

SECTION C: Safety and Security IMPLEMENTED: 04/08/99
CHAPTER: C-100 Classification
NUMBER: C-101 No Roommate and K/S POP Statuses 11/30/17 Update

RELATED STANDARDS: B-101, B-301, C-102; AOC III.A.4, 8

POLICY:

The statuses of “No Roommate” (N/R) and “K/S POP” have been established to ensure the protection of the Detention population and to help in the prevention of harassment and victimization.

PROCEDURE:

These statuses provide separate housing for those youth requiring individual segregation from the detained population based on violent behavior, sexually related allegations, or otherwise designated by a Juvenile Detention Supervisor (JDS). **These statuses cannot be applied based on sexual orientation alone.**

I. DETERMINING “NO ROOMMATE” (N/R) STATUS

Unit 1 will:

- A. Review each newly detained youth’s Detention File to determine if the youth requires “No Roommate (N/R) status”.
- B. If a youth’s allegations or known history warrants N/R status, then document the status justification on the youth’s Detention File Progress Report.
- C. Explain to the youth why he/she is being placed on N/R status and our expectations for the youth while in Detention.
- D. Notify youth’s Probation Officer (PO) of N/R status, and request input regarding the need for the youth to continue on this status.

II. N/R STATUS CRITERIA

- A. N/R Status applies to:
 1. Any youth with an AVM requesting that the youth be placed on N/R status and meeting the criteria set forth in this procedure.
 2. Any youth with a violent referral history, repetitive or severe violent behavior in Detention.
 3. Any youth that exhibits bizarre behavior when a Detention Mental Health Professional recommends the youth be placed on this status.
 4. Any youth being detained on same gendered sexually related allegation(s) or a history of same gendered sexually related allegations.
 - a. May include youth with opposite gendered sexually related allegations after Unit 1 thoroughly reviews or discusses with PO or Mental Health Professional.
 5. Any youth who exhibits any sexually inappropriate behavior with review and consensus from a Mental Health Professional.

III. K/S POP STATUS CRITERIA

Keep separate population statuses will be reviewed daily on each upshift. Youth are reintegrated into general activities when determined appropriate by Unit 1.

- A. K/S POP Status applies to:
 - 1. Any youth whose identity has not been verified.
 - a. If a Judge has verified the youth's alleged identity, the youth is removed from K/S POP Status.
 - 2. Any youth suspected of being an adult.
 - a. If a Judge has verified the youth's age, the youth is removed from K/S POP Status.
 - 3. Youth deemed to be at risk of harm from other detained youth, with supporting documentation to necessitate placement on this status.
 - 4. Youth who continue to be a security threat to other youth, with supporting documentation to necessitate placement on this status.

IV. ALL YOUTH IN THE ABOVE CATEGORIES ARE REQUIRED TO HAVE ACCESS TO:

- A. Education Services
- B. Recreation Services
- C. Programming Services
- D. Step-Up Level Movement
- E. Incentive System
- F. Spiritual Services
- G. Visitation
- H. Behavior Plans

SECTION C: Safety and Security

IMPLEMENTED: 12/18/02

CHAPTER: C-400 Suicide Precaution/Intervention

NUMBER: C-401 Suicide Precaution/Crisis Intervention

08/04/16 Update

RELATED STANDARDS: Old D P&P 5.1 & 5.4, A-003, A-051, A-309, B-101, B-301, C-501, D-802, E-E07, AOC Standard Section II B 9.11

POLICY:

To ensure that youths in Detention, who may present a threat to self, are assigned an appropriate watch level and to ensure they are monitored accordingly, and to prevent youths from harming themselves.

PROCEDURE:

When conducting routine room checks, the officer shall visually confirm that the youth appears normal or is breathing (seeing the youth's chest rise and fall). If at any time an officer is unable to observe the youth due to an obstruction either partially or fully covering the head and neck, the officer will instruct the youth (awaken if necessary) to remove the object.

If at any time, information is received from anyone (e.g., Probation Officer (PO), youth, parents, law enforcement) that a youth in Detention may present a threat to self, an officer will follow the procedures laid out below.

I. CRISIS WATCH IS APPLIED: (MAY BE APPLIED DURING INTAKE PROCESSING)

- A. This status applies:
 - 1. To a youth who is currently demonstrating suicidal thoughts or self-injurious behaviors.
 - 2. If information is received indicating the youth may have suicidal thoughts.
- B. The officer will:
 - 1. Place the youth on a Crisis Watch Status and notify Unit 1 and the Health Unit via radio.
 - 2. Provide one-on-one (1:1), continuous supervision of the youth. The youth does not need to be moved to an Observation room.
 - 3. Complete a Mental Health Referral Form.
 - 4. Complete five (5) minute documentation on the youth's current behavior, utilizing a Detention Mental Health Observation (MHO) Form.
 - 5. Ensure the youth is prohibited from participating in all activities.
 - 6. Document existing "Crisis Watch" status on Living Unit Roster or Intake Log.
- C. Once a youth is placed on a Suicide Level following a Mental Health Unit assessment, the Crisis Watch will be terminated. Document the name(s) of the Mental Health Unit or Medical Health Unit Professional(s) who made the determination on the MHO form in the "Observations and Comments" section of the form.
- D. A Health Services Professional will re-evaluate the youth based on medical or mental health guidelines.

