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<b>Revised:</b> 05/13/19	

**Notes and  
References**

## **Use of Physical Restraints**

### **I. Introduction**

Physical restraints include any device which immobilizes a youth's extremities and or prevents the youth from being ambulatory.

Title 15  
1358

Physical restraints may only be use on a youth who presents an immediate danger to self or others, or when necessary to prevent -destruction of property, or reveals the intent to cause self-inflected physical harm. Only the reasonable amount of force necessary to control the youth is permitted. Physical restraints are to be used inside the institution only when all other types of intervention techniques and less restrictive behavior control methods have proven to be unsuccessful and/or the youth is engaged in self-destructive behavior or otherwise uncontrollable violent behavior. The circumstances leading to the application of restraints must be documented.

Title 15  
1358.5

The Use of Force Policy relates to an immediate means of overcoming resistance and to control the threat of imminent harm to self or others, and includes situations where physical restraints are applied for a brief period of time to gain immediate control of a youth prior to being placed in their room.

### **II Transportation and Movement within the Facility**

A. It may be necessary to use restraints to effect movement or transportation of a youth within the confines of the juvenile hall. Except in cases of an emergency, an assessment of the need to apply restraints must be completed which considers the following:

Title 15  
1358.5

1. Less restrictive alternatives
2. Known medical or mental health conditions
3. Trauma informed approaches

B. Intervention techniques and less restrictive behavior control measures include, but are not limited to:

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1. Active staff supervision. Staff will intervene with youth at the FIRST sign of problems; i.e., when the youth appears agitated or angry, is experiencing problems with other youth, is destructive to property, is expressing ongoing disrespect to staff, or is in continued noncompliance with rules.
  2. Staff should have a good rapport with the youth and attempt to keep the youth engaged in positive and supportive dialogue in an effort to de-escalating the situation. Staff are to exercise patience and utilize training methods in pursuit of a positive outcome.
  3. Peer counseling, under the supervision of staff, by another youth may be allowed to assist in de-escalating the situation by talking and interacting with the affected youth.
  4. Behavioral Wellness staff intervention.
  5. Family intervention via telephone or in person. Staff should inform the family of the youth's present behavior and encourage their support when they talk with them.
  6. Probation Officer intervention. Staff should inform the Officer of the present situation prior to allowing the youth to talk with them.
- C. Restraints shall not be used as a form of punishment or discipline or as a substitution for treatment.
- A choke-hold restraint (placing the forearm across the front of the neck from behind) or securing the youth in a "hog-tie" (affixing of hands and feet together behind the back) restraint is prohibited.
- The use of restraints devices that attach a youth to a wall, floor or other fixture, including a restraint chair is prohibited.
- D. Approval for placing a youth in restraints, and the continued use and supervision must come from the facility Manager (Director) or their designee

**Notes and  
References**

See  
Attachment A  
Juvenile Inst.  
Physical  
Restraint  
Checklist

BW  
Manual  
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(Supervising Deputy Probation Officer (SPO) or Shift Supervisor) except in an emergency.

*(This is not to be confused with use of restraints in an emergency situation, as described in the USE OF FORCE Policy, Chapter 4121 of this manual.)*

- E. Prior to the use of physical restraints, Physical Restraint Procedures found in Section II of this chapter will be used in the decision-making process to determine if all preventative avenues have been exhausted. When the decision to use physical restraints has been made, the Senior Deputy Probation Officer (Sr. DPO) or Senior Juvenile Institutions Officer (Sr. JIO) on duty will start the Physical Restraint Log. Upon removal from the restraints, a copy of the Physical Restraint Log will be attached to the primary Workers Special Report (WSR) documenting the need for the use of restraints for review by the SPO, and will be placed in the youth's file. The original Physical Restraint Log and a copy of the WSR will be placed in the Restraint Binder.
- F. If restraints are used and the SPO is off duty, they are to be contacted immediately.
- G. The following types of restraint equipment are available at the Juvenile Halls.
  - 1. Handcuffs
  - 2. Security waist chain (used in conjunction with handcuffs)
  - 3. Leg restraints (also known as leg irons, leg shackles, anklets)
  - 4. Soft restraints (flex cuffs)

**III. General Procedure for Using Restraints**

- A. The purpose and design of restraints is to gain control and protect youth who have become self-destructive, assaultive and unmanageable, or those who demonstrate the need to be restrained to prevent same.

