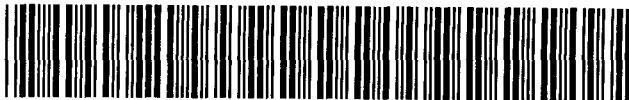


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Horton v. Williams



JI-WA-0002-0009

## GREEN HILL SCHOOL POLICY #4

SUBJECT: USE OF PHYSICAL RESTRAINT AND RESTRAINT DEVICES

AUTHORIZING SOURCE: RCW 13.40.010 and Institution Standards 5.02, 14.20, 14.21, 14.22, 14.23, 14.24, and 14.25

EFFECTIVE DATE: October 1, 1994

APPROVED BY:

  
Superintendent, Green Hill School

SUNSET REVIEW DATE: October 1, 1996

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**4-100 PURPOSE**

To establish local policy and procedures to comply with the guidelines instituted by Juvenile Rehabilitation Administration Bulletin #2, "Use of Physical Restraint Measures with Residents".

**4-200 SCOPE**

This policy applies to all areas under the jurisdiction of Green Hill School.

**4-300 DEFINITIONS**

1. Physical Restraint - refers to any physical intervention or force used by staff members to control residents.
2. Restraint Device - refers to any device used to assist in controlling residents. This includes aerosol, handcuffs, leg cuffs, waist chains, soft cuffs, plexiglass shields and mattresses with hand holds.
3. Aerosol - refers to certain approved aerosol propellant agents containing Oleoresin Capsicum to be used in lieu of physical restraint to maintain the security of the institution.
4. Reasonable Action - refers to the use of the minimum amount of force necessary to prevent a resident from injuring another person, self, or inflicting serious damage to property. Reasonable action shall always refer to the intervention method which minimizes the possibility of injury to both staff members and residents.

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5. Emergency Situation: Unexpected instance in which a resident's behavior, if left uncontrolled, will result in injury to himself or others, significant destruction of property or threaten the security of the facility.
6. Non-emergency Situation: Instance in which a resident's behavior presents a potential threat of injury to himself or others, destruction of property, or threatens the security of the institution; however, there is time to summon additional staff and attempt to resolve the problem by utilizing the most reasonable action.
7. Chain of evidence: The documentation of all individuals who handle, possess, process, or transfer physical evidence in reference to a situation which may require investigation by staff and/or law enforcement agencies.

**4-400 POLICY**

1. Safety of both staff members and residents is of paramount importance.

Reasonable actions shall be taken by staff to avoid or prevent physically dangerous situations, within the scope of their job performance. Staff are authorized to use necessary physical restraint in emergency situations, which are:

- a. Self protection.
  - b. Protection of another to prevent bodily injury. (staff, resident or visitor)
  - c. Prevention of suicide or self-mutilation.
  - d. Prevention of escape
  - e. Prevention of serious damage to property.
2. Staff are authorized to use physical restraint and/ or restraint devices. Use of aerosol must be approved by the Superintendent or designee after either on-site observation or telephonic review of relevant facts as provided by the on duty Security Supervisor or designee. Pre-approval by the Superintendent in advance of the incident is not allowed.

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The use of physical restraint and/or restraint devices, excluding aerosol, is appropriate when a resident fails to comply with a staff directive and presents an immediate danger to self, others, property, or the security of institution. Other means of control or attempts at verbal de-escalation shall have been unsuccessful.

Use of physical restraint may persist for only the period of time necessary to ensure that the youth is no longer a danger to self, others, property, or the security of the institution.

Aerosol may be used when a resident fails to comply with a staff directive and:

- a. the use of other physical restraint measures to gain compliance, without the use of aerosol, likely would result in bodily injury to the resident, staff, or others; or
- b. the resident is engaging in disruptive behavior in his room which creates a serious disturbance and threatens institutional security by inciting serious misbehavior by other residents.

When considering the use of aerosol to avoid bodily injury, staff must consider the overall circumstances including:

- a. Whether the resident is seriously threatening verbally to bodily injury.
- b. Whether the resident has a history of causing or attempting to cause bodily injury; and
- c. The demeanor of the resident.

When a resident fails to comply with a staff directive, staff shall attempt to gain compliance through verbal instruction and negotiation. This attempt shall continue up until the time that aerosol is used.

As soon as the use of aerosol is being considered, staff shall so inform the resident. The staff receiving approval to use aerosol from the superintendent shall again inform the resident that failure to comply will result in exposure. After this final warning, the resident shall be given at least ten (10) minutes to comply, except if either

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risk of injury or incitement of other residents, causing a serious threat to institutional security, requires more immediate action.

During the warning period, staff shall continually evaluate whether the conditions leading to consideration of use of aerosol still exist.

