







San Francisco Juvenile Probation Department

Juvenile Hall Policy and Procedures Manual

Chapter 10 - Security and Control

Policy Number:	10.17
Policy Name:	Use of Physical Restraints
Authority:	Title 15, 1357, 1358, 1358.5 WIC: 210, 222, 885 Penal Code: 6030(f) W&I Section 210.6
Replaces:	10.17 - Use of Restraints (1/01/2019)
Effective Date:	12/18/2020
Related Policies and Procedures:	10.07 - Mechanical Restraint Determination 10.08 - Use of Restraint Devices for Movement and Transportation within the Facility 10.16 - Use of Force
Related Forms:	Mechanical Restraint Determination Form
Director of Juvenile Hall:	Bobby Uppal 
Chief Probation Officer:	Katherine Weinstein Miller 
Director, Special Programs for Youth:	Mona Tahsini 
Medical Director, Special Programs for Youth:	Helena Chan 

I. PRINCIPLE

The San Francisco Juvenile Probation Department recognizes the use of physical restraints on youths is a serious responsibility that requires continuous evaluation and monitoring. Physical restraint devices include any device which immobilizes a youth's extremities and/or prevents the youth from being ambulatory.

II. POLICY

This policy defines staff responsibilities and limitations concerning the use of physical restraints. Department approved restraints include handcuffs, leg irons (shackles), waist chains, and riot plastic zip ties.

Prior to utilizing any physical restraints, sworn staff shall use de-escalation techniques, crisis intervention tactics, and other less restrictive alternatives when feasible and safe to do so. Youth shall be placed in restraints only when approved by the Officer of the Day, the Director of Juvenile Hall or designee. Reasons for continued retention shall be reviewed and documented at a minimum of every hour.

For the purpose of this section, physical restraints may be used only for those youth who present an imminent or substantial threat to themselves, other youths, or staff which results in self-inflicted harm or harm to others, who exhibit behavior which results in the destruction of property or reveals the intent to cause self-inflicted physical harm. Restraint devices include any device which immobilize a youth's extremities and/or prevent the youth from being ambulatory. Generally, these types of incidents are mental health related and SPY shall be notified immediately. Physical restraints shall only be utilized when less restrictive alternatives would be ineffective in controlling a youth's behavior.

In no case shall physical restraints be used as punishment, discipline, or as a substitute for treatment. The use of physical restraint devices that attach a youth to a bed, wall, floor, or any other fixture (including a restraint chair), or through affixing of hands and feet together behind the back (hogtying) is strictly prohibited. Physical restraints shall not be applied on pregnant youths with their hands behind their backs.

If physical restraints cannot be removed, continuous direct visual supervision shall be conducted to ensure the restraints are properly employed and to ensure the safety and well-being of the youth. Observations of the youth's

behavior and any staff interventions shall be documented in an incident report.

Juvenile Hall staff shall document in an incident report the circumstances leading to the application of the restraints, any known medical conditions that would contraindicate certain restraint devices and/or techniques, and the physical restraint devices utilized.

At no time, shall a restrained youth be secured in a holding cell or left alone. Juvenile Hall staff shall provide continuous direct supervision of the restrained youth to ensure the restraints are properly employed and to ensure the safety and well-being of the youth.

Juvenile Hall staff shall complete a Use of Mechanical Restraints form if a mechanical restraint is applied to a youth for movement within the facility. SPY shall be notified immediately to conduct a medical assessment after the mechanical restraints have been removed.

Any Juvenile Hall staff member present during an incident where another Juvenile Hall staff person is clearly using the restraints improperly shall immediately intervene to correct the situation. Any Juvenile Hall staff person who observes improper use of restraints shall immediately report the incident to the Officer of the Day and complete an incident report of their observation prior to going off duty.

The youth shall remain in their current living unit or may be relocated to another living unit, both with direct visual supervision until further assessment by SPY or a licensed medical professional.

A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two (2) hours from the time of placement. The youth shall be medically cleared for continued retention at least every three (3) hours thereafter.

A mental health consultation shall be secured as soon as possible, but in no case longer than four (4) hours from the time of placement, to assess the need for mental health treatment.

Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded. In addition to the requirements above, policies and procedures shall address:

- Documentation of the circumstances leading to an application of restraints.
- Known medical conditions that would contraindicate certain restraint devices and/or techniques.
- Acceptable restraint devices.
- Signs or symptoms which should result in immediate medical/mental health referral.
- Availability of cardiopulmonary resuscitation equipment.
- Protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.
- Provision for hydration and sanitation needs.
- Exercising of extremities.

This policy was developed in cooperation with the Director of Juvenile Hall and the responsible physician.

A. Improper Use of Physical Restraints

- i. Juvenile Hall staff shall never use physical restraints on a youth for punishment, discipline, retaliation, coercion, treatment, or therapy.
- ii. Physical restraints shall never be used to secure a youth to any part of a transporting vehicle (except for safety seat belts).
- iii. The use of physical restraint devices affixing hands and feet together behind the back (hogtying) is strictly prohibited.
- iv. The use of physical restraint devices that attach a youth to a bed, wall, floor, or any other fixture (including a restraint chair).

- v. A youth who is known to be pregnant or in recovery from delivery shall not be restrained except as provided by Section 3407 of the California Penal Code.

Section 3407 of the California Penal Code states:

- Anyone known to be pregnant or in recovery after delivery shall not be restrained using leg irons, waist chains, or handcuffs behind the body.
- A pregnant youth shall be transported in the least restrictive way possible, consistent with the legitimate security needs of each youth.
- A pregnant youth in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the youth, the staff, or the public.
- Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary, unless deemed necessary for the safety and security of the youth, the staff, and/or the public.

B. Training

Sworn staff shall be trained with Department approved physical restraint techniques that restrict mobility or movement and disengage the youth from harmful physical contact. In addition, all

sworn staff should be trained in de-escalation techniques. Training should include, but is not limited to, the following topics:

- i. Known medical and behavioral health conditions that would contraindicate certain types of reasonable and necessary force;
- ii. Signs of symptoms that should result in an immediate referral to medical or behavioral health;
- iii. Instruction on the Constitutional Limitations of the Use of Force; and
- iv. Physical training force options that may require the use of perishable skills.

All sworn staff must participate in initial training upon assignment and regular update training thereafter. Training must consist of 8-hours and cover the topics identified above. Juvenile Hall staff are also trained in CPR (Cardiopulmonary Resuscitation) and the location of the AED.