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- B. The application and use of restraints must be done in a safe and proper manner.
- C. When considering the use of restraints, the Supervisor on duty shall first review the youth's medical history for any condition that would contraindicate certain restraint devices and or techniques.
- D. Staff are to check the Medical Log in the units to see if any medical condition is noted
- E. The use of restraints on pregnant youth or in recovery after delivery is limited in accordance with penal Code Section 6030(f) and Welfare and Institutions Code Section 222. .
  - 1. An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.
  - 2. A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.
  - 3. Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.
  - 4. This section shall not be interpreted to require restraints in a case where restraints are not required pursuant to a statute, regulation, or correctional facility policy.
  - 5. Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates, including, but not limited to, the provisions of this chapter, the relevant regulations, and the correctional facility policies.

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- F. When the decision is made to use restraint equipment, the quickest and most effective method of restraining a youth involves as many staff as possible. Having sufficient staff (no fewer than 2 for hard restraints) will reduce the likelihood of injury to the youth or staff.
1. Staff should develop a plan for the safest method of restraining a youth. The Manager/SPO and/or Shift Supervisor and staff should develop a plan for contacting Medical and Behavioral Wellness staff, the location and control of other youth in the units, assignment of staff to apply restraints to the youth and to secure them in the restraint, and the rotation of staff to provide direct visual supervision.
  2. Staff should explain to the youth what they are doing and why. This explanation should include the use of restraints, the time period for the restraints, and what the youth can do to cooperate. This should be done even if it appears to staff that the youth may not understand.
    - a. In the case of non-English-speaking youth, the procedure should be explained in the youth's natural language.
  3. When restraining a youth, a staff member of the same gender should be present and fully assisting in the procedure.
  4. A Court order is required to use restraints when exercising youth in the recreation yard.
  5. A Court order is required to use restraints on youth during their juvenile court appearances.
    - a. The Manager or designee will initiate the request to shackle.
    - b. Once the order is made, the order will be scanned into IMPACT and a safety chrono will be made in IMPACT that includes the date the Order was made.

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- 6. A Physical Restraint Log will be maintained on any youth placed in restraints for the purposes described above for more than 15 minutes. Staff will initial and enter observations of the youth every 15 minutes. Staff will also make notification up the chain of command for youth who remain in restraints beyond 15 minutes.
  
- G. It may be necessary to use handcuffs, shackles, soft restraints, or waist chains to gain control of an overly aggressive youth. Handcuffs are to be applied in back of the youth, left on only long enough to regain control of the youth and are used only when there is a clear and immediate danger present to the youth, other youth and/or to the staff. When using restraints, staff are to avoid placing the youth on their stomach to reduce the risk of injury.
  
- H. While in restraints, the youth is to be attended and under continuous direct supervision of staff at all times. Staff will monitor the youth to ensure that the restraints are secure, that the youth is breathing properly, the skin is a normal color and the youth's circulation is not restricted. If the youth has difficulty breathing, displays changes in complexion, irrational talking, screaming, etc., Medical and/or Behavioral Wellness staff must be contacted immediately.
  
- I. Staff should be able to fit one finger (1/2 inch) between the restraints and the youth's skin. If the youth's skin becomes irritated, staff should remove the restraints, one at a time, and pad with a soft material, continuing to maintain the 1/2 inch margin between the restraint or pad and the youth's skin.
  
- J. If there is a need to perform cardiopulmonary resuscitation, mouthpieces for CPR (CPR masks) are stocked in each unit. Automatic External Defibrillation (AED) machines are also available. There shall always be staff on shift trained in CPR procedures.
  
- K. Any restrained youth must be provided with water when requested or when it appears needed; i.e., dry or parched lips.
  
- L. Upon request, all youth in restraints will be escorted to use toilet facilities. The youth may be unrestrained to use the toilet. Once unrestrained, if the youth is able to cooperate with staff and appears to have regained self-control,

**Notes and  
References**

Attachment A

Wellpath  
Manual  
Chapter J-315  
Behavioral  
Wellness  
Manual  
Chapter 1.1

Federal  
Mental Health  
Regulation

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s/he should not be re-restrained so long as the behavior displayed is compliant. (See subsection “O” below.)