II. SUICIDE PRECAUTIONS – DOCUMENTATION AND NOTIFICATION GUIDELINES

Only a Mental Health Professional may assign a suicide level. The precaution guidelines and Suicide Levels are as follows:

- A. The officer will complete a Mental Health Referral Form whenever a mental health issue arises while the youth is in Detention.
- B. A Mental Health Professional will initial the Living Unit Control and Line Rosters, and notify Internal Control West (ICW) of the Suicide Watch Status. If only one (1) RN is on duty, the Living Unit JDO may initial the rosters by writing “per” and using the RN’s initials for the S level (e.g., per RN JJ).
 1. If a Mental Health Professional is not on-site, the RN will contact an on-call to determine the youth’s status. The Mental Health Professional has thirty (30) minutes to telephonically respond to the call.
 2. If a Mental Health Professional is not on-site, youth who are on crisis watch can only be assigned S-3 or S-4 level via the telephone.
 3. A youth may not be lowered from the assigned S-3 or S-4 level until an in-person evaluation is completed by a Detention Mental Health Professional.
- C. The officer will record all mental health information related to the youth in the youth’s Detention File. A copy of the completed Mental Health Referral Form will be filed under the Mental Health Section of the youth’s Detention File.
- D. The officer will ensure that all information is verbally passed on to Unit 1 and the oncoming shift. All information also needs to be recorded on the Pass-On Logs and Living Unit Rosters. The completed Mental Health Referral Forms must be filed as soon as possible.
- E. The officer will maintain a MHO Form for documentation purposes. This form will be maintained through the period of time the youth is on suicide levels S-2, S-3, or S-4. Pima County Corrections Officers will maintain supervision and documentation, on a separate form, of youths while they are awaiting court in the judicial holding area. The documentation is then forwarded to the living unit once the youth returns from court.
- F. The four (4) Suicide Levels are as follows:
 1. **S-1** is considered to be low-risk, not actively suicidal.
 - a. Officers will observe the youth for symptoms of depression and signs of suicidal ideation and will notify a Health Services Professional if new signs or symptoms occur.
 - b. No MHO form is utilized for this level.
 - c. Youth may participate in routine living unit activities, cleaning duties outside of the living unit, and advance in the Step-Up System.
 - d. Room checks and welfare checks will be conducted following standard policies and procedures.
 - e. A Health Services Professional will re-evaluate the youth based on medical or mental health guidelines.

2. **S-2** is considered to be moderate-risk, not actively suicidal, but who have expressed suicidal thoughts and/or have a history of self-injurious behavior.
 - a. While a youth is in his/her room, an officer will visually monitor the youth and document observations on a MHO form every ten (10) minutes.
 - b. When a youth is out of his/her room, all changes in activity will also need to be documented on the MHO form.
 - c. Welfare checks will be conducted following standard policies and procedures.
 - d. Youth may participate in routine living unit activities, and advance in the Step-Up System.
 - e. Youth is to be housed in an Observation room. If an Observation room is not available, Unit 1 will contact a Mental Health Professional immediately to discuss possible alternatives.
 - f. When returning to a room, the officer will conduct a pat down search on the youth to search for any obvious potentially harmful objects.
 - g. Mattress, pillow and blanket must be intact. No sheet will be used, but it will be placed in the youth's box outside the room.
 - h. At bedtime, the youth is only permitted to have a V-neck uniform shirt, shorts, underwear, and ankle socks for clothing. No polo style shirt, sweat shirt, or T-shirt will be permitted.
 - i. Youth is prohibited from having a hair tie in his/her room.
 - j. A Health Services Professional will re-evaluate the youth based on medical or mental health guidelines.
3. **S-3** is considered to be high-risk, actively suicidal, having expressed suicidal thoughts, and/or having a recent history of self-injurious behavior.
 - a. Youth will be monitored by:
 - i. Officers with 1:1 supervision and 5-minute documentation on a MHO Form while in their room.
 - ii. In addition to 5-minute documentation on a MHO Form, while the youth is asleep, the officer will physically check for and document breathing at least once every fifteen (15) minutes.
 - iii. Officers with 1:1 supervision within arms-length, whenever out of their room. All activity the youth engages in while the youth is out of his/her room will also need to be documented on the MHO form.
 - b. Welfare checks will be conducted in accordance with policy and procedure.
 - c. If the youth has an ankle monitor, it will be removed.
 - d. A youth eating in his/her room will not use any utensils. Living Unit officers need to contact the Kitchen by phone and submit an AVM to request "finger foods".
 - i. The AVM should indicate that the youth is placed on finger foods due to S-3 status.

