

Use of Restraint at the RI Training School

Rhode Island Department of Children, Youth and Families
Division of Juvenile Correctional Services: Training School

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The Division of Juvenile Correctional Services, in compliance with Rhode Island General Law 42-72.9-9, has established a continuum of interventions to create an environment that minimizes the need for restraints and maximizes safety when restraint is necessary. Training School staff are provided with initial and ongoing training on the use of physical and mechanical restraint. Physical restraint is a non-mechanical behavior management technique involving the use of physical intervention as a means of restricting a resident's freedom of movement. Handcuffs, hobbles and leg irons are mechanical restraints used to temporarily control behavior.

No resident is restrained for the purpose of punishment, discipline, convenience or retaliation by staff. Physical and/or mechanical restraint is applied only to ensure the safety of residents, staff and the public. Staff continuously monitor the physical condition of a resident being restrained to ensure safety and seek immediate medical attention if a resident being restrained shows significant signs of physical distress. Restraint is used only when transporting residents on or off grounds or when a resident's actions demonstrate that he or she is a danger to self or others and no other intervention has been or is likely to be effective in averting danger. The resident is released from restraint at the earliest possible time that he or she can commit to safety and no longer poses a threat of harm to self or others.

Related Procedure

[Use of Restraint at the RI Training School](#)

Related Policy

[Master Control Center](#)

[Behavior Report](#)

[Major Discipline Review](#)

[Discipline for Academic and Vocational Classes](#)

[Use of Physical Force or Corporal Punishment](#)

[Lock Up](#)

[Escape](#)

Use of Restraint at the RI Training School

Procedure from Policy 1200.0832: [Use of Restraint at the RI Training School](#)

- A. Restraint is used only when transporting residents on or off grounds or when a resident's actions demonstrate that he or she is a danger to self or others and no other intervention has been or is likely to be effective in averting danger.
1. Staff utilize the least restrictive method of restraint consistent with resident and community safety.
 - a. When the use of restraint is planned or can be anticipated, staff determine the method of restraint in advance in consultation with the Unit Manager or Superintendent or designee.
 - b. When restraint is utilized in an emergency, staff follow all procedures identified in Paragraph C, below, and consult a Unit Manager or Superintendent or designee as soon as possible.
 - c. Staff utilize only physical or mechanical techniques identified in Department training.
 - d. Staff continuously monitor the physical condition of a resident being restrained to ensure safety.
 - e. Staff immediately release a resident who exhibits any sign of significant physical distress, such as difficulty breathing during restraint, and provide the resident with immediate medical assistance.
 2. A physical restraint is a behavior management technique involving the use of physical intervention as a means of restricting a resident's freedom of movement. Physical restraint may include:
 - a. Providing a resident with a physical escort. A physical escort is touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing an acting out resident to walk to a safer location.
 - b. Holding resident in a standing, seated or horizontal position.
 3. Handcuffs, leg irons and hobbles are mechanical restraints used to temporarily control behavior.
 - a. Residents are never handcuffed or shackled to any fixed or stationary object on or off Training School grounds.
 - i. Staff ensure that mechanical restraints are applied in conformance with DCYF training.
 - ii. Staff are attentive to any resident complaint about pain caused by mechanical restraints and adjust restraints accordingly.
 - iii. Staff ensure that mechanical restraints are double-locked.
 - b. Mechanical restraints are assigned to individual units and are engraved with the unit's code and are numbered.
 - i. Mechanical restraints are stored in a secure area when not in use.
 - ii. Mechanical restraints are not displayed in an office or any other visible area.
 - iii. Mechanical restraints are not given to residents or left unattended at any time.
 - iv. Employees are not allowed to use personal mechanical restraints.
 - v. Staff assigned to the Unit Log Book count mechanical restraints at the beginning and at the end of each shift. Staff document the count in the Unit Log Book.
 - vi. Missing mechanical restraints are noted and reported immediately to the Unit Manager and/or the Master Control Center and/or the Administrator on Call.
 - vii. In conformance with [DCYF Policy 1200.0857, Master Control Center](#), shift coordinators also maintain, distribute and document the utilization of mechanical and physical restraints.
 4. The use of restraint is reviewed annually by the Superintendent or designee.

