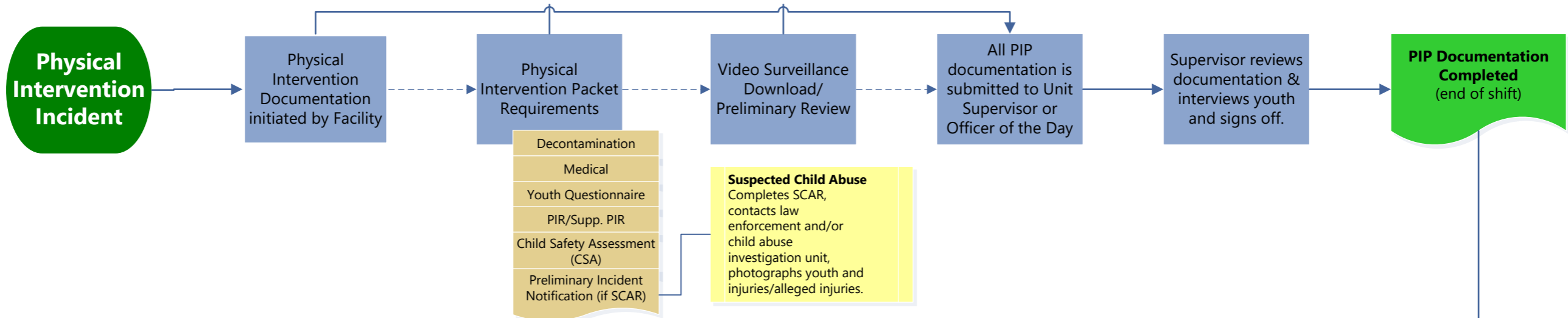


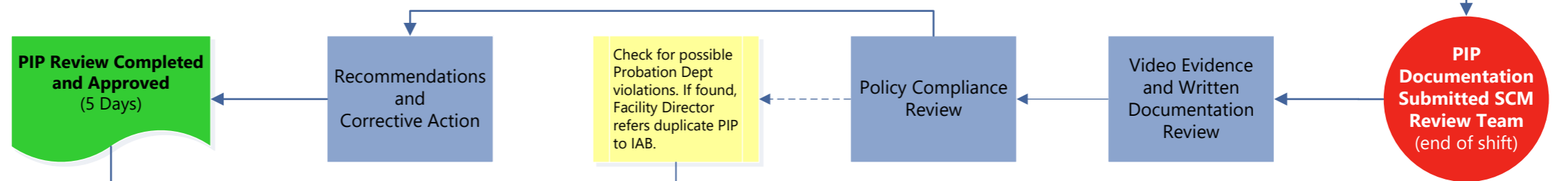
# PHYSICAL INTERVENTION PROCESS FLOWCHART

## March 2023

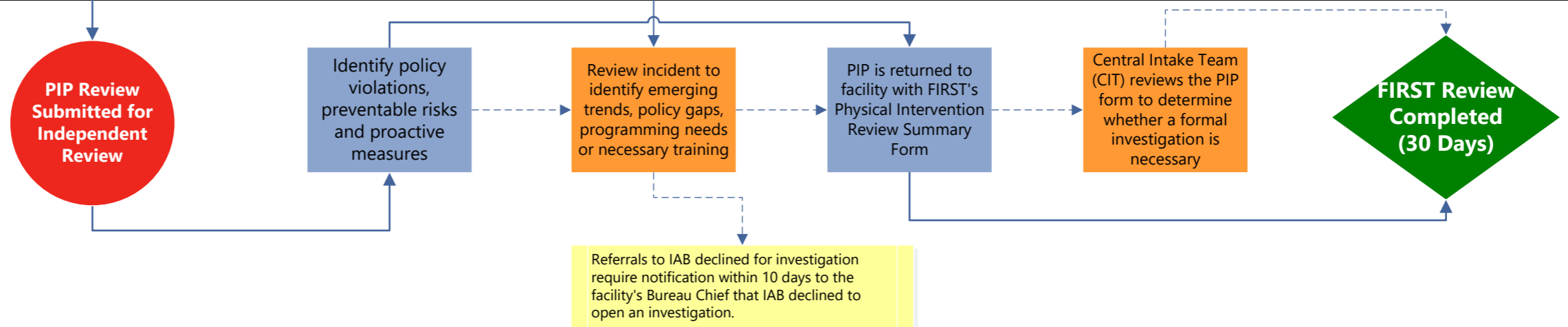
### STEP 1 (Facility): Documentation



### STEP 2 (Facility): SCM Review Team



### STEP 3: FIRST Team



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**Policy:** It shall be the Administrative Policy of the Detention Services Bureau to maintain standard and objective protocols, through which Supervisors and Directors shall conduct formal documented reviews of incidents in which Safe Crisis Management (SCM) Physical Intervention Techniques are utilized, on behalf of minors in crisis situations that could not be resolved through alternative approaches. This process shall be referred to as a "Safe Crisis Management Incident Review" (SCM Review).

