


<b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b>	Transmittal # 26-2	Policy # 8.5
Applicability: {x} All DJJ Staff { } Administration { } Community Services { } Secure Facilities	Related Standards & References: O.C.G.A. §§ 49-4A-8, 19-7-5, 16-5-46, 15-11-2, 19-15-2 ACA Standards: 3-JDF-3A-18, 3-JDF-3A-27, 3-JDF-3A-28, 3-JDF-3A-30, 3-JDF-3B-14, 3-JDF-3D-06-1, 3-JDF-3D-06-4, 3- JDF-3D-06-7, 3-JDF-3D-06-8, 3-JDF-3D-06-10, 3-JDF-4C-33-1, 3-JDF-4C-35, 3-JDF-4C-45, 4-JCF-2A-19, 4- JCF-2A-29, 4-JCF-2A-30, 4-JCF-3C-16, 4-JCF-3D-01, 4-JCF- 3D-04, 4-JCF-3D-07, 4-JCF-4C-43, 4-JCF-4C-47, 4-JCF-4C-50, 4-JCF-4D-07 NCCHC Juvenile Health Care Standards, 2011: Y-A-10, Y-B-05 The Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79) DJJ 3.18, 3.80, 5.1, 5.8, 8.6, 8.8, 8.9, 11.15, 11.40, 11.43, 12.4, 16.5, 20.1, 20.24, 23.1	
Chapter 8: SAFETY, SECURITY, AND CONTROL	Effective Date: 1/29/26 Scheduled Review Date: 1/29/27 Replaces: 10/31/19	
Subject: SPECIAL INCIDENT REPORTING	APPROVED: 	
Attachments: A – Special Incident Report (SIR) B – Use of Force C – Staff Statement for the Record D – Youth Statement for the Record E – Report of Youth Injuries F – Report of Youth Injuries Addendum G – Shift/Immediate Supervisor Review H – Administrative Review I.1 – SIR Codes Guide for Secure Facilities I.2 – SIR Codes Guide for Community Services J – SIR Documentation Guide K – SIR Critical Incident Review L – Injury Prevention Checklist	<hr/> Shawanda Reynolds-Cobb, Commissioner	

**I. POLICY:**

The Department of Juvenile Justice shall utilize a standardized process for reporting and responding to special incidents, to include child abuse allegations. All suspicions of child abuse and/or child neglect shall be reported immediately in compliance with Georgia law.

**II. DEFINITIONS:**

**Administrative Review:** The review of the complete Special Incident Report (SIR) packet in order to make decisions about the incident and ensure that all notifications have been made and documented.

**Child:** A child who is: (1) under the age of 17 years when alleged to have committed a delinquent act; (2) under the age of 21, who committed an act of delinquency before reaching the age of 17 years, and who has been placed under the supervision of the court (or DJJ) or on probation to the court for the purpose of enforcing orders of the court; or (3) under the age of 18

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years and adjudicated to be a Child in Need of Services (CHINS) as defined by O.C.G.A. §15-11-2.

**Child Abuse:** Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; neglect or exploitation of a child by a parent or caretaker thereof; endangering a child; sexual abuse or exploitation of a child. Use of force within the guidelines of the Department’s Use of Force policy (DJJ 8.30) will not constitute abuse.

**Community Residential Programs:** Placements that provide 24-hour care in a community based residential setting.

**Critical Incident:** A critical incident is any event or situation that threatens staff or juveniles or significantly disrupts normal operations (e.g., youth disturbance; employee work stoppage; hostage situation; human-caused or natural disaster; escape from a secure facility or during secure transport; employee deaths; and any juvenile deaths).

**Designated Health Authority (DHA):** The individual responsible for the facility’s health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The health authority may be a physician, health administrator, or health agency. When the authority is other than a physician, final medical judgements rest with a single designated physician.

**Director:** For the purposes of this policy, the staff member responsible for the overall operation of a facility, community district, or division office (e.g. OBHS, OCATS, Investigations, etc.)

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

**First Knowledge:** Being directly involved in, being a witness to, or being initially informed of an event which interrupts normal procedure or precipitates a crisis.

**Injury:** Physical harm or damage to a juvenile which may result from accidents, assaults, self-harm or use of force by staff and which impacts the physical well-being and safety of the individual.

