

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 18-7</p>	<p align="center">Policy # 8.31</p>
<p>Applicability: { } All DJJ Staff { } Administration { } Community Services {x} Secure Facilities</p>	<p>Related Standards & References: ACA Standards: 3-JDF-3A-15, 3-JDF-3A-16, 3-JDF-3A-16-1, 3-JDF-3A-16-2, 3-JDF-3A-1, 3-JDF-3A-17, 3-JDF-3A-18, 3-JDF-4C-33-1, 4-JCF-2A-13, 4-JCF-2A-15, 4-JCF-2A-16, 4-JCF-2A-17, 4-JCF-2A-18, 4-JCF-2A-19, 4-JCF-4C-47 NCCHC Juvenile Health Care Standards, 2004: Y-A-10 Journal of the American Academy of Child and Adolescent Psychiatry, Practice Parameters for the Prevention and Management of Aggressive Behavior, Volume 41, Number 2 DJJ 8.5, 8.15, 8.30, 8.23, 8.32, 12.22, 16.3, 20.9, 20.51</p>	
<p>Chapter 8: SAFETY, SECURITY AND CONTROL</p>	<p>Effective Date: 3/28/18 Scheduled Review Date: 3/28/19</p>	
<p>Subject: RESTRAINT OF YOUTH</p>	<p>Replaces: 9/20/17 Secure Facilities Division</p>	
<p>Attachments: A – Employee Certification of Compliance with Restraints B – Approved Mechanical Restraint Devices C – Restraint Flow Sheet D – Therapeutic Restraint Order E – Therapeutic Restraint Inventory</p>	<p>APPROVED:  _____ Avery D. Niles, Commissioner</p>	

I. POLICY:

Department of Juvenile Justice staff members shall use the least restrictive alternative needed to restrain a youth. Restraints shall always be utilized in the most humane and safe manner possible with respect for the youth’s autonomy and dignity.

II. DEFINITIONS:

Director: For the purposes of this policy, the staff member responsible for the overall operation of a Regional Youth Detention Center (RYDC), Youth Development Campus (YDC), community services office, or other DJJ owned, operated, or contracted facility or program.

Escort: Accompanying a youth to another location within a secure facility.

First Aid: Initial treatment given by a staff member trained in providing first aid to a sick or injured youth to preserve life, prevent further injury, or promote recovery.

Injury Severity Rating: A numerical rating assigned by medical services staff that indicates the extent of a youth’s injury.

Least Restrictive Alternative: The least amount of restriction necessary to manage an acting-out youth. Use of the physical intervention continuum so that primary strategies are used before secondary strategies whenever possible.

Mechanical Restraint Device: Any device used to completely or partially constrain a person’s bodily movement. Approved mechanical restraint devices are listed in Attachment B of this policy.

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Qualified Mental Health Professional (QMHP): Mental health staff with education, training and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments or provide individual counseling to youth with mental illness, the QMHP must have at least a master’s degree in a mental health related field and training and experience in the provision of mental health assessment and counseling procedures. A mental health intern under the supervision of a QMHP may perform the functions of a QMHP.

Report of Youth Injuries: The document used by medical services staff to document the youth’s verbatim statement and physical condition following an incident, and to assign an injury severity rating to any injury sustained in the incident.

Restraint: The complete or partial constraint of a person’s bodily movement through physical or mechanical means.

Restraint Chair: A chair device used, within the constraint of using the least restrictive alternative, to restrict movement of a violent, out-of-control youth for the protection of the youth and/or others.

Security Restraint: The initiation of a mechanical restraint device by security staff as a safety intervention with a youth whose behavior presents an imminent threat to the security of the facility and/or the safety of self or others. Approved security restraint devices are listed in Attachment B of this policy.

Therapeutic Restraint: An intervention initiated, at a minimum, by a qualified mental health professional for youth whose behavior presents an imminent threat to the safety of self or others that must be specifically ordered by a Psychiatrist, Physician, or Psychologist. Approved therapeutic restraint devices are listed in Attachment B of this policy.