- M. Restraints increase the risk to a youth’s physical extremities, i.e., limbs. It is extremely rare that any youth would be restrained more than two hours, but should such a case occur, staff are to ensure that a medical assessment is done on the youth by a physician includes provisions to follow through with exercising the youth’s limbs by either taking the youth onto the recreation yard or by securing the legs while allowing youth to exercise his/her arms and securing the arms while allowing youth to exercise his/her legs. Staff should check restraints regularly to avoid potential injury. Symptoms to watch for include swelling, discoloration of the skin, excessive tightness of restraints, etc.
- N. Range of motion exercises of alternative extremities are required a minimum of 10 minutes every hour. Extremity exercise policies may vary for sedate versus “struggling” youth. This is documented in the Physical Restraint Log.
- O. Youth placed in restraints must be kept separate and out of sight and sound of other youths and in an area which makes provision to protect the youth from abuse.
- P. Restraints are to be removed as soon as possible after the youth has regained self-control and does not pose a threat to him/herself, the safety of staff and the safety of others.
- Q. Reasons for continued retention in restraints shall be reviewed and documented by the Manager, SPO, or Shift Supervisor at a minimum of every hour. For requirements regarding Medical and Behavioral Wellness notification and clearance, see sections III and IV of this chapter.
- R. Removal of the youth from restraints requires the prior authorization of the Manager/SPO or Shift Supervisor.
- S. Upon release from restraints, the youth is to be checked for any injuries.

See  
Attachment A

See Section IV  
& V, pg 7 of  
this Chapter

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IV. Use of Soft Restraints

- A. The use of soft restraints must be approved by the shift supervisor; with notification given to the Manager and/or SPO as soon as possible.
  - 1. Only staff who have received approved Departmental training for the application of restraints are authorized to apply handcuffs/soft restraints/waist chains/shackles.
  
- B. The purpose of using soft restraints is to regain control and protect youth that have become assaultive or unmanageable, in the absence of hard restraints.
  - 1. A youth in restraints will remain under the direct supervision of staff at all times.
  - 2. The youth should be restrained in such a way that the youth has very limited arm and leg mobility. The soft restraints should be applied with the youth's arms behind his/her back; however, in an emergency or in the presence of an injury the soft restraints may be applied with the youth's arms in front of the body.
    - a. Use of soft restraints on a pregnant youth shall follow the same requirements as the use of hard restraints.
  - 3. Soft and plastic restraints are to be removed as soon as possible and/or when the youth no longer poses a threat to their own safety or the safety of others. NOTE: Plastic handcuffs will be removed by the use of Department-approved cutting implements located within the facility. Under no circumstances shall any type of knife or scissors be used to remove plastic handcuffs.
  - 4. Upon a youth's release from soft restraints, the youth is to be examined for any injuries.

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5. The soft restraints are disposable and must be properly discarded after being used and removed.
6. Securing a youth to a fixed object is not permitted.
7. Securing a youth in a “hog-tie” or similar manner is not permitted.
8. All requirements for hard restraints are in effect for soft restraints, including a restraint log, range of motion exercise and medical/mental health evaluations, when required.

**Notes and  
References**

**V. Mental Health Assistance**

- A. When physical restraints are used, Behavioral Wellness staff (during working hours) will be contacted immediately to evaluate the youth. In no case will more than four (4) hours go by between the restraint of a youth and in-person mental health assessment. Youth, in the extreme case, who do not or cannot be brought under control and continue to be emotionally, psychologically or mentally distraught may need to be transported to a psychiatric facility. Behavioral Wellness or the Crisis Intervention personnel (S.A.F.T.Y.) will make this decision.

Behavioral  
Wellness  
Manual 1.1

**VI. Medical Assistance**

- A. When restraints are used, Medical staff (the nurse or doctor during working hours) or the On-Call Physician (after hours) will be contacted to evaluate the youth and provide a medical opinion of the safety of placement and retention as soon as possible. In no case will more than two (2) hours lapse between the restraint of a youth and an in-person medical assessment. If the youth remains restrained, medical clearance for continued restraint is needed every three (3) hours thereafter.
- B. If the youth is taken to the emergency room, the youth’s Medical History will accompany the youth.

Wellpath  
Manual J-315

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**VII. Documentation**

- A. Worker's Special Report (WSR)
  - 1. A WSR shall be prepared and maintained on all incidents involving the use of the restraints.
    - a. All staff involved in the use of restraints will prepare a WSR as soon as possible, prior to leaving the institution at the end of the shift, to document their involvement in the use of restraints.
    - b. All WSRs will be forwarded through the chain of command to the shift supervisor, the SPO and the Manager.
    - c. After review by the SPO/Manager, the WSRs will be forwarded to the Deputy Chief Probation Officer as soon as possible, if further review or investigation is required.
  - 2. The WSR shall include all of the following information:
    - a. Documentation of the youth's behavior justifying the use of the restraints.
    - b. Documentation of the youth's behavior while restrained.
    - c. Names of all staff present and assisting with restraining and/or monitoring the restrained youth.
    - d. Date, time and location of the use of restraints.
    - e. Date, time, name and title of all staff (including Probation Field Services, Medical and Behavioral Wellness staff), Supervisors and Administrators who were notified of the use of restraints. Any orders received from supervisory or administrative staff notified is also to be included.