**Injury Severity Rating:** A numerical rating that indicates the extent of a youth’s injury.

**In-House SIR:** Special Incident Reports that do not meet the guidelines of the established incident codes as defined by the Special Incident Report code guide and that are not entered into the OQA database.

**Mandated Reporters:** Those statutorily required to report or cause reports to be made when they have reasonable cause to believe that suspected child abuse has occurred, pursuant to OCGA §19-7-5 (c)(1). All DJJ staff are mandated reporters.

**Medical Services Staff:** Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

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

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

**Sexual Abuse Review Team:** Facility team composed by upper-level management official, with input from line supervisors, investigators, and medical or mental health practitioners. The facility Sexual Abuse Review Team will conduct a sexual abuse incident review within 10 days of the conclusion of a PREA Investigation unless the allegation has been determined to be unfounded.

**Special Incident:** An event involving youth, employees, and/or programs/facilities/offices (owned, operated or contracted) that interrupts normal procedure or precipitates a crisis. (See Attachment I, SIR Codes Guide.)

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

**Staff:** For the purposes of this policy, DJJ employees, or individuals that contract, volunteer, or intern with DJJ. This definition does not include community residential or service providers.

**Subsequent Report:** A report regarding an event directly related to an earlier reported and documented incident which provides additional information and clarity.

**Use of Force:** Physical force used to compel an individual to take action against his/her will or to prevent a subject from taking action that would be damaging to him/her, other persons, or property directed toward another. This may involve the direct laying on of hands or putting of an object into motion that touches the individual (e.g., oleoresin capsicum (OC Spray), PepperBall system, ASP Baton, and the use of firearms).

**Witness:** Any staff who directly observed the incident occur but did not participate in the incident. Staff that follow-up in response to the incident in order to provide care and evaluation (i.e. medical, mental health, or behavioral health staff) are not witnesses. All youth who are present during an incident are witnesses.

### III. GENERAL PROCEDURES:

- A. All staff having first knowledge of an incident or receiving an initial report of an alleged incident will report the incident in accordance with this policy. Reports may result from

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having firsthand or direct knowledge of an incident or receiving a report or an allegation either verbally or in writing (to include grievances).

**B. Verbal Reporting:**

1. The staff member having first knowledge of the incident will immediately provide a verbal report of the incident to their immediate or shift supervisor.
2. The notified supervisor will provide a verbal report up the chain of command immediately when the incident includes:
  - a. A situation which endangers the operation of a facility, community services office or community residential program;
  - b. A serious personal injury to staff or youth requiring outside medical attention;
  - c. A situation that has a significant potential for media attention;
  - d. A situation that has a significant potential for legal liability for DJJ; or
  - e. A situation alleging any PREA related incident, including allegations of sexual harassment, and retaliation.
3. For critical incidents, prompt verbal notification will be made through the chain of command to the respective Assistant Deputy Commissioner and/or Deputy Commissioner. Additional notifications will be handled in accordance with the SIR Codes Guide (Attachment I).
4. All persons verbally notified of an incident will have their names recorded on the Special Incident Report, Immediate/Shift Supervisor Review, and/or the Administrative Review.

**C. Special Incident Report Documentation:**

1. Staff having first knowledge of the incident shall submit to their immediate or shift supervisor a completed Special Incident Report (Attachment A).
2. All staff involved in a Use of Force incident will also be required to submit a completed Use of Force (Attachment B).
3. Staff who witnessed or were involved in the incident will submit a completed Staff Statement for the Record (Attachment C), which will be attached to the Special Incident Report. If a staff member completed a Use of Force (Attachment B), they will not be required to write a separate Staff Statement for the Record.

