

Physical Restraint and Other Restraint Devices in Juvenile Detention and Assessment (JDACs) and Treatment Facilities (TFs) (Title 15, Section 1358, 1358.5)

520.1 PURPOSE:

To establish guidelines for the use of physical restraints and restraint devices for youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or who reveal the intent to cause self-inflicted physical harm while in Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).

520.2 DEFINITION:

Restraint Device: Any device which immobilizes a youth's extremities or prevents the youth from being ambulatory.

- A. Handcuffs: A metal mechanical device designed to be fastened around the wrists to restrain free movement of the hands and arms. Only department-approved manufactured handcuffs are authorized for use in probation facilities.
- B. Waist Restraints: A metal mechanical device designed to be fastened around the waist and used to secure the arms to the sides of the body.
- C. Leg Restraints: A metal mechanical device consisting of a chain connecting two leg cuffs designed to be fastened around the ankles to restrain free movement of the legs.
- D. Hobble: A department-approved restraint used to tie around the legs to hamper movement and prevent a subject from kicking, but which does not totally restrict movement. The hobble is to be used only during transportation in a vehicle.
- E. Soft Restraints: A padded leather band designed to be fastened around the wrist or ankle.

520.3 GUIDELINES:

- A. Physical restraints should be utilized only when less restrictive alternatives would be ineffective in controlling the behavior.
- B. Staff shall consider known mental, physical or developmental limitations/disabilities and medical conditions when applying and continuing the restraint of a youth. Examples of such conditions include, but are not limited to: obvious broken bones, profuse bleeding, in progress seizures, obvious respiratory problems, and/or manifestations of psychological or emotional disabilities.
- C. In no case shall restraint devices be used as punishment or discipline, retaliation or as a substitute for treatment.

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- D. Restraints shall be removed at the direction of medical personnel if contraindications are identified.
- E. First aid shall be prioritized above restraint unless the youth's conduct makes first aid hazardous to the youth, officers, or others.
- F. Youth requiring medical attention beyond the means of on-site medical services shall be transported to the emergency department via transportation staff or EMS (911), as determined by Medical Services or the WC/TFS.
- G. Clinically ordered mechanical restraints are not available for youth exhibiting behavior dangerous to self or others as a result of medical or mental illness.
- H. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited.
- I. Staff shall follow training guidelines regarding the application/use of handcuffs, leg/waist restraints, and hobbles checking for tightness and double-locking following each application.
- J. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare Institutions Code Section 222.
- K. All staff listed in the Responsibilities section of this procedure shall be aware of the availability of Cardio Pulmonary Resuscitation equipment in each housing area.
- L. Hobble restraints cannot be used in concert with leg restraints.

520.4 RESPONSIBILITIES:

- I. Probation Corrections Officers (PCOs):
 - A. Notify the area supervisor when a youth presents a potential threat to themselves or others, exhibits behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.
 - 1. In the event of immediate/imminent threat, adhere to the 10-88 and/or Code Red procedures.
 - B. The following is required for continued use of restraints:
 - 1. Obtain approval of the restraint devices from the Incident Commander (IC), Watch Commander (WC) or Treatment Facility Supervisor (TFS).
 - 2. Consider known medical conditions that would contraindicate certain restraint devices and/or techniques.
 - 3. Acceptable restraint devices and availability of cardiopulmonary resuscitation equipment.
 - 4. Identify manifestations of psychological or emotional disabilities which may result in immediate medical/mental health referrals.
 - C. If other youth are present, transport the restrained youth to another area of the facility to ensure their safety.

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- D. Maintain continuous direct visual supervision to ensure restraints are properly applied, and to monitor the well-being of the youth.
 - E. Notify medical services as soon as safe.
 - F. Notify medical for immediate response if the youth displays symptoms that include but are not limited to: unresponsive, head injury, dizziness, vomiting, bleeding, shortness of breath, complaints of chest pain and/or incontinence.
 - G. To assess the need for mental health treatment, consult with the Forensic Adolescent Service Team (FAST) if a youth has been in restraints for longer than fifteen (15) minutes, as soon as safe, but in no case longer than four (4) hours from the time of placement of restraints.
 - H. Youth shall be allowed to move and stretch their limbs for five (5) minutes every thirty (30) minutes.
 - I. Evaluate the youth in fifteen (15) minute intervals starting from the time restraints were applied, and utilize the Restraint Documentation Form (Attachment A). The documentation shall include:
 - 1. Circumstances leading to the application of restraints.
 - 2. Times restraints were applied and removed.
 - 3. Initial medical and FAST evaluations, as clinically indicated.
 - 4. Observations of the youth's behavior.
 - 5. Any staff interventions.
 - 6. Offers/provisions for hydration and sanitation needs.
 - 7. Approval of the restraint devices by the Incident Commander (IC), Watch Commander (WC) or Treatment Facility Supervisor (TFS).
 - 8. Check the youth's circulation by checking for tightness of the restraints.
 - 9. Indicate the time of the evaluation and initial.
 - 10. Assess the positioning and breathing of the youth.
 - J. Relay continued restraint information to relieving staff.
 - K. Collaborate with Medical Services, FAST, IC and WC/TFS to ensure continued monitoring and documentation of youth in restraints.
 - L. Complete an Incident Report (IR) for restraints which exceed fifteen (15) minutes by the end of shift, or as otherwise directed by a supervisor.
 - M. Participate in a debriefing as directed by the IC, WC or TFS.
- II. Probation Corrections Supervisor I (PCSI)/Incident Commander (IC):
- A. Respond immediately to the area when notified, provide authorization for continued use of mechanical restraints, and sign the Restraint Documentation Form (Attachment A), only when less restrictive alternatives to control the youth's behavior are found to be ineffective.

