Idaho Department of	NUMBER	REVISED	REVIEWED
Juvenile Corrections	603	10/04/21	10/04/21
Institutional Policy/Procedure		EFFECTIVE 12/03/01	PAGES 4

SUBJECT: USE OF MECHANICAL RESTRAINTS

CATEGORY:

CRITICAL OPERATIONS/ JUVENILE SAFETY

<u>Policy</u>

The purpose of this policy is to establish appropriate professional standards and limits on the use of <u>mechanical restraints</u> (handcuffs, leg irons, belly chains, Grip system, or padded/soft restraints) within Idaho Department of Juvenile Corrections (IDJC) facilities.

It is the policy of the IDJC that mechanical restraints may be used in limited circumstances as described below:

- 1. In response to extreme behavioral acting-out that poses a threat to juvenile (self or others) or staff safety;
- 2. When ordered by a physician for controlling severe self-injurious behavior or to promote compliance with medical treatment that if not followed would likely result in a threat to the juvenile's health and/or safety;
- 3. When, due to mental health issues, the use of physical restraint or physical touch has the potential to adversely escalate the juvenile's behavior;
- 4. For the purpose of transporting juveniles; or,
- 5. As warranted to ensure safety while a juvenile is in the community.

Operating Procedures

- I. Authorization for Use of Mechanical Restraints
 - A. Mechanical restraints are never used for punitive purposes.
 - B. When use of mechanical restraints is necessary for behavioral control, staff must obtain prior approval from the Superintendent, or designee.

In extreme circumstances when prior approval is not possible, staff must notify the Superintendent, or designee, as soon as possible after the mechanical restraints are applied. The Superintendent, or designee, makes the decision whether to continue the use of mechanical restraints or to utilize other resources or intervention strategies.

- C. A physician's order constitutes authorization for use of mechanical restraints for a medical need or reason.
- D. Although prior authorization is not required for use of mechanical restraints for the transport of juveniles.
- E. Only staff current in mechanical restraints training may apply mechanical restraints.
- II. Criteria for Methods of Use
 - A. Behavioral
 - 1. Mechanical restraints may be used when the juvenile is physically uncontrollable and constitutes a serious and imminent danger to self or others. If the juvenile presents a risk of injuring their head (for example, by banging their head on walls or ground), staff may also place the juvenile in a helmet for as long as necessary to gain composure and reduce the risk of head injury.
 - 2. At least every 30 minutes while the juvenile is in mechanical restraints, the Superintendent, or designee, reviews the circumstances and evaluates what is being done to resolve the problem, and ensures proper resources and intervention strategies are being used to bring the situation under control. The Superintendent, or designee, is notified when the mechanical restraints have been removed.
 - 3. Mechanical restraints used for behavior control purposes are removed as soon as the juvenile has regained control and no longer constitutes a threat.
 - 4. Staff work together with the juvenile toward regaining control so that mechanical restraints may be removed. Once the juvenile has regained control, the event is processed with the juvenile in an attempt to re- establish therapeutic rapport.
 - B. Medical need
 - 1. A written and signed order from the medical provider is obtained prior to the application of restraints for any specified medical reason. Licensed medical staff document the order in the medical chart.
 - 2. Licensed medical staff are in charge of carrying out the physician's order to have a juvenile placed in mechanical restraints for a medical purpose, and monitor the juvenile's medical needs during the use of mechanical restraints.
 - 3. Rehabilitation Technician or Safety and Security Officer staff apply the mechanical restraints, initiate and record wellbeing checks, and follow physician's care plan.
 - 4. A physician's order is required for the removal of mechanical restraints applied for a medical purpose or need.
 - C. Transport

- 1. Rehabilitation Technicians consider facility protocols and program level to assess risk and need for use of mechanical restraints. Typically, juveniles at the highest level of program present the lowest risk and would not need to be restrained. However, if a juvenile presents as a safety or security risk, they are treated as being on the lowest program level and, therefore, use of restraints may be appropriate.
- 2. Mechanical restraints may be used for transporting any juvenile while away from the facility. At the discretion of transport staff, in addition to wrist restraints, leg restraints may also be used when the disposition of the juvenile is unknown or when the juvenile's behaviors and history (e.g. new commitment, returnee, escapee) indicate a potentially high-risk behavior may occur, such as escape.
- 3. Staff transporting mechanically-restrained juveniles must check the juvenile's circulation upon application, upon departure and/or arrival, and request that receiving staff check the juvenile's circulation. It is important for staff to take into account that the circumference of a juvenile's wrist and/or ankles may adjust when they switch positions. For example, when a juvenile switches to a standing position from a seated position, their ankles may swell.
- III. Availability
 - A. All mechanical restraints are stored in a secure area as designated by the individual facilities. Mechanical restraints are available to all staff properly trained in their use.
 - B. When called upon to do so, security or other staff bring the mechanical restraints to an area where needed and trained staff place them on the juvenile. A key to unlock the mechanical restraints remains with the staff designated to observe the mechanically-restrained juvenile.
- IV. Assessment
 - A. With the exception of use for transport, staff applying restraints or supervising a juvenile in restraints initiate and conduct 15-minute wellbeing checks to ensure proper circulation by making sure at least one finger can fit between the cuffs (hard or soft) and the juvenile's wrist and ankle.
 - B. Licensed medical staff are notified and respond immediately in the following circumstances:
 - 1. In the event the juvenile is injured during application or injured while the juvenile is in the mechanical restraints.
 - 2. In the event the use of mechanical restraints lasts longer than one hour, with the exception of transports.
 - C. With the exception of transport, all instances of use of mechanical restraints require follow up by licensed medical staff to ensure the juvenile did not sustain any injuries.

- D. If licensed medical staff is unavailable when mechanical restraints are applied, the duty officer is notified. The duty officer evaluates the need and, if necessary, contacts licensed medical staff to request that they return to the facility.
- V. Documentation
 - A. With the exception of transport, incidents involving the use of mechanical restraints are documented in an IJOS incident report. In addition to the description of the incident, the incident report includes (1) who was notified, (2) the time and date authorization was given, (3) who gave the authorization, (4) the length of time the juvenile was in restraints, and (5) that wellbeing checks were conducted.
 - B. The staff applying the restraints records wellbeing checks on the Special Management/Close Observation Activity Log (DJC-133) form or in the IJOS incident report (as dictated per facility protocol) for the entire time the juvenile is in mechanical restraints. The DJC-133 form includes the incident report number and, upon conclusion of the restraint, the DJC-133 form documenting the wellbeing checks is submitted for placement in the case management file and linked to the IJOS incident report.
 - C. Refer to Documentation of Incidents (600) policy/procedure regarding parent notification.

Reference:	Glossary of Terms and Acronyms
Desk Manual(s):	None
Related Policies:	Behavioral Management (602) Documentation of Incidents (600) Duty Officer Responsibilities (621) Escape/Escape Attempts (609) Juvenile Disclosure of Criminal Activity/Abuse (673) Juvenile Supervision (608) Special Management Interventions (604) Suicide Prevention and Assessment of Risk (605) Transport of Juveniles (641) Training Requirements (665)
Related Forms	Incident Report (LIOS)

Related Forms: Incident Report (IJOS) Special Management/Close Observation Activity Log (DJC-133)