

POLICY 5.10 USING PHYSICAL INTERVENTIONS AND RESTRAINTS

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Approved

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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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I. PURPOSE AND SCOPE

This policy establishes requirements governing the use of force through physical interventions and use of restraints with JR youth and young adults (referred to as “youth” throughout policy). The policy incorporates legal requirements, and 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. 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. JR staff assigned to a juvenile residential facility or regional 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.
 - 2.2. Staff must use non-physical interventions and de-escalation techniques prior to using physical interventions and restraints, unless there is an imminent risk of harm to self or others. (PbS Standard SaP20, ACA 4F-2A-29)

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- 3. All JR staff in identified job classes and positions listed in the JR Safety Training Standards must successfully complete the approved de-escalation, physical interventions, and appropriate use of restraints trainings, PRIOR to any use of force. (PbS SaP14)**
 - 3.1. Each residential facility and regional office must provide staff with appropriate training.
 - 3.2. All required training for staff and trainers must be met and documented in staff records.
- 4. Staff are only authorized to use approved physical interventions or restraints consistent with their legal authority, 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 or restraints are used in a Restraint Record in the Room Confinement and Isolation Module in ACT before the end of their shift. Staff will document the time the restraints were applied and when they were removed.
- 6. Physical interventions or restraints 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 intervention or 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.**
- 8. Staff must maintain constant and direct visual observation of a youth placed in restraints.**
 - 8.1. If a youth in 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 intervention or restraint is used, a youth's head or airway must not be covered, nor pressure applied to the neck.**
 - 9.1. Staff are prohibited from physical intervention or control techniques such as choke holds or neck restraints (RCW 10.116.020), and "sleeper holds".
 - 9.2. Use of a spit barrier must be pre-authorized by the Superintendent, Regional Administrator or designee based on the youth's history. Use of the spit barrier must be documented, including time the barrier was put on and removed.
 - 9.3. Staff must constantly observe the youth while a spit barrier is on.
- 10. Medical attention must be offered immediately to youth and staff directly involved in an incident requiring physical intervention or restraint. (ACA 4F-2A-29)**
 - 10.1. Refusal of medical attention must be communicated directly from the youth to medical staff.
 - 10.2. Refusal of or provision of medical attention must be documented by medical staff and direct care staff in ACT.

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11.1. Only with the least amount of force necessary to overcome the resistance under the circumstances to protect the safety and security of staff, youth and others.

11.2. Consistent with training and legal authority.

11.3. And terminate the use of physical intervention as soon as the necessity for using it ends.

12. Management must take all allegations of excessive force seriously. All reported incidents will be investigated in a timely manner. If an investigation determines excessive force was used, corrective or disciplinary action will follow. (PbS SaEP16)**13. Use of chemical agents, medical restraints, and restraint chairs are prohibited.****14. Youth may submit complaints regarding use of physical interventions or restraints in accordance with Policy 2.10, *Handling Youth Complaints*.****15. Staff are required to report conduct that violates this policy to a supervisor, manager, or an administrator.****16. JR must inform the court and 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).****17. If a physical intervention or 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*.****18. If a youth is in 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.**

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

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

19. Youth may be restrained during routine transportation, but must be consistent with Policy 5.40, *Transporting JR Youth*.**20. Use of physical interventions or restraints must be documented in the Automated Client Tracking (ACT) system in accordance with Policy 1.32, *Reporting Incidents*. (ACA 4F-2A-29)**

20.1. Staff must complete documentation immediately. If the documentation cannot be done immediately, it must be completed before the involved staff leaves their shift.

20.2. The incident report must include:

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

20.2.2. The reason physical intervention and/or restraint was used;

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- 20.2.3. The staff directive given to the youth, including all efforts to de-escalate the youth to prevent restraint and/or isolation; the names of staff and youth involved, and witnessing the restraint incident;
 - 20.2.4. The time and staff member who physically intervened or applied and removed restraints, and reason for removing restraints;
 - 20.2.5. If applicable, a detailed description of any physical evidence recovered, and the steps taken to secure it. Staff must follow established evidence preservation techniques to safeguard the integrity of the chain of custody.
- 20.3. If restraints and room confinement or isolation are applied, both the Restraint, and Isolation Modules in ACT must be completed. Documentation on the tracking forms and where applicable in the ACT modules must include:
- 20.3.1. The time isolation began and ended;
 - 20.3.2. The time and staff member who applied and removed the restraints;
 - 20.3.3. The reason for staff's decision to remove restraints and/or terminate isolation;
 - 20.3.4. Observations of the youth's behavior while in restraints and isolation;
 - 20.3.5. Documentation of all safety and visual checks and staff member who conducted each check;
 - 20.3.6. Name of any staff interacting with the youth during isolation;
 - 20.3.7. Times those activities including food, water, medications, bathroom, and/or reading materials were offered and the youth's response to the offer; and,
 - 20.3.8. Medical and mental health services offered and/or provided to youth during isolation; and,
 - 20.3.9. Supervisory review.
- 20.4. The Superintendent, Regional Administrator, or designee will review all incidents where youth are placed in restraints and isolation within three business days to ensure the requirements of this policy were met.
- 20.4.1. If review indicates that staff did not comply with the policy and/or training, the supervisor shall recommend steps to improve, which may include retraining staff, staff discipline and/or development of a corrective action plan.