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4. Youth involved in or witnessing the incident will be asked to complete Youth Statement for the Record (Attachment D), which will be attached to the Special Incident Report.
  5. All documentation associated with the incident will be completed within the time frames and requirements outlined in the SIR Documentation Guide (Attachment J) unless special circumstances exist in which staff cannot complete their duties as outlined in policy for reasons that do not call for corrective action.
- D. Incidents that occurred in a facility, placement, or program other than where the youth is currently placed or incidents reported via secondary reporting mechanisms, e.g. the Customer Service Line, will be documented on an SIR by the DJJ staff member who receives the initial report of or information pertaining to the incident.
1. The SIR and any corresponding documentation (e.g., Youth Statement for the Record, Behavioral Health Evaluation, etc.) will be forwarded to the Director of the facility/controlling office where the alleged incident occurred upon completion. The receiving facility/controlling office will be responsible for gathering any remaining required documentation, reviewing, and entering the SIR in accordance with this policy.
  2. For alleged incidents related to Community Residential Programs or non-DJJ organizations, the SIR will be forwarded to the JPM and District Director of the controlling office where the youth is assigned upon completion. The receiving office will review and enter the SIR in accordance with this policy.
- E. Allegations of Child Abuse:
1. For youth under the age of 18 years old, suspected child abuse or child neglect must be reported to the Department of Family and Children Services (DFCS) within 24 hours.
    - a. Reasonable suspicion of child abuse is established based on review of all available evidence.
    - b. In the community, a DFCS report is not required for youth 16 or older who report that they are engaging in consensual sex.
    - c. Any youth under the age of 16 confirmed to have a Sexually Transmitted Infection or to be pregnant will be reported to DFCS within 24 hours of confirmation. An SIR will be completed; however, staff will not report the test results in the SIR.
  2. Reports to DFCS must be made electronically via [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov).
    - a. A copy of the receipt confirmation must be attached to the SIR.

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- b. No modifications may be made to the initial report.
  3. Management and all staff will ensure that youth alleging child abuse or neglect are not victims of any form of retaliation.
  4. Facility Directors/Juvenile Program Managers/PO Supervisors will confirm and ensure all reports to DFCS are made within 24 hours but are not responsible for making all DFCS reports.
  5. Investigations:
    - a. DJJ staff will not conduct investigations regarding child abuse, child neglect, and sexual abuse/exploitation alleged to have occurred in a youth's home.
    - b. The Office of Investigations will not investigate allegations of abuse or neglect that occur in adult jails in which DJJ youth are housed.
    - c. Once an investigation by the Office of Investigations begins, it will be completed, regardless of the resignation or termination of the employee alleged to have violated DJJ policy or the law, or the youth recanting the allegation.
    - d. If the Office of Investigations substantiates the occurrence of abuse, the matter will be handled in accordance with DJJ 3.80, Employee Progressive Discipline, and a referral may be made to the local district attorney for prosecution.
- F. PREA Notification:
1. Incidents and allegations of sexual abuse or sexual harassment require immediate notification through the chain of command.
  2. Upon notification, the facility Director/District Director or designee must immediately contact the OI PREA Unit for coding confirmation and assignment of an investigator.
  3. If the supervisor and/or management is unavailable and/or involved in the incident (which would prevent immediate notification), immediate notification can be made directly to the OI PREA Unit without notification through the chain of command by the individual with first knowledge.
  4. When completing the required SIR, staff must complete the JPPS/Court notified and Parent/Guardian notified sections.
  5. Upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another facility, the Director of the facility that

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received the allegation will immediately notify the OI PREA Unit. The Director will also contact the Director of the other facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours.

6. At the conclusion of every sexual abuse investigation, unless unfounded, an incident review will be conducted by the Sexual Abuse Review Team in accordance with DJJ Policy 23.1 Prison Rape Elimination Act.
7. These incidents must be reported to DFCS in accordance with the procedures as outlined above in Section E.

**G. Shift/Immediate Supervisor Review:**

1. Before the end of the workday the Shift/Immediate Supervisor will conduct a review of all SIRs that occurred during the workday. The Shift/Immediate Supervisor will complete a Shift/Supervisor Review (Attachment G) on each SIR.
2. The Shift/Immediate Supervisor will not participate in the review of an SIR in which they utilized Use of Force techniques. The next immediate supervisor in the chain of command, a same-level supervisor on the same shift, or the shift supervisor on the next shift will complete the review.

**H. Administrative Review:**

1. An Administrative Review (Attachment H) of all SIRs must be completed prior to entry into the SIR Database.
2. An equivalent or higher level supervisor will complete the Administrative Review when the required staff actively participated in the incident by using use of force techniques or witnessing the incident in person (i.e., physically present).
3. The facility Director is responsible for reviewing specific SIRs as indicated in the SIR Codes Guide (Attachment I).
  - a. The facility Assistant Director(s) may review these codes if the facility Director's absence will result in the SIR review not meeting specified time frames. In the absence of the facility Director and facility Assistant Director(s), the Administrative Review will be conducted by the facility Director's supervisor.
4. The SIR will be reviewed for accuracy and completion. The reviewer will ensure any missing documentation is gathered.

