Procedure Number: G11

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## **USE OF PHYSICAL AND MECHANICAL RESTRAINT**

# **AUTHORITY**

# **Title 15 Regulations:**

Section 1357 Use of Force

Section 1358 Use of Physical Restraints

Section 1417 Pregnant Minors

#### **Related JDF Procedures:**

G10 Use of Force

G20 Pregnant Female Youth

### California Penal Code:

Section 3407(a)

#### **OVERVIEW**

Physical restraint of a youth is a sustained intervention to control the threat of harm to self and others. Use of force is defined as physically controlling a youth's behavior for 15 minutes or less; physical restraint is defined as physically controlling a youth's behavior for more than 15 minutes. Deploying OC spray is a use of force. All provisions in JDF Procedures Section G10, Use of Force, are applicable when force is a precursor to the long-term uses of physical restraints.

Aggressive behaviors can be expected to subside rather quickly in a use of force situation. Prolonged instances of physical restraint may be symptomatic of underlying psychological or medical problems.

The provisions of this section do not apply to the situations when mechanical restraints are utilized for the movement or transportation of youth.

#### APPROPRIATE USE

Officers may exercise the use of physical restraint on a youth under any of the following circumstances, as approved by the SDPO (I), shift supervisor, Assistant Superintendent, or Superintendent:

- 1. Youth is an immediate danger to self, other youth, or staff.
- 2. To protect a youth from self-inflicted physical harm or suicide.
- 3. To prevent the destruction of property.

When mechanical restraints are necessary, only mechanical restraints approved and supplied by the department may be utilized. These include:

- 1. Handcuffs,
- 2. Leg Irons, and/or
- 3. Waist chains with attached cuffs.

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The use of mechanical restraints should be reserved for serious, out of control behavior that cannot be controlled by other alternatives. Youth will not be mechanically restrained in the following situations or methods:

- 1. CFMG medical staff has notified officers via a Medical Treatment Order (MTO) of any known medical condition that contraindicates restraint devices.
- 2. It appears less restrictive alternatives would be effective in controlling the disordered behavior.
- 3. As punishment, discipline, or as a substitute to treatment.
- 4. Tying the hands and feet together behind the back (hogtying).

Pregnant youth should be physically restrained in the least restrictive way possible. Pregnant youth requiring mechanical restraints shall only be placed in handcuffs, in front of the body. Pregnant youth should be laid on their side, not prone or supine. The youth must be seen by the CFMG nurse at the next available rounds.

Continuous, direct visual supervision shall occur to ensure the safety and well-being of the youth in restraints. Officers must physically check a mechanically restrained youth a minimum of every ten (10) minutes for adequate circulation. Checks and any pertinent observations should be documented in the logbook. Any of the following signs and symptom required immediate medical attention and/or a mental health referral:

- 1. Difficulty breathing.
- 2. Loss of consciousness.
- 3. Obvious or suspected injuries.
- 4. Significant cuts or abrasions.
- 5. Suicidal ideation.
- 6. Dehydration.
- 7. Exhaustion.
- 8. Cardiac or respiratory arrest (no pulse or breathing).

Due to these potential medical complications, officers shall be aware of the availability and location of Cardiopulmonary Resuscitation (CPR) equipment, including the Automated External Defibrillator (AED).

While in mechanical restraints, the youth must be housed alone, for self-protection. During a mechanical restraint, the youth is completely dependent on officers for:

- 1. Fluids: Officers must offer every 30 minutes.
- 2. Toileting: Officers must offer every hour.
- 3. Nutrition: Officers will determine if food is necessary.
- 4. Emergency evacuation: Officers will determine if evacuation necessary.
- 5. Exercising extremities: The youth will be directed to exercise his/her extremities for at least ten (10) minutes every two (2) hours.

The use of mechanical restraints must be reviewed at least once every hour by the SDPO (I), shift supervisor, Assistant Superintendent, or Superintendent.

Once the youth is sufficiently under control, officers must determine, with the approval of the SDPO (I), shift supervisor, Assistant Superintendent, or Superintendent, the earliest time

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restraints can be removed. Once restraints are removed, the youth must be examined by CFMG medical staff at the first opportunity.

## MANDATORY CONSULTATIONS

A medical opinion on the safety of placement and retention in mechanical restraints shall be requested as soon as possible, but no later than two (2) hours, from the time the mechanical restraints were secured. A youth must be medically cleared for retention in mechanical restraints a minimum of every three (3) hours thereafter. If medical staff is not on-duty, the CFMG on-call provider must be contacted.

A mental health consultation shall be requested as soon as possible, but no longer than four (4) hours, from the time a youth is placed in mechanical restraints. Officers must communicate assessment data to the on-call provider if no mental health workers or counselors are on-duty in the JDF.

### **DOCUMENTATION**

Any physical restraint must be documented in the logbook, a Special Incident Report (SIR), and a Restraint Report (form #524) in PRIORS.

Each officer participating in the physical restraint of a youth must prepare an SIR, or supplemental SIR, and Restraint Report.

#### RESPONSIBILITIES

Officers will be subject to disciplinary action for any misuse of mechanical restraints, any violation of this procedure, or any failure to take immediate action to stop any inappropriate use of force, or physical restraint. Any failure to report any such violations to the SDPO (I), shift supervisor, Assistant Superintendent, Superintendent, or Chief Probation Officer will be subject to disciplinary action.

It is the responsibility of the SDPO (I), or the shift supervisor, to ensure the appropriate documentation is completed prior to completing their shift, and that procedure was followed.