21. JR Community staff have authority under RCW 13.40.210 to arrest a youth on parole supervision.

- 21.1. Staff authorized by position must complete the appropriate training prior to an arrest.
- 21.2. Prior approval from a supervisor is required before a planned arrest of a youth on a parole violation warrant.
- 21.3. Two trained staff must be present for an arrest.
- 21.4. Counselor 1s do not have authority to arrest but may be present to assist.
- 21.5. Any use of handcuffing, including compliant handcuffing, requires documentation in ACT and must follow #20 above.

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

RESTRAINING PREGNANT YOUTH

23. Pregnant youth must be provided a copy of “Use of Restraints Limited for Pregnant JR Youth” in accordance with RCW 13.40.651.

24. 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)

25. No youth known to be pregnant is to be placed in ankle or waist restraints. (RCW 13.40.650)

26. No youth in labor or delivery may be placed in any restraint, except medical restraints by the order of the treating physician.

27. 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*.

28. JR staff are only authorized to employ physical interventions with pregnant or postpartum youth as approved and taught in training, and only to prevent a pregnant youth from escaping, injuring herself, or others.

29. Any use of physical intervention or restraint on a pregnant or postpartum youth must be immediately documented in an incident report in ACT. In addition to the requirements outlined in #20 of this policy, the report must indicate why 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)

30. Use of restraints during transport must follow Policy 5.40, *Transporting JR Youth*.

30.1. During the third trimester or postpartum recovery, restraints during transport is only authorized in extraordinary circumstances. Extraordinary circumstances are defined as necessary to prevent an escape, or injury to herself, staff, or others. (RCW 13.40.650)

30.2. If extraordinary circumstances exist, staff must:

30.2.1. Seek approval from the Superintendent, Regional Administrator, or designee prior to use.

30.2.2. Follow #20 to document use of restraints in an incident report, including what extraordinary circumstance existed, and prior approval.

RETAINING CAMERA FOOTAGE

31. All available camera footage showing an incident of physical intervention or restraint must be retained by JR in accordance with the DCYF records retention schedule.

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CRITICAL INCIDENT REVIEW REFERRALS FOR USE OF FORCE¹

32. Within three business days of a use of force, the Appointing Authority or designee must follow the procedure:

- 32.1. Complete the JR Critical Incident Review Team (CIRT) Referral Notification.
- 32.2. Verify all supporting documentation is thoroughly complete, including:
 - 32.2.1. Automated Client Tracking (ACT) incident reports are completed by all staff involved, reviewed, and merged.
 - 32.2.2. If medical attention was necessary, progress notes are entered into ACT.
 - 32.2.3. All other documentation required or that may need to be preserved to support a thorough review (wellness check documentation, log books, etc.).
 - 32.2.4. Verify any applicable video is uploaded to the shared drive CIRT secure folder and label the video with the facility name and incident date.

33. Upon completion of the Critical Incident Review, the CIRT Administrator or designee will provide to the Appointing Authority:

- 33.1. A report summarizing the Critical Incident review and option for follow up in person or virtual meeting;
- 33.2. Upon request: An overview with the Appointing Authority and their leadership team.
- 33.3. Any subsequent referrals required to Child Welfare, Law Enforcement, PREA, or Workplace Investigations that have not already occurred.

¹ 2/23/2024 Technical Edit: Added link to procedure and referral notification.

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III. DEFINITIONS

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)

De-escalation: Actions taken to minimize the likelihood of the need to use force during an incident, and may include using clear instructions and verbal persuasion, deferring to a rule or policy, attempting to slow down or stabilize the situation so more time, options, and resources are available to resolve the incident, creating physical distance or repositioning, designating a single staff to communicate to avoid competing commands, requesting backup from other staff or officers, and using all available resources such as a crisis intervention or designated team, or behavioral health professionals. (see also 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)

Restraint: Device used to physically restrain youth to assist in behavioral intervention. Approved restraints are wrist, waist, and ankle restraints, or preauthorized spit barriers. It does not include clinical (medical) restraint.

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 Intervention: 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.

Use of Force: Any physical act reasonably likely to cause physical pain or injury or any other act exerted upon a person's body to compel, control, constrain, or restrain the person's movement, but does not include pat searches, incidental touching, verbal commands, or compliant handcuffing where there is no physical pain or injury. (See also RCW 10.120.010)

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IV. REFERENCES AND RESOURCES

ACA Standards	JR Safety Training Standards Juvenile Court Rule
CMIS Quick Guide for IR Perspectives	(JuCR) 1.6 PbS Standards
Critical Incident Review Team	Progress Notes Quick Help Guide
Referral Incident Reports Help Guide	

V. RELATED JR POLICIES

Policy 2.10 - Handling Youth Complaints	Policy 5.40 – Transporting JR Youth
Policy 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
JuCR Notification to Detention Staff		DCYF Form 20-308
Use of Restraints Limited for Pregnant JR Youth		DCYF JR_0009