



Youth Detention Facility OPERATIONS ORDER

Use of Restraints - Title XV Section 1358 and 1358.5

Purpose and Scope

The purpose of this policy is to provide staff with general guidelines for the reasonable use of restraints. It is recognized that the use of restraints is a serious responsibility and requires constant evaluation; however, it is also recognized that staff may have to use restraints to humanely and safely control youth in custody or to restore order.

Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.

Just as staff must use objectively reasonable force at times to effectively and humanely bring incidents/situations under control and/or to prevent serious harm to the individual, staff and others, staff must sometimes use a reasonable level of restraint for similar reasons. The decision to apply restraint devices must be based upon a reasonable assessment of the facts and circumstances as perceived by the staff on the scene at the time of the application.

In situations where it is necessary to make arrests within the institutions, Section 835 of the California Penal Code states: An arrest is made by an actual restraint of the person, or by submission to the custody of an officer. The person arrested may be subjected to such restraint as is reasonable for their arrest and detention.

Based upon the nature of the event/incident and where the use of restraints is necessary, staff should be able to identify potential use of restraint situations. Based on how the situation is identified, staff will be able to utilize specified options and techniques to gain youth compliance or safely transport/move a youth within or outside of the institutional setting.

It is the policy of this Department that the least restrictive interventions are to be used in order to minimize the use of restraints. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior. Whenever possible, the use of restraints shall be avoided and shall cease when control, safety, or safe movement of a resident or situation is achieved.

Affected Personnel

All sworn staff - YDF

Authority

Graham v. Connor, 490 US 386 (1989)

California Penal Code, Sections 296, 298.1, 673, 830.5, 831, 831.5, 832, 835, 835a, 6030(f), 12401-12404 and 12450

Welfare and Institutions Code Sections 222

BSCC, Title 15, Sections 1357, 1358, 1358.5, and 1363

Effective Date

October 1, 2019

I. Definitions

- A. **Command Presence:** The use of physical presence and official authority to attempt to gain compliance.
- B. **Compressive Asphyxia:** Limiting the expansion of the lungs by compressing the torso, hence interfering with breathing. Compressive asphyxia can occur when the chest or abdomen is compressed backwards toward the spine.
- C. **Communicative Intervention:** An option available to staff to deescalate a situation using communication, counseling and/or negotiation.
- D. **Control Position/Control Hold:**
 - a. Control Position: Youth in a Control Hold, but no pressure is being applied.
 - b. Control Hold: Youth in a Control Hold with pressure being applied, or any physical restraint used to gain compliance or overcome resistance.
- E. **Destruction of Property:** The act of ruining, breaking, tearing down, disabling or rendering property unusable.
- F. **Emergency Situation:** A situation which a reasonable staff would conclude from the available information that immediate action and/or use of force may be necessary and failure to act or delay action is likely to result in injury to youth, staff or others; an escape; a riotous situation; significant self-inflicted injuries or suicide; or substantial destruction of property.
- G. **Excited Delirium:** A condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and superhuman strength. Excited delirium has been known to

result in sudden death (usually via cardiac or respiratory arrest) an outcome that is sometimes associated with the use of physical control measures.

- H. **Mechanical Restraint:** A device that restricts the normal movement and function of the body or portion of the body.
- I. **Non-Compliant Situation:** A situation which a reasonable staff would conclude from the available information that immediate use of force is not necessary and the failure to act or delay action is not likely to result in harm to youth, staff or others; an escape; a riotous situation; significant self-inflicted injuries or suicide; or substantial destruction of property.
- J. **Positional Asphyxia:** A form of asphyxia which occurs when an individual's position prevents them from breathing adequately. Research has suggested that restraining a person in a face down position is likely to cause greater restriction of breathing. Research measuring the effect of restraint positions on lung function suggests that a restraint which involves bending the restrained person or placing body weight on them, has more effect on their breathing than face down positioning alone. Obesity, prior cardiac or respiratory problems, and/or the use of illicit drugs such as cocaine may increase risk.
- K. **Self-Inflicted Injury:** A behavior or act by which a youth injures or attempts self-injury by head banging, cutting, self-mutilation or any other form of self-injury.
- L. **Staff Switching:** The technique of attempting to gain a youth's compliance through counseling while utilizing different staff.

II. **Approved Mechanical Restraint Devices**

- A. Where it becomes necessary to use mechanical restraints upon a youth, custody staff may utilize only the restraining techniques and devices which are approved and provided by the Probation Department.

1. Hard Restraints:

- a. Handcuffs: To be used for temporary restraint to ensure control of a youth. Use should not exceed 15 minutes.
- b. Leg Irons: To be used for transportation purposes.
- c. Leather Waist Restraint: To be used for transportation purposes.
- d. Belly Chain: To be used for transportation purposes.

