time, bending the hand downwards at the wrist; secure the elbow to ensure compliance.

Alternative Restraint Device (Prohibited): A restraint device that is utilized in lieu of approved hard or soft restraints. The use of an alternative restraint device not specifically authorized by this policy, such as a body wrap, is prohibited.

Bent Arm Lock (Option 6): this technique may be used by two staff to escort/move a youth and/or as a restraint to deter movement.

Choke Holds (Prohibited): A restraint hold utilized to temporarily cut off the blood supply to the brain and render the subject being restrained unconscious. These holds, commonly referred to as "arm-bar" or "carotid holds", are not authorized by the Probation Department and shall not be utilized.

Chemical Restraint (Option 8): The application of Oleoresin Capsicum (OC) Spray as authorized under Penal Code 12403 to control behavior and subdue violent behavior.

Controlled Situations (Option 1): Requires that crisis management de-escalation techniques be incrementally utilized to successfully resolve crisis situations without injury, by utilizing the least restrictive alternative.

Crisis Curve: Describes a continuum of escalating behaviors demonstrated by individuals in crisis.

Crisis Intervention Techniques (Option 1): De-escalation techniques designed and employed to intervene in a youth's negative behavior with non-threatening, non-verbal, or verbal interventions, which reinforce expected behaviors and allow the individual to self-correct and begin to demonstrate acceptable behaviors.

Disengagement (Option 1): A physical intervention technique wherein a staff member steps between two youth who are engaged in a physical altercation and separates the combatants with a gentle open-handed guiding movement that does not involve confinement of an appendage.

Flex-Cuffs (Option 7): Plastic restraints intended for use in emergent situations to restrain youth who are in immediate danger of injuring themselves or others, or who pose a serious threat to property when handcuffs are not immediately available.

Floor Containment (Option 5): arms extended; this is a team effort and must be done by at least three staff. Two staff control the arms, a third staff controls the legs to avoid kicking. This can be done for cuffing in the prone position. If the containment is prolonged, the containment should be in the supine position to avoid complications with pregnant youth, asthma or positional asphyxia.

Force (Options 1 – 8): the amount of effort required by staff to compel compliance by an unwilling subject. The levels or continuum of force includes basic verbal, physical, mechanical, and chemical restraint.

Force, Show of (Option 1): to demonstrate and dissuade a youth with a sufficient number of departmental staff and equipment present to contain his/her disruptive behavior and/or to avoid any potential escalation of a physical confrontation.

Force, Use of (Options 1 – 8): the effort required by staff to compel compliance by an unwilling youth. The levels or continuum of force includes basic verbal, physical, mechanical or chemical restraint.

Hard Restraints (Option 7): Restraints including handcuffs, leg irons, shackles, waist chains and flex-cuffs.

Hog-Tying (Prohibited): A procedure whereby mechanically restrained hands and mechanically restrained feet are drawn together and secured behind the back. This type of restraint technique is prohibited by the Probation Department.

Least Restrictive Alternative (Option 1): A policy requiring staff to resolve all crisis situations with the least restrictive intervention available.

Lethal Force (Prohibited): A level of force which, when utilized, may result in the death of an individual.

Lifeguard Shear (Option 2): from behind, reaching across the chest to move the youth.

Intervention Options (Options 1 – 8): Techniques (levels) authorized by the Probation Department, which are incrementally employed to physically intervene in a crisis management situation.

Mechanical Restraints (Option 7): Handcuffs, flex-cuffs, or leather restraints utilized to immobilize an individual's extremities.

Medical Assessment: Medical staff examine and treat youth involved in physical incidents, including application of soft restraints, and notes the results of their examination in a report.

Non-Verbal Intervention (Option 1): An intervention technique which does not involve dialogue with any individual. These techniques often involve making eye contact or hand motions.

Objectively Reasonable Standard: One which an objective and trained observer would employ to determine whether the intervention options utilized were appropriate and necessary.

Oleoresin Capsicum (OC) Spray (Option 8): The technical name for the chemical restraint spray utilized by the Probation Department.

Physical Intervention (Options 2 – 8): An immediate, temporary physical intervention used to interrupt, redirect or control a youth's behavior when it is harmful to self or others or seriously breaches programming, security, or order.

Positional Asphyxia (Option 5): A situation in which an individual who is obese or is a known to have asthma, respiratory, substance abuse or cardiac problems, may be at increased risk for asphyxiation or death when placed in a prone position following the application of a physical intervention.

Positive Behavior Management Techniques (Option 1): Techniques such as humor, regrouping, restructuring and/or problem solving used to assist in the development of positive staff-youth relationships.

Post Incident Review: A review conducted by supervisory staff immediately after a physical or chemical intervention.

Physical Restraint (Options 2 – 8): A method of one or more staff physically restricting a youth's movement, physical activity, or normal access of body movement thereby reconstituting behavior control and establishing and maintaining safety for an out of control youth.

Rear Waist Belt Shear (Option 2): remaining bent low to deter arm-back swing by youth trying to hit staff. Pulling youth back quickly to place them off balance.

Safe Crisis Management (SCM, Options 1 – 8): a comprehensive continuum of preventive, de-escalation and safe emergency intervention strategies for responding to aggressive behavior. SCM is an evidenced base training that is required for all institutional staff on an annual basis. Applicable options are identified and defined within the SCM training curriculum.

Separation from the Rear (Option 2): this technique can be used to remove one youth from the situation, securing at the waist and pulling back, usually in a circular motion.

Shackles (Option 7): Handcuffs which couple the youth's hands together and larger-sized cuffs (leg-irons) which couple the youth's legs together, and are then chained together and limit the movement of the youth's upper and lower extremities.

Shoulder Waist Shear (Option 2): pushing forward around center beltline and pulling on shoulder area.

Soft Restraints (Option 7): Padded leather restraining devices used primarily to control youth experiencing medical or psychiatric problems, such as youth who are under the influence of drugs, those demonstrating suicidal behaviors, or those who are a danger to self or others.

Two Hand Wrist Flex (Option 6): wrist flex should be applied using minimal to measurable pressure to gain control of the youth.

Uncontrolled Situation: An incident such as a major disturbance, fight, assault, or escape attempt which occurs quickly and requires staff to respond immediately by utilizing more restrictive alternatives on an escalating basis, to prevent injury to youth or staff and/or to protect the community.

Verbal Intervention (Option 1): Use of verbal dialogue to acquire the attention of an individual to deter his/her efforts to violate rules and regulations.



JUVENILE HALL MANUAL

5

Chapter: Classification and Segregation
Section: Use of Force

1357

Effective: TBD

Authority: Title 15, California Code of Regulations: Minimum Standards for Juvenile Facilities

Replaces: 1357
4/19/2013

Responsible for Updates: Juvenile Facilities

Approved By

Chief Probation Officer

Wendy Still

Date

I. Principle

Although circumstances will arise where the use of force is necessary, the application of de-escalation techniques and utilization of the least restrictive option is the Department's preferred method for resolving potentially volatile situations in the Juvenile Hall. It is through the expectations outlined in training and the processes contained within this policy that the Department will fulfill this critical mandate.

II. Policy

Pursuant to Title 15, Section 1357, Minimum Standards for Juvenile Facilities, this Use of Force Policy defines staff responsibilities and limitations concerning the use of force (while still allowing discretion in the appropriate application of force).

Further, this policy identifies training guidelines and expectations regarding the approved use of force for sworn staff. This policy also establishes a process by which instances of use of force are reported, recorded, evaluated and, if necessary, referred for discipline in cases of violations of this policy.

Sworn staff are authorized to use the lowest level of force necessary to overcome resistance, protect youths, staff and others from being injured, protect county property from being damaged and/or

destroyed, de-escalate a crisis situation, restore order, effect custody, and gain compliance with a lawful order.

At no time are staff permitted to use force against a youth for punishment, retaliation or discipline.

III. Use of Force Definitions

Alternative Restraint Device (Prohibited): A restraint device that is utilized in lieu of approved hard or soft restraints. The use of an alternative restraint device not specifically authorized by this policy, such as a body wrap, is prohibited.

Choke Holds (Prohibited): A restraint hold utilized to temporarily cut off the blood supply to the brain and render the subject being restrained unconscious. These holds, commonly referred to as "arm-bar" or "carotid holds", are not authorized by the Department.

Chemical Restraint: The application of Oleoresin Capsicum (OC) as authorized under Penal Code 12403 to control behavior and subdue violent behavior.

Crisis Intervention Techniques: De-escalation techniques designed and employed to intervene in a youth's negative behavior with non-threatening, non-verbal or verbal interventions, which reinforce expected behaviors and allow the individual to self-correct and begin to demonstrate acceptable behaviors.

Force: The physical effort used to control, restrain or overcome the resistance of another person. Force may be used in response to physical resistance, physical aggression and self-harming behaviors or to prevent serious property damage, effect custody and gain compliance with a lawful order.

Excess Force: The use of force greater than that which is objectively reasonable to accomplish a lawful order.

Reasonable Force: Force used that is necessary given the facts and circumstances of the particular incident as judged from the

Alameda County Probation Department

perspective of an objectively reasonable officer faced with similar facts and circumstances. Only the lowest level of force necessary to control a situation or ensure the safety and security of staff and youths housed at the facility shall be used.

Show of Force: To demonstrate and dissuade a youth with a sufficient number of departmental sworn staff (JIO, ISI, ISII) and equipment present to contain his/her disruptive behavior and/or to avoid any potential escalation of a physical confrontation.

Unnecessary Force: The use of force when none is required or appropriate.

Hog-Tying (Prohibited): A procedure whereby mechanically restrained hands and mechanically restrained feet are drawn together and secured behind the back. This type of restraint technique is prohibited by the Department.

Least Restrictive Alternative: A requirement that sworn staff resolve all crises situations with the least restrictive intervention available.

Mechanical Restraints: Handcuffs, flex-cuffs, or leather restraints utilized to immobilize a youth's extremities.

Medical Assessment: Medical staff examine and treat youth involved in physical incidents, including application of soft restraints, and documents the results of their examination in a report.

Non-Verbal Intervention: An intervention technique which does not involve dialogue with any individual. These techniques often involve making eye contact or hand motions.

Oleoresin Capsicum (OC): The technical name for the chemical restraint spray utilized by the Department.

Positional Asphyxia: A situation in which an individual who is obese or is a known to have asthma, respiratory, substance abuse or cardiac problems, may be at increased risk for asphyxiation or death when placed in a prone position following the application of a physical intervention.