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- B. Ensure the incident is electronically recorded and the youth is under constant observation.
 - C. Inform the WC/TFS of the nature of the incident and the use of restraints as soon as possible.
 - D. Ensure the Restraint Documentation Form (Attachment A) is initiated when the use of restraints exceeds fifteen (15) minutes.
 - E. Collect and review all Closed Circuit Television Security System (CCTSS) footage, hand held videos, incident reports, original Restraint Documentation Form (Attachment A), and forward to the WC/TFS.
 - F. Ensure a debriefing is conducted with involved staff.
 - G. In the absence of a facility nurse, transfer the youth to the emergency room for a medical evaluation after one (1) hour of continuous restraint.
- III. Watch Commander (WC)/Treatment Facility Supervisor (TFS):
- A. Respond to the incident area as soon as possible.
 - B. Consult with the IC and evaluate the initial authorization and application of restraint devices.
 - C. Ensure FAST and Medical Services were contacted.
 - D. After initial application of restraint devices, consult with the IC, FAST, and medical services every hour before approving continued use of restraints.
 - E. Evaluate, sign, and document the evaluation, observations, and decisions for continued use of restraints on the:
 - 1. Restraint Documentation Form every hour.
 - 2. WC Log Book.
 - F. Review all IRs, CCTSS footage, and handheld camera video after the incident.
 - G. When possible be present at the debriefing.
 - H. Relay continued restraint information to relieving WC/TFS.
- IV. Medical Services:
- A. Review the health record for contraindications or accommodations that may be required and immediately notify the IC, unit staff, and the Health Services Manager (HSM).
 - B. In the event the restrained youth has a medical/mental health condition, notify the on-site/on-call physician/provider immediately to obtain appropriate orders.
 - C. Initiate health monitoring to include, the assessment of peripheral circulation and range of motion as soon as possible, but not to exceed one (1) hour from the time of notification as long as it is safe to do so. Sign off on the Restraint Documentation Form (Attachment A).

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- D. Assess circulation and range of motion every two (2) hours after the initial assessment and sign off on the Restraint Documentation Form.
 - E. Continue health monitoring hourly and provide medical clearance for continued retention every two (2) hours unless contraindicated. Sign off on the Restraint Documentation Form.
 - F. Report identified concerns that jeopardize the health of the youth to the IC, WC, TFS, and HSM.
 - G. Notify the IC and WC/TFS if the youth requires transportation to the emergency department, or if Emergency Medical Services (EMS) (911) should be summoned.
 - H. Complete medical documentation on the Medical Services Incident Report Addendum (Attachment B) and submit to the WC/TFS and document in the universal health record.
 - I. Perform a post-release assessment after release from restraints to determine the next step in the continuum of care and submit to the WC/TFS by the end of shift.
 - J. Participate in a debriefing as directed by the WC/TFS.
 - K. Upon confirmation of a pregnant youth, medical shall advise the youth orally and in writing of their rights pursuant to Penal Code Section 3407.
- V. **FAST:**
- A. When mechanical or soft restraints continues for more than fifteen (15) minutes, FAST will consult with custody staff as soon as possible, but in no case longer than four (4) hours from the time of placement.
 - B. In the event FAST staff are not on-site, upon notification from the WC/TFS, standby staff will consult with medical staff regarding the review of the health record to identify existing mental health needs; in the event contraindications or accommodations are required, FAST will:
 - 1. Notify the IC.
 - 2. Notify the assigned Child Psychiatrist.
 - C. In the event FAST staff are not on-site, upon request from the WC/TFS, standby staff shall conduct a face-to-face assessment and review the health record when clinically indicated.
 - D. Monitor the youth's mental health state every four (4) hours from time of placement until the youth is removed from restraints.
 - E. Immediately report concerns, if any, to the IC.
 - F. Sign the Restraint Documentation Form as required.

