

## Use of Physical Restraints

### 951.1 PURPOSE AND SCOPE

The purpose is to establish and implement written policy and procedures for the appropriate use of restraint devices. This policy applies to all juvenile facility staff, court staff, and field deputies assigned to transport in-custody youth.

#### 951.1.1 DEFINITIONS

Definitions related to this policy include:

**Physical restraints** – Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory. Department authorized restraint devices include handcuffs, shackles, waist chains, and the Wrap. These devices are designed to be attached to the human body to limit mobility and/or restrict movement.

**Spit restraint device** – Spit restraint devices are temporary protective devices designed to prevent a detainee from spitting, biting and/or transferring or transmitting fluids (saliva and mucous) to others.

**Wrap restraint system (Wrap)** – A restraint system that immobilizes the body and restricts a youth's ability to kick or do harm to oneself and others. The youth is restrained in an upright and seated position.

### 951.2 AUTHORITY AND REFERENCES

- Board of State and Community Correction Title 15 § 1358;
- California Penal Code §§ 832, 3407 and 6030;
- Juvenile Facility Services Policies: Use of Force; Safety Room Procedures; & Care of Pregnant Youth; and, Use of Physical Restraints for Movement and Transportation within the Facility; and
- Welfare and Institutions Code §§ 210, 210.6, 222, 885 and 1774.

### 951.3 POLICY

All youth supervision staff shall receive training in the proper use of physical restraints. Staff shall not apply or remove physical restraints unless previously trained in this area. This policy was developed by the facility administrator, in cooperation with the health administrator (Riverside University Health System – Correctional Health Service – RUHS – CHS) and the behavior/mental health director (Riverside University Health System – Behavioral Health Services – RUHS-BH).

Personal restraints or restraint devices which are neither approved nor issued by the department are not permissible.

Physical restraints may only be used for those youth who:

- (a) Present an immediate danger to themselves or others;

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- (b) Exhibit behavior which results in the destruction of property;
- (c) Reveal the intent to cause self-inflicted physical harm; and/or
- (d) Present a substantial risk of escape/AWOL.

Physical restraints shall not be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through the affixing of hands and feet together behind the back (hogtying) is prohibited.

Physical restraints shall not be attached to any stationary object in the juvenile facility or to any part of the vehicle when youth are being transported unless approved by the facility manager(s) or designee. However, if a youth is temporarily housed in a non-secure hospital ward or room, they may be restrained, with the facility manager(s) approval, by the use of handcuffs or shackles attached to the bed. If a youth is restrained in this manner they must be under the direct visual supervision of youth supervision staff. The duty officer (DO) or designee shall ensure adequate supervision is maintained to allow for staff breaks.

The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility.

### **951.4 PRIOR TO USING RESTRAINTS**

Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior. Refer to Juvenile Facility Services Policy: Use of Force.

Staff have an affirmative responsibility to do everything possible to de-escalate situations and avoid the use of restraints whenever possible.

The duty officer (DO) shall be notified, in order to seek approval, prior to restraints being applied, unless exigent circumstances are present and whereby the DO will be immediately notified when safe to do so.

### **951.5 USE AND APPLICATION OF PHYSICAL RESTRAINTS**

The use of physical restraints on pregnant youth is limited in accordance with Penal Code (PC) Sections 3407 and 6030 and Welfare and Institutions Code (WIC) Section 222. Refer to Policy: Care of Pregnant and Post-Partum Youth.

Physical restraints shall be applied by more than one staff member when possible. Generally, three or more staff should be involved, depending on the size and degree of resistance of the youth being restrained. The Wrap requires a minimum of two staff to effectively apply it to a youth.

Physical restraints shall be used for official purposes only and shall be kept in designated locations accessible only to staff. Restraints shall be carried in a department-approved restraint case. Physical restraints shall not be carried in such a fashion as to 'display' them. For example, in the waistband or belt, unless they are contained in a department-approved case.

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When restraints are 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. Physical restraints shall be double locked in position to prevent tightening. Staff shall have in their possession keys to lock and unlock physical restraints.

Staff shall treat the restrained youth with as much dignity as is consistent with safety and security. Every effort shall be made to provide for the restrained youth's physical and psychological comfort and welfare. Staff that physically applied and/or removed restraints shall document the following: circumstances that led to the application of restraint, staff that were physically involved during the application and/or removal of restraints, and the time(s) the restraints were applied and/or removed. Staff shall document the information in an incident report contained in the client management system.

### **951.6 REQUIREMENTS FOR CONTINUED USE OF PHYSICAL RESTRAINTS**

Youth shall not be left unattended while wearing any form of physical restraints. Youth who have been placed in physical restraints shall be under continuous direct visual supervision until the restraints are removed. Physical restraints shall not be applied for more time than is absolutely necessary. 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, on a Safety Room/Use of Restraint Log (attachment).

Staff shall protect restrained youth from abuse by other youth by housing restrained youth alone or in a specified area.

Reasons for continued retention in restraints shall be reviewed by the DO and documented by staff at a minimum of every hour.

A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement in restraints.

The youth shall be medically cleared for continued retention at least every three hours thereafter.

A behavioral health consultation shall be secured as soon as possible, but no later than four hours from the time of placement, to assess the need for behavioral health treatment.