Alameda County Probation Department

Positive Behavior Management Techniques: Techniques such as humor, regrouping, restructuring and/or problem solving used to assist in the development of positive staff-youth relationships.

Post Incident Review: A review conducted by supervisory staff immediately after a physical or chemical intervention.

Pregnant Youth: A youth known to be pregnant or in recovery after delivery.

Shackles: Leg irons (larger sized handcuffs) which join the youth's ankles together.

Uncontrolled Situation: An incident such as a major disturbance, fight, assault, or escape attempt which occurs quickly and requires staff to respond immediately to prevent injury to youth or staff and/or to protect the community.

Verbal Intervention: Use of verbal dialogue to acquire the attention of an individual to deter his/her efforts to violate rules and regulations.

V. Procedures

Any interventions being considered by sworn staff to manage a crisis situation, overcome resistance, address disruptive behavior and protect life and property shall be utilized with the intent to use the least restrictive alternative to resolve the situation and keep the youth, staff, and others safe.

Intervention Options

Sworn staff are trained to use a variety of intervention options to maintain or restore order and security within the institution. The options do not have to be utilized in any particular sequence, wherein the decision on which option(s) to use is based on the circumstances presented to the staff. However, staff shall always utilize the Least Restrictive Alternative available given the circumstances. The Least

Alameda County Probation Department

Restrictive Alternative refers to the principle that selected restraints and or interventions used must be employed with the least amount of force necessary to control the situation. The following intervention options are available for sworn staff to use when interacting with an aggressive, disruptive or resistive youth.

- Non-verbal (presence, eye contact, hand gesture)
- Verbal de-escalation, dialogue and counseling, including, Crisis Intervention Techniques and Positive Behavioral Management Techniques.
- Notification to a supervisor.
- Referral to or assistance from the behavioral health clinician.
- Increase the number of staff by requesting assistance (show of force).
- Physical touch without restraint (hand on shoulder)
- Departmentally approved physical intervention and restraint techniques.
- Security devices.
- OC spray, followed by decontamination immediately as behavior permits. Any time OC spray is used, a supervisor must be immediately notified. See Juvenile Hall Manual, Use of Force, Use of Chemical Intervention policy for more information regarding the use of OC spray.

Whenever possible, sworn staff should refrain from one-on-one encounters. Staff should also consider time, space and setting when deciding which intervention to use.

Time: Is the incident or behavior something that will deescalate or resolve itself with time? Is there time to wait for additional staff or is there an immediate need to act?

Space: Is there sufficient distance between the youth and other youths/staff? Is the youth sufficiently isolated so as not to pose an immediate threat to the safety or security of the facility and/or staff and other youths.

Alameda County Probation Department

Setting: Is the youth in a location or position that poses an immediate and significant threat to himself/herself, the safety and security of the facility, other youth or staff?

Physical Intervention Options

Sometimes, situations will occur where a youth presents an immediate threat to themselves or others and/or other less restrictive options have failed to resolve the situation. These situations are called Uncontrolled Situations and in such circumstances the least restrictive option may require physical intervention. The only physical intervention options or restraint devices permitted are those specifically authorized by the Department and applied according to established Departmental training guidelines as taught in Department approved classes. Restraints may only be used by sworn staff trained according to Departmental guidelines. In restraining a youth, sworn staff may use only those means reasonably necessary to control a situation.

Physical force options include the following:

- Departmentally approved physical intervention and restraint techniques.
- Security devices.
- OC spray, followed by decontamination immediately as behavior permits.

Once the behavior or circumstances that prompted the use of physical intervention have ceased, and the youth no longer presents a threat to safety and security, sworn staff shall immediately cease the use of the physical intervention or switch to a less restrictive intervention option.

Sworn staff shall never do any of the following:

1. Use a physical intervention option as punishment, discipline, therapy or retaliation.
2. Deploy OC in a youth's locked room from the outside, deploy OC

Alameda County Probation Department

on a youth who is passively resisting, deploy OC on a youth in mechanical or soft restraints.

3. Use alternative restraint devices, choke holds or hogtie a youth. Such techniques could lead to positional asphyxia, great bodily injury or death.
4. Apply leg irons, waist chains or mechanical restraints behind the body (PC 3407(a)) to a youth known to be pregnant or in recovery after delivery.

Sworn staff should exercise extreme caution when utilizing any physical intervention on a youth known to be pregnant or known to suffer from a serious medical condition.

Any time sworn staff use a physical intervention option on youth they shall contact medical staff immediately after it is safe to do so. The medical staff shall examine the youth and conduct a medical assessment on the youth.

Training

Sworn staff shall be trained in Departmentally approved physical intervention and restraint techniques that restrict mobility or movement and disengage the youth from harmful physical contact. Additionally, all sworn staff shall be trained in de-escalation techniques. At minimum, sworn staff shall complete an initial twenty-four (24) hour course on physical interventions techniques, arrest control and de-escalation techniques, with an annual sixteen (16) hour refresher. Additionally, all sworn staff shall be trained in an initial eight (8) hour OC spray course, with an annual four (4) hour refresher.

Documentation

All staff involved in a use of force shall document the incident in an incident report. The youth must be examined by medical staff as soon as possible following any use of force. The results of the medical examination must be documented in the incident packet. The ISII

Alameda County Probation Department

shall notify Mental Health staff to follow up with youth after each use of force incident.

The following forms contained in the incident packet must be completed (See Section 1327 – Incident Packets):

1. Department of Justice Oleoresin Capsicum (OC) Application Form. To be completed by the sworn staff only when OC spray is used.
2. Alameda County Probation Department Witness Statement. To be completed by the sworn staff.
3. Use of Restraining Device Report (Form #249-620). To be completed by the sworn staff and signed off by the Institutional Supervisor I or II, and medical staff.
4. Notice of Injury to Detainee/Ward (Form #249-073). To be completed by the sworn and medical staff.
5. Institutions Incident Report (Form #249-278). To be completed by the sworn staff.
6. Discipline Report (Form #240-88). To be completed by the sworn staff with comments from the ISI and ISII.

All forms must be submitted to the ISII prior to the involved staff going off duty. The ISI and ISII will then complete Incident Critique forms and forward the incident packet to the Juvenile Hall Superintendent. The Superintendent will review, approve and file the incident packets.

Use of Force Evaluations

Improper use of force will be investigated by the Deputy Chief, Superintendent, Assistant Superintendent, the Professional Standards Unit, and may be referred to the Alameda County Sheriff's Office for investigation and/or to the District Attorney's Office for prosecution.

Any sustained allegation of retaliation, the willful abuse of a youth and/or the deprivation of their rights by any sworn institutional staff under the color of law or color of authority will be subject to disciplinary action, up to and including, termination and possible prosecution based on the severity of the act.

Alameda County Probation Department

However, the following should be considered:

1. JIOs intentional disengagement from a youth for a temporary cooling off period is not to exceed the remainder of their shift and shall not be considered retaliatory.
2. Youth shall not lose any of their rights and/or privileges as a result of the cooling off period.

Any sworn staff witnessing inappropriate use of force on a youth must intervene by verbal and/or physical action. Additionally, any institutional staff witnessing inappropriate use of force are required to immediately report the incident to the ISII. The seriousness of the incident may require that institutional staff complete a Suspected Child Abuse Report pursuant to Penal Code Sections 11166 and 11168.

Youth who had physical force applied to them (as defined above) have the right to grieve the use of force, as outlined in Juvenile Hall Manual Section 1361 – Grievance Procedure and Rights of Youth in Juvenile Hall.

Alameda County Probation Department

PRA #12

Policies Included:

- **1391 Discipline, 4/19/13**
 - 1a-i; 1a-xi; 1a-xii
- **1390.1 Basic Principles for a Program of Sound Discipline, 04/15/99**
 - 1a-i; 1a-xi;
- **1390 Specific Limitations of Discipline Practices, 8/24/01**
 - 1a-i; 1a-xi;
- **1378 Social Awareness Program, 2/2/17**
 - 1a-i; 1a-vii
- **1357.1 Behavior Management and Intervention, 3/22/17**
 - 1a-i; 1a-xii; 1b-xiii
- **1391 Discipline, 3/16/17**
 - 1a-i; 1a-xi; 1a-xii; 1a-viii; 1b-ii; 1b-xiii; 1b-xiv
- **1358 Securing of Youth, 11/30/17**
 - 1a-iv; 1b-v;
- **1358.1 Restraints and Physical Examination, 1/8/97**
 - 1a-iv; 1b-v;
- **1358 Restraint of Detainees, 8/24/01**
 - 1a-iv; 1a-xii;
- **1357.2 Use of Chemical Restraint, 4/6/04**
 - 1a-v; 1a-vii; 1a-xii;
- **1357.2 Use of Chemical Intervention, 11/30/17**
 - 1a-v; 1a-vii; 1a-xii; 1b-vi; 1b-ix;
- **1357 Use of Force, 4/19/13**
 - 1a-vii; 1a-xii; 1b-vi; 1b-viii; 1b-xiii;
- **1357 Use of Force (DRAFT)**
 - 1b-vi; 1b-viii; 1b-xiii;
- **1359 Use of the Safety Room, 4/12/13**
 - 1a-i; 1a-xi;
- **1390.2 Room Confinement, 1/8/97**
 - 1a-i; 1a-xi; 1b-ii;
- **1390.2 Room Confinement (DRAFT)**
 - 1b-ii; 1b-xiii; 1b-xiv

Total Number of Pages = 49

3. Identify positive growth and behavior prevention (primary) strategies that will reduce the frequency and intensity of behaviors of concern
4. Identify personal counter aggressive tendencies and develop appropriate responses
5. Become familiar with current and accepted secondary interventions
6. Demonstrate emergency safety physical interventions based on "the least restrictive alternative".
7. List and define the risk and safety issues associated with emergency safety interventions
8. Clearly identify the monitoring responsibilities required during emergency safety physical interventions
9. Demonstrate proficiency in function-based behavior support planning
10. Identify and describe the components of tertiary procedures

D. JKM Training Inc.'s Mission Statement

The mission of JKM Training is to provide professional training that is based upon an uncompromising respect for the dignity of all persons and a recognition that best practice training contributes to safety, positive growth and improved performance.