Staff shall not use aerosol if these conditions no longer exist or the resident complies with the initial staff directive.

If, after warning, the resident complies with the directive, and soon after again refuses to comply, the resident need not be given the ten minute warning prior to use of aerosol so long as the previously mentioned conditions still exist and at least ten (10) minutes have expired since the original warning.

Only staff trained in the proper use of aerosol are authorized to apply the substance to a resident(s). A listing of staff trained and authorized will be maintained by the security supervisor and posted in the security office.

All restraint methods must be applied so that the application is not intended to cause serious harm or injury. Physical restraint, aerosol, and/or restraint devices shall not be used as punishment nor as a means of degradation.

3. Restraint devices may be used when transporting youths who are considered escape risks or who present a threat to the safety of others.

Such restraint devices shall be used at the discretion of staff and shall only be used during the actual transportation/movement process. Such use does not require any formal written documentation.

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4. Video-Taping will begin when a resident refuses to comply with a staff directive.
  - a. Use of physical restraint shall be recorded on video tape, unless extraordinary circumstances prevent it, a video recorder is not available, and/or there is not time to assemble equipment. **Video taping of the incident will begin as soon as possible in emergency situations.**
  - b. Use of physical restraint video tapes are confidential and are not accessible to residents. They shall be reviewed by staff on a need-to-know basis to provide participants feedback and/or training on the use of physical restraint application.
  - c. The camera shall be located to ensure a complete view of the incident, including staff behavior.
  - d. The camera will record the entire incident until the resident is placed in his final destination.
5. Written documentation is required reporting any use of physical restraint, approved aerosol and physical restraint devices.

Such written documentation shall be completed by the staff member(s) involved, and shall be completed immediately following the incident. The written reports shall be kept in the resident's case file.

The documentation report must include:

- a. Sequence of events leading to use of force.
- b. Reason force was used.
- c. Actual orders to resident.
- d. Names of all staff and residents involved.
- e. Detailed description of the entire incident.

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- f. A video tape shall be taken by staff of the incident, if possible, and in accordance with 4-400,4 and 4-500, 2.
- g. A Polaroid picture of any staff or resident injuries or property damage shall be taken and attached to the report.
- h. If a resident commits an act that may be referred to the Chehalis P.D. for investigation as possible criminal conduct, all involved staff must complete a Chehalis Police Department Victim/Witness Statement form which will be forwarded to the Court Liaison (JRS II). Each resident involved is to be given the opportunity to write a statement regarding the incident. **The integrity of the Chain of evidence for any physical evidence recovered shall be maintained.**

6. Health center examination

Health Center staff will examine each resident following an incident involving the use of physical restraint, and submit a report identifying injuries (if any) and medical action taken.

7. A spray review will be conducted following each incident requiring the use of aerosol.

An initial review will be held by the associate superintendent in charge of security along with the staff members involved in the use of aerosol.

All available documentation, including videos, log entries, and incident reports, shall be reviewed.

The chairperson of this review shall complete the Aerosol Restraint Review Worksheet (attachment E).

The superintendent shall review every worksheet and shall initiate a Major Incident Review in the event of staff and/or resident injury, significant property damage, or potential policy/procedure violations.

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8. Training programs are required.

All staff who are expected to use necessary physical restraint and restraint devices shall be trained in accordance with established Juvenile Rehabilitation Administration Training Committee guidelines.

Staff trained in the use of aerosol will be required to attend annual training on the following areas:

- a. Crisis intervention/verbal de-escalation skills.
- b. Interpretation of GHS policy #4, Use of Physical Restraint and Restraint Devices.
- c. Proper techniques for application of aerosol.
- d. Video-taping techniques.
- e. Proper de-contamination techniques.
- f. Effects of aerosol.

**4-500 PROCEDURES**

1. Non-Emergency situations:

In non-emergency situations, where the conditions outlined under paragraph 4-400, 2, have been met, the following procedures will be followed:

- a. Cottage staff will notify security staff, the cottage supervisor and/or the O.D. that a non-emergency situation exists where the use of physical restraint may be necessary to control the situation.
- b. The cottage staff present will inform responding staff of the events leading to the summons and what directive the resident refused to obey.
- c. Responding staff will ensure resident compliance with the original directive.

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- d. Prior to the attempt to gain resident compliance, or as soon as practical, video taping of the events will commence in accordance with 4-400,4, and as outlined in 4-500,2.
- e. Use of physical restraint actions will follow this continuum:
  - 1) **Presence:** Staff arrive at the site.
  - 2) **Dialogue:** Issue an order for the resident to comply.
  - 3) **Active physical restraint measures:**
    - (a) Actual staff physical force to control the resident(s), resulting in the application of restraint device(s) for continued resident control.
    - (b) Aerosol - (Requires Superintendent Approval), Oleoresin Capsicum exposure, resulting in the application of restraint device(s) for continued resident control. (ie. handcuffs, leg cuffs, soft cuffs, etc.