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5. All available video footage (e.g., video camera, body camera, and Closed-Circuit Television [CCTV]) will be reviewed and the review must be documented on the Administrative Review.
  6. If the reviewer determines that the report is related to an earlier documented and reviewed incident, they will ensure that the SIR is flagged as a subsequent report so that the two may be clearly associated. Subsequent report documentation packets will be maintained with the initial report.
  7. The reviewer will determine the code(s) for the SIR using the SIR Codes Guide (Attachment I) and indicate the code(s) on the Administrative Review.
  8. In the event of a PREA related incident, the reviewer will consult with the OI PREA Supervisor for coding.
    - a. The reviewer will document the discussion with the OI PREA Supervisor in the Administrative Review of the SIR, to include the date and time of the discussion.
  9. If the reviewer determines that the matter is not a special incident as defined by this policy (i.e., the incident cannot be coded), the report will be designated as an In-House SIR.
- I. Data Entry (for incidents not entered directly into the SIR database):
1. The SIR will be entered exactly as it is written to ensure the integrity of the writer's intent (punctuation and spelling may be corrected) on the SIR.
  2. These SIRs must be entered into the SIR Database within 5 business days of the date of the report.
  3. For incidents requiring investigations, OI will enter information regarding the status of the incident into the SIR database upon completion (i.e., substantiated or unsubstantiated).
- J. Special Incident Report Monitoring:
1. On a monthly basis, the Secure Facilities Regional Administrator will attend a facility SIR meeting and review no less than 10 SIRs completed during the prior month. All SIRs involving allegations of child abuse and PREA must be reviewed.
  2. On a quarterly basis, the Community Regional Administrator will discuss and address any identified deficiencies related to the SIR reporting process with the District Director to determine training needs.

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3. OI will be responsible for monitoring the SIR Database for significant trends regarding special incidents occurring within DJJ.

**K. Records Retention:**

1. An in-house tracking number will be assigned to each SIR.
2. For incidents not directly entered and uploaded into the SIR database, the hard-copy documentation regarding each SIR will be filed together as one complete packet that includes the documentation outlined in Attachment J, SIR Documentation Guide (*SIR Packet List* tab).
3. For incidents not directly entered into the SIR database, the SIR documents will include an in-house tracking number and the SIR Database tracking number. SIR packets will be filed by month in an administrative area that is double-locked (i.e., locked filing cabinets behind locked doors) and will be retained in accordance with the established retention schedule. (See DJJ 5.1, Records Management and 23.1, Prison Rape Elimination Act.)

- L. In the event of the death of any youth, upon request, a copy of the SIR will be provided to the local Child Abuse Protocol Committee, which has broad powers to review child deaths, including subpoena powers, in the county in which the death occurred. DJJ staff will cooperate with the Child Abuse Protocol Committee in conducting review(s) or completing report(s) regarding the death of any DJJ youth.

- M. In exceptional circumstances, the Commissioner, upon being informed of an extremely sensitive or complex situation, may preempt the normal incident reporting process.

**IV. COMMUNITY SERVICES PROCEDURES:**

**A. Community Residential Programs:**

1. Community Residential Programs must have a formal written incident reporting procedure that is approved by the Department. Community Residential Programs must notify the appropriate Departmental staff of all special incidents and the results of any immediate action taken. Community Residential Program staff are expected to notify local law enforcement authorities in any situation where there is a potential law violation.
2. Community Residential Programs shall provide to the Department a copy of all incident reports to the appropriate Departmental staff within 24 hours of the incident.
3. Upon receiving notification of an incident from a Community Residential Program, the staff with first knowledge will complete the SIR in accordance with this policy and the SIR Codes Guide (Attachment I).

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4. In instances of suspected child abuse in a facility/program licensed or approved by the Department of Human Services, Office of Inspector General Residential Child Care Licensing (e.g., child care institutions, child placing agencies), a copy of the Special Incident Report will also be submitted to the Director of the Office of Residential Child Care Licensing (RCCL) or his/her designee. The RCCL, DFCS, and DJJ Office of Investigations will conduct an investigation into the allegations of child abuse, sexual abuse/exploitation or neglect. Such investigations will be conducted regardless of the age of the youth.
5. In accordance with 23.1, Prison Rape Elimination Act, Community Residential Program providers will immediately contact the DJJ Office of Investigations PREA Unit upon knowledge of or receiving notice of any suspicion or information regarding an incident of sexual abuse or sexual harassment involving the Community Residential Program, subcontractor or employees and a youth.
6. The Regional Treatment Services Specialist will monitor the written incident reporting procedure within Community Residential Programs through site visits and audits conducted in accordance with DJJ 20.24, Community Residential Programs.