1. We are **committed** to the welfare and the positive growth & development of individuals.
2. We **care** about individuals.
3. We know organizations which provide **consistency** achieve better outcomes regarding staff retention, staff performance and growth of individuals.
4. We believe staff must be **competent** when working with individuals.
5. We believe in professional **courage**:
"Doing what's right, even when it's difficult".

Instructor: True/False Quiz, pg. 3 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s). Stakeholders Exercise, pg.4, time allowing follow the directions in the workbook. If short on time, poll the class for verbal responses.

II. Understanding the Reasons for Training

Instructor: read statement aloud; summarize, ask for questions, have class give examples from experience.

0830-0930
Materials:
Slides 13-19

	<p>A. Safety</p> <ol style="list-style-type: none">1. Organization's mission statement2. Professional responsibility for the individual's safety3. Least restrictive alternative (LRA)4. Emergency safety physical intervention - a last resort!<ol style="list-style-type: none">a. health & safety risk assessment <p><i>Instructor: have participants read and summarize information under this duration section.</i></p> <ol style="list-style-type: none">b. duration<ol style="list-style-type: none">1) asphyxia2) excited delirium3) sickle cell trait4) osteopenia5) monitoring signs of distress <p>B. Reality of the Individual</p> <ol style="list-style-type: none">1. Behavior can be examined as<ol style="list-style-type: none">a. copingb. spontaneousc. manipulative/learned2. Opportunity for therapeutic staff interaction<ol style="list-style-type: none">a. explore reason for the behaviorb. collaboratively examine alternative behaviorsc. enhances relationship building <p>C. Liability Protection</p> <ol style="list-style-type: none">1. Contemporary concerns in practice<ol style="list-style-type: none">a. tragic outcomesb. use/misuse of emergency safety interventionsc. immediate & long term effects on individuals2. Compliance issues<ol style="list-style-type: none">a. organization's policyb. licensing regulationsc. accreditation standards
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0930-1100

Materials:
Slides 21-33

D. Professionalism

Instructor: Should align Department's policies, procedures and best practice guidelines.

1. Adhere to "Best Practice Guidelines"
2. Implement a nationally recognized curriculum
3. Create & maintain a positive normative culture
4. Provide on-going training & supervision

Instructor: True/False Quiz, pg. 9 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).

III. Promoting Positive Growth & Behavior

A. Positive beliefs

1. All individuals have strengths & can be motivated
2. Failure to demonstrate strengths does not mean they do not exist
3. Treatment, education and behavior support planning should be strength based
4. All types of interventions need to be positive
5. Positive beliefs promote feelings of safety & healthy relationships

B. Primary strategies

1. Program organization
 - a. administration responsibilities
 - 1) adequate staffing
 - 2) adequate resources
 - 3) adequate supervision
 - 4) adequate training
 - 5) adequate program evaluation
 - b. staff responsibilities
 - c. team work/team meetings
 - d. needs based programming - "Maslow's Hierarchy of Needs"
2. Structured environment
 - a. Consistency & routines
 - 1) consistent schedules
 - 2) consistency between classes
 - 3) flexible for needs of individuals
 - 4) normalizing

	<ul style="list-style-type: none">5) balances individual and group needs6) basis for consistency across a variety of adults7) de-personalized basis for limit-setting8) segments the day into identifiable / manageable parts <p>b. Transitions</p> <ul style="list-style-type: none">1) Planning successful transitions<ul style="list-style-type: none">a) changes the individual experiencedb) plan place to place or activity to activityc) idle timed) start transition prior to completione) remind individuals of transitions expectations2) Executing transitions effectively<ul style="list-style-type: none">a) demonstrate confidenceb) communicate clearlyc) keep movingd) praise and acknowledge <p>3. Relationship Building: use...</p> <p>a. Effective communication</p> <ul style="list-style-type: none">1) observation skills2) attending (SOLER)3) attuning4) using silence5) being available6) providing opportunity7) respecting the individual8) giving recognition9) encouraging10) openness11) empathic demeanor12) genuine interest13) collaborating14) acknowledging15) active listening - 2% <p>b. Empathetic Connections: use</p> <ul style="list-style-type: none">1) meet & greet2) collaboration & interest relating3) positive affect4) individual's strengths5) model appropriately
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	<ul style="list-style-type: none">6) show affection7) utilize humor8) positive acknowledgement9) be friendly10) recognize milestones11) be aware of events12) effectively listen13) share mealtimes14) use movement15) random positive connections16) recognize normal behavior17) teach acceptable behavior18) differential reinforcement19) positively correct behavior <p>c. Within the environment</p> <ul style="list-style-type: none">1) be consistent2) use rules that promote growth3) effectively execute transitions4) make environmental adaptations5) restructure when necessary6) participate in daily activities7) engage individuals in developmentally appropriate activity planning8) utilize peer support9) provide satisfying routines <p>4. Relationship building - Avoid...</p> <ul style="list-style-type: none">a. inappropriate postureb. judging/moralizingc. being sarcasticd. antagonizing/ridiculee. ordering/commandingf. warning/threateningg. advising/naggingh. arguing/interruptingi. shaming/personalizingj. diagnosingk. using closed communicationl. using active, passive or counter aggressionm. leading with the rules and/or consequencesn. using "why" & "you" messages <p><i>Instructor: use statements listed on pg. 14 of the manual for "n" above.</i></p>
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<p>Quiz pg. 15</p> <p>1100-1200</p> <p>1200-1245 Materials: Workbook, pp. 7-16 Slides 35-42</p>	<p><i>Instructor: True/False Quiz, pg. 15 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p> <p>Lunch</p> <p>IV. Understanding Individuals</p> <p>Instructor: emphasize that any for the domains can occur at any stage.</p> <p>A. Development</p> <ol style="list-style-type: none"> 1. Stages <ol style="list-style-type: none"> a. infancy b. toddler / early childhood c. middle childhood d. adolescent e. young adulthood f. middle to late adulthood 2. Domains <ol style="list-style-type: none"> a. Physical b. Sexual c. Social-Emotional d. Intellectual e. Moral 3. Theoretical models <ol style="list-style-type: none"> a. Erikson's Critical Task Model b. Piaget's Conceptual Development Model c. Kohlberg's Moral Development Model d. Gilligan's Gender Differences in Moral Development 4. Tasks <ol style="list-style-type: none"> a. trust b. security c. attachment 5. Dysfunctional Pathway (flow chart pg.17, workbook) <p>B. Environmental factors</p> <ol style="list-style-type: none"> 1. Social experiences 2. Family dynamics 3. Economic conditions
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<p>1245-1330*</p>	<ul style="list-style-type: none">V. Understanding Individuals<ul style="list-style-type: none">A. Diagnosis / Education Eligibility<ul style="list-style-type: none">1. Symptoms2. Awareness of predictable behavior3. Behavioral / academic effects4. Intervention guidanceB. Psychotropic Medications & Side Effects<ul style="list-style-type: none">1. Purpose2. Effectiveness3. RisksC. Variables Influencing an Individual's Ability to Cope<ul style="list-style-type: none">1. Cognitive ability2. Emotional capacity3. Social experience4. Physical realmD. Group Interactions<ul style="list-style-type: none">1. Polsky's Diamond<ul style="list-style-type: none">a. leadersb. lieutenantsc. membersd. status seekerse. scapegoats2. Social variables<ul style="list-style-type: none">a. powerb. achievementc. affiliationE. Physical Skills Practice<ul style="list-style-type: none">1. Escapes/Evasion<ul style="list-style-type: none">a. Pivot Parry (Right Punch)b. Pivot Parry (Left Punch)c. Rear Choke Escaped. Front Choke Escape2. Standing Assists<ul style="list-style-type: none">a. Right Extended Armb. Crossed Arm assistc. Cradle Assist
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1330-1430

Slides 45-48

- d. Left Extended Arm
- e. MP Extended Arm Assist

F. The Bullying Circle - *The Bullying Circle* - Dan Olweus

- 1. Individuals who bully
- 2. Followers
- 3. Supporters or passive supporters
- 4. Disengaged onlookers
- 5. Possible defenders
- 6. defenders

G. Types of Bullying

- 1. Verbal bullying (derogatory comments, bad names)
- 2. Bullying through social exclusion or isolation
- 3. Physical bullying (hitting, kicking, pushing, spitting)
- 4. Bullying through lies and false rumors
- 5. Having money or other items taken/damaged by bullies
- 6. Being threatened or forced to do things by bullies
- 7. Racial bullying
- 8. Sexual bullying
- 9. Cyber bullying

H. Initial behavior support plan (BSP)

- 1. Developed with juveniles prior to any behavior incident (HIPPA)
- 2. Based on information available at the time of enrollment
- 3. Should identify
 - a. behaviors of concern
 - b. existing program options
 - c. additional supports
 - d. medical and/or mental health concerns
 - e. considerations when promoting positive growth & behavior and/or intervening with the individual

Instructor: True/false Quiz, pg. 22 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).

VI. Identifying & Understanding Behaviors of Concern

A. Behavior Categories

B. Behavior Characteristics

- 1. Behaviors of concern are temporary
 - a. they do not last forever
 - b. they are often cumulative & transferable

Materials: Workbook, pp. 15-21
Slides 50-59

1430-1515*

- c. staff are responsible to remain calm & respond professionally
- 2. Behaviors of concern are cyclical
- 3. Behaviors of concern can be aggressive
 - a. aggression theories
 - 1) innate (Freud/Lorenz)
 - 2) frustration (Dollard)
 - 3) learned (Bandura/Sleg)
 - b. aggression types
 - 1) Active
 - physiological responses that prepares the body for fight or flight (deeper respiration, dilated pupils, etc.)
 - 2) passive
 - expression of negative feelings, resentment and aggression in an unassertive passive way (procrastinates, stubborn)
 - 3) counter
 - human instinct that occurs when individuals join in with acting-out individuals by internalizing their aggression "road rage"
 - c. insult behavior
 - a. characteristics "physical appearance/mannerisms"
 - b. home & hearth "what staff value"
 - c. professionalism "how staff do their job"
 - d. oppositional & defiant behavior
 - e. making deals
 - f. needing to have the last word
 - g. blatant rule violation
 - h. constantly questioning "Why?"
 - i. playing one staff against another
 - j. refusal to comply
 - k. loopholes
- 4. Behaviors of concern are sequential

Instructor: detail the Behavior Curve, pg. 27 in workbook; complete quiz, pg. 28 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).