**NOTE:** Circumstances may require the passing over of one or more continuum steps to immediately resolve the situation, should it become emergent in nature.

2. Video taping of Physical Restraint Application

Staff shall use the following guidelines, which are incorporated in Attachment B. for the recording of and application of the determined method of physical restraint:

- a. Away from incident site (pre-script):
  - 1) Introduction includes: name, date, time, name of video operator, name and JRA number of resident(s) involved.
  - 2) A statement is made by staff indicating why the use of physical restraint is necessary.



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- 3) A chronological description of the events leading to the decision to conduct the use of physical restraint and what alternative actions, if any, to the use of physical restraint have been taken.
- 4) Name of staff participating in the use of physical restraint and specific instructions to each staff.
- 5) Name of person authorizing the use of the physical restraint.

**b. At the incident site:**

- 1) Verbally direct the resident to comply.
- 2) If non compliant, direct staff to apply the determined method of physical restraint. (ie. aerosol, physical force).
- 3) Record the application of physical restraint and the application of restraint devices.
- 4) Record the showering of resident(s) exposed to aerosol, if applicable. (The video camera will be directed from the waist up).
- 5) Record the medical examination of the resident and a brief description of his condition.
- 6) Record the final placement of the resident(s) in the room and removal of the restraint devices.

**c. Away from incident site (post-script):**

- 1) Time, date, location
- 2) Resident(s) involved.
- 3) Staff involved.
- 4) Description of the use of physical restraint.
- 5) Injuries noted, if any.
- 6) Where the resident is located and what his behavior is at the present time.
- 7) A statement which indicates the conclusion of the videotaping of that incident.

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3. Emergency Physical Restraint

When staff are involved in an emergency situation where the use of physical restraint is required, as outlined in paragraph 4-400, 1, the following will be accomplished once the situation is controlled:

- a. Notification of security, the Superintendent, the area supervisor and/or the O.D.
- b. Video taping, if possible, will commence as soon as practical in accordance with 4-400, 4, and 4-500, 2.
- c. Polaroid pictures of any injuries or property damage will be taken.
- d. Medical examination of the resident(s).
- e. Secure room placement of the resident(s).

4. Restraint Device Use After Physical Restraint

Staff shall use restraint devices to maintain control of a resident after the use of physical restraint. Staff will remove restraint as soon as possible once the resident has gained control and poses no further risk to himself, others or property.

5. Documentation

All staff involved in the use of physical restraint will complete appropriate reports documenting their involvement and the elements outlined in paragraph 4-400, 5. Staff shall complete these reports immediately following the incident. The type of reports required include, but are not limited to:

- a. Incident Reports (Attachment A)
- b. Use of Aerosol Restraint Report (Attachment B)
- c. Use of Restraint Device(s) Report (Attach. C)
- d. Chehalis Police Victim/Witness Report  
(Attachment D)
- e. Medical Report

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6. Restraint Device Inventory and Storage:

1. Aerosol Restraint:

An appropriate variety of dissemination methods and quantities shall be available. The inventory shall allow for the use of Aerosol Restraint for all possible types of incidents which may occur at the facility, i.e., cell use, day room use, outdoor use, dining room use, etc. The security supervisor is responsible for ensuring that only approved Aerosol Restraint is authorized for purchase, storage and use.

All Aerosol Restraint shall be stored in a secure method that will prevent residents from having access to it. The drug room in the Administration Building is designated as the storage area for the Primary stock of Aerosol Restraint. A limited amount will be stored in the storage room adjacent to the I.M.U. entrance door for quick access when authorization has been granted for its use.

A master perpetual inventory shall ensure an accurate record on the disposition of all aerosol restraint containers. When Aerosol Restraint containers are unaccounted for, the following will occur:

- a. A written report shall be submitted to the Superintendent via the chain of command by the staff discovering the inaccuracy.
- b. The area Associate Superintendent shall assign an investigator to determine the disposition of the missing aerosol restraint.

2. Restraint Devices (non aerosol):

The Security Supervisor shall oversee the purchase and dissemination of hand cuffs, leg cuffs, waist chains, soft cuffs, plexiglass shields and mattresses with hand holds. An inventory of all restraint devices shall be maintained separate from the inventory of aerosol restraint. Restraint devices will be stored to ensure that residents do not have access to them.

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Cottages shall be issued hand cuffs and hand cuff keys. The cottage directors are responsible to ensure that adequate safeguards are maintained to ensure the security of these devices.

Security staff are authorized to carry hand cuffs and hand cuff keys on their person during their shift to allow for ready use.