**Procedure:** The general procedures and specific instructions for completing each phase of the SCM Incident Review follow:

**Duty Supervisor Assignment Authority:** The Duty Supervisor (Officer of the Day in Juvenile Hall or Acting Director in Camp) is responsible for the safety and security of the facility during a designated shift. When a SCM Physical Intervention incident occurs, the Duty Supervisor shall initiate a PIR number in PCMS and the staff may select the incident form the appropriate screen and commence inputting data into PCMS. Staff shall ensure the minors involved in incident are in the correct Unit in PCMS prior to beginning their PIR. The Supervisor (or Director, if a Supervisor was involved in performing the actual Physical Intervention) shall conduct a mandatory Child Safety Assessment (CSA's) and the subsequent SCM Incident Review. Reviewers assigned to complete these tasks shall follow the Duty Supervisor's instructions in all instances.

**SCM Incident Logging Assignment:** Each SCM Physical Intervention Incident, upon being reported to the Duty Supervisor by the involved staff, shall **immediately** be logged in the facility's SCM Review Log database and the incident number pertaining to the incident provided to the staff who must prepare Physical Intervention Report (PIRs) and Supplemental PIRs.

**Child Safety Assessment:** After being advised that a SCM Physical Intervention incident has occurred, the Duty Supervisor shall immediately assign an uninvolved Supervisor to conduct a Child Safety Assessment (SCM) of all minors involved in the incident. The CSA shall be completed with one hour of being assigned to the Supervisor.

**Reporting Suspected Child Abuse:** When conducting the Child Safety Assessment, if it reasonably appears that Child Abuse may have occurred, a Suspected Child abuse Report (SCAR) shall be prepared and immediate notifications made to local law enforcement and the Probation Department's Child Abuse Special Investigations Unit (CASIU), (EDL-PROB SIU) by the Supervisor conducting the Review. The Supervisor shall also complete a Preliminary Incident Notification (PIN).

**Document Collection and Assignment of SCM Incident Review:** After being advised of an SCM Physical Intervention Incident, the Duty Supervisor (Officer of the Day in Juvenile Hall or Assistant Director in Camp) Shall assign a facility Supervisor (or Director, in cases where a Supervisor was involved in the actual Physical Intervention) as the "Reviewer," to conduct the SCM Incident Review.

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**SCM Incident Review Timeline:** The assigned Supervisor shall complete the SCM Incident Review and forward the completed Review to the designated facility SCM Director (or designee) for review **within five business days (Monday-Friday) of the incident's occurrence.**

**Reporting Excessive or unnecessary Force resulting in injury to a Minor:** If at any time during the review process it appears that excessive or unnecessary force may have been utilized, which resulted in injury to a minor, the Reviewer conducting the SCM Incident Review shall immediately notify the Probation Department Child Abuse Special Investigations Unit (CASIU).

**Director Review:** The assigned facility SCM Director (or designee) shall review the completed SCM Review document and expeditiously resolve any problems or concerns with the Reviewer conducting the SCM Review. Incomplete Reviews that require additional documentation shall be returned to the Reviewer responsible for conducting the SCM Review for correction/annotation. The Reviewer shall make the needed adjustments and shall return the packet to the assigned SCM or facility Director for review within five business days (Monday-Friday).

**Facility SCM Incident Review Meeting:** Upon the review being approved by the SCM Director, it shall be forwarded for review by the facility Directors and Supervisors at the facility's next SCM Incident Review meeting, unless the matter is currently under investigation by either the facility or the CASIU.

**I. SAFE CRISIS MANAGEMENT PHYSICAL INTERVENTION INCIDENT LOGGING**

Upon the containment of the Safe Crisis Management (SCM) Physical Intervention Incident, the Shift Leader Sr. DSO or DPO II) in the area where the incident occurred shall immediately contact the Duty Officer within 15 minutes and report the specifics of the incident to the Duty Supervisor. The Duty Supervisor shall:

- Provide the PCMS incident number to unit staff so that they may commence the inputting of their Physical intervention Report (PIR) or Supplemental Physical Intervention Report (SUP-PIR);
- Assign an uninvolved Supervisor to conduct a Child Safety Assessment (CSA) of minors involved in the incident; and

Complete Section "A-1" of the PCMS Incident Review Form noting the following information:

- The facility where the Incident occurred;
- The date, time, and location of the incident;
- The date and time the shift Leader in the building/camp notified the Duty Supervisor of the incident's occurrence.