Materials:
Slides 61-65

VII. Responding to Behaviors of Concern

A. Considerations

1. Remain alert to
 - a. appearance / body language
 - b. eyes
 - c. muscles
 - d. mood
 - e. posture
 - f. respiration
 - g. voice
 - 1) tone
 - 2) rate
 - 3) volume
2. Pay attention to
 - a. size
 - b. skills
 - c. medications
 - d. agenda
 - e. histories
 - 1) medical
 - 2) abuse
 - 3) relationships
 - 4) emergency safety interventions
3. Environmental factors
 - a. floor surface
 - b. temperature
 - c. lighting
 - d. sound
 - e. inside or outside
 - f. public or private
 - g. other individuals
 - h. other staff
 - i. furniture
 - j. potential weapons
 - k. exits
 - l. communication device

B. Manage Self

1. **Negative responses**
 - a. freeze
 - b. overreact
 - c. disrupted motor response
 - d. irrational thought process
 - e. aggression (passive, counter and/or active)
 - f. Factors that influence staff response

1515-1600
Materials: Workbook, pp. 25
Slides 66-70

<p>0700-0845*</p> <p>0845-1000 Materials: Workbook, pp. 36 Slides 72-84</p>	<ol style="list-style-type: none"> 1) staff's mood 2) unmet professional expectations 3) feelings of rejection and/or helplessness 4) violation of staff's personal values and beliefs 5) prejudging individuals 6) unfinished psychological business 7) caught up in an individual's own Behavior Cycle <p>g. Counter Aggression Cycle</p> <ol style="list-style-type: none"> 2. Positive responses "Professional Courage - Doing what's right, even when it's difficult!" <ol style="list-style-type: none"> a. ignore inconsequential behavior b. walk away then re-engage c. share feelings d. self-talk <ol style="list-style-type: none"> 1) components <ol style="list-style-type: none"> a) perception b) interpretation c) behavior 2) guiding self-talk - "STAR" <ol style="list-style-type: none"> a) <u>S</u>top b) <u>T</u>hink c) <u>A</u>nalyze d) <u>R</u>espond <p><i>Instructor: Complete Counter Aggression Activity, pg.31.</i></p> <p>DAY 2</p> <p>Review of Day 1; quizzes; Physical Skills Practice</p> <p>VIII. Responding to Behaviors of Concern (continued from Day 1)</p> <p>A. Secondary Strategies</p> <ol style="list-style-type: none"> 1. Non-verbal intervention <ol style="list-style-type: none"> a. staff presence b. affect c. planned ignoring d. signals <ol style="list-style-type: none"> 1) eye contact 2) expressions 3) body language 4) gestures
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	<ul style="list-style-type: none">e. proximity promptf. touch prompt (selective/positive)2. Para verbal intervention<ul style="list-style-type: none">a. toneb. ratec. volume3. Verbal intervention<ul style="list-style-type: none">a. Encouragement<ul style="list-style-type: none">1) indicate concern2) use "I" and "We" messages3) use a soothing demeanor4) use clear language5) encourage participation and cooperation6) attempt to divert focus7) change the environment8) offer choices (self-time)b. Discussion<ul style="list-style-type: none">1) paraphrase techniques2) perception checking3) behavior description4) open ended questions and phrases5) reflect feelings6) summarizationc. Direction<ul style="list-style-type: none">1) direct appeal2) positive problem-solving3) benign confrontation4) setting clear expectations5) redirection6) positive correction (praise sandwich)7) limit setting8) consequence reminder9) consequences<ul style="list-style-type: none">a) collaborativeb) issuingc) enforcing4. Individuals with developmental delays or cognitive delays<ul style="list-style-type: none">a. visual supports (individualized and specific)b. schedules
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<p>1000*-1100</p> <p>Materials: Slides 85-87</p>	<ul style="list-style-type: none"> c. visual supports (individualized and specific) <ul style="list-style-type: none"> 1) schedules 2) environmental prompts 3) pictures, descriptors, photos (daily schedule) 4) video self-modeling d. sensory strategies (sounds, smells, touch which impact behavior) <ul style="list-style-type: none"> 1) minimize external stimuli 2) maintain a soothing demeanor 3) decompression strategies (stress reduction) e. offer choices f. distraction g. engagement h. effusive praise i. immediate gratification 5. Responding to specific behaviors <ul style="list-style-type: none"> a. passive aggression b. active aggression c. insults d. oppositional/defiant <ul style="list-style-type: none"> 1) making deals 2) needing to have the last word 3) blatant rule violation 4) constantly questioning "Why?" 5) playing one staff against another 6) refusal to comply 7) loopholes 6. Bullying prevention & intervention – general strategies <ul style="list-style-type: none"> a. Provide individuals, staff, and parents/guardians with ongoing education about bullying and related issues b. Teach and model tolerance and an appreciation of diversity c. Monitor unsupervised areas where bullying incidents are likely to occur d. Never ignore a bullying incident; immediately intervene e. The level of intervention should match the level of risk associated with the bullying behavior f. Bullying incidents witnessed by bystanders provide teachable moments, opportunities to validate staff support of victim, and communicates to the perpetrator
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<p>1100-1200</p> <p>1200-1330*</p> <p>Materials: Workbook, pp. 43 Slides 89-102</p>	<p>that bullying is not acceptable</p> <p>g. Implement organization-wide programming that reflects the concepts found in the Safe Crisis Management curriculum (i.e. primary & secondary strategies)</p> <p><i>Instructor: True/False Quiz, pg. 37 workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p> <p>Lunch</p> <p>IX. Implementing Emergency Safety Interventions</p> <p>A. Medical Endorsements - SCM assists reviewed & pronounced safe when applied properly.</p> <p>B. Least Restrictive Alternative - No pain compliance, bone locks or body weight.</p> <p>C. Physical Principles</p> <ol style="list-style-type: none"> 1. Safe zone approach 2. Leading trailing position 3. Self-protection (evasion, deflection and/or escape) 4. Safe incident management (managing v. imposing compliance) <p>D. Emergency Safety Interventions</p> <ol style="list-style-type: none"> 1. Time-out 2. Physical intervention <ol style="list-style-type: none"> a. techniques <ol style="list-style-type: none"> 1) escort 2) standing 3. single-person intervention 4. multiple-person intervention (preferred method) <ol style="list-style-type: none"> a. leader is primary coordinator b. designated staff communicates with the individual c. leader directs other staff involved in the intervention d. leader assigns a staff to monitor the intervention e. leader implements a plan of action f. leader is responsible for correct intervention as per policy g. leader or designee debriefs the: individual, group, staff, family (as appropriate) and outside agency (as appropriate)
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Materials: Handout - Handcuff,
Use of Force policy 1337.2

- h. leader is responsible for (or designates) completion of documentation
- 5. Physical intervention release
 - a. sequential release (gradual release)
 - b. timed release
 - 1) clear direction given
 - 2) release & create distance from individual
 - 3) staff assumes non-threatening leading trailing stance
 - 4) staff positions themselves in a location to maintain safety
- 6. Seclusion

Instructor: refer to Department's policy and procedures for the following:

Instructor Note: per directive from the Chief, we walk minors forward only. We do not walk a minor backwards.

- 7. Mechanical restraint
- 8. Chemical restraint

E. Monitoring, Recording and Time Limit Guidelines

- 1. ESPIs must end when an individual's behavior indicates there is no longer a danger to self or others.
- 2. JKM Training requires any use of "prone" to be limited to 5 minutes of duration. After 5 minutes, must transition to a non-prone ESPI or the individual should be released.
- 1. Prone techniques should be avoided with medical conditions such as asthma, pregnancy, obesity, heart conditions or
- 2. where prohibited by law

F. Recommended all other ESPIs be ended within 10 minutes.

- 1. Exceeding 10 minutes should only occur when the individual continues to be a harm to self or others
- 2. If past 10 minutes, ESPI technique should transition to a different technique to ensure holding points are not stressed.

G. Organizations, instructors & staff are expected to make real effort to reduce duration of their ESPIs.

Instructor: ESPIs must end when an individual's behavior indicates there is no longer a danger to self or others. JKM Training requires any use of "prone" to be limited to 5 minutes of duration. After 5 minutes, must transition to a non-prone ESPI or the individual should be released.

Prone techniques should be avoided with medical conditions such as asthma, pregnancy, obesity, heart conditions or where prohibited by law. Recommended all other ESPIs be ended within 10 minutes. Exceeding 10 minutes should only occur when the individual continues to be a harm to self or others. If past 10 minutes, ESPI technique should transition to a different technique to ensure holding points are not stressed. Organizations, instructors & staff are expected to make real effort to reduce duration of their ESPIs.

H. Record times of position changes

I. Record specific behaviors

1. Statements in quotations
2. Measurable, observable behaviors

J. Assess for correctness of techniques

1. Hands/arms
2. Legs/feet
3. Body position

K. Assess for possible counter-aggression

L. Assess body systems

1. Circulatory
2. Gastrointestinal
3. Respiratory
4. Musculoskeletal
5. Neurological

M. Suicidal or Depressed Juveniles

1. Prevention and Risk Factors: case scenario/discussion
2. Signs and Symptoms

Instructor: True/False Quiz, pg.43 workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).

X. PHYSICAL SKILLS PRACTICE

Instructor: using the SCM Skills Score Sheet, demonstrate & participants will practice techniques. NOTE: participants may be at various stages of proficiency but expectation is they will perform all on 3rd day of training.

1330-1500*

1500-1600

Materials: Handout:
Classification and Segregation:
Behavior Management and
Intervention Policy- 1357.1

0700-0815

Materials: Workbook, pp. 50
Slides 104-144

- A. Single-Person Assists**
- B. Multiple-Person Assists**
- C. Self-protection Techniques**
 - 1. Pivot (evasion)
 - 2. Parry (deflection)
 - 3. Escapes
 - 4. Chokes
 - 5. Wrist grabs

Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:

- 1. Multiple Extended Arm/Bicep Assist to handcuffing
- 2. Multiple Upper Torso Assist to handcuffing.
- 3. Wall Containment to handcuffing;

- D. Escorts/Transports**
 - 1. Single-person Extended Arm Assist
 - 2. Multiple-person Extended Arm Assist
 - 3. Multiple-person Cradle Assist

- E. Review 1357.1 Behavior Management & Intervention Policy**
 - 3. Do video review of SCM Emergency Safety Physical Interventions
 - 4. Do scenario most likely to happen. See Policy 1357.1 Uncontrolled/Controlled Situations

DAY 3

XI. Function-Based Behavior Support Planning

Instructor: emphasize to class the following:

For Whom: Individuals for whom previous intervention attempts have been unsuccessful;

Definition: A process used to gather details about the events that predict & maintain an individual's behavior of concern;
Purpose: Provide information that will be used to design effective positive behavior support plans.