2. Soft Restraints:

- a. The "WRAP" (see YDF Policy & Procedure entitled "WRAP Usage and Maintenance Procedures").
- b. Soft Restraints.
- c. Flex cuffs (large plastic) for either hands or ankles.

- d. Protective head gear: helmet.

III. Factors to Consider Regarding the Use of Restraints

- A. Before, during, and after an incident involving the use of mechanical restraints, staff shall make reasonable efforts to take into account the situational, medical, and mental health issues of a youth.

1. Situational Issues:

- a. Conduct of the youth as reasonably perceived by the staff at the time;
- b. Staff / youth factors: Age, size, relative strength, skill level, sophistication, number of staff to youth;
- c. Influence of drugs or alcohol;
- d. Proximity to weapons or contraband;
- e. Time and circumstances permitting, the availability of other options;
- f. Potential for injury to staff, youth, or others;
- g. Seriousness of the incident or reason for contact with the youth;
- h. Training and experience of staff;
- i. Other exigent circumstances such as location, availability of back-up staff, or the youth's history of violence.

2. Medical Related Issues:

- a. Pregnancy (see YDF Policy & Procedure entitled "Pregnant/Post-Partum Youth");
- b. Bleeding;
- c. Dehydration (especially common when taking psychotropic medication);
- d. Exhaustion, from struggling;
- e. Respiratory collapse (no breathing);
- f. Cardiac collapse (no heartbeat);
- g. Strangulation;
- h. Aspiration;
- i. Breathing difficulty;
- j. Asthmatic;
- k. Muscular injury;
- l. Circulatory impairment;
- m. Fractures;
- n. Kidney damage;
- o. Any other known medical condition of the resident.

3. Mental Health Issues:

- a. Repeated threats to harm self or others;
- b. Actual harm to self or others;
- c. Physical evidence of suicidal behavior (e.g. cut wrist);
- d. Delusional/bizarre behavior;
- e. Youth's admission that their prescribed medication has not been taken;

- f. Developmentally disabled.
- 4. Other Issues to Consider:
 - a. Positional Asphyxia;
 - b. Excited Delirium;
 - c. Compressive Asphyxia.

IV. Prohibitions

A. Mechanical Restraints Will NOT be:

1. Used as discipline or as a substitution for treatment.
2. Used as punishment or as a means to get the youth to follow instructions.
3. Placed around the neck of a youth, nor will restraint equipment be applied in any way so as to inflict physical pain, undue physical discomfort, or to restrict blood circulation or breathing.
4. Used to secure a resident by keyed locking device to any part of a transporting vehicle.
5. Used when a public carrier is transporting a resident; e.g., bus, plane, train, etc. Restraints are to be removed prior to placing residents on a public carrier.
6. Used on youth with injuries to extremities (casts, splints, and bandages) without medical approval.
7. Used on youth with known medical conditions that would contraindicate certain restraint devices and/or techniques.

B. Youth Will NOT be:

1. Restrained to any fixed object.
2. Restrained and attached to a wall, floor or other fixture, including a restraint chair.
3. Restrained by the hands and feet together behind the back (hog tie) or the cradle positions.
4. Restrained for purposes of discipline and/or punishment.

V. Emergency and Non-Compliant Situations

- A. The use of mechanical restraints in emergency and non-complaint situations may be done only when reasonably necessary under the following circumstances:
1. To prevent injury to staff or another;
 2. To prevent an escape;
 3. To protect a youth from self-inflicted injuries or suicide, and
 4. To prevent the destruction of property.
- B. When encountering Non-Compliant situations involving youth, staff shall not use mechanical restraints on a youth in situations where control of the youth/situation can be gained through other options, including:
1. Command Presence;
 2. Communicative Intervention/Staff Switching;
 3. Verbal Commands
 4. Other Diffusing Options, such as time outs;
 5. Mental Health Intervention/Assistance;
 6. Control Position.

VI. Transportation Within the Facility

- A. The use of mechanical restraints to safely move a resident from one location to another location within the facility may be done only when reasonably necessary under the following circumstances:
1. Consideration of the safety and security of the facility;
 2. Consideration of less restrictive alternatives;
 3. Consideration of the youth's known medical/mental health conditions;
 4. Trauma informed approaches.

VII. Pregnant Residents

- A. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.
- B. A pregnant youth shall not be shackled by the wrists, ankles, or both during labor, including during transport to a hospital, during delivery, and while in recovery after giving birth, subject to the security needs described in this section. Pregnant youth temporarily taken to a hospital outside the YDF for the purposes of childbirth shall be transported in the least restrictive way possible, consistent with the legitimate security needs of each youth. Upon arrival at the hospital, once the youth has been declared by the attending physician to be in active labor, the youth shall not be shackled by the wrists, ankles, or both, unless deemed necessary for the safety and security of the youth, the staff, and the public.