- ii. If the youth is not eating in his/her room, utensils may be utilized.
- e. Youth is to be housed in an Observation room.
- f. Mattress and pillow must be intact. Youth will be issued a Ferguson blanket and a pillow. No sheet will be used, but it will be issued and placed in the youth's box outside the room.
- g. Youth is prohibited from having a comb, toothbrush, hand towel, and soap in their room.
- h. During daytime hours, the youth may wear normal clothing items when in their room, unless prohibited by a Mental Health Professional.
- i. Youth's room and clothing is to be searched for any obvious potentially harmful objects each time he/she enters their room.
- j. At bedtime, the youth is only permitted to have a V-neck uniform shirt, shorts, underwear and ankle socks for clothing. No polo style shirt, sweat shirt or T-shirt will be permitted. Sandals will not be permitted in the room at any time.
- k. A Ferguson gown may be worn, if deemed necessary.
- l. Youth is prohibited from having a hair tie.
- m. Youth shall participate in routine living unit activities with the exception of gym.
 - i. Youth will use a felt tip marker during school and leisure time, if a writing instrument is needed.
 - ii. 1:1 physical exercise is to be incorporated into the daily activity for S-3s.
- n. Personal hygiene activities will be visually supervised. If supervision is obstructed, officers should be standing close by with the door ajar except during showers or if the youth is in an Observation room or using the restroom.
- o. Officers may **NOT** be dually assigned to monitor any other youth while monitoring a youth at this level. Officers cannot participate/engage in any additional activities that will distract from observing the youth, due to the critical level of supervision required.
- p. A Health Services Professional will use the youth's date of birth to confirm identity before dispensing medication.
- q. Mental Health Professionals and Health Services Professionals are not considered "official personnel" and may treat (visit) a youth outside of their room, in an interview room, recreation yard, etc. with an accompanying officer to provide the appropriate level of supervision. During this time, the officer is required to observe but is not required to listen to the conversations.
- r. A Health Services Professional will re-evaluate the youth based on medical or mental health guidelines.

NOTE: Officers will notify a youth's guardian that the youth is not eligible for visitation while on this status.

4. **S-4** is considered imminent-risk, attempted suicide immediately prior to assignment of level.
 - a. Upon placement of S-4 status, youth and room are to be searched for any potentially harmful objects.
 - b. Officers will continually monitor the youth 1:1 and will make observational entries every 5 minutes on a MHO Form.
 - c. In addition to 5-minute documentation on a MHO Form, while the youth is asleep, the officer will physically check for and document breathing at least once every 15 minutes.
 - d. Health and welfare checks will be conducted at least every two (2) hours and documented, except on A-Shift.
 - e. Officers will engage youth in a conversation a minimum of every 30 minutes, unless the youth is sleeping; then a physical check of breathing will be conducted.
 - f. Youth will not participate in activities unless directed to by a Mental Health Professional.
 - g. Youth is to be housed in an Observation room with the door open.
 - h. Bedding is limited to Ferguson blanket, and the mattress must be intact.
 - i. No additional property is allowed in room.
 - j. Youth are only permitted to wear a V-neck uniform shirt, shorts, and underwear, for clothing. No polo style shirt, sweat shirt, T-shirt, ankle socks, or bra (for girls) will be permitted when in room. Sandals will not be permitted in the room at any time.
 - k. A Ferguson gown may be worn, if deemed necessary by a Mental Health Professional.
 - l. Youth is prohibited from having a hair tie.
 - m. Personal hygiene will be supervised 1:1.
 - n. Officers may **NOT** be dually assigned to monitor any other youth while monitoring a youth at this level. Officers cannot participate/engage in any additional activities that will distract from observing the youth, due to the critical level of supervision required.
 - o. A Health Services Professional will use the youth's date of birth to confirm identity before dispensing medication.
 - p. A Health Services Professional will re-evaluate the youth based on medical or mental health guidelines.

NOTE: Officers will notify a youth's guardian that the youth is not eligible for visitation while on this status.

NOTE: The following table will serve as a general guideline for Suicide Watch levels. However, a qualified Health Services Professional may, at their discretion and utilizing their best clinical judgment, assign Suicide Watch levels and modify stipulations most appropriate for each youth even if not all criteria for a level are met.

SUICIDE PRECAUTION GUIDELINES					
	S-1	S-2	S-3		S-4
Monitoring	Standard room and welfare checks. Heightened awareness.	Observation Room. 10-minute checks and documentation when in room. Welfare checks at oncoming shift for up shifts. Visual check of arms, neck, face, and pat down prior to reentering room.	Observation Room. 1:1 supervision at all times. Constant watch within arm's length when out of room and documentation for all activity engagement. 5-minute documentation when in room. When asleep, physically check for and document breathing at least once every 15 minutes. Welfare checks at oncoming shift for up shifts.		Observation Room with open door. 1:1 supervision at all times. Constant watch with 5-minute documentation. Verbal welfare check at least every 30 minutes, unless asleep. When asleep, physically check for and document breathing at least once every 15 minutes.
Clothing	Yes	No hair tie in room. <u>Bedtime</u> V-neck uniform shirt, shorts, underwear, and ankle socks. No polo style shirt, sweat shirt, or T-shirt.	No hair tie. <u>In Room</u> *Normal uniform in room during upshifts unless otherwise noted by Mental Health Professional <u>Out of Room</u> All routine clothing unless noted otherwise by Mental Health Professional. <u>Bedtime</u> V-neck uniform shirt, shorts, underwear, and ankle socks. No polo style shirt, sweat shirt, T-shirt, or sandals. Ferguson gown if needed.		V-neck uniform shirt, shorts, and underwear. No polo style shirt, sweat shirt, T-shirt, pants, ankle socks, bra (for girls), sandals, or hair tie. Ferguson gown if needed.
Standard Issued Hygiene Items	Yes	Yes	No		No

