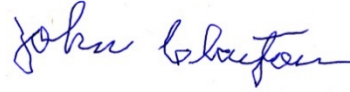


POLICY 5.10 USING RESTRAINTS WITH YOUTH

Policy Committee Chair

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Approved



John Clayton, Assistant
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Administration
5/17/2016

Authorizing Sources

RCW 10.116.110
RCW 10.116.120
Chapter 10.120 RCW
RCW 13.40.210
RCW 13.40.460
RCW 13.40.650 & 651
WA Juvenile Court Rule JuCR 1.6

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Effective Date (*Technical Update 11/9/2021*)
6/1/2016

Sunset Review Date
4/1/2021

I. PURPOSE AND SCOPE

This document establishes policies and procedures governing physical restraint and the use of mechanical restraint devices with JR youth and young adults ¹(referred to as “youth” throughout policy). The policy incorporates national standards and best practices in order to improve consistency of practice and ensure staff use the least force necessary to keep staff and youth safe. This policy does not include the authorization for use of clinical (medical) restraints or restraint devices. The policy supports a safe and secure environment within JR conducive to appropriate treatment, education and skills development.

All staff, contractors, volunteers, and interns working in or for Juvenile Rehabilitation (JR) are responsible for reviewing and complying with JR policies.

II. POLICY

- 1. JR staff are prohibited from using a chokehold or neck restraint per RCW 10.116.020.²**
- 2. JR staff assigned to a juvenile residential facility or parole office work with youth who may exhibit physical and verbal aggressiveness due to complex needs.**
 - 2.1. Staff will take reasonable precautions to prevent physically dangerous situations.

¹ 9/17/2020 Technical Edit: Added “young adults” clarifying policy covers JR individuals ages 18+.

² 11/9/2021 Technical Edit: Added statement #1 per passage of HB1054 and Interim Directive on Restraints.

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- 2.2. Staff must use non-physical interventions and de-escalating techniques prior to physical restraints, unless there is an imminent risk of harm to self or others.
(PbS Standard SaP20, ACA 4F-2A-29)
3. **JR staff in job classes with required training must successfully complete the approved training on the continuum of force, and appropriate use of restraints, PRIOR to applying physical restraint techniques³. (PbS SaP14)**
 - 3.1. Each residential facility and regional office must provide staff with appropriate training based on job class (listed in Attachment A). Training will be documented in staff records.
 - 3.2. Training must address a continuum of response to disorderly behavior.
 - 3.3. Standards for training and trainers are to be met.
4. **Staff are only authorized to use approved physical restraint techniques and approved mechanical restraints consistent with their position description, job class, and training.**
5. **Physical interventions and restraints may be used in situations where a youth presents a danger to self, others, or property; is attempting to escape, or in an instance of justifiable self-defense, and then only as a last resort in accordance with statutory authority. (ACA 4F-2A-29)**
 - 5.1. Staff will document situations where physical intervention and restraints are used in a Restraint Record in the Room Confinement and Isolation Module in ACT within 24 hours. Staff will document the time the restraints were applied and when they were removed.
 - 5.2. CF and Community Parole staff are considered “hands off”. In most cases of self-defense and life or death situations, physical interventions may only be used to the extent of creating a more safe and secure environment. In any situation where staff physical intervention is applied, law enforcement will be contacted whenever possible.⁴
6. **Physical restraint or mechanical restraint must not be used for the purpose of coercion, punishment, retaliation, or as a means of degradation. (ACA 4F-2A-17, 4F-2A-29)**
7. **A physical restraint or mechanical restraint may be used only for the period of time necessary to ensure the youth is no longer a danger to self or others, property, or to escape.**
 - 7.1. CF and Community Parole staff may only apply mechanical restraints once the youth is compliant.⁴

³ 11/9/2021 Technical Edit: Rewritten for clarity, and removed specific training names (listed in attachment).

