

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

Effective Date:	5/23/2024
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Issuing Authority: Chief Probation Officer	

520.1 PURPOSE:

To establish guidelines for the use of restraint devices for youth in Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).

520.2 DEFINITION:

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

- A. Ankle Strap: A department-approved tool used to hamper ankle movement used in conjunction with the WRAP Restraint.
- B. Handcuffs: A metal mechanical device designed to be fastened around the wrists to restrain free movement of the hands and arms. Only department-approved handcuffs are authorized for use in probation facilities.
- C. 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.
- D. 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.
- E. Locking Shoulder Harness: A department-approved tool used to allow a subject to be placed in an upright seated position when used in conjunction with the WRAP Restraint.
- F. Hobble: A department-approved restraint designed to be fastened around the legs to hamper movement and prevent a subject from kicking. The hobble is to be used only during transportation in a vehicle and cannot be used in concert with leg restraints or ankle straps.
- G. Soft Restraints: Padded leather bands designed to be fastened around the wrist or ankle.
- H. WRAP Restraint: A department-approved restraint applied to the legs, used to hold a subject in an upright or seated position to hamper movement.

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520.3 GUIDELINES:

- A. In no case shall restraint devices be used as punishment, discipline, retaliation, or as a substitute for treatment.
- B. First aid shall be prioritized above restraint unless the youth's conduct makes first aid hazardous to the youth, officers, or others.
- C. The use of restraint devices that attach a youth to a wall, floor, or other fixture (including a restraint chair) or through affixing hands and feet together behind the back (hog tying) is prohibited.
- D. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare Institutions Code Section 222.

520.4 RESPONSIBILITIES:

- I. All Staff:
 - A. Consider known mental, physical, or developmental limitations/disabilities, and medical conditions when applying and continuing the restraint of a youth (e.g. obvious broken bones, profuse bleeding, in progress seizures, obvious respiratory problems, and/or manifestations of psychological or emotional disabilities).
 - B. Follow training guidelines regarding the application/use of any restraint device.
 - C. Use department-issued restraints only.
 - D. Utilize physical restraints only when less restrictive alternatives would be ineffective in controlling the behavior.
 - E. Remove restraints at the direction of medical personnel if contraindications are identified.
- II. 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.
 - B. Obtain approval from the Incident Commander (IC), Watch Commander (WC), or Treatment Facility Supervisor (TFS) for continued use of restraints.
 - C. Transport the restrained youth to another area of the facility if other youth are present to ensure their safety.
 - D. Maintain continuous direct visual supervision of restrained youth to monitor their well-being and to ensure restraints are properly applied.
 - E. Notify Medical Services as soon as safe.
 - F. If a youth has been in restraints for longer than fifteen (15) minutes, as soon as it is safe, but in no case longer than four (4) hours from the placement of the restraints, consult with the Forensic Adolescent Service Team (FAST) to assess the need for mental health treatment.

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- G. Allow youth to move and stretch their limbs for five (5) minutes every thirty (30) minutes.
 - H. Evaluate the youth in fifteen (15) minute intervals starting from the time restraints were applied and utilize the Restraint Documentation Form (in ProbTools). 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. Initials and time of the evaluation.
 - 10. Assess the positioning and breathing of the youth.
 - I. Relay continued restraint information to relieving staff.
 - J. Collaborate with Medical Services, FAST, IC, and WC/TFS to ensure continued monitoring and documentation of youth in restraints.
 - K. Complete an Incident Report (IR) for restraints that exceed fifteen (15) minutes.
 - L. Participate in a debriefing as directed by the IC, WC, or TFS.
- III. Probation Corrections Supervisor I (PCSI)/Incident Commander (IC):
- A. Ensure the Restraint Documentation Form is initiated when the use of restraints exceeds fifteen (15) minutes.
 - B. Provide authorization for continued use of mechanical restraints and sign the Restraint Documentation Form when less restrictive alternatives to control the youth's behavior are ineffective.
 - C. Ensure the incident is electronically recorded and the youth is under constant observation.
 - D. Inform the WC/TFS of the nature of the incident and the use of restraints as soon as possible.
 - E. Collect and review all Closed-Circuit Television Security System (CCTSS) footage, handheld videos, incident reports, and original Restraint Documentation Form, and forward to the WC/TFS.
 - F. Ensure a debriefing is conducted with involved staff unless directed otherwise.

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- 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.
- IV. Watch Commander (WC)/Treatment Facility Supervisor (TFS):
- A. Consult with the IC and evaluate the initial authorization and application of restraint devices.
 - B. Ensure FAST and Medical Services are contacted.
 - C. Consult with the IC, FAST, and Medical Services every hour after the initial application of restraint devices regarding continued use of restraints.
 - D. Evaluate, sign, and document the evaluation, observations, and decision for continued use of restraints on the:
 - 1. Restraint Documentation Form every hour.
 - 2. WC Log Book.
 - E. Review all IRs, CCTSS footage, and handheld camera video after the incident.
 - F. Be present at the debriefing when possible.
 - G. Relay continued restraint information to relieving WC/TFS.
- V. 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, if it is safe to do so.
 - D. Assess circulation and range of motion every two (2) hours after the initial assessment.
 - E. Continue health monitoring hourly and provide medical clearance for continued retention every two (2) hours unless contraindicated.
 - 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 (in ProbTools), submit it to the WC/TFS, and document it in the health record.

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- I. Perform a post-release assessment after release from restraints to determine the next step in the continuum of care and submit it to the WC/TFS by the end of the shift.
 - J. Participate in a debriefing as directed by the WC/TFS.
 - K. Upon confirmation of a pregnant youth, advise the youth verbally and in writing of their rights pursuant to Penal Code Section 3407.
 - L. Sign the Restraint Documentation Form as required.
- VI. FAST:
- A. When restraints continue for more than fifteen (15) minutes, consult with custody staff as soon as possible, but in no case longer than four (4) hours from the time the youth was placed in restraints.
 - B. In the event FAST staff are not on-site, upon notification from the WC/TFS, on-call FAST 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, on-call FAST staff shall conduct a face-to-face assessment and review the health record when clinically indicated.
 - D. Monitor the state of the youth's mental health every four (4) hours from the time the youth is placed in restraints until the youth is removed from restraints.
 - E. Immediately report concerns, if any, to the IC.
 - F. Sign the Restraint Documentation Form as required.