SUICIDE PRECAUTION GUIDELINES				
	S-1	S-2	S-3	S-4
Mattress, Pillow, Blanket and Sheet	Standard Issue	Pillow and blanket. Mattress, pillow and blanket must be intact. No sheet in room.	Ferguson blanket and a pillow. *Additional Ferguson blanket may be issued if needed due to temperature. Mattress and pillow must be intact. No sheet in room.	Ferguson blanket. *Additional Ferguson blanket may be issued if needed due to temperature. Mattress must be intact. No sheet or pillow.
Church	Yes	Yes	Yes	No
Cleaning Duties Outside of Living Unit	Yes	No	No	No
Eating Utensils	Yes	Yes	Yes, out of room. No, in room.	No
Gym	Yes	Yes	Yes with 1:1 supervision	No
Hygiene	Unsupervised	Unsupervised	Supervised	Supervised
Leisure Time	Yes	Yes	Yes Felt tip marker for writing	No
Reading	Yes	Yes	Yes	No
School	Yes	Yes	Yes Felt tip marker for writing	No
Step Up Advancement	Yes	Yes	No	No
Visitation	Yes	Yes	Official personnel only. Mental Health and Health Services Professionals may visit in areas outside of room with proper supervision.	Official personnel only. Only in room.

III. BEHAVIORAL WATCH STATUS (MAY BE APPLIED DURING INTAKE PROCESSING)

A. This status applies to:

1. A youth who has demonstrated any type of inappropriate conduct that may cause harm to him/herself, other youths or personnel.

2. A youth whose behavior has been documented and reported to a Juvenile Detention Supervisor (JDS)/Designee by an officer for the purpose of providing additional monitoring for reasons of safety and security.

B. This status may only be assigned or reviewed by a JDS/Designee.

C. A JDS/Designee will assign the level of supervision and restrictions required.

IV. TEMP-OUT OF YOUTH ON S-2, S-3, OR S-4 IN-CUSTODY

A. A Living Unit officer will notify a Health Services Professional prior to the temp-out or the release of the youth.

B. Officers will maintain 1:1 supervision within arm's length; all observation will follow S-2, S-3 or S-4 suicide precaution guidelines.

C. A Living Unit officer will contact a Mental Health Professional for further assessment of the youth.

D. A Living Unit officer or Unit 1 must notify the Transport Officer taking custody of the youth's current Suicide Watch Status.

E. Youth on a S-2, S-3 or S-4 level must have 2 officers available to transport. One officer must be sitting with the youth in the caged portion of a Detention transport vehicle or ambulance, and continue to document observations on the MHO Form.

F. All youth who return to Detention from a temp-out will remain on the same suicide level they left on. They will continue with that suicide level (S-2, S-3 or S-4) until an in-person evaluation is complete and the Detention Mental Health Professional assigns a new suicide level.

V. RELEASE OF YOUTH ON S-2, S-3, OR S-4 STATUS

A. A Living Unit officer will notify a Health Services Professional prior to the release of the youth.

B. S-3 and S-4 level youth(s) may be dressed out, no second shirt, belt, jacket, etc. Additional clothing or property will be given to the responsible adult accepting the youth.

C. A Living Unit officer will contact a Mental Health Professional for further assessment of the youth.

D. A Health Services Professional will inform the youth's guardian of the youth's suicide level.

1. A Mental Health or Health Services Professional must notify the responsible adult who is taking custody of the youth's current Suicide Watch Status and recommend mental health follow-up.

2. The youth is to be monitored by officers while notification is occurring.

VI. SELF-INJURIOUS NON-SUICIDAL IDEATIONS

A. The youth will be assessed by a Health Services Professional.

B. A Mental Health Professional will determine and document if subsequent issues of self-injurious behavior warrant the youth being placed on a suicide level.

- C. If it is determined that the youth is not suicidal, the youth may be placed on a Behavior Watch by a JDS/Designee.

VII. SUICIDE ATTEMPT

- A. First responder will radio a Code Blue.
- B. Suicide attempts will be treated with first aid by the first responder, a Health Services Professional or other trained personnel.
- C. The youth will receive a medical exam and review immediately.
- D. Report all suicide attempts immediately to the Detention Division Director and the Detention Health Services Liaison.
- E. Follow reporting procedures.

VIII. APPARENT SUICIDE

- A. First responder will radio a Code Blue.
- B. An apparent suicide victim will be treated by the first responder, a Health Services Professional or other trained personnel.
- C. Immediately notify the Detention Division Director and Detention Health Services Liaison.
- D. Refer to Detention Policy & Procedure D-802 Death of a Youth.
- E. Follow reporting procedures.

IX. MORTALITY REVIEW

- A. Mortality Review committee will consist of the Detention Division Director, Director of Juvenile Court Services/Designee, Detention Health Services Liaison, Health Services Medical Director, Health Services Administrator, Director of Behavioral Health, Quality Assurance & Improvement Program Coordinator, appropriate Health Services and Court personnel or representatives, and a representative of the Department of Pima County Correctional Medical.
- B. Follow established Health Services provider policies and procedures regarding the Mortality Review process.