Instructor incorporate the chart pg. 45

A. Determine the Function

1. Behavior of concern
2. Setting events
3. Antecedent event
4. Outcome
5. Function
 - a. What is individual trying to get
 - b. What is individual trying to avoid

Instructor: relate to the class: "You should not propose to reduce a problem behavior without also identifying alternative, desired behaviors the person should perform instead of problem behavior."

B. Desired Behavior and Replacement Behaviors

1. Desired behavior - The ideal or expected behavior...*what you expect from everyone else*
2. It's Outcome
 - a. Occurs as a result of the Desired Behavior
 - b. Occurs after the Desired Behavior

Instructor: RE: chart, pg. 45 - slight modifications may be necessary, i.e. the function may get met in-part or in an alternate form. When the Behavior of Concern occurs... the FUNCTION IS NOT MET.

- c. Every attempt should be made to not allow the function to be met.

C. Behavior Support Planning

1. Positive Behavior Support is the redesign of environment, not the redesign of the individual.
2. Positive behavior support plans define changes in the behavior of those who implement the plan.
3. A Positive Behavior Support Plan describes what staff

<p>0815*-0945</p> <p>0945-1030</p> <p>1030-11-00 Materials: Workbook, pp. 55 Slides 146-159</p>	<p>will do differently.</p> <p>4. Behavior Support Plan strategies are based on the Function.</p> <p>D. Implement, Monitor, Evaluate & Revise</p> <ol style="list-style-type: none"> 1. Implement the BSP strategies and interventions <ol style="list-style-type: none"> a. Prevention strategies b. Teaching strategies c. Intervention strategies d. Emergency safety interventions 2. Monitor the individual's progress 3. Monitor implementation of the behavior support plan 4. Evaluate the effectiveness of the behavior support plan 5. Revise behavior support plan as needed <p><i>Instructor: True/false Quiz, pg. 48, workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p> <p>XII. PHYSICAL SKILLS PRACTICE review all SCM techniques</p> <p><i>Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:</i></p> <ol style="list-style-type: none"> 4. Multiple Extended Arm/Bicep Assist to handcuffing 5. Multiple Upper Torso Assist to handcuffing. 6. Wall Containment to handcuffing; <p>XIII. CRISIS DIFFUSION review historical account; separation and containment integrated with SCM techniques.</p> <p>XIV. Completing, Reviewing & Evaluating the Incident</p> <p>A. Medical Assessment - Intervention leader prompts the following process</p> <ol style="list-style-type: none"> 1. Individual is visually observed for movement, respiration, external injuries, and general responsiveness.
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	<ol style="list-style-type: none">2. Individual is asked if they are injured or need medical care.3. Second staff asks if they are injured or need medical care.4. If nurse is present, they supersede the second staff and perform a formal medical assessment.5. If individual is injured or indicating, appropriate medical attention is sought in timely fashion.6. Entire process is thoroughly documented. <p>B. Mental Health Assessment</p> <ol style="list-style-type: none">5. Non-school Programs<ol style="list-style-type: none">a. Contact supervisorb. Contact clinician for follow-upc. Comply with policies, procedures & regulations6. Schools<ol style="list-style-type: none">a. Contact appropriate personnel for immediate follow-upb. Recommend guardian consider taking student to a qualified mental health provider for immediate risk assessmentc. Comply with policies, procedures & regulations <p>C. Debriefing</p> <ol style="list-style-type: none">1. Debriefing with the individual2. Debriefing with the group<ol style="list-style-type: none">a. When group has been negatively impacted, group debriefing needs to occur prior to return of individual.b. Discuss any unresolved issuesc. Allow individual to address group (if appropriate)d. Summarize the process & agreementse. Briefly review expectationsf. Return to scheduled program3. Debriefing with the staff<ol style="list-style-type: none">a. Should be completed with all staff involved using a conversational, non-judgmental approachb. Assess staff's physical condition & emotional condition
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	<ul style="list-style-type: none"> c. Discuss the incident <ul style="list-style-type: none"> 1) Environmental issues that contributed to the event 2) Interactions that may have contributed to the event 3) Explore what staff did well 4) Explore what staff can do differently d. Behavior Support Plan recommendations 4. Family is notified and debriefed (as appropriate) <ul style="list-style-type: none"> a. Timely manner as specified by policy b. Share chronological sequence of event c. Describe interventions & individual's reaction d. How situation escalated & safety hazards e. BSP implementation & effectiveness f. As appropriate, allow for input & participation in incident review process 5. Outside agencies (as appropriate) <p>D. Documentation</p> <ul style="list-style-type: none"> 1. Documentation suggestions <ul style="list-style-type: none"> a. staff should not write when emotional b. do not write as a group c. avoid speculation d. be truthful e. avoid organizational jargon f. complete before the end of shift/ day g. use names instead of pronouns h. use legal and legible signatures i. proofread before final submission j. use SCM terminology 2. Documentation quality (the five W's) <ul style="list-style-type: none"> a. who - individual and all staff involved b. what <ul style="list-style-type: none"> 1) chronological narrative 2) specific behaviors requiring intervention 3) all strategies, interventions & procedures implemented 4) appropriate assessment recorded (medical, mental health, etc.)
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	<p>dialogue in an attempt to de-escalate the situation.</p> <ol style="list-style-type: none"> 3. Continued Dialogue - In a firm but non-threatening manner, staff shall clearly instruct the youth engaged in non-compliance to cease the activity and comply with the request of staff. 4. Verbal Command - In an appropriately loud and firm voice, staff shall clearly instruct/order the youth engaged in a negative activity to cease their involvement. Staff shall immediately call for back up at this time. 5. Switching Staff (If the incident is one of child versus staff) - If the youth is extremely angry or upset with the staff trying to de-escalate the incident, another staff shall take that staff's place and attempt to counsel the youth and continue the de-escalation process. 6. Staff Presence - One or more staff are to converge on the area where the incident is occurring. Staff shall approach in a non-threatening manner. While converging on the area, staff must continuously instruct/order the youth in an appropriately loud and firm voice to cease their negative activity and at the same time assess the situation. Once present, they may assist in isolating the situation and providing back up for the staff engaging the youth. 7. Secluding the Situation/Youth - If the youth does not comply with verbal instructions and additional staff has been called to the area, the youth shall be secluded from the rest of the group. Seclusion occurs in several forms. The preferred form of seclusion is where a youth is voluntarily secured in his or her room. It is not always possible; however, to convince a youth to return to or enter their room. When this occurs, secluding the youth in an empty dayroom, empty hallway or other area that can be secured is permissible. It is permissible to reduce or halt program activities for the time necessary to handle a crisis situation. The program shall resume after the incident has been resolved and the unit tone has returned to normal. 8. Mental Health Assistance - Staff shall request the assistance of Mental Health staff, if available, to counsel and assist the youth in regaining self-control while at the same time encouraging them to comply with the requests of staff. 9. Request Assistance From the Duty Institutional Supervisor II - Once the situation is isolated, and
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previous efforts at gaining compliance have not been successful, the following shall occur:

- a) Application of Physical Intervention - If verbal commands and staff presence fail to achieve the desired cessation of negative behavior, physical intervention shall be employed at the least restrictive level to control the situation.
- b) Cease Activity Warning/O.C. Spray - If physical intervention attempts are unsuccessful and it becomes necessary to utilize chemical restraint, staff shall provide a warning regarding the intended use of chemical intervention by clearly stating in a loud voice, "O.C. Warning," to the youth involved in the incident.
- c) Application of O.C. Spray - If the O.C. warning fails to achieve the desired cessation of escalating behavior, O.C. spray may be employed. Staff shall ensure that all post O.C. Spray application protocols are followed in each instance where chemical restraint is utilized.

NOTE: In instances where a disturbance is occurring involving several youth or a staff member is under physical assault by a youth or group of youth, the immediate utilization of chemical intervention is permissible following a verbal warning. The immediate need to utilize chemical intervention must be clearly articulated in the report. Staff shall be aware, insofar as possible, of youth for whom the application of chemical force is medically contra-indicated.

B. SITUATION ASSESSMENT

Instructor: It is not possible to foresee all possible situations in which intervention techniques need to escalate. There are three generalized situations in which physical intervention may need to be incorporated into the intervention management process. It must be understood that the prevailing philosophy accompanying any physical intervention is that the actions taken must be necessary to assist the youth out of a questionable or dangerous situation and into a safer environment.

The three general situations in which physical intervention may be

utilized as necessary are:

1. Controlled Situations: Physical intervention may be used as directed by a supervisor
2. Uncontrolled Situation: An immediate need to utilize physical intervention may exist
3. Mental Health Crisis: The need to apply soft restraints to assist a youth experiencing a mental health crisis may exist

C. CONTROLLED SITUATIONS

The following examples require de-escalation techniques be utilized to successfully resolve crisis situations without injury to youth by utilizing the least restrictive alternative:

1. Refusing to follow instructions resulting in a disruption of the unit's program;
2. Non-responsive to staff instructions, which seriously impacts the unit's operation;
3. Banging or kicking doors or windows;
4. Verbally threatening staff;
5. Gassing of staff (throwing bodily fluids on staff);
6. Throwing food at staff or youth, but not physically aggressive after the act;
7. Assuming an immobile stance with fists clenched;
8. Irate/hostile behavior not involving physical aggression;
9. Refusing to exit a room or area; and
10. Engaging in self-harming behaviors that are not life-threatening.

A successful conclusion is one in which compliance is voluntarily gained, the use of physical intervention is avoided, and both youth and staff safely exit the situation without harm. Occasionally, however, the need for physical intervention may be necessary to bring the matter to a safe conclusion. When it appears that physical intervention may be necessary, the Duty IS II, or the building IS I if he or she is present in the unit, must be summoned to the area to take control of the situation and directly authorize the use of physical or chemical intervention to bring the matter to a safe conclusion.

