

**OFFICE OF JUVENILE JUSTICE
USE OF PHYSICAL INTERVENTION / MECHANICAL RESTRAINT / FLEX CUFF REPORT**
 BCCY SCY SCYC

Date of Incident: _____

Time of Incident: _____ AM/PM

Location of Incident: _____

TYPE OF INCIDENT (Check One)		
<input type="checkbox"/> Staff-on-Youth	<input type="checkbox"/> Youth-on-Youth	<input type="checkbox"/> Youth-on-Staff

PHYSICAL INTERVENTION <u>USED ON</u> THE FOLLOWING YOUTH (If more than 3 youth, use separate sheet)							
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Youth's Name & JETS #	Type of Intervention (Check all that apply)	Restraint Applied Time (AM/PM)	Restraint Applied By: (Name/Title)	Restraint Removed At: Time (AM/PM)	Duration of Mechanical Restraint Usage	Restraint Removed By: (Name/Title)	One-on-One Supervision * Name/Title
	<input type="checkbox"/> Mechanical <input type="checkbox"/> Leg Irons * <input type="checkbox"/> Handcuff Belt <input type="checkbox"/> Handcuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Physical	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> less than 15 minutes <input type="checkbox"/> 15 minutes or longer		
	<input type="checkbox"/> Mechanical <input type="checkbox"/> Leg Irons * <input type="checkbox"/> Handcuff Belt <input type="checkbox"/> Handcuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Physical				<input type="checkbox"/> less than 15 minutes <input type="checkbox"/> 15 minutes or longer		
	<input type="checkbox"/> Mechanical <input type="checkbox"/> Leg Irons * <input type="checkbox"/> Handcuff Belt <input type="checkbox"/> Handcuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Physical				<input type="checkbox"/> less than 15 minutes <input type="checkbox"/> 15 minutes or longer		

If handcuff belt was not utilized - was youth cuffed behind the back? <input type="checkbox"/> YES <input type="checkbox"/> NO If leg irons were utilized - was youth provided one-on-one supervision? <input type="checkbox"/> YES <input type="checkbox"/> NO	Time of Approval from Facility Director/Deputy Director/Assistant Director PRIOR to the use of Mechanical Restraints: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM Time Facility Director Notified of approval provided by Regional Director/Assistant Secretary: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM Time Facility Director Notified of removal of Mechanical Restraints _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM Time of Approval from Regional Director/Assistant Secretary PRIOR to the use of Mechanical Restraints: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM Time of Approval from Regional Director/Assistant Secretary for use of Mechanical Restraints <u>longer than 15 minutes</u> : _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM Time of Notification to Regional Director/Assistant Secretary of removal of 15 minute or longer restraint use: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM
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<u>OTHER YOUTH</u> INVOLVED IN THE INCIDENT (If more than 9 youth, use separate sheet)		
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1. JETS #	4. JETS #	7. JETS #
2. JETS #	5. JETS #	8. JETS #
3. JETS #	6. JETS #	9. JETS #

PHYSICAL INTERVENTION <u>USED BY</u> THE FOLLOWING STAFF (if more than 4 staff, use separate sheet)	
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(Name/Title)	(Name/Title)
(Name/Title)	(Name/Title)

MECHANICAL RESTRAINT / FLEX CUFF AUTHORIZATION FOR USE

Authorized By: (Name/Title)	Time of authorization: (AM/PM)
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OTHER STAFF INVOLVED (Name/Title)

1.	4.	7.
2.	5.	8.
3.	6.	9.