SECTION C: Safety and Security IMPLEMENTED: 06/12/03
CHAPTER: C-300 Use of Force/Self Defense
NUMBER: C-303 Application of Physical and Mechanical Restraints 09/29/16 Update

RELATED STANDARDS: AOC III A.11, C-301, C-302, C-304, C-401, C-1101, D-101, D-401

POLICY:

In order to maintain a safe and secure living/working environment for youth and personnel, approved physical and mechanical restraints may only be used as a precaution against escape during transfer; to prevent youth self-injury, injury to others, or property damage; when escorting a physically out of control youth within the facility; and/or when transporting a youth outside the Pima County Juvenile Detention Center (PCJDC). Mechanical restraints should not be applied for more time than is reasonably necessary.

PROCEDURE:

Whenever physical or mechanical restraints are applied, Juvenile Detention Officers (JDOs) will use only the amount of force necessary to control the situation and achieve the objective of the youth's safety. JDOs will utilize de-escalation techniques before and during the restraint. Physical or mechanical restraints will be removed as soon as the youth demonstrates an adequate amount of self-control (e.g. youth calms down, becomes cooperative), or has returned to the facility from a temporary release. Mechanical or physical restraints shall never be used as a punishment.

JDOs are expected to know and correctly apply all Restraint and Use of Force Procedures.

I. APPROVED RESTRAINTS

- A. Physical Restraints: Techniques outlined in Policy & Procedure C-301 Continuum of Control/Force and taught in Handle With Care (HWC), without the use of mechanical devices.
- B. Mechanical Restraints: Include the proper use of Handcuffs, Leg Shackles, Leg Restraints, Leather Wrist Restraints, Leather Ankle Restraints, Restraint Bed, Spit Hood, Belly Chain, Tuff Ties, or any other equipment approved by the Administrative Office of the Courts (AOC) and issued by the Pima County Juvenile Court Center (PCJCC).

II. ALL RESTRAINT APPLICATIONS FOR REASONS OTHER THAN TRANSPORTATION MUST INCLUDE:

- A. Pre-approval by the Juvenile Detention Supervisor (JDS)/Designee unless there is an immediate threat of physical harm.
- B. Continuous one on one (1:1) direct visual of the youth with five (5) minute interval documentation on the Mental Health Observation (MHO) Form.
- C. Immediate notification to the Health Unit for Code Orange incidents via radio with a follow up phone call.
 - 1. The RN will respond immediately to the location of the Code Orange.
- D. An Incident Report (IR) identifying:
 - 1. Time of application
 - 2. Reason for application

3. Duration of application
 4. Personnel involved in the incident
 5. Notification to Detention Administration
- E. Wellness checks every ten (10) minutes to ensure the safety and the well-being of the youth.
- F. An examination by a Health Services Professional within twenty-four (24) hours after the incident.

III. APPROVED MECHANICAL RESTRAINT USES AND TECHNIQUES

Only Detention personnel who have received specific training in de-escalation skills, use of mechanical restraints, first aid and CPR may place a youth in restraints. Training will occur on an annual basis and will be documented. JDOs will use only the amount of force necessary to apply mechanical restraints, safely and effectively. The Continuum of Control will be utilized. JDOs will maintain proper positioning and stance while applying mechanical restraints.

- A. **HANDCUFFS:** Metal (not plastic) devices fastened around the wrist to restrict free movement of the arms and hands.
1. **WHEN AND WHERE TO USE:**
 - a. Escort to and from court **only** for youths who meet the criteria listed on Policy & Procedure C-304 Restraints to Court.
 - b. Escort to and from appointments outside Detention (Temp Out).
 - c. Use with high risk youths who have threatened to physically “act out” during escort within Detention.
 - d. Transport or forcible escort to a restraint room.
 2. **APPROVED APPLICATION PROCEDURE:**
 - a. In front of the body:
 - i. Request that the youth stands facing the JDO and extend his/her arms straight out, toward the JDO, with the palms together.
 - ii. Apply the handcuffs to the youth’s wrists comfortably, yet snug enough to prevent hands from slipping through. In this position, key access is on the hand side to facilitate easy removal.
 - iii. Double lock.
 - iv. Reverse this process to remove the handcuffs.
 - b. Behind the back:
 - i. Request that the youth stands facing away from the JDO with his/her hands interlocked on the top of his/her head.
 - ii. Standing behind the youth, physically take one hand from the youth’s head and bring that hand to the lower part of the youth’s back.
 - iii. Apply one cuff to the lowered wrist. Bring the second hand down while maintaining control of the first and apply the second cuff.
 - iv. Hands should be facing palms out, thumbs pointing back. In this position, key access is on the arm side to facilitate easy removal.
 - v. Double lock.