In the event that a restraint device is unaccounted for the following will occur:

- a. A written report shall be submitted to the Superintendent via the chain of command by the staff discovering the inaccuracy.
- b. The area Associate Superintendent shall assign an investigator to determine the disposition of the missing restraint device.

Attachment A

**INCIDENT REPORT**

**THIS REPORT MUST BE SUBMITTED BEFORE LEAVING YOUR SHIFT**

TO:

DATE: MONTH, DAY, YEAR

REPORTING PERSON:

LOCATION OF INCIDENT:

PERSONS INVOLVED

COTTAGE OR DEPARTMENT

INCIDENT:

COMMENTS AND RECOMMENDATIONS OF DEPARTMENT HEAD OR SUPERVISOR:

SIGNATURE OF DEPARTMENT HEAD OR SUPERVISOR:

ATTACHMENT B:

AEROSOL RESTRAINT SCRIPT

PRIOR TO STARTING VIDEOTAPING, ENSURE THAT THE TAPE IS REWOUND AND STAFF ARE ADVISED TAPING IS STARTING.

My Name is \_\_\_\_\_ Today's date is \_\_\_\_\_

The time is \_\_\_\_\_

The video camera operators name is \_\_\_\_\_

ASK VIDEO OPERATOR IF THE DATE AND TIME ARE PRESENT IN THE LOWER LEFT CORNER OF THE VIEW FINDER. IF NOT, ADJUST THE CAMERA.

Instruct the camera operator to keep the camera on wide angle.

The following resident (s) is/are involved: (Give names and JRA Numbers)

_____	J. R. A. Number
_____	J. R. A. NUMBER
_____	J. R. A. NUMBER
_____	J. R. A. NUMBER

I will be supervising an aerosol restraint incident that is necessary because: (Resident is potential threat of injury to himself, others, damaging property, threatening security or other.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The sequence of events that led to the decision to use aerosol restraint are as follows: (Chronological of reasons and action that was taken prior to making the decision to use aerosol.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following staff are going to be involved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have given the following instructions to staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Move to the incident scene.

Ensure video recorder has position to view the complete incident to include both staff and resident behavior. Ensure any other residents who become involved are recorded on tape.

Issue a direct order for the resident to submit to physical restraints. If the resident refuses, apply aerosol restraint. Direct staff to apply physical restraints.

**VIDEO TAPE APPLICATION OF AEROSOL RESTRAINT USE.**

**VIDEO TAPE SHOWER AND CLEANUP OF RESIDENT.**

**VIDEO TAPE MEDICAL EXAMINATION.**

Video tape final placement of resident in cell and removal of physical restraints.  
Move to a private area to present an after action narrative of the incident which includes:

Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Resident (s) involved: \_\_\_\_\_  
\_\_\_\_\_

What led to decision to use aerosol restraint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff involved: \_\_\_\_\_  
\_\_\_\_\_

Were there injuries? \_\_\_\_\_  
\_\_\_\_\_

Where the resident is now and what is his behavior? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GREEN HILL SCHOOL  
CHEHALIS, WASHINGTON**

**USE OF RESTRAINT DEVICES**

**TO:** SUPERINTENDENT

**Time In** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**Time Out** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**YOUTH'S NAME:** \_\_\_\_\_ **COTTAGE:** \_\_\_\_\_

**Description of Incident:**

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- Associate Superintendent
- Cottage Director
- Treatment file
- Case File





ATTACHMENT E

GREEN HILL SCHOOL  
CHEHALIS, WASHINGTON

AEROSOL RESTRAINT REVIEW WORKSHEET

DATE OF INCIDENT:

RESIDENTS INVOLVED:

STAFF INVOLVED:

SUPPORTING DOCUMENTATION:

INCIDENT REPORTS: \_\_\_\_\_

AEROSOL RESTRAINT SCRIPT: \_\_\_\_\_

VIDEO TAPE OF INCIDENT: \_\_\_\_\_

PHOTOGRAPH OF DAMAGE: \_\_\_\_\_

USE OF RESTRAINT DEVICES REPORT: \_\_\_\_\_

MEDICAL REPORTS: \_\_\_\_\_

JUSTIFICATION FOR REQUEST TO USE AEROSOL:

WAS RESIDENT INFORMED OF POSSIBLE USE OF AEROSOL RESTRAINT?

WAS RESIDENT GIVEN OPPORTUNITY TO COMPLY WITH STAFF DIRECTIVES?

WAS PROPER AUTHORITY GIVEN FOR USE OF AEROSOL RESTRAINT?

DID STAFF APPLYING AEROSOL RESTRAINT HAVE CURRENT CERTIFICATION?

WAS RESIDENT EXAMINED BY HEALTH CENTER STAFF?

ADDITIONAL COMMENTS:

CC: Treatment File