

<b>UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES</b>		
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<b>Physical Intervention Continuum</b>		
<p><b>RATIONALE:</b> Maintaining a safe and secure environment is essential for effective treatment, educational learning, and social skill development of minors. The safe and secure operation of Division facilities and programs occasionally requires varying degrees of physical interventions to ensure the safety of minors and staff. Recognizing the physiological and psychological impact of physical intervention, Division staff use physical intervention only with proper justification and within the limits defined by this policy.</p> <p><i>Related Policies, Applicable Standards, Statutes: Section 76-2-401; Section 80-1-102; JJYS Policy 02-01 Employee Training; 05-12 Critical Incident Debriefing; 05-15 Incident Reports</i></p>		
<b>Original Effective: May 7, 2009</b>	<b>Revision: November 27, 2024</b>	<b>Next Review Due: November 28, 2027</b>

**I. DESCRIPTION**

This policy identifies the conditions that may justify a reasonable use of physical interventions and defines the types of interventions that are acceptable. Nothing in this policy is intended, nor should it be interpreted, as preventing staff from taking reasonable measures to protect themselves or to protect the lives of others.

**II. DEFINITIONS**

The following terms are defined for this policy as:

- A. **Direct-Care Staff:** Employees working directly with minors.
- B. **Escape:** To leave without authorization from a secure Division facility or program, while in transit or during sanctioned activities from such a facility or program.
- C. **Escort:** Temporary physical contact or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a minor who is acting out to walk to a safe location. This may include but is not limited to the “escort position” as described in crisis response training.

- D. **Intervention Continuum:** An escalating series of actions a staff may use to resolve a situation. The continuum has many levels and staff are instructed to respond with a level of intervention appropriate to the situation at hand.
- E. **Licensed Facilities:** Non-secure facilities operated by the division that are licensed by the Department of Health and Human Services Office of Licensing. These include, Youth Services Residential, Day Programming, Gemstone, Day Skills Intervention, and ALTA.
- F. **Physical Intervention:** Division sanctioned skills designed to maximize safety for both staff and minors that are reasonable and necessary in response to behaviors by minors that present a threat to safety and security.
- G. **Planned Intervention:** The process of evaluating a minor's behavior to determine a reasonable response to maintain the safety and security of the facility or program. The type of planned intervention used will directly correlate to the type of problematic behavior.
- H. **Reactive Physical Intervention:** The use of reasonable force or physical interventions in an immediate response to behaviors by minors that present an imminent threat to safety and security.
- I. **Secure Facility:** Locked detention and secure care where a minor cannot leave of their own accord.

### III. POLICY

- A. Direct-care staff shall complete the Division's mandatory crisis response and de-escalation training, in accordance with 02-01 Employee Training.
  - 1. Training shall be supported by nationally or regionally recognized curriculum that teaches physical restraint focused on non-violent interventions and de-escalation techniques.
  - 2. Techniques shall be trauma informed and appropriate for the age, behavior, needs, developmental level, and past experiences of the minors.
  - 3. Techniques emphasize de-escalation, promote self-control, and include functions of behavior, distress tolerance, interpersonal effectiveness, emotional regulation, and mindfulness.
- B. Division staff shall not demonstrate, practice, or teach crisis response training to minors in the care, custody, or control of the Division. Minors shall not be directed to restrain their peers.
- C. Intervention Continuum:
  - 1. Direct care staff shall use the least restrictive and most reasonable intervention necessary to de-escalate, maintain control of the minor, and establish a safe and secure environment.

2. Staff shall use division sanctioned skills during a physical intervention.
3. Staff that are being actively attacked by a minor may defend themselves as outlined in the crisis response training intervention continuum. Staff shall transition to division sanctioned skills when control of the minor has been established.

#### **IV. PROCEDURES**

- A. Planned Intervention: In the event that a minor's behavior threatens the safety and security of the facility or program and there is time for staff to organize a response, staff shall meet as a team and initiate a planned intervention.
  1. Excluding self-defense and other imminent threats (refer to B.1-5), direct-care staff shall first:
    - a. initiate verbal de-escalation;
    - b. give directions;
    - c. set expectations; and
    - d. state limits and consequences.
  2. Prior to the use of physical intervention, direct-care staff shall provide a minor with the opportunity to voluntarily comply with reasonable requests relevant to the safety and security of the facility or program. If there is no imminent risk to safety and security, staff should disengage with the minor and allow the minor additional time to self-regulate and respond appropriately.
  3. Direct-care staff shall, when needed, request assistance from other available direct-care staff to facilitate de-escalation.
  4. A planned intervention may result in a physical intervention to remove the minor from the environment where they are causing a safety or security risk.
  5. All physical interventions, including escorts, require an Incident Report in accordance with Division Policy 05-15 Incident Reports.
  6. A Specialized Intervention Plan may be used to address behaviors that pose a risk to safety and security, as per Division Policy 05-17 Specialized Intervention.
- B. Reactive Intervention: In the event that a minor presents an immediate or sudden threat to safety and security, reasonable physical intervention may be used and justified for one or more of the following reasons:
  1. To protect one's self (staff) from harm;
  2. To protect others from harm;
  3. To prevent imminent and substantial destruction of property;
  4. To prevent escape from a Division secure facility; or
  5. To protect a minor from immediate self-injury.

