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Chapter:	Juvenile Justice	
Subject:	Woodside Use of Force	Page 1 of 5
Approved:	Cynthia K. Walcott, Deputy Commissioner	Effective: 5/4/2010
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Purpose

Woodside Juvenile Rehabilitation Center strives to maintain a safe and secure environment at all times for residents, staff, and others. To accomplish this goal, Woodside staff will endeavor to use the least restrictive, least forceful interventions when managing problematic behavior, which may be reasonable under the circumstances of each individual situation. Woodside staff will continually monitor the behavior of residents, and make interventions to ensure that resident's behavior is appropriate and safe. This policy addresses situations in which physical interventions are used to maintain a safe environment.

Policy

In any situation in which physical intervention is used, staff will respond with the intent of empowering the youth to regain control. It is important to understand that the levels of intervention described below are dynamic and fluid. Staff members must be prepared to respond anywhere along the continuum and then adjust their interventions depending upon the resident's response. Staff shall use the level of intervention that is reasonable under the circumstances.

Definitions

Physical Intervention: Any physical contact made by a staff member to control a resident's behavior by restraining their physical movement. The physical contact, including an escort, is deliberate as opposed to accidental.

Mechanical Restraint: Any authorized mechanical device used to limit freedom of movement.

Procedure

The **Behavior Continuum** is a tool that provides staff with professional language used to describe behavior. In conjunction with the Intervention Continuum, the Behavior Continuum provides direction to staff in determining the appropriate level of intervention in responding to resident behavior.

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Staff shall assess resident behavior using the following behavior continuum. Staff will utilize the language of the behavior continuum in all documentation addressing resident behavior.

Level 1 Behavior– A change in what is considered a resident’s normal behavior that does not affect other residents.

Level 2 Behavior – Behaviors that are disruptive to other residents, the program or the environment.

Level 3 Behavior – Behaviors that involve gross motor activity and/or are destructive.

Level 4 Behavior – Dangerous behaviors involving active assault, self-harm or other behaviors that put others at risk.

Level 5 Behavior – The threat of assault or self-harm when there are the means to follow through. These behaviors involve a resident having the ability, the opportunity and having taken the step to put them or someone else in jeopardy.

The **Intervention Continuum** defines a variety of responses to resident behaviors that are intended to change the behavior and create a safer environment. Many different interventions can be used for different levels of behaviors and require assessment skills, a knowledge of the situation, and/or experience to determine which one of those might be most successful. Keeping the least restrictive/least forceful intervention philosophy in mind, some interventions are not appropriate for some behaviors.

Physical Presence: The physical presence of staff and their heightened awareness may be sufficient to assist a resident to regain self control.

Verbal De-escalation: Verbal de-escalation intervention techniques can be used throughout the course of any intervention. These include active listening, empathy, asking questions, or inviting the resident to help solve the problem, to resolve the escalated situation.

Verbal Commands: Verbal commands occur when the staff member makes a direct order to refocus the resident’s attention. This includes informing the resident of the behavior that is expected.

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Physical Intervention: Physical intervention occurs when the resident demonstrates behavior that is likely to place the resident, staff member, or others in immediate danger and the staff present determines that no less restrictive intervention has been or is likely to be effective. When appropriate and possible, two staff members will be present to perform a physical intervention, using a Woodside approved restraint. All physical interventions will be as brief as reasonably necessary for the resident to regain self-control.

Mechanical Restraints: Mechanical restraints may be used during a use of force when a resident is not de-escalating and a physical intervention is deemed no longer safe for the resident or staff. Whenever possible, prior administrative approval for applying mechanical restraints must be sought. When mechanical restraints are used, administrative staff must be notified once the situation is under control. A staff member must remain in the room with the resident whenever mechanical restraints are being used.

The use of restraints for a transport outside of the building is not considered a use of force.

Self-Defense: It is recognized that staff members have a right to protect themselves and others from imminent threat of death or serious injury. In situations where a resident presents behavior so dangerous that the life of the staff member or others is in jeopardy or are at risk of severe injury, staff interventions may include force that may cause the resident injury or even death. These interventions may involve staff actions such as strikes to sensitive areas of the resident’s body. In these rare occurrences when someone is at risk for severe injury, or even death, staff members may employ the self-defense response reasonably necessary to meet the perceived level of threat that they are facing.

Contacting the Police: There may be situations encountered in which the threat to the safety of staff, residents, or others in the building is so severe that the police must be contacted. While it is expected that such instances will be rare, calling the police for assistance may be appropriate in some situations. If there is an immediate need for the potential use of deadly force, it will be carried out by the Essex Police whenever possible. In all instances in which the Essex Police are contacted, a subsequent call should be made to advise the Vermont State Police in Williston. The State Police are available for any investigations that need to be conducted.

Follow Up Procedures

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Medical Follow Up: Any time that physical intervention and/or mechanical restraints are used; the resident will be seen by the Woodside nurse as soon as possible to ascertain whether any injury has resulted from the restraint. If the Woodside nurse is not available and if it appears that the youth might have an injury, the Woodside pediatrician must be contacted to determine how best to access immediate medical treatment. If it is apparent that the resident or anyone else needs immediate medical attention, staff are authorized to access treatment through Fletcher Allen Health Care.

Mental Health Follow Up: After an incident that is a level 4 or 5 on the behavior continuum, staff will consult with mental health providers to assess the well-being of the residents involved. The Clinical Director will review the incident as soon as possible to ensure that the youth’s mental health needs are met.

Written Reports: Following an incident requiring physical intervention, staff members will write a detailed report describing the chain of events that led up to the intervention. The documentation will include the rationale for decisions that were made. All staff involved in the incident must include their description of the incident. Each staff member present for the incident will write a detailed report, independent of each other. Staff shall use the language provided in the behavior continuum which most accurately describes the resident’s behavior that precipitated the intervention.

Debriefing: After an incident, there may be debriefing by the team leader of the team’s response and/or debriefing of the team by the director. There will also be an Internal Incident Review of the reports.

Review of Physical Interventions

In reviewing any physical intervention, the focus shall be on what level of intervention is reasonable under existing circumstances that existed at the time of the intervention. Relevant factors that may be considered in making this determination, include, but are not limited to:

- Resident’s presenting behaviors;
- Level of threat;
- Level of intervention utilized;
- Resident’s known history;
- Risk to resident, staff and other Woodside residents
- Alternatives available at the time;
- The time available to respond;

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- Prevention strategies employed;
- Location in the building; and,
- Staffing level.