## **V. SECURE FACILITIES PROCEDURES:**

### **A. Behavioral Health Evaluation:**

1. The youth will be evaluated as soon as clinically indicated or operationally practicable, but always within 72 hours of the incident.
2. Staff will report mental health emergencies to the on-call mental health staff member in accordance with DJJ 12.4, Staffing and On-Call Mental Health Services.
3. A Programs and Case Management staff will conduct the Behavioral Health Evaluation for the following incidents:
  - a. Use of force, without mechanical restraint (Code P1P);
  - b. Use of force, with mechanical restraint for security purposes (Code P2P);  
and
  - c. Use of chemical agent (Code P5P).
4. A master's-level QMHP, at minimum, will conduct the Behavioral Health Evaluation for all PY and PS codes and the following incidents:
  - a. Use of force, with mechanical restraint for therapeutic purposes (Code P3P);

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- b. Emergency/urgent medication administration (Codes E3P);
  - c. Self-harm behavior (D Codes, with the exception of D7P with an Injury Severity Rating of 3 or less);
5. The evaluation will only address the youth's current mental status. The QMHP will document all other clinical issues or concerns for youth on the mental health caseload in a crisis management progress note in JTS. For youth who are not on the mental health caseload, the QMHP will generate a referral for a Mental Health Assessment. Mental health staff will provide appropriate follow-up care and treatment.
  6. Youth reporting or alleging prior victimization from sexual abuse will be offered a follow up with mental health services as soon as possible but not later than 14 days following the report. The initial contact, including dates, action taken and services offered will be documented. Entries will be made in JTS to document the contact and the nature of the contact.
  7. A Behavioral Health Evaluation is not required if an incident is coded D7 and does not include another code that independently requires the evaluation.
  8. In circumstances in which staffing dictates another arrangement (e.g., vacancies, extended illness, etc.), QMHP(s) will work collaboratively with the Programs and Case Management staff to ensure that the Behavioral Health Evaluations are conducted in a timely manner. All applicable requirements for the individual performing the Behavioral Health Evaluation apply to alternate arrangements.
  9. Mental health staff and Programs and Case Management staff will document the Behavioral Health Evaluation in the Juvenile Tracking System (JTS).
  10. A copy of the Behavioral Health Evaluation will be printed and filed with the Special Incident Report (Supplemental).
  11. Mental health staff and Programs and Case Management staff will conduct the Behavioral Health Evaluation in an area that provides privacy and protects the confidentiality of the youth.
- B. Medical Examinations:
1. Medical services staff, if on site, will immediately provide medical attention to any youth in distress (e.g., serious injuries suffered, profuse bleeding, changes in level of consciousness, obvious fractures or dislocations, difficulty breathing, or any other life-threatening complaint because of use of force techniques). If the youth is in distress and medical services staff are not on site, staff will immediately call 911 and then will contact the on-call medical services staff.

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2. Only medical services staff will assign and/or revise an injury severity rating. Medical services staff's decisions will not be compromised. (See DJJ 5.8, Documentation Standards, and DJJ 11.40, Medical Autonomy.)
3. When the medical services staff are on site, the shift supervisor will ensure youth are escorted to the medical unit no later than 2 hours after the time of the incident.
4. When the medical services staff are not present, the on-call medical services staff must be contacted if an injury is present or youth is in distress.
5. When medical services staff are not on site, the medical services staff must complete the medical evaluations following an incident as soon as they arrive or within 16 hours of the incident, whichever comes first. The medical services staff will promptly perform the examination in the medical unit to ensure that the youth does not present injuries received after the actual incident.
6. Medical services staff will use the following Injury Severity Ratings to indicate the extent of the youth's injuries:

<i>Rating</i>	<i>Definition</i>
1	No visible injury or pain (based on subjective and/or objective findings)
2	Injury or pain requiring one-time first aid treatment and/or one-time dose of ibuprofen or acetaminophen; does not require additional follow-up
3	Injury or pain requiring medical treatment beyond first aid treatment (e.g. taking medications for more than one dose, Dermabond, steri-strips, temporary splinting, activity/room restriction, x-ray services without positive radiology findings, follow-up treatment required or prescribed)
4	Injury or pain requiring offsite assessment/treatment
5	Injury or pain requiring assessment/treatment requiring surgery or admission to a hospital
6	Injury resulting in the death of a youth

- a. The Report of Youth Injuries (Attachment E) will be used by the medical services staff to document the medical evaluation and disposition.
- b. If a youth suffers from two or more injuries from a single incident, the injury severity rating will reflect the most serious injury.