Transport: Accompanying a youth to a location outside of a secure facility.

III. GENERAL PROCEDURES:

- A. All authorized employees will receive competency-based training from the Office of Training in the use of force. At the end of the new employee orientation/onboarding process, each employee will sign the Employee Certification of Compliance (Attachment A) with the Use of Force policy affirming that he/she has read, understood, and will comply with the policy. The signed statement will be placed in the employee’s training record. Failure to sign or a missing Employee Certification of Compliance will not prevent any disciplinary actions.
- B. Untrained staff will only physically intervene in a life-threatening event when no other trained staff members are available to respond or in non-life threatening events when the trained staff requires that level of assistance. Untrained staff will use the minimum level of intervention necessary to safely manage the situation.

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- C. The least restrictive alternative will serve as the guideline to the response(s) authorized by DJJ to manage behavioral infractions (DJJ 8.30, Use of Force).
- D. Use of Force techniques, including the use of mechanical restraint devices, will be used as trained by the Office of Training.
- E. In all instances where time permits and video cameras are available, use of force techniques, including restraint devices, will be recorded. (See DJJ 8.15, Video Cameras.)
- F. Mechanical restraint devices will be routinely used for transport purposes. The routine use of mechanical restraint devices for the purpose of movement of a compliant youth outside of the confines of a secure facility is not considered a use of force technique. (See DJJ 8.23, Transportation of Youth, for guidelines regarding the restraint of compliant youth during routine movement out of the facility.)
- G. Community Services Staff:
 - 1. Community services staff trained by the Office of Training will utilize use of force techniques in accordance with DJJ 20.9, Use of Security Equipment by Community Services Staff.
 - 2. Mechanical restraint devices will be routinely used for transport purposes in accordance with DJJ 20.51, Community Transportation of Youth.
- H. The use of mechanical restraint devices is for safety intervention purposes only when absolutely necessary and never as a form of intimidation, retaliation, punishment, or as a substitute for staff supervision. A “cooling off” period may be used as a lesser alternative to the use of mechanical restraint devices. (See DJJ 16.3, Cooling Off.)
 - 1. Mechanical restraint devices may be used for escort purposes to ensure the safety of the youth or others. Youth will be restrained only for the time necessary to maintain control or to arrive at a final destination.
 - 2. Only approved mechanical restraint devices (Attachment B) will be used to restrain youth.
 - a. Mechanical restraint devices will not be routinely used to escort or otherwise control compliant youth. Mechanical restraint devices may be used for escort purposes only as a last resort effort to ensure the safety of the youth or others.
 - 3. Any youth who is mechanically restrained will be under the constant visual observation of a staff member who has physical possession of the key.

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4. During the time of restraint, the youth will be offered fluids every 2 hours, meals during regular meal times, and a bed pan/urinal at least every 2 hours. Security staff will document these activities on the Restraint Flow Sheet (Attachment C).
5. Staff will feed the youth if he/she is unable to do so and report to health care staff the amount of food consumed. (The food offered will not represent a choking hazard and the youth will be fed in an upright position.) The health care staff will document the amount of food consumed in the health record.
6. If a youth needs a bed pan/urinal assistance will be provided by health care staff or a JCO of the same-sex.
7. More than one type of mechanical restraint device may be used at one time (i.e., handcuffs and shackles); however, the minimum amount of restraint will be used to maintain control. Mechanical restraint devices will be applied only in accordance with the training protocol provided by the Office of Training.
8. Use of a mechanical restraint device on a pregnant female must be approved by medical staff prior to the application of the restraint device.
9. Youth will never be handcuffed or attached to any stationary object, except with the use of an approved restraint chair.
10. When a youth is restrained, physically or mechanically, the head must be able to rotate freely, the airway must be unobstructed at all times, and the lungs must not be restricted by excessive pressure on the back.
11. All restrained youth will be removed from the general population and public view to prevent embarrassment or ridicule.

