




STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

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MEMO

February 2, 2024

TO: Child Welfare Employees
FROM: Natalie Green, Assistant Secretary 
RE: Staff Safety and Physical Interventions with Child/Youth Clients
EFFECTIVE DATE: February 2, 2024

This memo will serve as interim guidance related to staff safety and physical interventions with child/youth clients until formal policy is updated and available.

To assist child welfare staff who engage, transport, or are supervising potentially or known to be physically aggressive children and youth in a variety of environments, child welfare has added the “SPEAR CARE” and “VerbalCraft” training on personal safety and crisis de-escalation. We consulted with staff directly working with children and youth in these challenging situations. “SPEAR CARE” and “Verbalcraft” were identified as training that best meets the needs of staff and children/youth.

“SPEAR CARE” and “VerbalCraft” is a 4-day specialized and integrated training that prepares staff for addressing the issues that can arise when working with our challenging and sometimes assaultive youth. We have scheduled priority trainings for those working After-hours or in our exceptional placement facilities and trainings are being scheduled for each region.

Safety is our primary mission, not only for the children we work with and care for, but for you our valued staff. Being prepared and understanding what is needed during these times is the first step in ensuring we are doing what we can to keep everyone safe.

Original Date: February 1, 2024| Revised Date: February 1, 2024

Approved for distribution by Natalie Green, Deputy Assistant Secretary for Child Welfare

Interim Guidance:

Staff Responsibilities

Staff assisting with any youth not on their caseload must be made aware of any assaultive episodes of the youth, the risk posed by the youth, triggers and what works to deescalate the youth.

Staff will use non-physical interventions and de-escalating techniques prior to physical restraints or actions unless there is an imminent risk of physical harm to self or others.

If you cannot de-escalate the situation, do not remain in reach of the assaultive situation, get to safety, and call for assistance. It is okay to protect yourself from being hurt. If possible, monitor the youth from a safe distance while calling and waiting for help.

Staff assigned to cases with children or youth who may exhibit physical and verbal aggressiveness, due to complex needs, are to take reasonable precautions to prevent physically dangerous situations. Document escalation points, necessary precautions and what de-escalation efforts work with the youth and make others aware of the child's aggressive nature.

When encountering a child/youth exhibiting imminent or actual physical aggressiveness, if unable to de-escalate the situation, immediately request assistance, and contact local law enforcement.

Staff who are not trained in de-escalation and encounter a child/youth exhibiting imminent risk of physical aggressiveness should:

- Seek the assistance of staff trained in de-escalation.
- Should immediately seek assistance of a Supervisor/Area Administrator for direction.
- Contact local law enforcement for assistance if unable to de-escalate the situation.

Staff will document situations where physical intervention is used in a case note immediately following the intervention. The case note must include:

- A detailed description of the incident including the sequence of events leading to, during and following the use of physical intervention, injury to staff or youth, and any less intrusive intervention attempted.
- The reason physical intervention was used.
- The staff directive(s) given to the youth.
- The names of staff and youth involved.

Physical intervention must not be used for the purpose of coercion, punishment, retaliation, or as a means of degradation and may be used only for the period necessary to ensure that the child or youth is no longer a danger to self or others.

If physical intervention is used, a youth's head, face or airway must not be covered at any time.

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Medical attention must be offered immediately to both staff and children/youth who have been directly involved in an incident requiring physical restraint.

- If youth request medical attention, the request will be approved, and the child or youth will be seen as soon as safely possible.
- Staff must request medical attention on the child or youth's behalf when there is obvious injury or when staff believes a child or youth may be injured - even if the child or youth does not request medical assistance.
- Staff who request medical attention will be supported in leaving work to receive the medical care they need.

Staff who are injured should report it immediately to their supervisor and complete an incident report. If a staff member is unable to complete the form due to injury or absence the supervisor will complete it for them. The form must be completed within 24 hours of the incident.

Regarding the Youth

Each youth will be assessed individually for the staff to youth ratio for safe supervision in the office, when transporting, and for any other necessary engagements with the youth.

- Provide two to one (2:1) supervision ratio for youth with an assaultive episode within the last 7 days.
- Staff with supervisor to determine the need for two to one (2:1) supervision if there has been no assaultive episode within the last four (4) weeks.
- When unable to meet minimal supervision ratio, the supervisor or Area Administrator will elevate to the Deputy Regional Administrator or Regional Administrator to identify additional team members to assist with appropriate staffing.