A DO's authorization is required for staff to physically move a restrained youth who is unable or unwilling to cooperate. The DO shall be on the scene to evaluate the situation and determine if it is necessary for staff to physically move the youth. The restrained youth shall be moved by several staff with their body well supported so as to minimize any possibility of injury. The youth shall never be moved by using the restraints as a point of support.

### **951.7 USE OF THE WRAP RESTRAINT DEVICE**

The Wrap is only to be utilized when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.

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### 951.7.1 APPLICATION OF THE WRAP RESTRAINT DEVICE

- (a) Use of the Wrap must be authorized by the DO or facility manager(s).
- (b) Only staff trained in the use of the Wrap are authorized to apply the restraint.
- (c) The Wrap shall be applied by at least two staff members.
- (d) If safe to do so, staff shall clear the area of youth and obstacles prior to applying the Wrap.

### 951.7.2 MOVEMENT OF YOUTH IN THE WRAP RESTRAINT DEVICE

- (a) As outlined in 951.6, the DO's authorization is required for staff to physically move a restrained youth who is unable or unwilling to cooperate.
- (b) Youth in the Wrap will be carried or allowed to shuffle to their destination in a manner consistent with Wrap training.
- (c) If staff must carry a youth in the Wrap, enough staff members must be utilized to avoid injury.

### 951.7.3 SPECIAL PRECAUTIONS WITH THE WRAP

- (a) The shoulder harness should never be tightened to the point that it interferes with the youth's ability to breathe.
- (b) The leg bands and shoulder harness must be checked frequently for tightness and re-tightened or loosened as necessary until the WRAP is removed.
- (c) If the restrained youth complains or shows signs of breathing distress (i.e. shortness of breath, sudden calmness, a change in facial color, etc.), first aid and/or medical attention shall be provided immediately.
- (d) The restrained youth shall never be left unattended.
- (e) Youth should be placed in an upright sitting position, or on their side, as soon as possible to allow for respiratory recovery.
- (f) The Wrap is a temporary restraining device and is not escape proof.
- (g) The DO shall be responsible for insuring the Wrap is cleaned or sanitized after each use.

### 951.8 USE OF SPIT RESTRAINT DEVICE

Spit restraint devices may be placed on a youth in custody when staff reasonably believe the youth will bite or spit. A spit restraint device are generally used during application of a physical restraint, while the youth is restrained, or during or after transport.

When the spit restraint device is deployed, staff shall:

- (a) Ensure that the spit restraint device is fastened properly to allow adequate ventilation and that the restrained youth can breathe normally;
- (b) Provide assistance during the movement of youth due to the potential for impaired or distorted vision;

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- (c) Avoid mixing individuals wearing spit restraint devices with other youth; and
- (d) Continually monitor the youth while the spit restraint device is in use.

### 951.8.1 SPECIAL PRECAUTIONS WITH THE SPIT RESTRAINT DEVICE

Spit restraint device shall not be used in situations where the youth is bleeding from the head area, around the mouth or nose, or if there are indications the youth has a medical condition, such as difficulty breathing or vomiting. In such cases, the spit restraint device should be promptly removed and discarded.

Youth who have been sprayed with oleoresin capsicum (OC) spray shall be thoroughly decontaminated including hair, head, and clothing prior to application of a spit restraint device.

Spit restraint devices shall be discarded after use.

### **951.9 MEDICAL AND BEHAVIORAL HEALTH GUIDELINES REGARDING PHYSICAL RESTRAINTS**

Health care staff shall advise sworn staff of any known medical condition(s) which might contraindicate the use of certain restraint devices and/or techniques regarding an individual youth.

If a restrained youth displays any sign of medical distress, staff shall immediately contact on-site health care staff and the DO immediately and submit an incident report listing action taken. Signs of medical distress include but are not limited to the following:

- (a) Tingling or numbness of limbs/digits;
- (b) Pain, discomfort;
- (c) Burning sensation;
- (d) Limitation of motion;
- (e) Cool, pale, blue-tinged skin;
- (f) Altered mental status (confusion, restlessness);
- (g) Dry skin, mouth;
- (h) Muscle cramps/spasms;
- (i) Dizziness/weakness;
- (j) Headache;
- (k) Dilated pupils;
- (l) Loss of consciousness;
- (m) No pulse, no respirations;
- (n) Swelling;
- (o) Itching;
- (p) Nausea/vomiting;
- (q) Inability or difficulty breathing;

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- (r) Combativeness, panic; and/or
- (s) Dry cough.

Signs or symptoms which should result in immediate referral to on-site health care or behavioral health staff include but are not limited to: mental illness and drug or alcohol abuse.

Cardiopulmonary resuscitation (CPR) equipment shall be readily available for use by staff.

Range of motion exercise of alternating extremities is required for a minimum of ten minutes every two hours, unless the youth is struggling, and it would be unsafe to release either the hands or feet from the restraints. Exercise or denial of exercise shall be documented in the Safety Room/ Use of Restraint Log and in an incident report in the client management system with justification for the latter.

Youth in physical restraints shall be provided with all necessary food and fluids. Provisions shall be made to accommodate toilet needs.

Medical, mental health and range of motion checks shall be documented in the Safety Room/ Use of Restraint Log and in an incident report in the client management system. The Safety Room/ Use of Restraint Log shall be uploaded to the incident report created in the client management system.

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Attachment(s):

1. [Safety Room and Use of Restraints Log](#)