D. UNCONTROLLED SITUATIONS

The following examples occur quickly and may require staff to respond

immediately, utilizing more restrictive alternatives on an escalating basis, to prevent injury to youth or staff and/or to protect the community:

1. Major unit disturbance;
2. Physical assault on a staff member;
3. Physical assault on child by another child;
4. Attempts to escape outside of the immediate living unit area;
5. Engaging in self-harming behaviors that are life-threatening or may result in serious harm if allowed to continue;
6. Serious destruction of property (breaking windows, light fixtures, doors, etc.)

E. MENTAL HEALTH CRISIS

Soft restraints (such as, padded leather restraining devices and helmets) are used primarily to control youth experiencing medical or psychiatric problems, such as those who are under the influence of drugs, demonstrating suicidal behaviors, or who are a danger to self or others. Soft restraints may be applied only after receiving approval from the Duty IS II or above. Mental Health staff is prohibited from authorizing the application of soft restraints for youth in the juvenile hall or camp. The application of soft restraints must be clearly documented in a report.

XVI. USE OF FORCE

- A. The use of force means the overcoming resistance to control the threat of imminent harm to self or others. Any interventions being considered to manage a crisis situation shall be utilized with the understanding that only the least restrictive alternative necessary to resolve the situation, keep the youth, and staff safe, are to be employed.
- B. Staff shall only employ physical or chemical interventions if it is objectively reasonable to do so. An "objectively reasonable" standard is one that an objective and trained observer would employ to determine whether or not the option of force utilized was both appropriate and necessary. In the event a crisis situation occurs and is successfully resolved and/or control restored, the intervention

	<p>technique(s) employed shall be discontinued and the program resumed as appropriate.</p> <ul style="list-style-type: none">C. Oleoresin Capsicum Spray (O.C. spray) shall only be utilized if non-physical crisis intervention efforts and efforts to physically intervene and assist a hostile child fail, or if a serious disturbance or physical assault on a staff member occurs, necessitating the utilization of chemical intervention.D. Offensive measures shall not be employed except in cases of extreme emergency, such as a staff forced to defend him or herself against a youth or group of youth that are physically assaulting them. Incidents involving the use of offensive measures shall be administratively reviewed to determine whether or not the situation warranted such use.E. Except in extreme emergencies, staff shall not attempt a physical intervention without the assistance of additional back-up staff.F. Lethal force is not authorized by the Alameda County Probation Department and shall not be utilized. The use of the carotid, bar-arm choke-hold or any other choke-hold is strictly forbidden. <p><u>VII. PHYSICAL INTERVENTION OPTIONS</u></p> <p>The Probation Department has approved a number of physical intervention and restraint techniques that restrict mobility or movement and disengages the youth from harmful physical contact. The option of force that can be used in these circumstances is governed by the principle of the "<i>Least Restrictive Alternative.</i>" This means that selected interventions must always be employed with the least amount of force necessary to provide a safe outcome for the minor.</p> <ul style="list-style-type: none">A. <u>Option 1</u> - Minimal Interventions: A staff member's minimal techniques include, Physical Presence, Verbal and Non-Verbal techniques, Multiple Staff.
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Instructor: Situations arise where youth's focus turns to Staff. Therein Staff may use a variety of escapes including: Stepping away and allowing another Staff to Deal with the youth's needs, Evasion, Escapes from Grabbing, Chokes, Hair Pulls, Parrying Blows and Kicks.

- B. Option 2 - Disengagement:** A staff member steps between two youths before they are engaged in a physical altercation and separates the combatants with a gentle open-handed guiding movement that does not involve confinement of an appendage or the execution of an Extended Arm Assist.

Instructor: A separation of youth that result in any youth falling to the floor, striking an object or sustaining injury as a result of the disengagement, is not considered to be an option 1 intervention. It is considered to be, at minimum, an "option 4" intervention. When involved in this type of disengagement, staff shall be conscious of the need to use only minimal force and keep the youth safe.

- C. Option 3 - Extended Arm Assist:** A staff places the youth in an Extended Arm Assist by securing the arm and shoulder (or shirt/sweatshirt) of the youth for the purpose of inducing an acting-out youth to cease their involvement in their negative behavior and/or to assist them in moving to a safer area. Separation from the rear; this technique can be used to remove one minor from the situation, grab at the waist and pull back usually in a circular motion. Remember Teamwork with another staff, to separate two minors and stay safe. Rear Waist Belt Shear; remain bent low to deter arm-back swing by minor trying to hit Staff. Pull minor back quickly to place them off balance. Shoulder Waist Shear; Push forward around center beltline and pull on shoulder area. Lifeguard Shear; From behind reach across the chest to move the minor.

- D. Option 4 - Standing Assists: Wall Containment;** this containment should be done by two or more staff. The minor positioned against the wall. As two staff spread out the minors arms before cuffing a third staff may assist the containment by securing the minors midsection against the wall.

Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:

7. *Multiple Extended Arm/Bicep Assist to handcuffing*
8. *Multiple Upper Torso Assist to handcuffing.*
9. *Wall Containment to handcuffing;*

These interventions may be utilized until the child calms down or a higher option of intervention is deemed necessary.

E. Option 5 -- The use of the following physical restraints are always an option, just ad minimum. Their use just raises the severity of the situation. Such as: Two Hand Wrist Flex; Wrist flex should be applied using minimal to measurable pressure to gain control of the minor. Bent Arm Lock; this technique may be used by two Staff as an escort in moving minors, also as a restraint to deter movement. The Accordion; apply minimal pressure while bending the hand downwards at the wrist at the same time; secure the elbow to ensure compliance.

F. Option 6 -- Chemical Intervention: The use of Oleoresin Capsicum (O.C.) spray is considered the final authorized intervention in the continuum. As appropriate, all other crisis intervention/de-escalation techniques, including physical intervention, shall be employed prior to the application of O.C. spray. Staff shall use only the minimal amount of O.C. spray necessary to gain control of the situation and/or subdue the youth. All de-escalation/intervention efforts made on behalf of the youth prior to and during the application of O.C. Spray are to be clearly documented in the report.

1300-1340
Materials: SCM test

VIII. Overall review of theory/curriculum, written test

<p>1340-1540* Materials: SCM Physical Skills</p>	<p>XIX. Physical skills practice & testing out</p> <p><i>Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:</i></p> <ol style="list-style-type: none">1. <i>Multiple Extended Arm/Bicep Assist to handcuffing</i>2. <i>Multiple Upper Torso Assist to handcuffing.</i>3. <i>Wall Containment to handcuffing;</i>
<p>1540-1600 Materials: Evaluations</p>	<p style="text-align: center;"><i>Review Handcuffing Suggested Procedure -handout</i></p> <p>XX. Summarization and evaluations</p>

**Time/PP Slide/ Trainer's
Note/Method**

Trainer's Script/Activity/Topic

<p>0730-0830*</p> <p>Materials:</p> <p>Slides 9-19</p>	<p>3. Staff Benefits</p> <ul style="list-style-type: none"> A. Be introduced to crisis management regulations affecting their job responsibilities B. Explore the nature and dynamics of behaviors of concern C. Identify positive growth and behavior prevention (primary) strategies that will reduce the frequency and intensity of behaviors of concern D. Identify personal counter aggressive tendencies and develop appropriate responses E. Become familiar with current and accepted secondary interventions F. Demonstrate emergency safety physical interventions based on "the least restrictive alternative". G. List and define the risk and safety issues associated with emergency safety interventions H. Clearly identify the monitoring responsibilities required during emergency safety physical interventions I. Demonstrate proficiency in function-based behavior support planning J. Identify and describe the components of tertiary procedures <p>4. JKM Training Inc.'s Mission Statement</p> <p>The mission of JKM Training is to provide professional training that is based upon an uncompromising respect for the dignity of all persons and a recognition that best practice training contributes to safety, positive growth and improved performance.</p> <p><i>Instructor: <u>True/False Quiz</u>, pg. 3 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p> <p><i><u>Stakeholders Exercise</u>, pg.4, time allowing follow the directions in the workbook. If short on time, poll the class for verbal responses.</i></p>
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Materials:
Workbook, pp. 5-9

5. Introducing SCM

- A. We are **committed** to the welfare and the positive growth & development of individuals.
- B. We **care** about individuals.
- C. We know organizations which provide **consistency** achieve better outcomes regarding staff retention, staff performance and growth of individuals.
- D. We believe staff must be **competent** when working with individuals.
- E. We believe in professional **courage** - *Doing what's right, even when it's difficult*".

II. Understanding the Reasons for Training

1. Safety

- A. Organization's mission statement
- B. Professional responsibility for the individual's safety
- C. Least restrictive alternative (LRA)
- D. Emergency safety physical intervention – a last resort!
 - 1) health & safety risk assessment

Instructor: have participants read and summarize information under this duration section.

- 2) duration
 - a. asphyxia
 - b. excited delirium
 - c. sickle cell trait
 - d. osteopenia
 - e. monitoring signs of distress

2. Reality of the Individual

- A. Behavior can be examined as
- B. coping
- C. spontaneous
- D. manipulative/learned
- E. Opportunity for therapeutic staff interaction
- F. explore reason for the behavior
- G. collaboratively examine alternative behaviors
- H. enhances relationship building

<p>0830-1000</p> <p>Materials: Workbook, pp. 10-15 Slides 21-33</p>	<p>3. Liability Protection</p> <ul style="list-style-type: none">A. Contemporary concerns in practice<ul style="list-style-type: none">A. tragic outcomesB. use/misuse of emergency safety interventionsC. immediate & long term effects on individualsB. Compliance issues<ul style="list-style-type: none">A. organization's policyB. licensing regulationsC. accreditation standards <p>4. Legal Issues</p> <p>5. Professionalism</p> <p><i>Instructor: Should align Department's policies, procedures and best practice guidelines.</i></p> <ul style="list-style-type: none">A. Adhere to "Best Practice Guidelines"B. Implement a nationally recognized curriculumC. Create & maintain a positive normative cultureD. Provide on-going training & supervision <p><i>Instructor: <u>True/False Quiz</u>, pg. 9 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p> <p>III. Promoting Positive Growth & Behavior</p> <p>1. Positive beliefs</p> <ul style="list-style-type: none">A. All individuals have strengths & can be motivatedB. Failure to demonstrate strengths does not mean they do not existC. Treatment, education and behavior support planning should be strength basedD. All types of interventions need to be positiveE. Positive beliefs promote feelings of safety & healthy relationships
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2. Primary strategies