IV. SECURITY RESTRAINTS:

- A. Security restraints may be used only when:
 1. A youth is physically uncontrollable and constitutes a serious and imminent danger to self or others;
 2. A youth is causing or threatening to cause physical harm or substantial property damage that puts in jeopardy the safe operation of the facility (see DJJ 8.5, Special Incident Reporting);
 3. An escape attempt is imminent or in progress; or
 4. Transporting a youth.

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B. Documentation of Security Restraints:

1. The Restraint Flow Sheet (Attachment C) will be initiated 15 minutes after the mechanical restraint device (excluding a restraint chair) is applied, updated every 15 minutes, and will include, at a minimum:
 - a. Time restraints were applied and removed;
 - b. The initials or signature of the staff member applying the restraints;
 - c. Exact time of the check or review;
 - d. Findings and/or recommendations; and
 - e. Any actions taken.
2. Every 15 minutes, security staff will assess the youth to ensure that the restraints are properly applied and that the youth is not in distress. These assessments will be documented on the Restraint Flow Sheet.
3. The Restraint Flow Sheet will not be required for the routine use of restraints to transport a youth to a location outside of a secure facility.

C. Use of the restraint chair as a security restraint: A restraint chair will be used only in extreme instances and only when other types of restraints have proven ineffective or the safety of the juvenile is in jeopardy. Advance approval from the facility Director, or someone higher in the chain-of-command, is required before a youth may be placed in a restraint chair.

1. A restraint chair will only be used by staff trained in the use of the chair.
2. A youth will only be placed in a restraint chair when he/she continues to exhibit violent behavior after being restrained with cuffs and is being physically restrained by staff. Security staff will constantly monitor youth in a restraint chair to prevent possible tipping over. The chair will be located at least 18 inches from walls, doors and furniture to prevent head banging.
3. The use of a restraint chair as a safety / security intervention for longer than 30 minutes will be reported to the senior mental health staff member on duty or the on call mental health clinician, and the licensed health care provider on duty/on call.
 - a. The senior mental health staff member on duty or the on call mental health clinician will determine if there are known mental health issues that should be considered when deciding to continue the restraint. This mental health consultation will not be considered to be the initiation of

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therapeutic restraint unless a therapeutic restraint order is specifically issued.

4. When a youth is placed in the restraint chair, the Restraint Flow Sheet (Attachment C) will be initiated immediately, updated every 15 minutes, and include the following information:
 - a. Time restraints were applied and removed;
 - b. The initials or signature of the staff member applying the restraints;
 - c. Exact time of the check or review; and
 - d. Findings and/or recommendations from consultation with medical and mental health staff.
5. The facility Director or designee will evaluate and re-authorize the restraint status, using the Restraint Flow Sheet, every 60 minutes for as long as the restraint continues.
6. Any youth who is placed in a restraint chair for more than 2 hours will be evaluated in person by a licensed health care professional and by a qualified mental health professional. These assessments will be documented using the Restraint Flow Sheet. As a result of the assessments, the licensed health care professional and the qualified mental health professional will either:
 - a. Approve the continuation of youth placement in the restraint chair until the next review in 2 hours;
 - b. Initiate a therapeutic restraint; or
 - c. Develop a plan for alternative interventions and assist in the implementation of the plan, in consultation with the facility Director or designee.
7. If after 2 hours, a youth who is placed in a restraint chair meets the criteria for release, but refuses release from the restraint, a Qualified Mental Health Professional (QMHP) and a licensed health care professional must evaluate the youth and determine if continuation of placement in the restraint chair is contraindicated.
 - a. If the QMHP and/or licensed health care professional determine that continuation of placement in the restraint chair is contraindicated, the facility Director will determine the most reasonable means of immediately releasing the youth from the restraint chair. The QMHP and

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licensed health care professional will remain on site until the youth has been successfully released from the restraint chair.