- C. Extreme caution must be used when dealing with pregnant females, especially in regards to prone positioning. Prone restraint on a pregnant female shall only be used as a last resort option, when the staff has attempted all other lower level use of force options available to them.

VII. Documentation

- A. The use of restraints shall be documented by staff in an Institutional Incident Report, to include the circumstances leading to the application of restraints. The Institutional Incident Report will be reviewed by a Supervisor.

VIII. Aftercare

- A. Whenever a mechanical restraint device is used upon a resident:
 - 1. The youth shall be referred to medical staff;
 - 2. The youth shall be referred to mental health services when the youth remained in restraints for 15 minutes or more;
 - 3. The incident shall be reviewed and documented by Supervisory level staff to determine if the use of restraints was reasonable given the facts and circumstances of the situation, youth discipline/due process, training issues and other issues as deemed appropriate by Supervisory staff.

IX. Application and Continued Use of Restraints

- A. Any continued use of any restraint device for 15 minutes or more must be authorized by the duty supervisor. The authorized continued use of a restraint device from a supervisor shall result in an exchange from hard restraints to an appropriate soft restraint device or WRAP, unless directed otherwise by the supervisor.
- B. Contact medical/mental health personnel immediately and have them present during the application. If they are not immediately available, a medical opinion must be obtained no later than two hours from the time of application.
- C. Once the restraint device is applied, continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded. During this observation period, staff should continuously assess the need for the youth to remain in restraints and to notify the Duty Supervisor of such assessment.
- D. While in restraints, all youth shall be housed alone in the safety cell, a specified housing area for restrained youth or designated housing area which provides protection to the youth from abuse.

- E. Should a youth display signs or symptoms of emotional or physical distress staff shall notify the Duty Supervisor for immediate referral to medical or mental health assistance.
- F. Should the youth require the aide of cardiopulmonary resuscitation equipment staff should contact the clinic.
- G. Proper hydration and sanitation needs of the youth must be met while being restrained.
- H. If, at any time during the restraint process, the youth requests medical or mental health intervention, seek appropriate assistance.
- I. Staff shall make reasonable efforts to allow for the youth to exercise his/her extremities.
- J. Duty Supervisor: At a minimum, if a resident has been in restraints for one (1) hour, the supervisor shall evaluate, review and document reasons for continued use of restraints. The decision to continue restraint shall be made at no greater than one (1) hour intervals.

If Mental Health Services are not available, whenever a resident remains in restraints for more than 15 minutes, the Duty Supervisor shall give consideration and evaluation to determine if a 5150 WIC hold would be appropriate

- K. Medical/Mental Health Intervention during Continued Use of Restraint Device:
 - 1. Whenever a youth is restrained for purposes other than transport outside the institution or movement within the institution, the resident must be seen by the medical staff as soon as possible, but no later than two hours from the placement in restraints. Also, a youth must be medically cleared for continued retention at least every fifteen minutes if medical staff are available. If medical staff are not readily available, this clearance cannot exceed three hours after the initial medical opinion.
 - 2. Whenever a youth is placed in physical restraints for purposes other than transport outside the institution or movement within the institution, a mental health consultation to assess the need for mental health treatment is secured as soon as possible; however, in no case will the mental health consultation occur longer than 4 hours from the time the resident was placed in restraints. In the event the restraint occurs outside regular mental health staffing hours, mental health staff shall assess the resident the following morning. During hours when mental health staff are readily available, a mental health consultation with the resident being restrained is required every 15 minutes.
 - 3. Whenever a youth remains in restraints for more than 15 minutes, Mental Health Staff shall give consideration for an assessment to determine if a 5150 WIC hold would be appropriate.

XI. Corrective Action

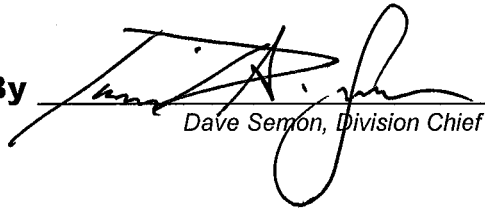
A. The use of restraints shall never be applied or used as punishment, retaliation, treatment, or for disciplinary purposes. Staff must take immediate action to stop the objectively unreasonable use of restraints from occurring. Staff will be subject to administrative discipline, up to and including termination and/or criminal complaints for the following:

1. Objectively unreasonable use of restraints.
2. Failure to report others who use objectively unreasonable use of restraints.

Replaces Previous Order

Use of Restraints 08/30/12

Authorized By


Dave Semon, Division Chief

Date

9/30/19