A. Program organization

- 1) administration responsibilities
 - a. staffing
 - b. resources
 - c. supervision
 - d. training
 - e. program evaluation
- 2) staff responsibilities
- 3) team work/ team meetings
- 4) needs based programming - "Maslow's Hierarchy of Needs"

B. Structured environment

- 1) consistency & routines
 - a. consistent schedules
 - b. consistency between classes
 - c. flexible for needs of individuals
 - d. normalizing
 - e. balances individual and group needs
 - f. basis for consistency across a variety of adults
 - g. de-personalized basis for limit-setting
 - h. segments the day into manageable parts
- 2) Transitions
 - a. planning successful transitions
 - a) changes the individual experienced
 - b) plan place to place or activity to activity
 - c) idle time
 - d) start transition prior to completion
 - e) remind individuals of transitions expectations
 - b. executing transitions effectively
 - a) demonstrate confidence
 - b) communicate clearly
 - c) keep moving
 - d) praise and acknowledge

C. Relationship building -Use

- 1) Effective Communication
 - a. observation skills
 - b. attending (SOLER)
 - c. attuning
 - d. using silence

	<p>e. being available f. providing opportunity g. respecting the individual h. giving recognition i. encouraging j. openness k. empathic demeanor l. genuine interest m. collaborating n. acknowledging o. active listening - 2%</p> <p>2) Empathetic Connection a. meet & greet b. collaboration & interest relating c. positive affect d. individual's strengths e. model appropriately f. show affection g. utilize humor h. positive acknowledgement i. be friendly j. recognize milestones k. be aware of events l. effectively listen m. share mealtimes n. use movement o. random positive connections p. recognize normal behavior q. teach acceptable behavior r. differential reinforcement s. positively correct behavior</p> <p>D. Relationship building - Avoid... 1) inappropriate posture 2) judging/moralizing 3) being sarcastic 4) antagonizing/ridicule 5) ordering/commanding 6) warning/threatening 7) advising/nagging 8) arguing/interrupting 9) shaming/personalizing 10) diagnosing 11) using closed communication</p>
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<p>1000-1100</p> <p>Materials: Workbook, pp. 16-21</p> <p>Slides 35-48</p>	<ol style="list-style-type: none"> 12) using active, passive or counter aggression 13) leading with the rules and/or consequences 14) using "why" & "you" messages <p><i>Instructor: use statements listed on pg. 14 of the manual for "14" above.</i></p> <p><i>Instructor: True/False Quiz, pg. 15 workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p> <p>IV. Understanding Individuals</p> <ol style="list-style-type: none"> 1. Development <ol style="list-style-type: none"> A. Stages <ol style="list-style-type: none"> 1) infancy 2) toddler / early childhood 3) middle childhood 4) adolescent 5) young adulthood 6) middle to late adulthood B. Domains Physical <ol style="list-style-type: none"> 1) Sexual 2) Social-Emotional 3) Intellectual 4) Moral <p><i>Instructor: any or all domains can occur at any stage</i></p> <ol style="list-style-type: none"> C. Theoretical models <ol style="list-style-type: none"> 1) Erikson's Critical Task Model 2) Piaget's Conceptual Development Model 3) Kohlberg's Moral Development Model 4) Gilligan's Gender Differences in Moral Development D. Tasks <ol style="list-style-type: none"> 1) trust 2) security 3) attachment <ol style="list-style-type: none"> 2. Environmental factors <ol style="list-style-type: none"> A. Social experiences B. Family dynamics C. Economic conditions
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	<ul style="list-style-type: none">3. Diagnosis / Education Eligibility<ul style="list-style-type: none">A. SymptomsB. Awareness of predictable behaviorC. Behavioral / academic effectsD. Intervention guidance 4. Psychotropic Medications & Side Effects<ul style="list-style-type: none">A. PurposeB. EffectivenessC. Risks 5. Variables Influencing an Individual's Ability to Cope<ul style="list-style-type: none">A. Cognitive abilityB. Emotional capacityC. Social experienceD. Physical realm 6. Group Interactions<ul style="list-style-type: none">A. Polsky's Diamond<ul style="list-style-type: none">1) leaders2) lieutenants3) members4) status seekers5) scapegoats B. Social variables<ul style="list-style-type: none">1) power2) achievement3) affiliation C. The Bullying Circle -6 roles D. Types of Bullying<ul style="list-style-type: none">1) Verbal bullying (derogatory comments, bad names)2) Bullying through social exclusion or isolation3) Physical bullying (hitting, kicking, pushing, spitting)4) Bullying through lies and false rumors5) Having money or other items taken/damaged by bullies6) Being threatened or forced to do things by bullies7) Racial bullying8) Sexual bullying9) Cyber bullying
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<p>1100-1200</p> <p>1200-1240</p> <p>Materials: Workbook, pp. 23-28</p> <p>Slides 50-59</p>	<p><i>Instructor: True/false Quiz, pg. 22 in workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p> <p>7. Initial behavior support plan (BSP)</p> <ul style="list-style-type: none"> A. Developed with individuals prior to any behavior incident B. Based on information available at the time of enrollment C. Should specify... <p>Lunch</p> <p>V. Identifying & Understanding Behaviors of Concern</p> <p>1. Behavior Categories -(3)</p> <p>2. Behavior Characteristics</p> <ul style="list-style-type: none"> A. temporary B. cyclical C. aggressive <ul style="list-style-type: none"> 1) aggression theories <ul style="list-style-type: none"> a. innate (Freud/Lorenz) b. frustration (Dollard) c. learned (Bandura/Sleg) 2) aggression types <ul style="list-style-type: none"> a. active b. passive c. counter 3) insult behavior <ul style="list-style-type: none"> a. characteristics "physical appearance/mannerisms" b. home & hearth "what staff value" c. professionalism "how staff do their job" 4) oppositional & defiant behavior <ul style="list-style-type: none"> a. making deals b. needing to have the last word c. blatant rule violation d. constantly questioning "Why" e. playing one staff against another f. refusal to comply g. loopholes D. Behaviors of concern are sequential <p><i>Instructor: detail the Behavior Curve, pg.27, in workbook. Have participants complete True/False Quiz, pg. 28. Read aloud the statements; ask for answer. They may "shout out" the answer(s).</i></p>
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1240-1335*

Materials:
Workbook, pp. 29-32
Slides 61-70

VI. Responding to Behaviors of Concern

1. Considerations

A. Remain alert to

- 1) appearance / body language
- 2) eyes
- 3) muscles
- 4) mood
- 5) posture
- 6) respiration
- 7) voice
 - a) tone
 - b) rate
 - c) volume

B. Pay attention to

- 1) size
- 2) skills
- 3) medications
- 4) agenda
- 5) histories
 - a. medical
 - b. abuse
 - c. relationships
 - d. emergency safety interventions

C. Environmental factors

2. Manage Self

A. Negative responses

- 1) freeze
- 2) overreact
- 3) disrupted motor response
- 4) irrational thought process
- 5) aggression (passive, counter and/or active)

B. Factors that influence staff response

- 1) staff's mood
- 2) unmet professional expectations
- 3) feelings of rejection and/or helplessness
- 4) violation of staff's personal values and beliefs
- 5) prejudging individuals
- 6) unfinished psychological business
- 7) caught up in an individual's own Behavior Cycle

	<p>3. Counter Aggression Cycle</p> <p>A. Positive responses "Professional Courage"</p> <ol style="list-style-type: none"> 1) ignore inconsequential behavior 2) walk away then re-engage 3) share feelings 4) self-talk <ol style="list-style-type: none"> a. components <ol style="list-style-type: none"> a) perception b) interpretation c) behavior b. guiding self-talk - "STAR" <ol style="list-style-type: none"> a) <u>S</u>top b) <u>T</u>hink c) <u>A</u>nalyze d) <u>R</u>espond <p><i>Instructor: Complete Counter Aggression Activity, pg.31.</i></p>
<p>1335-1445*</p>	<p>VII. PHYSICAL SKILLS PRACTICE</p> <p><i>Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:</i></p> <ol style="list-style-type: none"> 1. Multiple Extended Arm/Bicep Assist to handcuffing 2. Multiple Upper Torso Assist to handcuffing. 3. Wall Containment to handcuffing;
<p>1445-1600</p> <p>Materials: Workbook, pp. 32-37 Slides 72-85</p>	<p>VIII. Secondary Strategies</p> <p>1. Non-verbal intervention</p> <ol style="list-style-type: none"> A. staff presence B. affect C. planned ignoring D. signals <ol style="list-style-type: none"> 1) eye contact 2) expressions 3) body language 4) gestures E. proximity prompt F. touch prompt (selective/positive)