- vi. Reverse this process to remove the handcuffs.
- 3. VARIATIONS FOR HANDCUFF USE:
 - a. Use with leather (soft) wrist restraints:
 - i. During a physical intervention, “soft” restraint (either in the youth’s assigned room or in a holding cell).
 - ii. When a youth’s wrists are too large for handcuffs.
 - b. Use two (2) sets of handcuffs linked together as a length extension for youths who cannot place both hands touching behind their back.
- B. LEG SHACKLES: Metal devices fastened around the ankles to restrict free movement of the legs.
 - 1. WHEN AND WHERE TO USE:
 - a. Escort to and from court **only** for youths who meet the criteria listed on Policy & Procedure C-304 Restraints to Court.
 - b. Escort to and from appointments outside Detention (Temp Out).
 - c. High risk escort within Detention.
 - d. Use with leather (soft) ankle restraints:
 - i. During physical intervention, “soft” restraint (either in the youth’s assigned room or in a holding cell).
 - ii. When a youth’s ankles are too large for shackles, leather will be used in combination with shackles to fit the youth.
 - e. Transport to a room with a restraint bed.
 - 2. APPROVED APPLICATION PROCEDURE:
 - a. Request that the youth position him/herself in a kneeling position on a chair holding onto the back of the chair for stability.
 - b. The JDO will stand behind the youth (and off to one side to maintain officer safety) and apply the shackles.
 - c. Secure the shackles so they are snug enough to prevent removal and loose enough to allow the youth to walk without pain. Shackles may be placed over the youth’s pants to prevent irritation. Key access is on the floor side when the youth is in a standing position to facilitate easy removal.
 - d. Double lock.
 - e. Reverse this process to remove the shackles.
- C. BELLY CHAIN: Approved metal chain or leather belt, which fastens around the waist and is used to secure the arms to the sides or front of the body, to limit movement of the upper body.
 - 1. STANDARD BELLY CHAIN:
 - a. WHEN AND WHERE TO USE:
 - i. Escort to and from court **only** for youths who meet the criteria listed on Policy & Procedure C-304 Restraints to Court.
 - ii. High risk escort within Detention.

- iii. Use with leather wrist restraints during physical intervention, “soft” restraint (either in the youth’s assigned room, or in a holding cell).
- b. APPROVED APPLICATION PROCEDURE:

This procedure requires 2 JDOs; one to apply the restraint and the second to observe for security purposes.

 - i. Apply handcuffs to the youth with wrists positioned in the front.
 - ii. Have the youth stand facing away from the JDO.
 - iii. Approach the youth from the side and wrap the belly chain around the youth’s waist from the side.
 - iv. Wrap any excess chain around the waist and attach using the clip or “double up” the chain and attach in the front. This is to avoid any excess chain from swinging loosely about the youth’s body.
 - v. The chain should be comfortable around the youth’s waist, yet snug enough to prevent the youth from slipping the chain over his/her hips.
 - vi. Secure handcuffs to belly chain with the padlock.
 - vii. Reverse this process to remove the belly chain or leather belt.
- 2. TRANSPORT BELLY CHAIN:
 - a. WHEN AND WHERE TO USE:
 - i. Escort to and from appointments outside Detention (Temp Out).
 - b. APPROVED APPLICATION PROCEDURE

This procedure requires 2 JDOs; one to apply the restraint and the second to observe for security purposes.

 - i. Request that the youth stand facing away from the JDO with his/her hands interlocked on the top of his/her head.
 - ii. Approach the youth from the side and wrap the belly chain around the youth’s waist from the side.
 - iii. Feed the end of the chain with the small ring through the large ring on the other end.
 - iv. Double back the excess on the small ring end to take up slack.
 - v. The chain should be comfortable around the youth’s waist, yet snug enough to prevent the youth from slipping the chain over his/her hips.
 - vi. Apply the padlock in a way that avoids excess chain from swinging loosely about the youth’s body. Final padlock location will be behind the youth’s back.
 - vii. At this time, stand to one side of the youth.
 - viii. Physically take the closest hand from the top of the youth’s head and bring it down to waist level.
 - ix. Apply the handcuff and double lock.
 - x. Repeat with the other hand.
 - xi. In this position, key access is on the hand side to facilitate easy removal.
 - xii. Reverse this process to remove the belly chain.

- D. LEATHER WRIST AND ANKLE RESTRAINTS: Leather bands which fasten around and restrict the movement of the wrists and/or ankles.
1. WHEN AND WHERE TO USE:
 - a. Leather Wrist Restraints:
 - i. Use with handcuffs during physical intervention, “soft” restraint (either in the youth’s assigned room, or in a holding cell).
 - ii. Use with a belly chain or leather belt during physical intervention, “soft” restraint (either in the youth’s assigned room, or in a holding cell).
 - iii. Use with larger size youths.
 - b. Leather Ankle Restraints:
 - i. Use with leg shackles during physical intervention, “soft” restraint (either in the youth’s assigned room, or in a holding cell).
 - ii. Use with handcuffs during physical intervention, “soft” restraint (either in the youth’s room, or in a holding cell).
 - iii. Use with larger size youths.
 2. APPROVED APPLICATION PROCEDURE:

To be used in combination with handcuffs and/or leg shackles.

