

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**USE OF PHYSICAL RESTRAINTS IN THE JUVENILE DETENTION AND ASSESSMENT  
CENTERS (JDACs) AND TREATMENT FACILITIES (TFs)**

Title 15, Section 1358, 1358.5

**Purpose:**

To establish guidelines for the use of physical restraints 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).

**Definitions:**

**Restraint Device:** Any device which immobilizes a youth's extremities and/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.
- F. **Zip Cuffs:** A plastic device designed to be fastened around the wrist to restrain free movement of hands and arms.

**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. Approval of the restraint by 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. Transport the restrained youth to a separate housing area if needed and when safe to do so.

- 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:
    - 1. 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 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.
  - N. For movement within the facility handcuffs may be utilized when youth are deemed to be a security risk due to documented charges, assaultive behavior while in custody, and/or pending delivery to DJJ.
    - 1. Remove handcuffs upon arrival to the destination.
    - 2. Document the reason for restraint during movement in CE by the end of shift.
- II. Probation Corrections Supervisor I (PCSI)/Incident Commander (IC):
- A. Respond immediately to the area when notified, provide authorization for continued use of physical restraints, and sign the Restraint Documentation Form, only when less restrictive alternatives to control the youth's behavior are found to be ineffective.
  - 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 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, 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 restraints.
- C. Ensure FAST and Medical Services were contacted.
- D. After initial application of restraints, 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).
- D. Assess circulation and range of motion every two (2) hours after the initial assessment. 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 a restraint 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.

**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 restraints be used as punishment or discipline, retaliation or as a substitute for treatment.
- 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.
- M. The use of handcuffs, leg/waist restraints, or other restraint devices when used to restrain youth for movement or transportation within the facility shall be governed by Title 15, Section 1358.5, Use of Restraint Devices for Movement Within the Facility.

**Inspections:**

Refer to Policy and Procedure Inspection Matrix.

**Foundation:**

Minimum Standards for Juvenile Facilities: Title 15, Section 1358 and 1358.5  
Standards for Health Services in Juvenile Detention and Confinement Facilities  
National Commission on Correctional Health Care (NCCHC)  
Penal Code Section 6030(f)  
Welfare and Institutions Code Section 222

**References:**

Procedures:

Title 15

10-88, Soft Back

Code Red

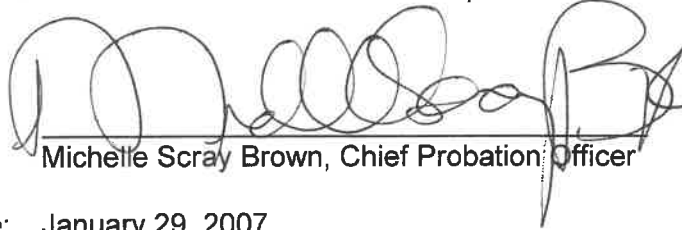
Force Options: Use of Force and Reporting Requirements

Incident Reports

Roles and Responsibilities of Probation Corrections Officers

Roles and Responsibilities of Probation Corrections Supervisor I/II

Issued by:

 2/18/20  
\_\_\_\_\_  
Michelle Scray Brown, Chief Probation Officer      Date

Original Issue Date: January 29, 2007

Revised: May 26, 2011  
Revised: May 12, 2014  
Revised: March 31, 2016  
Revised: January 17, 2018  
Revised: July 27, 2018  
Revised: February 15, 2019  
Revised: October 28, 2019  
Revised: February 18, 2020

**Attachments:**

A – Restraint Documentation Form

B – Medical Services Incident Report Addendum



MICHELLE SCRAY BROWN  
Chief Probation Officer

TRACY REECE  
Assistant Chief Probation Officer

### 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): \_\_\_\_\_

Name

at

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.\*\*





MICHELLE SCRAY BROWN  
Chief Probation Officer

TRACY REECE  
Assistant Chief Probation Officer

### MEDICAL SERVICES INCIDENT REPORT ADDENDUM

<b>1. REPORTING FACILITY</b>					
<input type="checkbox"/> CVJDAC		<b>UNIT</b>			
<input type="checkbox"/> HDJDAC		<b>UNIT</b>			
<input type="checkbox"/> GATEWAY					
<b>3. INCIDENT INVOLVED</b>		<b>2. Time of incident</b>			
<input type="checkbox"/> Suicide Attempt		Date of incident			
<input type="checkbox"/> Self-Inflicted Injury		Date of Report			
<input type="checkbox"/> Medical/Psychological		Reported by:			
<input type="checkbox"/> OC Pepper Spray Use		<b>4. YOUTH/S INVOLVED</b>			
<input type="checkbox"/> Restraint of Youth		NAME			
<input type="checkbox"/> OTHER		DOB			
		PIN			
<b>5. STAFF</b>	1.	2.			
	3.	4.			
<b>6. NARRATIVE DETAILS &amp; NURSING INTERVENTIONS:</b>		<b>7. NURSING ACTION</b>			
		<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			
		OC Spray Intervention			
		<input type="checkbox"/> Respiratory difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Handcuffs evaluated for circulation/injuries					
<b>Nurse Signature</b> _____ <b>Date</b> _____					
<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>					
Completed Form Received by:		PCSI			
		PCSII			

Print hard copy on blue paper