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- f. Date and time when water, meals and use of toilet facility were offered to the youth and the youth's response to the offers.
  - g. Date and time of restraint review by supervisory staff and the name and title of the supervisor.
    - (1) The restraint review shall be conducted by the shift supervisor every sixty minutes on a continuous basis and documented in the WSR as to why the continued use of restraints was necessary and/or required.
  - h. Documentation of any injuries to the youth, staff, other youth or any other person present and what medical attention (if any) was required.
  - i. Documentation of any medical or mental health assessments and orders that were received, the name and title of the person issuing the orders, the date and time that the orders were received and the staff member who received the orders.
  - j. The date and time that the youth was released from the restraint and the name and title of the supervisor authorizing the termination of the use. The shift supervisor or designee shall document on a WSR the CONTINUED NEED FOR RETENTION of restraints on an hourly basis.
- B. Restraint Log—A log will be maintained whenever restraints are used for a period of time in a non-use-of-force situation. The log will include the youth's name, date, time, initials of authorizing staff, medical and mental health evaluations, meals, water, fifteen-minute checks, continued retention, and exercise.
- C. Employees observing the improper use of restraints shall immediately attempt to correct the situation and as soon as it is safe to do so, verbally report the occurrence to the Sr. DPO and then notify the Probation Manager/SPO via a written correspondence.

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**VIII. Debriefing**

Following all incidents or as soon as possible thereafter where physical restraints are used, the on-site Supervisor in charge will conduct a debriefing that includes the staff involved, including Medical and Behavioral Wellness staff.

**IX. Staff Training**

A. Within the first year of employment, all full-time staff are required to complete State-mandated (BSCC) Core training, as well as additional mandated training, which includes courses in the following areas:

1. Command presence and verbal directives
2. Crisis Counseling Techniques
3. Deescalating Volatile Situations
4. Use of Force
5. Use of Physical Restraints
6. Supervising the Mentally Ill Offender
7. Trauma Informed Care
8. Cultural and gender responsive approaches

B. In addition, facilities have regular staff meetings, at which time Wellpath (medical) and Behavioral Wellness (mental health) clinicians are invited to discuss issues that impact the care and safety of youth in general; and weekly treatment team meetings designed to provide opportunities to discuss treatment for specific youth in custody. Present for the weekly meetings are Probation staff, Medical, Behavioral Wellness and Education. These meetings have also included the participation of Child Welfare Services and Tri-Counties Regional Center, when appropriate.

# ATTACHMENT A

SANTA BARBARA/SANTA MARIA JUVENILE HALL

## PHYSICAL RESTRAINT LOG

YOUTH NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Prior Authorization Received Yes  No  Reason: \_\_\_\_\_

Sr. DPO/Sr. JIO on Duty: \_\_\_\_\_

Direct Observation Staff: \_\_\_\_\_

	Time	Initials	Comments
<u>Time Restraints Applied:</u>	_____	_____	_____
1 <sup>st</sup> Hour Range of Motion Exercises (10-minutes each hour)	_____	_____	_____
2 <sup>nd</sup> Hour Range of Motion Exercises (10-minutes each hour)	_____	_____	_____
2 <sup>nd</sup> Hour Medical Evaluation	_____	_____	_____
3 <sup>rd</sup> Hour Range of Motion Exercises (10 minutes each hour)	_____	_____	_____
4 <sup>th</sup> Hour Range of Motion Exercises (10 minutes each hour)	_____	_____	_____
4 <sup>th</sup> Hour Mental Health Evaluation	_____	_____	_____

Staff are to Check the Following:

- Tightness of Restraints
- Circulation (Discoloration of Skin)
- Respiration
- Swelling
- Hydration (Every 30 minutes)
- Nutrition (as appropriate)

<b><u>Medical Use Assessment</u></b>				
BP				
Pulse				
Time				
Initials				

**\*CHECKS AND LOG ENTRIES BY STAFF EVERY 15 MINUTES**

TIME	STAFF INITIALS	COMMENTS – List Letters Checked (for example: T, C, R, S, all ok, H declined)

Staff Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Medical Referral Completed: (Staff Signature) \_\_\_\_\_

MH Referral Completed: (Staff Signature) \_\_\_\_\_

Copies to Medical/MH: (Staff Signature) \_\_\_\_\_