- C. Physical Interventions
  - 1. Shall only last as long as the minor presents an immediate danger to self or others.
  - 2. Shall be initiated by direct-care staff who have successfully completed crisis response training and are familiar with the minor, their needs, and their treatment plan (if applicable).
  - 3. Staff shall monitor the well-being of the minor and continually look for the physical signs of distress and difficulty breathing.
- D. Use, or the threat of use, of the following types of non-sanctioned interventions are prohibited and may result in staff discipline up to and including dismissal:
  - 1. Physical force used as coercion, punishment, or retaliation;
  - 2. Physical force that is intended to frighten or humiliate;
  - 3. Spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;
  - 4. Abuse or neglect as defined in Section [80-1-102](#);
  - 5. Forcing a minor to take an uncomfortable position such as squatting or bending or to repeat physical movements or physical exercise such as running laps or performing push-ups.
  - 6. Use physical work assignments or activities to inflict pain as a consequence or behavior management technique.
  - 7. Physical intervention used as a convenience to staff, a substitute for programming, or associated with punishment in any way.
  - 8. Physical force applied solely for the purpose of inflicting physical pain or undue physical discomfort; or
  - 9. Techniques that restrict blood circulation or breathing including, but not limited to, choke holds or placing a knee on the head, neck, spine or diaphragm. This includes any position that may block the mouth and nose or where the chest may be unable to fully expand.
- E. Facilities or programs that are licensed with the Office of Licensing are prohibited from using techniques that hyperextend joints or induce pain to gain compliance.
- F. Whenever a physical intervention is used, staff who are involved shall complete accurate incident reports (05-15 Incident Reports) and notify:
  - 1. The chain of command, starting with the supervisor;
  - 2. The Qualified Mental Health Professional;
  - 3. Parent or guardian;
  - 4. Case manager (where applicable);
  - 5. Medical; and
  - 6. Assistant Program Director (APD), or designee.
- G. Division facilities and programs shall promptly notify the appropriate medical staff (during regular business hours) for evaluation or consultation whenever a physical intervention is used.

- H. During evenings, weekend hours, or when there is no medical personnel present, staff shall:
  - 1. Notify on-call medical personnel for consultation immediately after a physical intervention is used when there is a visible injury or when a minor reports an injury.
  - 2. Ask the minor: 1) Are you hurt? And 2) Are you bleeding?
    - a. If the answer is "no" to both questions, staff shall instruct the minor, "If anything changes, let me know and I will call medical. Otherwise, I will notify the nurse and you will be seen next time the nurse is here."
    - b. If the answer is "yes" to either or both questions, then staff shall contact on-call medical personnel for direction.
  - 3. Document actions taken in compliance with H.1. and H.2. in the incident report.
- L. In non-residential Division programs staff shall notify parents when there is a physical intervention for possible medical follow-up.
- M. In response to a physical intervention, facility and program administration shall:
  - 1. Initiate a Critical Incident Debriefing in accordance with policy 05-12 Critical Incident Debriefing; and
  - 2. Process the use of physical intervention with the involved minor.
- N. Staff shall intervene and stop excessive or prohibited physical force used by other staff. Staff shall use the statewide code words ("tap out") to notify staff they are using excessive or prohibited physical force and other staff shall take command of the situation.
  - 1. Staff shall report these incidents immediately to a supervisor.
  - 2. Staff members that have been "tapped out" shall immediately remove themselves from the physical intervention.
- O. Staff who witness law enforcement use excessive physical force shall report the incident immediately to a supervisor.
  - 1. The supervisor shall notify the APD, who shall consult their Program Director for further action.
  - 2. Video of the alleged excessive physical force shall be uploaded to the facility drive.

**V. CONTINUOUS RENEWAL**

This policy shall be reviewed every three years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice and Youth Services Executive Management Team, and is approved upon the signature of the director.



Brett M. Peterson, Director  
Division of Juvenile Justice Services

11/27/2024

Signature Date