- b. If the QMHP and/or the licensed health care professional determine that continuation of placement in the restraint chair is not harmful, they will document the determination on the Restraint Flow Sheet and in a JTS progress note.
 - i. The QMHP and licensed health care professional will not be required to return to the facility unless there is a change in the youth's status.
 - ii. The Facility Director, or someone higher in the chain-of-command, will determine whether or not the youth required immediate release from the restraint chair and will act accordingly.
 - iii. The officer responsible for maintaining constant visual observation of the youth must contact the QMHP or mental health on-call staff if the youth's status or presentation changes.

V. THERAPEUTIC RESTRAINTS:

A. Approval for Therapeutic Restraints:

1. Therapeutic restraints will be utilized only after the youth is evaluated by a QMHP and if sufficient staffing is available to meet the standards outlined in this policy. (If sufficient staffing is unavailable, staff will ensure that the youth remains safe and evaluate the youth for hospitalization.)
2. The therapeutic restraint episode must be ordered by a Physician, Psychologist or Psychiatrist.
3. In an emergency, the therapeutic restraint may be initiated upon the initial authorization of a QMHP. However, the therapeutic restraint order must be received from a Psychiatrist or Psychologist within 1 hour, even if the restraint episode has already ended. Verbal orders must be co-signed by the ordering clinician at the next site visit.

B. Documentation of Therapeutic Restraints:

1. The Restraint Flow Sheet will be immediately initiated when the mechanical restraint device is applied, and will include, at a minimum:
 - Time restraints were applied and removed;
 - Staff member's printed name and initial;

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- Exact time of the check or review;
 - Findings and/or recommendations; and
 - Any actions taken.
2. For restraint episodes that begin with a security restraint, documentation will continue using the same Restraint Flow Sheet.
 3. Security Documentation:
Every 15 minutes, security staff will assess the youth to ensure that the restraints are properly applied and that the youth is not in distress. These assessments will be documented using the Restraint Flow Sheet.
 4. Mental Health Documentation:
 - a. Every 15 minutes, staff will assess the youth's mental status and the need to continue the therapeutic restraint episode. These assessments will be documented using the Restraint Flow Sheet.
 - b. Each youth will be evaluated by a master's level QMHP as soon as possible (but always within 72 hours) after removal of the restraints.
 5. Medical Documentation:
A licensed health care professional of at least the level of a Registered Nurse or Licensed Practical Nurse will conduct an assessment of each youth therapeutically restrained every 15 minutes during the entire restraint episode to check vital signs, circulation, nerve damage, and/or airway obstruction. Documentation will be made on the Restraint Flow Sheet.
 6. Order for Therapeutic Restraint:
 - a. The Therapeutic Restraint Order Form (Attachment D) will be used by the ordering clinician to indicate the date and time of the order, type of mechanical restraint device(s) to be used, maximum duration of the order, criteria for release, and level of observation.
 - b. Verbal and written orders for therapeutic restraint are limited to:
 - 1 hour for youth younger than age 9;
 - 2 hours for youth ages 9 to 17; and
 - 4 hours for youth ages 18 and older.

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C. Continuation of Therapeutic Restraints:

1. Re-evaluation of the need for restraints must be conducted in person by a QMHP at least every 15 minutes from the initiation of the therapeutic restraint unless the restraint is ordered in a Special Management Plan.
2. If a youth should remove his/her therapeutic restraints, he/she will be reassessed to determine whether restraints are still needed. The mere removal of the restraints is not sufficient in and of itself to reapply the restraints. Restraints will be re-applied only in those situations in which the youth has not regained control and still meets the clinical criteria for restraint. A new order for the therapeutic restraint must be issued.
3. Any youth who requires restraint beyond the amount of time ordered must have a new order for the therapeutic restraint.
4. At the discretion of the QMHP, the youth will be released from restraints if he/she remains calm for 15 continuous minutes. If the youth requests removal from restraints, upon concurrence by the QMHP, the restraints may be removed.