 - a. Wrap the leather restraint around the wrist and/or ankle snugly.
 - i. For circulation purposes, the restraint should be snug enough to prevent the youth from slipping their hand or foot out of the restraint while leaving room and loose enough for the JDO to insert one finger between the leather restraint and the youth’s skin.
 - ii. When handcuffs or leg shackles are applied to leather restraints, they act as the locking mechanism.
 - b. Slide the single strand of the cuff through the metal loop of the leather restraint and close the cuff to the sound of several “clicks.” Do not allow the cuff to close beyond the teeth of the single strand.
 - c. Double lock the cuff.
 - d. Direct observation by a JDO shall be continuous and documentation of their observations should be written on the MHO form every 5 minutes whenever a youth is in mechanical restraints.
- E. RIOT SHIELD (concave): is a form of protective equipment which decreases the risk of assault to officers and injury to youth.
1. WHEN AND WHERE TO USE:
 - a. Prior approval from a JDS/Designee to utilize the shield must be obtained.
 - b. The shield can be used with youth who have a history of assaultive behavior toward personnel.
 - c. The shield can be utilized with youth exhibiting aggressive or combative behavior.
 2. APPROVED APPLICATION PROCEDURE:
 - a. The use of the shield should consist of at least 5 officers.
 - i. Shield officer

- ii. Left side officer for youth's upper quadrant
 - iii. Right side officer for youth's upper quadrant
 - iv. Left side officer for youth's lower quadrant
 - v. Right side officer for youth's lower quadrant
 - b. Prior to entering the youth's room or enclosed area, the 5 officer team should line up in a pre-planned configuration close to the youth's door, but not within the youth's eye sight.
 - c. The youth's door should be accessed by a JDS/Designee.
 - d. The shield officer should enter the room first followed by the other officers in order of assignment (e.g. 1, 2, 3, 4, 5) while putting one hand on the shoulder of the officer in front of them as a guide.
 - e. When the youth has been cornered to a certain area, the other officers should immediately break off to their respective quadrants.
 - f. The shield officer should maintain security of the shield until all mechanical restraints have been applied.
 - g. Once the mechanical restraints have been applied, the shield officer may hand the shield over to another officer in order to assist wherever needed.
- F. RESTRAINT BED: A bed specifically equipped with mattress, locking bed restraints, and torso restraints used to secure a person to the bed.
- 1. WHEN AND WHERE TO USE:
 - a. A youth can only be placed on a restraint bed under the direction of a JDS/Designee.
 - b. Use with locking bed restraints and torso restraints to secure the youth to the bed.
 - c. A spit hood may be included, as needed.
 - 2. APPROVED APPLICATION PROCEDURE:

When a youth is taken to the restraint bed, handcuffs and shackles will have been applied prior to transport. A minimum of 5 officers must be present to safely secure the youth to the restraint bed, along with a JDS/Designee.

 - a. Place the youth on the restraint bed in a prone position (face down).
 - b. While controlling the youth's body position, do the following:
 - i. Apply a spit hood, **if needed**.
 - ii. Remove the handcuffs used for transport.
 - iii. Roll the youth over to a supine (face up) position.
 - iv. Secure the youth's wrists to the locking bed restraints.
 - v. Apply the bed torso restraint to the youth's upper chest.
 - vi. Remove the shackles used for transport.
 - vii. Secure the youth's ankles to the locking bed restraints.
 - viii. Apply the bed torso restraint to the youth's thighs above the knees.
 - ix. Reverse this process to remove the youth from the restraint bed.

- c. Make attempts to calm the youth during the entire process.
 - i. The process may be stopped at anytime, should the youth regain control of him/herself.
 - d. Once the youth is secured on the restraint bed:
 - i. A JDO will immediately notify the Health Unit that the youth is in restraints.
 - ii. The RN will respond to the restraint room immediately to assess the youth and RN will notify a Mental Health Professional so that they may conduct a mental health assessment.
 - e. While the youth is secured on the restraint bed:
 - i. Welfare checks shall be conducted on the youth's lower and upper extremities and documented every 10 minutes, to ensure the safety and well-being of the youth.
 - ii. The RN will assess the youth every fifteen (15) minutes.
 - iii. Direct observation by a JDO shall be continuous and documentation of their observations shall be written on the MHO form every 5 minutes.
 - iv. The Detention Division Director (DDD)/Designee must be notified of all bed restraints as soon as possible.
 - f. When a youth is removed from the restraint bed a JDS/Designee will:
 - i. Check the youth for any possible injuries.
 - ii. Notify the Health Services Professional on duty that the youth is off restraints and where the youth will be housed for further consultation.
 - iii. Follow debriefing protocol.
3. VARIATIONS FOR RESTRAINT BED USE:
- a. Substitutes for locking bed restraints and bed torso restraints are not allowed.
 - b. If no restraint beds are available, the JDS or Senior Juvenile Detention Officer (SJDO)/Designee may authorize securing the youth in leather restraints (wrists and ankles) on a mattress on the floor.
 - c. Unless medical issues/concerns dictate otherwise, the supine position will be used when restraining a youth to the bed.
4. RESTRAINTS LONGER THAN THIRTY (30) MINUTES:
- If after 30 minutes on the restraint bed, the youth continues to physically struggle, be verbally abusive, and/or act out in any way that is endangering him/herself or others:
- a. The JDS/Designee will contact the DDD/Designee to notify him/her that the youth's time on the restraint bed has been extended.
 - b. The DDD/Designee will contact the Director of Juvenile Court Services/Designee to notify him/her that the youth's time on the restraint bed has been extended.
 - c. This will be repeated every 15 minutes after the initial 30 minute period has been exceeded, until the youth is removed from the restraint bed, or the chain of command has asked not to be called.
 - d. Youth shall not be fully restrained for longer than thirty-one (31) minutes without further evaluation from a Health Services Professional.