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- c. Any changes made to a Report of Youth Injuries will only be done by the medical services staff by using the Report of Youth Injuries Addendum (Attachment F). The original Report of Youth Injuries will not be changed.
  - d. All Reports of Youth Injuries (Attachment E) and Reports of Youth Injuries Addendum (Attachment F) must be reviewed and verified by the Designated Health Authority (DHA) or designee prior to forwarding a copy to the facility Director. The original Report of Youth Injuries and/or Addendum will be filed in the youth's health record.
  - e. The facility Director will ensure that the SIR database is updated to reflect the correct/updated injury severity rating and attach the copy to the Special Incident Report (Supplemental).
  - f. When the youth has an outpatient assessment and returns, the medical services staff must complete a Report of Youth Injuries Addendum (Attachment F) indicating that a follow-up assessment was needed and recording any pertinent findings.
  - g. The medical services staff will assign the injury severity rating based on the out-patient final assessment.
  - h. The Designated Health Authority will review and verify the Report of Youth Injuries Addendum (Attachment F) before forwarding a copy to the facility Director. The original Report of Youth Injuries Addendum will be filed in the youth's health record.
  - i. The facility Director will ensure that the SIR database is updated to reflect the new information and attach a copy of the Report of Youth Injury Addendum to the SIR (Supplemental).
  - j. The level of investigation will be determined by the final injury severity rating indicated on the final Report of Youth Injuries and/or Addendum.
7. Medical services staff will use a digital camera to photograph the youth after each use of force incident (regardless of the injury severity rating). Every effort will be made to make the photograph not identifiable to the youth.
  8. Medical services staff must conduct the youth's medical examination in the medical unit, in an area that provides privacy and protects the confidentiality of the youth.
  9. A youth may refuse treatment for an injury resulting from an incident, but cannot refuse to be examined by the medical services staff. Medical services staff will attempt to examine the youth later when they are more cooperative. Health care staff will document any refusal of examination or treatment.

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10. Youth alleging prior victimization at intake will be offered follow-up medical or mental health services as soon as possible but not later than 14 days of the Intake Screening. The follow-up will be documented in JTS.

**C. SIR Management Team Meetings:**

1. Each facility will have a procedure in place for the review of each SIR which requires administrative review at the Director's level, along with any associated video.
2. The SIR Management Team will consist of, at a minimum, the facility Director or Assistant Director(s), medical, and program/mental health staff. The SIR Management Team meeting notes and attendance will be documented.
3. A QMHP will attend the meeting or there will be a consultation with a QMHP if one is not available for the meeting. The QMHP will provide guidance regarding appropriate coding of the SIR for security versus therapeutic restraints.
4. This meeting will occur prior to the Administrative Review of the SIR.

**D. Critical Incident Review:**

1. Critical Incidents requiring a review will be identified in SIR Codes Guide (Attachment I).
2. A Critical Incident Review should be initiated by the facility Director as soon as possible but no more than 72 hours after the incident, except in the death of a youth which would be reviewed in accordance with DJJ 8.6, Fatality Review in Secure Facilities. If the facility Director is out of the office, this review will be conducted at the level of Regional Administrator.
3. A follow up review must occur within 14 days after the date of the initial review.
4. The review process will be documented using the SIR Critical Incident Review form (Attachment K).

**E. SIR Secure Facilities Database Monitoring:**

1. The Director will monitor the SIR Database Involvement Report at least monthly to identify youth and staff who are frequently involved in incidents.
2. The Director or Assistant Director will monitor the SIR Database Occurrence Report at least monthly to identify trends regarding the frequent location(s) and times where incidents occur.

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3. Both the Involvement and Occurrence reports should be printed out, signed and dated by the reviewing Director. These reports will be filed and maintained for audit purposes in accordance with DJJ 5.1, Records Management.
4. The information from these reports will be used to attempt to decrease the overall number of incidents.

**VI. LOCAL OPERATING PROCEDURES REQUIRED: NO**