B. Transporting Residents

1. Mechanical restraints are used in movement of residents between the Training School's facilities and when necessary in transporting residents off grounds.
2. Staff determine the level of security required by each resident in transportation in consultation with the Unit Manager and Administrator on Call.
3. In consultation with the Unit Manager, clinical staff and/or the Administrator on Call, staff determine the best approach to safety and security for residents with special needs.
4. Residents with special needs include, but are not limited to, females who are pregnant or residents whose physical mobility is compromised.
 - a. The Training School limits the use of mechanical restraints on pregnant and post-partum girls to circumstances where the girl is a danger to herself or others or a flight risk and cannot reasonably be contained by other means. Post-partum is defined as:
 - i. The period immediately following delivery, as determined by the attending physician, including the entire period of hospitalization and
 - ii. Up to 72 hours after the birth whether or not the girl is hospitalized.
 - b. Any risk identified in paragraph B4 is documented prior to the use of mechanical restraints.
 - c. Belly/waist chains and/or mechanical restraints of the leg or ankle are not utilized with pregnant or post-partum girls.
 - d. When mechanical restraints are utilized with a pregnant or post partum girl:
 - i. If a qualified medical provider requests the removal of restraints for emergency medical care, Training School staff comply and notify the Superintendent or Administrator on Call as soon as possible.
 - ii. In other circumstances, if a qualified medical provider requests the removal of mechanical restraints, Training School staff request permission to seek guidance from the Superintendent or Administrator on Call. If the qualified medical provider states that the mechanical restraints must be removed immediately, Training School staff comply and notify the Superintendent or Administrator on Call as soon as possible.
 - e. Girls are notified upon admission to the Training School and when known to be pregnant of this policy regarding the use of mechanical restraints during pregnancy and in the post partum period.
5. Mechanical restraints are applied within the building when residents are to be transported out of the building.
6. When moving groups, staff may handcuff residents in pairs or in a chain-like line manner.
7. When transported in a vehicle on a secure status on or off grounds, residents are handcuffed in front of the body for safety.
8. Mechanical restraints are not unlocked, loosened or removed by staff or residents in a vehicle or a busette, unless required by an imminent risk to resident safety.

C. Use of Restraint in Crisis Intervention

1. No resident is restrained for the purpose of punishment, discipline, convenience or retaliation by staff.
2. Staff utilize de-escalation strategies described in pre-service and in-service training to defuse a volatile situation, assist a resident to regain behavioral control and avoid a physical restraint.
3. Staff attempt verbal counseling, level system sanctions and direct warnings before resorting to a physical escort or restraint.
4. If interventions described in paragraphs C.2. and C.3. above are not effective, staff may utilize a physical escort to move a non-compliant resident to a different location for the safety of the resident and the facility.
 - a. A safer location includes, but is not limited to, the resident's room or a location away from the general population.