520.5 ATTACHMENTS:

See attachment: [Physical Restraint- Restraint Documentation Form Attachment A.pdf](#)

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[See attachment: Physical Restraint- Medical Services Incident Rpt Attachment B.pdf](#)

Attachments

Physical Restraint- Restriant Documentation Form Attachment A.pdf



RESTRAINT DOCUMENTATION FORM

Facility: _____

Youth: _____ DOB: _____ PIN#: _____

Restraints applied: _____ PCSI authorization: _____
Date/Time Name

Circumstances leading to the application of restraints: _____

Initial Circulation evaluation by RN: _____ at _____
Print Name/Sign Time (and every 2 hours thereafter by RN)

FAST evaluation by: _____ at _____
Print Name/Sign Time (as soon as possible, but within 4 hours)

Released from restraints: _____
Date/Time

The restraint of youths which lasts for 15 minutes or longer SHALL be documented on this form. Document the youth's behavior, circulation, positioning, breathing and staff interventions every 15 minutes after initial restrain. The WC/Treatment PCSII must authorize any continued restraint of one (1) hour or more and every hour thereafter. Medical Services and FAST shall evaluate the youth and document completion of the initial evaluation on this form. Medical shall document hourly evaluations of circulation and range of motion on this form as well. [Title 15, 1358]

Hour #1

1a. YOUTH BEHAVIOR: _____

1b. STAFF INTERVENTIONS: _____

Time: _____ Initials: _____

2a. YOUTH BEHAVIOR: _____

2b. STAFF INTERVENTIONS: _____

Time: _____ Initials: _____

3a. YOUTH BEHAVIOR: _____

3b. STAFF INTERVENTIONS: _____

Time: _____ Initials: _____

4a. YOUTH BEHAVIOR: _____

4b. STAFF INTERVENTIONS: _____

Time: _____ **Initials:** _____

OFFERED/COMPLETED DURING HOUR 1

Toileting _____ Meals/Water _____ Range of motion _____ Circulation _____
Time/PCO Initials Time/PCO Initials Time/RN Initials Time/RN Initials

JUSTIFICATION FOR CONTINUED RESTRAINT: _____

Authorization (WC/Treatment Supervisor): _____ at _____
Name Time

Youth: _____ **PIN#:** _____ **Date:** _____

Hour # _____

1a. YOUTH BEHAVIOR: _____

1b. STAFF INTERVENTIONS: _____

Time: _____ **Initials:** _____

2a. YOUTH BEHAVIOR: _____

2b. STAFF INTERVENTIONS: _____

Time: _____ **Initials:** _____

3a. YOUTH BEHAVIOR: _____

3b. STAFF INTERVENTIONS: _____

Time: _____ **Initials:** _____

4a. YOUTH BEHAVIOR: _____

4b. STAFF INTERVENTIONS: _____

Time: _____ **Initials:** _____

OFFERED/COMPLETED DURING HOUR # _____

Toileting _____
Time/PCO Initials

Meals/Water _____
Time/PCO Initials

Range of motion _____
Time/RN Initials

Circulation _____
Time/RN Initials

JUSTIFICATION FOR CONTINUED RESTRAINT: _____

Authorization (WC/Treatment Supervisor): _____ at _____
Name Time

**This page was intentionally designed with the hour number left blank
to allow for staff to print multiple copies for all restraints which exceed the first hour.**

Physical Restraint- Medical Services Incident Rpt Attachment B.pdf



MEDICAL SERVICES INCIDENT REPORT ADDENDUM

1. REPORTING FACILITY		2. Time of incident	
<input type="checkbox"/> CVJDAC	UNIT	Date of incident	
<input type="checkbox"/> HDJDAC	UNIT	Date of Report	
<input type="checkbox"/> GATEWAY		Reported by:	
3. INCIDENT INVOLVED		4. YOUTH/S INVOLVED	
<input type="checkbox"/> Suicide Attempt		NAME	
<input type="checkbox"/> Self-Inflicted Injury		DOB	
<input type="checkbox"/> Medical/Psychological		PIN	
<input type="checkbox"/> OC Pepper Spray Use			
<input type="checkbox"/> Restraint of Youth		NAME	
<input type="checkbox"/> OTHER		DOB	
		PIN	
5. STAFF			
1.		2.	
3.		4.	
6. NARRATIVE DETAILS & NURSING INTERVENTIONS:		7. NURSING ACTION	
<p><i>I hereby certify that the facts contained herein are true and complete to the best of my knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>		<input type="checkbox"/> Communicable Disease 1	
		<input type="checkbox"/> Nurse evaluation req'd 2	
		<input type="checkbox"/> Referred to MD Clinic 3	
		<input type="checkbox"/> ER evaluation req'd 4	
		<input type="checkbox"/> Hospitalization req'd 5	
		<input type="checkbox"/> Death 6	
		<input type="checkbox"/> Medical Chart Entry	
<input type="checkbox"/> No Injury observed			
<p>OC Spray Intervention</p> <input type="checkbox"/> Respiratory difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Handcuffs evaluated for circulation/injuries			
Nurse Signature _____ Date _____			
Completed Form Received by:		PCSI	
		PCSII	

Print hard copy on blue paper