If disagreement exists on the supervision ratio, any staff can ask, and the decision must be taken up in the regional chain of command for final decision-making.

Assaultive behavior is defined as any physical altercation or extreme aggression towards and involving the youth and other individuals.

- All youth that have had any episode of assaultive behavior must have a supervision plan establish, that includes last episode of assaultive behavior and any new instances of assaultive or extreme behavior must be added to the plan within 24 hours and discussed at any transfer of custody.
- All aggressive and extreme behaviors will be documented and discussed at all transfer of custody of the youth to other staff and,
- The need for additional security guard support MUST be assessed if the youth has been assaultive within the last 7 days and,
- If there has been no assaultive episode within the last four (4) weeks, discussion may occur to determine if security is still necessary.

- A youth does not have to be formally classified as PAAY or SAY (as defined in Policy 45362, Physically Assaultive/Aggressive Youth) to be considered assaultive.

When transporting, youth's assaultive behaviors must be considered and assessed for the appropriate supervision ratio and the best transport method for staff and youth safety.

- If disagreement exists, the decision must be taken up the regional chain of command for final decision-making.
- Assaultive youth will only be transported individually.

Leadership Responsibilities

Office and regional leadership will ensure all staff are made aware of and empowered to follow these guidelines.

Will ensure appropriate staffing levels and vehicle usage.

Office and regional leadership will maintain a list of staff trained in Right Response, "SPEAR CARE" and "VerbalCraft" de-escalation so everyone in the office is aware of those qualified in de-escalation techniques.

Regional Administrators or Deputy Regional Administrators will staff with the Area Administrator those youth with recent assaultive behavior or a PAY/SAY supervision plan monthly to ensure appropriate safeguards are in place and adhered to.

The assigned Area Administrator will ensure an AIRS report on any physical intervention is completed. The AIRS report must include:

- A detailed description of the incident including the sequence of events leading to, during and following the use of physical restraint, injury to staff or youth, and any less intrusive intervention attempted.
- The reason why physical restraint was used.
- The staff directive(s) given to the youth.
- The names of staff and youth involved.

The Regional Administrator or Deputy Regional Administrator will review the incident within three working days and assess if the requirements of this interim guidance were met, if regional processes need to be put in place or updated, and what additional staff supports may be needed.

SPEAR C.A.R.E.