	<ul style="list-style-type: none">2. Para verbal intervention<ul style="list-style-type: none">A. toneB. rateC. volume 3. Verbal intervention<ul style="list-style-type: none">A. encouragement<ul style="list-style-type: none">1) indicate concern2) use "I" and "We" messages3) use a soothing demeanor4) use clear language5) encourage participation and cooperation6) attempt to divert focus7) change the environment8) offer choices (self-time) B. discussion<ul style="list-style-type: none">1) paraphrase techniques2) perception checking3) behavior description4) open ended questions and phrases5) reflect feelings6) summarization C. direction<ul style="list-style-type: none">1) direct appeal2) positive problem-solving3) benign confrontation4) setting clear expectations5) redirection6) positive correction (praise sandwich)7) limit setting8) consequence reminder9) consequences<ul style="list-style-type: none">a) collaborativeb) issuingc) enforcing
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	<ul style="list-style-type: none">A. Individuals with developmental delays or cognitive delays<ul style="list-style-type: none">1) visual supports (individualized and specific)2) schedulesB. Individuals with developmental delays or cognitive delays<ul style="list-style-type: none">1) visual supports (individualized and specific)<ul style="list-style-type: none">a. schedulesb. environmental promptsc. pictures, descriptors, photos (daily schedule)d. video self-modeling2) sensory strategies (sounds, smells, touch which impact behavior)<ul style="list-style-type: none">a. minimize external stimulib. maintain a soothing demeanorc. decompression strategies (stress reduction)3) offer choices4) distraction5) engagement6) effusive praise7) immediate gratificationC. Responding to specific behaviors<ul style="list-style-type: none">1) passive aggression2) active aggression3) insults4) oppositional/ defiant<ul style="list-style-type: none">a. making dealsb. needing to have the last wordc. blatant rule violationd. constantly questioning "Why?"e. playing one staff against anotherf. refusal to complyg. loopholes
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<p>0700-0830*</p> <p>0830-0930</p> <p>Materials: Workbook, p. 36 Slides 86</p>	<p>DAY 2</p> <p>I. Review of Day 1 – applications & physical skills practice</p> <p><i>Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:</i></p> <ol style="list-style-type: none"> 4. Multiple Extended Arm/Bicep Assist to handcuffing 5. Multiple Upper Torso Assist to handcuffing. 6. Wall Containment to handcuffing; <p>II. Bullying behaviors and interventions; review of Behavior Management and Intervention Policy.</p> <ol style="list-style-type: none"> 1. Bullying prevention & intervention – general strategies 2. Provide individuals, staff, and parents/ guardians with ongoing education about bullying and related issues 3. Teach and model tolerance and an appreciation of diversity 4. Monitor unsupervised areas where bullying incidents are likely to occur 5. Never ignore a bullying incident; immediately intervene 6. The level of intervention should match the level of risk associated with the bullying behavior 7. Bullying incidents witnessed by bystanders provide teachable moments, opportunities to validate staff support of victim, and communicates to the perpetrator that bullying is not acceptable 8. Implement organization-wide programming that reflects the concepts found in the Safe Crisis Management curriculum (i.e. primary & secondary strategies) <p><i>Instructor: True/False Quiz, pg. 37 workbook. Read aloud the statements; ask for answer. They may “shout out” the answer(s).</i></p>
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<p>0930-1000 Materials: Workbook, pp. 38-40 Slides 90-93</p>	<p>III. Implementing Emergency Safety Interventions</p> <ol style="list-style-type: none">1. Medical Endorsements SCM assists reviewed & pronounced safe when applied properly2. Least Restrictive Alternative No pain compliance, bone locks or body weight3. Physical Principles<ol style="list-style-type: none">A. Safe zone approachB. Leading trailing positionC. Self-protection (evasion, deflection and/or escape)D. Safe incident management (managing v. imposing compliance)4. Emergency Safety Interventions<ol style="list-style-type: none">A. Time-outB. Physical intervention<ol style="list-style-type: none">1) Techniques<ol style="list-style-type: none">a. escortb. standing2) single-person intervention3) multiple-person intervention (preferred method)<ol style="list-style-type: none">a. leader is primary coordinatorb. designated staff communicates with the individualc. leader directs other staff involved in the interventiond. leader assigns a staff to monitor the interventione. leader implements a plan of actionf. leader is responsible for correct intervention as per policyg. leader or designee debriefs the: individual, group, staff, family (as appropriate) and outside agency (as appropriate)4) physical intervention release5) sequential release (gradual release)6) timed releaseC. Seclusion<p>Instructor: refer to Department's policy and procedures for the following: <i>Instructor Note: per directive from the Chief, we walk minors forward only. We do not walk a minor backwards.</i></p><ol style="list-style-type: none">D. Mechanical restraintE. Chemical restraint
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<p>1000-1100</p>	<p style="text-align: center;">PHYSICAL SKILLS PRACTICE</p> <p><i>Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:</i></p> <ol style="list-style-type: none"> 1. Multiple Extended Arm/Bicep Assist to handcuffing 2. Multiple Upper Torso Assist to handcuffing. 3. Wall Containment to handcuffing; <p>A. Review 1357.1 Behavior Management & Intervention Policy</p> <ol style="list-style-type: none"> 1. Do video review of SCM Emergency Safety Physical Interventions 2. Do scenario most likely to happen. See Policy 1357.1 Uncontrolled/Controlled Situations
<p>1100-1200</p>	<p>LUNCH</p>
<p>1200-1300*</p> <p>Materials: Workbook, pp. 40-42 Slides 94-102</p>	<p>IV. Monitoring, Recording and Time Limit Guidelines</p> <ol style="list-style-type: none"> 1. ESPIs must end when an individual's behavior indicates there is no longer a danger to self or others. 2. JKM Training requires any use of "prone" to be limited to 5 minutes of duration. After 5 minutes, must transition to a non-prone ESPI or the individual should be released. <ol style="list-style-type: none"> A. Prone techniques should be avoided with medical conditions such as asthma, pregnancy, obesity, heart conditions B. where prohibited by law 3. Recommended all other ESPIs be ended within 10 minutes. <ol style="list-style-type: none"> A. Exceeding 10 minutes should only occur when the individual continues to be a harm to self or others B. If past 10 minutes, ESPI technique should transition to a different technique to ensure holding points are not stressed. 4. Organizations, instructors & staff are expected to make real effort to reduce duration of their ESPIs. 5. Record times of position changes 6. Record specific behaviors <ol style="list-style-type: none"> A. Statements in quotations B. Measurable, observable behaviors

- 7. **Assess for correctness of techniques**
 - A. Hands/ arms
 - B. Legs/feet
 - C. Body position
- 8. **Assess for possible counter-aggression**
- 9. **Assess body systems**
 - A. Circulatory
 - B. Gastrointestinal
 - C. Respiratory
 - D. Musculoskeletal
 - E. Neurological

Instructor: True/False Quiz, pg.43 workbook. Read aloud the statements; ask for answer. They may "shout out" the answer(s).

V. Implementing Emergency Safety Interventions

- 1. **Emergency Safety Interventions:**
 - A. Single-Person Assists
 - B. Multiple-Person Assists
 - C. Self-protection Techniques
 - 1) Pivot (evasion)
 - 2) Parry (deflection)
 - 3) Escapes
 - a. Chokes
 - b. Wrist grabs

Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:

- 7. *Multiple Extended Arm/Bicep Assist to handcuffing*
- 8. *Multiple Upper Torso Assist to handcuffing.*
- 9. *Wall Containment to handcuffing;*

Materials: Handout:
Classification and
Segregation: Behavior
Management and
Intervention Policy-
1357.1

Materials:
Workbook, pp. 49-51

Slides 105-117

2. **Escorts/Transports**
 - A. Single-person Extended Arm Assist
 - B. Multiple-person Extended Arm Assist
 - C. Multiple-person Cradle Assist

3. Review 1357.1 Behavior Management & Intervention Policy
 - A. Do video review of SCM Emergency Safety Physical Interventions
 - B. Do scenario most likely to happen. See Policy 1357.1
Uncontrolled/Controlled Situations

VI. Completing, Reviewing & Evaluating the Incident

1. **Medical Assessment**
 - A. Intervention leader prompts the following process
 - 1) Individual is visually observed for movement, respiration, external injuries, and general responsiveness.
 - 2) Individual is asked if they are injured or need medical care.
 - 3) Second staff asks if they are injured or need medical care.
 - 4) If nurse is present, they supersede the second staff and perform a formal medical assessment.
 - 5) If individual is injured or indicating, appropriate medical attention is sought in timely fashion.
 - 6) Entire process is thoroughly documented.

2. **Mental Health Assessment**
 - A. Non-school Programs
 - 1) Contact supervisor
 - 2) Contact clinician for follow-up
 - 3) Comply with policies, procedures & regulations
 - B. Schools
 - 1) Contact appropriate personnel for immediate follow-up
 - 2) Recommend guardian consider taking student to a qualified mental health provider for immediate risk assessment
 - 3) Comply with policies, procedures & regulations

	<ul style="list-style-type: none">3. Debriefing<ul style="list-style-type: none">A. Debriefing with the individualB. Debriefing with the group<ul style="list-style-type: none">1) When group has been negatively impacted, group debriefing needs to occur prior to return of individual.2) Discuss any unresolved issues3) Allow individual to address group (if appropriate)4) Summarize the process & agreements5) Briefly review expectations6) Return to scheduled programC. Debriefing with the staff<ul style="list-style-type: none">1) Should be completed with all staff involved using a conversational, non-judgmental approach2) Assess staff's physical condition & emotional condition3) Discuss the incident<ul style="list-style-type: none">a. Environmental issues that contributed to the eventb. Interactions that may have contributed to the eventc. Explore what staff did welld. Explore what staff can do differently4) Behavior Support Plan recommendationsD. Family is notified and debriefed (as appropriate)<ul style="list-style-type: none">1) Timely manner as specified by policy2) Share chronological sequence of event3) Describe interventions & individual's reaction4) How situation escalated & safety hazards5) BSP implementation & effectivenessE. As appropriate, allow for input & participation in incident review process Outside agencies (as appropriate)4. Documentation<ul style="list-style-type: none">A. Documentation suggestions<ul style="list-style-type: none">1) staff should not write when emotional2) do not write as a group3) avoid speculation4) be truthful5) avoid organizational jargon6) complete before the end of shift/day7) use names instead of pronouns8) use legal and legible signatures
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<p>1300-1340 Materials: SCM test</p> <p>1440-1640* Materials: SCM Physical Skills Test</p> <p>1640-1700 Materials:</p>	<p>9) proofread before final submission 10) use SCM terminology</p> <p>B. Documentation quality (the five W's)</p> <ol style="list-style-type: none"> 1) who - individual and all staff involved 2) what <ol style="list-style-type: none"> a. chronological narrative b. specific behaviors requiring intervention c. all strategies, interventions & procedures implemented d. appropriate assessment recorded (medical, mental health, etc.) e. dates & times (duration) f. physical condition of individual after the event g. immediate follow-up plan 3) when - date & time, beginning & end 4) where - exact locations 5) why - reasons for emergency safety intervention <p>5. Incident Review</p> <ol style="list-style-type: none"> A. Participation of staff involved in the incident B. Submission of & correct all required documents C. Justification for the use of emergency safety physical intervention(s) D. Performance of staff involved in the incident E. Verbal & written feedback to staff involved <p>VII. Overall review of theory, written test</p> <p>VIII. Physical skills practice & testing out</p> <p><i>Instructor Note: the Hook Transport Assist can only be used as an intervention as needed to break up a fight or help secure an aggressive minor during a crisis, etc. It cannot be used to transport or escort the individuals involved in a crisis. Per directive from the Chief, we do not walk a minor backwards. In order to escort an individual who has been involved in a crisis, the staff shall first secure the youth using mechanical restraints with one of the Emergency Safety Intervention (ESI) methods prior to any movement. This may include one of the following:</i></p> <ol style="list-style-type: none"> 1. Multiple Extended Arm/Bicep Assist to handcuffing 2. Multiple Upper Torso Assist to handcuffing. 3. Wall Containment to handcuffing; <p>IX. Summarization and Evaluations</p>
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**Time/PP Slide/ Trainer's
Note/Method**

Trainer's Script/Activity/Topic

