



Juvenile Justice Services (JJS) Policies and Procedures (P&P)

Title Use of Force

Category Safety and Emergency Operations

Procedure # P.05.22

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1 Overview Statement

- 1.1 JJS restricts the use of force to instances of justifiable self-defense, protection of clients from hurting themselves, protection of others, protection of property, and the prevention of escapes. Physical force is used only as a last resort. (NMAC 8.14.5.22)
- 1.2 In all interventions, employees implement the least restrictive techniques for the shortest amount of time possible to control the client and/or the situation.
- 1.3 In no event is physical force justifiable as punishment.
- 1.4 All chemical/aerosol sprays are prohibited.

2 Purpose

This Procedure provides guidelines for the appropriate use of force when employees respond to incidents requiring physical intervention.

3 Handle with Care (HWC) Protocol

- 3.1 The HWC Protocol is a behavior management tool based on a tension/tension reduction cycle of appropriate and effective interventions.
- 3.2 Employees are trained to implement the HWC Protocol when responding to all incidents requiring intervention. Employees demonstrate competence in implementing this protocol through training and recertification.
- 3.3 In every response, the HWC protocol requires that employees use the least restrictive means of intervention.
- 3.4 When an employee must physically or mechanically restrain a client, the client's safety and dignity must be considered.
- 3.5 The Director of Psychiatry authorizes any necessary, involuntary clothing removal. The licensed medical responder, the BH clinician, and the Officer in Charge (OIC) must oversee any interventions that require the removal of client clothing. In all incidents requiring the removal of client clothing, the response team must be gender specific.

4 Physical Restraints

For incidents that require physical restraint, employees use the HWC Primary Restraint Technique (PRT) or transition to the PRT as soon as possible.

5 Mechanical Restraints

- 5.1 In JJS facilities, handcuffs, leg irons, disposable/flex cuffs, and waist belts are the only permitted forms of mechanical restraints.
- 5.2 A supervisor or above must authorize the use of any mechanical restraint.
- 5.3 The entire time a client is in mechanical restraints, an employee must remain with the restrained client.

6 Cell Extractions

- 6.1 Cell extraction is conducted according to the HWC Protocol.
- 6.2 Except in exigent circumstances, the responding supervisor is present for the cell extraction. In all circumstances, the responding supervisor must give prior approval for cell extractions. If a client or employee is in immediate danger, employees may initiate the cell extraction prior to the response team's arrival.

7 Licensed Medical Responder Responsibilities

- 7.1 A licensed medical responder conducts a physical evaluation of the restrained client within 15 minutes of the restraint and/or cell extraction to ensure client safety and physical well-being and immediately communicates any medical/safety concerns to involved employees in

accordance with established medical protocol. The evaluation is documented in the client's medical file.

- 7.2 A licensed medical responder assesses the client in mechanical restraints at the onset of the restraint and documents assessments every 15 minutes thereafter until the restraints are removed.
- 7.3 If a client fails to de-escalate, the licensed medical responder monitoring the incident contacts the Psychiatry provider.
- 7.4 Any psychiatric evaluation and consequent treatment are documented in the client's medical file.
- 7.5 Client refusal of medical treatment is documented in the client's medical file.

8 Behavioral Health (BH) Clinician Responsibilities

- 8.1 If an incident results in a mechanical restraint or a cell extraction and there is not a BH clinician on staff, the on-call BH clinician reports to the facility.
- 8.2 On-call contacts are documented on the weekly on-call report and in the BH electronic filing system (ADE).
- 8.3 BH clinicians process all use of force incidents with the client and include documentation in the client's behavioral health file.

9 Documentation and Recording

- 9.1 Every incident requiring a use of force response is documented in several ways.
- 9.2 Escort techniques applied on compliant clients and mechanical restraints applied on clients during routine transports are not categorized or documented as use of force incidents.
- 9.3 All use of force incidents are recorded on a hand-held camera. Hand-held recording begins upon arrival of the camera at the scene and continues until the client is no longer restrained and the responding supervisor approves the camera shut-off. If the incident is not recorded on a hand-held camera, an explanation of this omission is included in the required Serious Incident Report (SIR).
- 9.4 The Use of Force form is completed following all use of force incidents. All employees involved in any incident requiring use of force provide a follow-up written statement.
- 9.5 The responding supervisor submits a SIR for every incident requiring use of force.
- 9.6 When client injuries are observed or reported, the licensed medical responder completes the Incident/Injury Documentation form and photographs the client's injuries for inclusion in the client's medical file.
- 9.7 All employee injuries are reported to and documented by the shift supervisor.

- 9.8 Control employees initiate the Emergency Notification Protocol for every incident requiring use of force.

10 Reviewing and Debriefing

- 10.1 The facility Incident Review Committee (IRC) is responsible for reviewing every use of force incident, providing a report of the review with any findings and recommendations, and delivering that report to the facility Superintendent in a timely manner, per P.05.20 B.
- 10.2 The Superintendent/designee debriefs extreme or unusual use of force incidents and any concerns brought forth by the IRC, per P.05.20 A & B.
- 10.3 When the supervisor determines that the involved client and/or employees are ready, the MDT facilitates a discussion of the use of force incident.

11 Training and Recertification Requirements

- 11.1 All facility employees train and certify in the HWC Protocol during their new employee orientation.
- 11.2 All facility IRC members train in the HWC Protocol.
- 11.3 All facility employees complete recertification for HWC training annually.

12 Special Instructions

- 12.1 In incidents requiring physical restraints, clients with severe medical and mental health risks are responded to as prescribed by appropriate BH clinicians and licensed medical responders.
- 12.2 Mechanical restraints are never used on pregnant, birthing, or post-partum clients unless there is an immediate and serious threat of harm to self or others or a credible risk of escape that cannot be mitigated by other means. Additionally, PRT holds must be modified for pregnant clients, per the HWC protocol.

13 Consequences of Noncompliance

An employee who fails to follow this Procedure may be subject to disciplinary action in accordance with the CYFD Code of Conduct and the Collective Bargaining Agreement (CBA) between AFSCME and the State of New Mexico.

14 Forms and Additional Documents

DIR
Use of Force form
Sick and Accident form
Supplemental Use of Force
Witness Statement(s) form
Incident/Injury Documentation form
Incident Review form
Emergency Notification Protocol (ENP)
SIR

15 Issue Date

July 1, 2020

16 Effective Date

August 1, 2020

17 Replaced Procedure

P.5.22 Use of Force, 09/01/2017

18 Applicable Policy (Regulation)

NMAC 8.14.5.22 Safety and Emergency Operations (Use of Force)

19 Authorizing Signatures



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