⁴ 7/11/19 Technical Edit: Policy statements added to clarify restraints used in CFs and Parole.

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- 8. Staff must maintain constant and direct visual observation of a youth placed in mechanical restraints.**
 - 8.1. If a youth in mechanical restraints exhibits signs of distress, the restraints must be removed immediately. Medical attention must be provided immediately if distress continues after the restraints are removed.
 - 8.2. Staff will document observations at least every five minutes.
- 9. If a physical or mechanical restraint is used, a youth's head or airway must not be covered nor pressure applied to the neck⁵.**
 - 9.1. Staff are prohibited from physical restraint techniques such as choke holds or neck restraints (RCW 10.116.020), and "sleeper holds".
 - 9.2. Use of "spit masks" must be pre-authorized by the Superintendent, Regional Administrator or designee based on the youth's history. Use of the spit mask must be documented.
- 10. Medical attention must be offered immediately to staff and youth directly involved in an incident requiring physical restraint. (ACA 4F-2A-29)**
 - 10.1. If youth requests to see a nurse, the request will be approved and the youth will be seen as soon as is safely possible.
 - 10.2. Staff must request medical attention on the youth's behalf when there is obvious injury, when a youth claims to be injured, or when staff believes a youth may be injured.
- 11. Excessive force is prohibited in the use of physical restraint or the application of mechanical restraints (PbS SaP13).**
 - 11.1. Staff will use only the force necessary to protect the safety and security of staff, youth and others.
 - 11.2. Physical force used will be consistent with training.
- 12. Management must take all allegations of excessive force seriously. All reported incidents will be investigated in a timely manner. If an investigation concludes excessive force was used, corrective or disciplinary action will follow. (PbS SaEP16)**
- 13. Medical restraints are prohibited.**
- 14. Use of chemical agents and use of the restraint chair are prohibited in JR facilities.**
- 15. Youth may submit complaints regarding restraints in accordance with Policy 2.10, *Handling Youth Complaints*.**
- 16. Staff are required to report conduct that violates this policy to a Supervisor, Program Manager, or an administrator.**
- 17. JR must inform the court and the detention staff upon arrival of youth who may meet criteria for restraint in the courtroom in accordance with Juvenile Court Rule (JuCR 1.6) using Notice to Detention Staff (DCYF Form 20-308).**

⁵ 11/9/2021 Technical Edit: Updated per passage of HB1054 and Interim Directive on Restraints.

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18. Use of mechanical restraints during transportation must be consistent with Policy 5.40, *Transporting JR Youth*.

19. If a physical or mechanical restraint is used during or following an assault of staff by a youth, refer to Policy 5.80, *Reviewing and Reporting Staff Assaults by Youth*.

20. If a youth is in mechanical restraints after being placed in an isolation room, the restraints must be removed as soon as the youth makes a commitment to not harm self or others, or the restraints can be removed without the risk of harm.

20.1. The Superintendent, Officer of the Day (OD) or designee must be notified immediately if a youth is placed in isolation while in mechanical restraints.

20.2. The Superintendent or designee will determine further action if the use of mechanical restraints in isolation continues beyond 20 minutes.

21. Youth will be restrained during routine transportation in accordance with Policy 5.40, *Transporting JR Youth*.

22. Use of physical or mechanical restraints must be documented in the Automated Client Tracking (ACT) system in accordance with Policy 1.32, *Reporting Incidents*. (ACA 4F-2A-29)

22.1. Documentation will be completed immediately. If the documentation cannot be done immediately, it must be completed before the involved staff leave shift.

22.2. The incident report must include:

22.2.1. A detailed description of the incident including the sequence of events leading to, during, and following the use of physical restraint, injury to staff or youth, provision of medical assistance to the youth (and staff, if applicable) and any less intrusive intervention attempted;

22.2.2. The reason physical restraint was used;

22.2.3. The staff directive given to the youth;

22.2.4. The names of staff and youth involved;

22.2.5. A detailed description of any physical evidence recovered and the steps taken to secure it. Staff must follow established evidence preservation techniques and ensure the integrity of the chain of custody.