Comprehensive Aggression Response Education

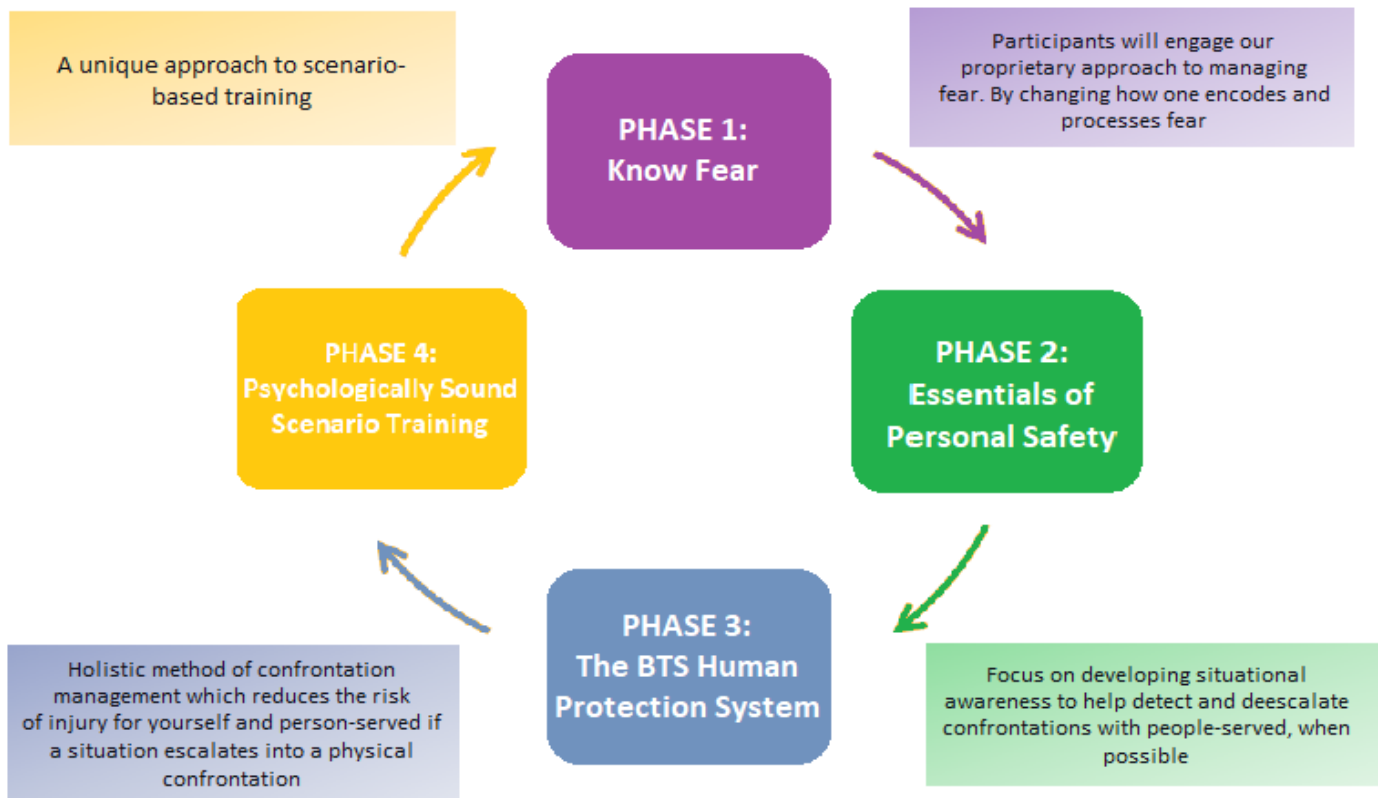
An Overview

What is SPEAR CARE?

SPEAR CARE is a personal safety and violence and prevention training program, specifically designed for care and services professionals who serve people that can present challenging and even violent behaviors.

What does SPEAR CARE involve?

This two-day course is comprised of **four phases** that lead the student to greater confidence, presence/awareness, and skill in de-escalation. Should a situation escalate, the graduate of the **SPEAR CARE** program will have a better chance of circumventing the risk and influencing a safe outcome.



Course Description:

The **SPEAR CARE** Program is based on over four decades of research into fear and violence and is based strictly on evidence reviewed and discussed from actual scenarios. Most adverse events (patient to staff assault) in care and services systems occur during an ambush moment where the employee was not in a state of readiness to "weather the ambush".

Know Fear and **SPEAR** prioritize that moment, enabling the employee to regain and engage functional thinking more quickly and make appropriate safety decisions.

Know Fear and **SPEAR** are the only systems that leverage physiology's startle-flinch response and how to employ it in a personal safety context, preceding the complex motor skill curriculum within other physical intervention training systems.



SPEAR CARE™ and VerbalCraft (both 2 day trainings) are specialized and integrated skills training courses that prepare care and services staff to address these core needs...

- De-escalate oneself and manage fear when presented with challenging behaviors from people served
- Optimize situational awareness and readiness to deploy physical skills if required
- Engage in effective de-escalation skills to influence the person-served to re-regulate and choose safety, using a trauma-informed approach
- Reduce risk and optimize personal safety if physically attacked Improve your confidence with the most natural response to sudden danger, the startle-response, aka the body's biologic "air-bag"

DCYF CW is leading the way in WA by serving its workforce with the most innovative, integrated training in the Nation in personal safety and crisis de-escalation.

These sequenced training courses address the realities faced by DCYF personnel when challenging behaviors can create fear and risk. While these training courses include physical skills and leverage elements of psychology, kinesiology, and neuroscience, none of the skills initiate manual restraint or physical contact. They do, however, reduce reaction time, enabling staff to temporarily control and manage active assault for as long as the person-served is committed to assaulting a staff member.

If the person served doesn't initiate assault, no contact occurs, allowing staff to prioritize de-escalation. This is vastly different from training that emphasizes holds, floor control, and other complex motor skills that are not used during a real incident or are not supposed to be used at all, under policy.

SPEARCARE and VerbalCraft are legally, ethically, and morally responsible to both the caregiver and the person served by mitigating trauma, preserving dignity, and enabling long-term relationship between the provider and person-served following a crisis incident.