- G. SPIT HOOD: Paper hood that is placed over a person's head to discourage and prevent a youth from spitting on or at Detention property or personnel.
1. WHEN AND WHERE TO USE:
 - a. Use with any combination of the above listed restraints, only when needed.
 - b. Spit hoods are only effective if the youth is unable to remove it. Therefore, they must be used only in combination with any type of restraint (e.g. "soft" restraints, handcuffs, belly chain).
 2. APPROVED APPLICATION PROCEDURE:
 - a. It may only be used when a youth is spitting at Detention personnel or a Health Services Professional.
 - b. Place the spit hood over the youth's head with the netting on the upper part of the youth's head and the absorbent material covering the lower part of the youth's face.
 - c. The spit hood shall be removed when the behavior ceases.
- H. CHEMICAL RESTRAINT:
1. Is applied by a Health Services Professional, only with approval from the MD (Doctor of Medicine) and the Director of Juvenile Court Services.
 2. Situation must be reviewed with DDD/Designee prior to contacting the Director of Juvenile Court Services.

IV. EQUIPMENT REQUIRED FOR VARIOUS SITUATIONS:

- A. Court Escorts:
1. Youths on full restraints to court status: shackles, handcuffs, and belly chain
- B. Temp Outs:
1. Shackles, belly chain, and leg restraints
 2. See Policy & Procedure C-1101 Transportation Procedures.
- C. Low Risk Escorts Within Detention:
1. No mechanical restraints needed.
 2. Utilize HWC techniques as needed.
- D. High Risk Escorts Within Detention:
1. HWC, handcuffs, leg shackles or restraints, and/or belly chain
 2. JDOs must seek guidance from a JDS/Designee prior to the application of restraints for High Risk Escorts.
- E. Physical Intervention, "Soft" Restraints:
1. Handcuffs, leather wrist restraints, leather ankle restraints, leg shackles, belly chain, and/or spit hood
- F. Physical Intervention, Restraints:
1. Handcuffs, leg shackles or restraints, leather wrist and ankle restraints (if needed for oversized youths), restraint bed, spit hood, riot shield, locking bed restraints, and/or bed torso restraints.

REI Reintegration Status and Room Confinement

- **Major violation – all items that are currently “Non-negotiable R24” items.**
 - Orange uniform – youth will be issued an orange uniform and wear it for 24 hours from the time of positive behavior.
 - Level O – from time of positive behavior, however will not move up until they complete their MAP.
 - Eat meals at tables alone. If talking to others and not following instructions may earn room confinement (inform Unit 1).
 - Youth will sit alone during leisure time.
- **Room Confinement = Youth who is actively acting out (engaging in threats, or behavior that threatens immediate harm to others or destruction or damage to property) and requires room confinement will:**
 - Will be reintegrated into activities as soon as youth has regained self-control.
 - Will not have fixed periods of time in room confinement.
 - Will not exceed 2 hours in room.
 - Unless youth is acting out past the 2 hour period and approval from Detention Supervisor or Detention Administrator has been granted.
 - Will be documented at a minimum of every 10 minutes on the Room Confinement Behavior Tracking Form – only while in room.
- **All room confinements must have thorough supporting documentation to include:**
 - Incident Report and/or Discipline form – whichever is appropriate.
 - REI form with constant notes on behavior.
 - REI form Supervisor or above documentation of review every 2 hours a youth remains on room confinement.
 - Documentation on REI form of when youth is removed from room confinement.
 - A new REI form, IR/Discipline report as supporting doc., if the youth is later returned to room for new behaviors.
- **Other**
 - Youth may request a time out for up to 60 min.
 - If youth wishes to take a time out for longer than 60 min, must be approved by a Detention Supervisor or Detention Admin.
 - Time out must be documented in youth file.
 - If a youth refuses an activity and stays in there room that is not considered room confinement, must be documented.
 - They should not get an activity later that was refused when offered.
 - When removed from 0 level, will follow level system currently in place.
 - Slowing activities down or using limited activities where youth must split time is not considered room confinement. Youth must still get all mandatory activities and may not spend excessive time in rooms. Documentation for limited activities is required.
 - Bedtime, hygiene, shift change, and emergency situations are not considered room confinement, however, youth’s time in room needs to be at a minimum during these times.
- **Non-REI violations (previous 8hr lockdowns or less)/Alternatives to Discipline**
 - Receive L or A grades – should be automatic for any behavior concerns
 - Level in jeopardy
 - Drop Level
 - Eat out separately from other youth
 - Loss of incentive (movie times)
 - Write an essay
 - Write an apology
 - Seated apart during leisure
 - Slowing down activities
 - Walk outside
 - Journal write feelings
 - Use of coping skills

Note: REI = Ready for Re-integration