22.3. The Superintendent, Regional Administrator, or designee will review these reports within three working days to ensure the requirements of this policy were met.

23. JR Community staff will be authorized to arrest a youth on parole supervision. (RCW 13.40.210)

23.1. Staff authorized by position must complete the appropriate training prior to an arrest.

23.2. Arresting staff will use compliant handcuffing techniques during an arrest.

23.3. Prior approval from a supervisor is required before a planned arrest of a youth on a parole violation warrant.

23.4. Two trained staff must be present for an arrest.

23.5. Counselor Assistants do not have authority to arrest, but may be present to assist.

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24. All mechanical restraints must be stored securely so they are inaccessible to youth. (ACA 4-JCF-2A-13)

RESTRAINING PREGNANT YOUTH

25. Any time restraints are used on a pregnant youth, the restraints must be the least restrictive available and the most reasonable for the circumstances. (RCW 13.40.650)
26. No youth known to be pregnant is to be placed in ankle or waist restraints. (RCW 13.40.650)
27. No youth in labor or delivery may be placed in any mechanical restraint, except medical restraints by the order of the treating physician.
28. Determination of pregnancy, trimester, labor, and postpartum period is made by the youth's treating physician in accordance with Policy 4.30, *Providing Health Care to JR Youth*.
29. JR staff are authorized to employ physical (non-mechanical) restraint with pregnant or postpartum youth as approved and taught in training only to prevent a pregnant youth from escaping or from injuring herself or others.
30. Any use of mechanical restraints on a pregnant or postpartum youth must be immediately documented in an incident report in ACT. The report must indicate why mechanical restraint was necessary, the type of restraint used, and why this type of restraint was considered the most appropriate and least restrictive. (RCW 13.40.650)
31. Restraints on pregnant youth being transported by JR are addressed in Policy 5.40, *Transporting JR Youth*.
32. Pregnant youth must be provided a copy of "Use of Restraints Limited for Pregnant JR Youth" in accordance with RCW 13.40.651.

III. DEFINITIONS⁶

Chemical agents: Usually pressurized devices which deliver (as a stream, spray or fog pattern) small amounts of irritants directly to an individual or group.

Chokehold: The intentional application of direct pressure to a person's trachea or windpipe for the purpose of restricting another person's airway. (RCW 10.116.020)

Excessive Use of Force: Use of force that exceeds the procedurally authorized response to the behavior or event that is being managed. In some instances excessive use of force is the use of a force technique that exceeds the procedurally authorized and trained response. (See also PbS Standards and Chapter 10.120 RCW)

⁶ 11/9/2021 Technical Edit: Removed specific training types, added definitions for chokehold and neck restraint per passage of HB1054 and Interim Directive on Restraints.

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Mechanical Restraint: Device used to physically restrain youth to assist in behavioral intervention. This includes, but is not limited to: handcuffs, ankle restraints, waist chains, leather cuffs, PADS (special leather locking restraints) or capture pad or soft shield. It does not include clinical (medical) restraint. Approved mechanical restraints are wrist, waist, and ankle restraints.

Medical Restraint: A therapeutic intervention initiated by medical or mental health staff using devices or chemicals designed to safely limit a patient’s mobility.

Neck Restraint: Any vascular neck restraint or similar restraint, hold, or other tactic in which pressure is applied to the neck for the purpose of constricting blood flow. (RCW 10.116.020)

Physical Restraint: Direct physical contact where force is applied by staff to a youth. The force is applied either to restrict movement or mobility, or to disengage from harmful behavior.

Routine Transportation: Transportation provided per Policy 5.40, *Transporting JR Youth*. Transportation may be provided by a JR Transportation Unit staff, parole staff when transporting youth to a more secure environment, or residential security staff when transporting to community appointment or another JR facility.