- b. As soon as the resident is calm and cooperative, he/she is returned to the general population, except as provided in [DCYF Policies, 1200.1305 Behavior Report, 1200.1306, Major Discipline Review](#) and [1200.1310, Discipline for Academic/Vocational Classes](#).
5. The interventions described in paragraph C 2 - 4 are not utilized when a resident attacks another person suddenly and/or without warning and/or presents an imminent danger to self or others and/or attempts to escape.
6. When circumstances allow, staff notify the Master Control Center of a situation that may require a resident to be restrained to ensure that a proper response can be developed and supported. In all cases, the Master Control Center is notified immediately or as soon as possible upon the use of a restraint.
7. When circumstances allow, staff remove other residents, potential weapons and other hazards from the area where a resident seems likely to be restrained.
8. Whenever possible, if a resident is restrained in a contained situation, staff utilize a portable video recording device to record the event to allow for accountability of both resident and staff.
9. The physical condition of a resident who is being restrained is monitored continuously by staff and this monitoring is documented in the Unit Log Book.
10. Staff may not position or hold the resident in a manner which restricts breathing. Staff immediately release a resident who exhibits any sign of significant physical distress, such as difficulty breathing during restraint and provide the resident with immediate medical assistance.
11. The clinic is notified and the resident is examined by a nurse as soon as practical after any restraint but in all cases within the same shift.
12. The resident is released from restraint at the earliest possible time that he/she can commit to safety and no longer poses a threat to self or others.
13. In instances involving resident and/or staff injury, medical personnel are notified immediately.
14. The physical condition of a resident who is being mechanically restrained is monitored continuously by staff.
 - a. Staff keep residents who are mechanically restrained under direct observation and supervision.
 - b. This monitoring and supervision is documented in the Unit Log Book.
15. Staff escort the resident to his/her room or to another safe area before releasing him/her from mechanical restraints.
16. The resident remains in his/her room or safe area as provided in [DCYF Policies, 1200.1305 Behavior Report; Policy 1200.1306, Major Discipline Review and 1200.1310, Discipline for Academic and Vocational Classes](#).
17. If the resident has not been released from mechanical restraint within fifteen (15) minutes, the Administrator on Call is contacted.
 - a. The Administrator on Call approves all uses of mechanical restraint exceeding fifteen (15) minutes in length.
 - b. Staff reassess the need for mechanical restraint every fifteen (15) minutes for the purpose of timely removal and documents this assessment through the filing of an Unusual Incident Report.
18. If a resident is injured during a restraint, his/her parents are notified.
19. Staff document the use of physical or mechanical restraints in the Unit Log Book and on the Unusual Incident Report.
 - a. The Unusual Incident Report is signed by the staff person who applied the restraint.
 - b. Other involved staff have the option of making separate comments and attaching them to the Report.
 - c. By the end of the shift, medical staff sign the Unusual Incident Report.
 - d. The Report includes the following information:
 - i. Name of resident
 - ii. Name of staff who applied restraints

- iii. Type of physical force or mechanical restraints used
 - iv. Date and time restraints were applied
 - v. Persons notified and persons approving restraint
 - vi. Circumstances necessitating the restraint, including the alternative actions attempted and found unsuccessful or reasons alternatives were not possible
 - vii. Location and confinement
 - viii. Supervising personnel
 - ix. Assistance of additional personnel
 - x. Date and time restraints were removed
 - xi. Referrals or contacts with medical and mental health staff including the date and time such persons were contacted
 - e. The Superintendent or designee reviews each incident of restraint to provide feedback to staff. The record of each incident is maintained for a period of at least one year in a file in the office of the Superintendent.
 - f. The Superintendent or designee convenes a Restraint Review Committee quarterly.
 - i. This Committee is chaired by the Superintendent or designee and includes training staff, mental health staff and line staff.
 - ii. The Committee regularly reviews all incidents to identify departures from policy and issues needing policy clarification, to develop targeted training and to provide feedback to staff on effective crisis management.
- D. Physical force is utilized in conformance with [DCYF Policy 1200.1207, Use of Physical Force or Corporal Punishment](#). In conformance with and as defined by this policy, corporal punishment is strictly prohibited in all circumstances.
- E. Residents are placed in Lock Up in conformance with [DCYF Policy 1200.1307, Lock Up](#).
- F. If a resident escapes, staff respond in conformance with [DCYF Policy 1200.1608, Escape](#)
- G. Paragraphs A – F are consistent with American Correctional Association (ACA) Standards 3-JDF-3A-15; 3-JTS-3A-15; 3-JDF-3A-16, 3-JTS-3A-16; 3-JDF-3A-17 and 3-JTS-3A-17.