D. Special Management Plans:

1. If a therapeutic restraint is ordered as an intervention in a Special Management Plan, the QMHP will re-assess the youth as directed in the Special Management Plan. The QMHP may perform the re-evaluation, but the ordering clinician must provide another order if the restraint episode is to continue beyond the timeframe specified in the original therapeutic restraint order.
2. Therapeutic restraints may be authorized by the facility Psychiatrist or Psychologist as a therapeutic intervention in a Special Management Plan. The Special Management Plan must be fully reviewed per DJJ 12.22, Special Management Planning.
3. Special Management Plans will never order re-evaluation intervals of longer than 60 minutes.
4. The specific clinical rationale for therapeutic restraint episodes of more than 15 minutes' duration will be documented as part of the Special Management Plan development in a Special Management Team Note.
5. When the therapeutic restraint is used as an intervention in a Special Management Plan, the QMHP or Registered Nurse must obtain a Therapeutic Restraint Order within one hour of the restraint being used. Therapeutic restraints will not be ordered on an "as needed" (PRN basis).

E. The facility Director will ensure that a therapeutic restraint drill is conducted quarterly.

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- F. The Designated Mental Health Authority (DMHA) will conduct an annual inventory of all therapeutic restraint to ensure that each restraint is operable, usable, and meets the clinical needs of the current population.
1. The DMHA will document this inventory on the Therapeutic Restraint Annual Inventory Form (Attachment E).
 2. The DMHA will send a copy of the completed form to the facility Director and to the Regional Behavioral Health Services Administrator. The DMHA will also file a copy in the facility program plan.

VI. RESTRAINT EQUIPMENT:

- A. Restraint equipment will be maintained on a shadow board, if so adaptable, in a secure area that is readily available to staff, as designated by the Director. The inventory form will be located with the restraints.
- B. The facility Director will ensure that a sufficient amount of operable, clean restraint equipment is readily available. Each facility should maintain the number of restraints and flex cuffs as required by the local operating procedure. (Flex cuffs will only be used in an emergency.)
- C. The DMHA and Mental Health Treatment Team will evaluate the population needs of the facility annually to recommend to the Director of the Office of Behavioral Health Services the number and type of therapeutic restraint equipment needed. If there is a change in the DMHA, Psychologist or Psychiatrist, the needs will be re-evaluated.
- D. All restraint equipment must be checked by the Control Room Operator at the beginning of every shift to assure that it is operable and that sufficient numbers are available. Inoperable equipment will be immediately removed from the inventory and the Director notified.
- E. Each facility will establish a chit checkout system of all restraint equipment to establish accountability for equipment use. The Security Emergency Response Team will be assigned its own handcuffs in accordance with DJJ 8.32, Security Emergency Response Team.
- F. Restraints will be cleaned after each use by the staff member removing the restraint in accordance with manufacturer's instructions.
- G. Logs will be maintained of all emergency and routine distributions of restraint equipment to include:
 - Restraint equipment checked out;
 - Staff member's printed and signed name;

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- Date and time the equipment was checked out; and
- Date and time the equipment was returned.

VII. REPORTING USES OF MECHANICAL RESTRAINT DEVICES:

- A. The following procedures must be followed when any use of force has been used.
1. The Director or Administrative Duty Officer will be verbally notified immediately when any use of force is used. All persons verbally notified will have their names recorded on the Special Incident Report.
 2. Staff with direct knowledge of the special incident must complete a Special Incident Report in accordance with DJJ 8.5, Special Incident Reporting. An administrative review will be conducted in accordance with DJJ 8.5, Special Incident Reporting.

VIII. LOCAL OPERATING PROCEDURES REQUIRED: YES