IV. REFERENCES AND RESOURCES

ACA Standards	Juvenile Court Rule (JuCR)
Attachment A – Safety Training Standards	1.6 PbS Standards

V. RELATED JR POLICIES

Policy 2.10 - Handling Youth Complaints Policy	Policy 5.40 – Transporting JR Youth
4.30 – Providing Health Care for JR Youth	Policy 5.80 – Reviewing and Reporting Staff Assaults by Youth
Policy 5.20 – Assigning Security Classification Levels for JR Youth	

VI. FORMS AND DOCUMENTS

Document Title	Available In ACT?	Link to Form
Use of Restraints Limited for Pregnant JR		DCYF JR_0009
Youth JuCR Notification to Detention Staff		DCYF Form 20-308

POLICY 5.10 ATTACHMENT A – SAFETY TRAINING STANDARDS

Juvenile Rehabilitation Standards Dealing with Resistive Youth (DWRY) *Institutions*

JR staff, identified by job class, must actively participate in and successfully complete the minimum standards of the JR DWRY training program.

<i>Minimum Training Standards</i>	<i>AND</i>	<i>Two of the following techniques:</i>
<ul style="list-style-type: none">• Verbal De-Escalation• Safety, Security and Rehabilitation• Security Management		<ul style="list-style-type: none">• Gooseneck counter joint• Straight arm bar takedown• Wrist out turn

Identified JR Job Classifications

- Residential Counselor
- Residential Counselor Assistant
- Supervisor
- Coordinator
- Security Officer 1, 2 and Manager
- Program Manager 1, 2
- Recreation Specialist 1, 2, 3, 4

Training Hour Requirements

- Initial Training: 40 hours
- Annual Refresher: 8 hours

Restraints

The following are an approved list of physical and mechanical restraint types allowed following successful completion of training in use of those techniques by a qualified instructor, and those expressly prohibited.

APPROVED

- Ankle Restraints
- Wrist Restraints (hinge or chain)
- Soft Restraints
- Waist Restraints
- Spit Masks (must be preauthorized)

PROHIBITED

- Chemical Agents
- Chokeholds, Neck Restraints, or Sleeper Holds
- Flex cuffs or zip ties
- Medical Restraints
- Restraint Chair

DWRY Optional Techniques

DWRY optional techniques may be used with successful completion of specific training in those techniques by a qualified instructor.

- Far-hand cross face
- Finger locks
- Figure 4
- Near-hand cross face
- Reverse Gooseneck
- Spin to the Wall
- Straight Jacket Hold
- Straight Wrist Twist Lock
- U-Hold
- Wrist Out
- Yoshida Come Along
- Z- Hold

POLICY 5.10 ATTACHMENT A – SAFETY TRAINING STANDARDS

Juvenile Rehabilitation Standards Community Safety Training (CST) *Community Programs and Community Facilities*

JR staff, identified by job class, must actively participate in and successfully complete the minimum standards of the JR Community Safety Training program.

Minimum Training Standards

- Verbal De-Escalation
- Safety, Security and Rehabilitation
- Security Management
- Community and Office Safety

Identified JR Job Classification

- Community Counselor
- Community Counselor Assistant
- Residential Counselor
- Residential Counselor Assistant
- Supervisor
- Program Manager 1 or 2
- Security Officer
- Coordinator

Training Hour Requirements

- Initial Training: 24 hours
- Annual Refresher: 8 hours

Juvenile Rehabilitation Standards Dealing with Resistive Youth (DWRY) *Support Staff in Residential and Community Programs*

All JR staff, identified by position, must successfully complete the minimum standards for DWRY for support staff program.

Minimum Training Standards

- Verbal De-Escalation
- Safety, Security and Rehabilitation

Identified Job Classification

- Clerical
- Fiscal
- Maintenance
- Health care
- Food service
- Other non-custodial staff

Training Hour Requirements

- Initial training: 16 hours
- No required refresher