CIRCUMSTANCE AND JUSTIFICATION FOR USE OF PHYSICAL INTERVENTION: (Check all boxes that apply) **Was the use an EXCEPTION TO THE CONTINUUM? Yes No**

<input type="checkbox"/> Prevent an escape;	<input type="checkbox"/> Prevent damage to property; and/or security systems or to recover a weapon;
<input type="checkbox"/> Prevent an act which could result in death or severe bodily harm to the youth or another person;	<input type="checkbox"/> Control a high profile incident such as a major group/unit disturbance which threatens the safety/security of the facility.
<input type="checkbox"/> Defend one's self or others against a physical assault;	<input type="checkbox"/> Enforce legal orders and instructions.
<input type="checkbox"/> Separate participants in an altercation;	

COMMENTS: _____

CIRCUMSTANCE AND JUSTIFICATION FOR USE OF MECHANICAL RESTRAINTS / FLEX CUFFS (Check all boxes that apply)

<input type="checkbox"/> Youth poses a current escape risk;	<input type="checkbox"/> Youth involved in an altercation or other serious incident;
<input type="checkbox"/> Youth has engaged in a recent pattern of assaultive behavior toward staff or other youth;	<input type="checkbox"/> Less restrictive measures have not been successful and youth continues to engage in aggressive or assaultive behavior or presents a danger to himself, another youth, staff, or the security of the facility.

COMMENTS: _____

LESS RESTRICTIVE NON-PHYSICAL STEPS TAKEN TO MINIMIZE THE USE OF PHYSICAL INTERVENTION

Check all steps taken to minimize the use of physical intervention / mechanical restraints / flex cuffs.

<input type="checkbox"/> 1. Verbal request for compliance in a fair and respectful manner;	<input type="checkbox"/> 6. "Tap-out" of the staff member involved whose involvement has the potential for escalating or aggravating the incident.
<input type="checkbox"/> 2. Discussion/counseling with the youth in an attempt to de-escalate the situation;	<input type="checkbox"/> 7. Voluntary seclusion of youth into his own room; OR
<input type="checkbox"/> 3. Continued dialogue in a firm non-threatening manner clearly instructing the youth to cease and comply;	<input type="checkbox"/> 7. Staff removal of youth to other area within camera view, if permissible.
<input type="checkbox"/> 4. Request for additional staff presence;	<input type="checkbox"/> 8. Accommodations for special consideration youth were considered.
<input type="checkbox"/> 5. Removal of the youth from the immediate area;	<input type="checkbox"/> 9. Shift supervisor assumes control of the situation.

COMMENTS: _____

YOUTH'S MENTAL ILLNESS / DEVELOPMENTALLY DISABLED INFORMATION (SMI/MR)								
This section is to be completed if a youth involved has been assessed as being either mentally ill and/or developmentally disabled.								
Youth's Name	JETS #	Information (Check box that applies)	Youth Assessed By: (Check all boxes that apply)	Youth Assessed at Scene?	Youth Assessed at Infirmary?	Youth Assessed at Other Location? (Specify)	Time of Assessment	Staff Assessment Conducted By: Name/Title
		<input type="checkbox"/> Mental Illness (SMI) <input type="checkbox"/> Dev. Disabled (MR)	<input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Counseling Staff					
		<input type="checkbox"/> Mental Illness (SMI) <input type="checkbox"/> Dev. Disabled (MR)	<input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Counseling Staff					

YOUTH/STAFF DEBRIEFING/CIRCLE-UP INFORMATION			
DID THE FOLLOWING TAKE PLACE	YES	NO	COMMENTS
Was a youth debriefing / circle-up conducted following the incident? (Circle what occurred) Date: _____ Time: _____			Explain:
Was a staff debriefing conducted following the incident by the FD/DD/AD? Date: _____ Time: _____			Explain:

COMPLETED REPORT CHECKLIST

ARE THE FOLLOWING REPORTS ATTACHED	YES	NO	COMMENTS
Employee UOR Report(s)			
Youth Code of Conduct Report(s)			
Was youth placed in BMU or a Time Out Room?			
Did a youth debriefing / circle-up occur following the incident?			
Did a staff debriefing occur following the incident?			
Was the physical intervention use in compliance with YS Policy No. C.2.6 <input type="checkbox"/> YES <input type="checkbox"/> NO			

OPERATIONS SHIFT SUPERVISOR SIGNATURE / TITLE

PRINT NAME AND TITLE

DATE

TIME AM / PM

COMMENTS: