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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: January 20, 1995

APPROVED BY: Bob Williams
Superintendent, Green Hill School

SUNSET REVIEW DATE: January 20, 1997

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, leg brace, 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.

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.**

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. A resident fails to follow a staff directive; and**
- b. To force compliance, without the use of aerosol, likely would result in the resident attempting to assault staff in a manner that may cause specific bodily injury to the resident, staff, or others. In determining whether there is a credible threat of bodily injury, at least one of the following shall be present:**
 - 1. The resident is seriously threatening verbally to cause bodily injury;**
 - 2. The demeanor of the resident indicates he is willing and capable of inflicting bodily injury; or**
 - 3. The resident is destroying or threatening to destroy a substantial amount of valuable property.**

In making a determination, staff may consider whether the resident has a history of assaulting or attempting to assault staff.

Aerosol spray may be used only when all other methods of compliance fail. It may be used only to incapacitate the threatening resident, and may not be used for the purpose of punishing the resident or inflicting pain on the resident.

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 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 residents who are considered escape risks or who present a threat to the safety of others.

Restraint devices shall be used at the discretion of staff for the transportation/movement process. Such use does not require any formal written documentation.

4. A resident may be placed on a program which requires him to wear a leg brace during specified activities and/or movement. Such a program requires the Superintendent's or designee's approval.

This program may be utilized for residents who:

- a. Are high escape risks who have recently or continue to verbalize plans and/or give other strong indications of attempting to escape.
- b. Have demonstrated a frequent and consistent pattern of physical assaultive and/or destructive behavior and have not responded to other means of intervention.

Resident progress will be assessed on a daily basis by the Cottage Director and cottage staff to determine the need to continue such a program. Final approval of discontinuing the program will be made in the daily G.H.S. Administrative/Supervisor Meeting.

5. 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.

6. 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.

- f. A video tape shall be taken by staff of the incident, if possible, and in accordance with 4-400, 5 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.

7. 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.

8. 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.

9. 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 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.
- 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, 5, 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. (i.e. 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.**
 - 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. (i.e. 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.

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, 5, 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, 6. 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

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, leg braces, 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.

Security staff will issue cottage staff approved non aerosol restraint devices when needed for transporting/movement or a leg brace program. A check-out system will be used to track the use of these devices. The cottage directors are responsible to ensure that these devices are returned in proper working order upon completion of use.

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.