\*The SCM Incident tracking Number is a unique tracking number assigned by the facility. The facility tracking number shall begin with the facility prefix (i.e., CJH, BJN, or LP) followed by the year of occurrence

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and the next available sequential number of the incident for that year in order of occurrence, beginning with 001. For example, incident LP-07-001 indicates that the Safe Crisis Management incident occurred during calendar year 2007, and was the first incident to have occurred at the Los Padrinos Juvenile Hall in 2007. The next incident will have the incident number LP-07-002, and so on.

**II. CHILD SAFETY ASSESSMENT**

Upon being notified of the occurrence of a SCM Physical Intervention Incident, the Duty Supervisor shall **immediately assign** a non-involved Supervisor to respond to the location/building where the incident occurred, **within one hour of being assigned**, to conduct a Child Safety Assessment of all minors involved in the incident utilizing the Child Safety Assessment Form.

Generally, the building Supervisor shall be responsible for conducting the Child Safety Assessment. In the absence of the building Supervisor, or if the Building Supervisor witnessed the incident, other Supervisor staff shall be assigned to conduct the Child Safety Assessment in the following order of availability: 1) another Supervisor from that Division; 2) a Supervisor from another Division; 3) Back-Up Duty Supervisor; or 4) the Duty Supervisor. In major incidents, the Duty Supervisor is authorized to assign several Supervisors to assist in this process, if available.

If a Supervisor was physically involved in the incident, a Director shall be assigned to complete the Child Safety Assessment. If there is no Director on duty at the facility, the Duty Supervisor shall personally conduct the Child Safety Assessment and shall **immediately report their findings and subsequent actions, if any, to the Assistant Superintendent/Cam Director telephonically.**

The assessment shall take place in an area where the minor(s) can feel reasonably comfortable in providing information to the Supervisor, away from other minors and any staff involved in the incident. This process should not interfere with needed medical treatment, but should be completed as soon after the incident as possible in order to prevent possible witness contamination or intimidation.

The Supervisor responding to the location shall ask the questions contained on the Child Safety Assessment and complete each section on the form. The Supervisor shall determine if the minor was injured, the apparent seriousness of the injury, ascertain how the injury occurred, assess whether or not appropriate medical attention has been provided and make an initial determination as to whether or not the minor appears to have been subjected to Child Abuse.

At the time the Child Safety Assessment is conducted, the minor(s) actually involved in the incident shall be interviewed and asked to complete an affidavit concerning the incident. The minor(s) shall be asked to describe: a) where the incident occurred; d) the minor's role and actions in the incident; e) the actions of staff during the incident; f) the actions of other minors and staff during the incident; g) if restrained, how the minor was restrained; h) if

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injured (including complaints of pain), how did the injury occur; i) if injured, did the injury occur during the application of the SCM Physical Intervention, or did it occur prior to the utilization of SCM; j) whether the staff were justified in using the SCM interventions they used; k) the names of any potential staff and/or minor witnesses; If the minor felt that the staff was not justified in taking the SCM action they took, the minor should explain why.

If the minor refused to participate in the written affidavit process for one reason or another, the Supervisor (or Director) shall note this fact on the Child Safety Assessment Form and note the date and time the attempt was made to elicit the written affidavit from the minor. The Supervisor shall then note their observations and elicit as much information verbally from the minor and note these statements on an affidavit form. The minor shall be asked to sign the completed affidavit form. If the minor declines to sign the form, the Supervisor shall note that the minor declined to sign the form. When the SCM Incident Review itself is conducted at a later time, the Supervisor/Director assigned to conduct the review shall make a second attempt to obtain an affidavit from the minor.

If it reasonably appears that Child Abuse may have occurred, the Supervisor conducting the CSA shall follow the instructions in Section III, "Reporting Suspected Child Abuse."

Immediately after completing the Child Safety Assessment, the Supervisor shall return the following documents to the Duty Supervisor, who shall attach the documents to the SCM Review document:

- Child Safety Assessment Form(s);
- Minor Affidavit(s);
- Suspected Child Abuse Report(s) if any was suspected;
- Preliminary incident Notification (PIN) Report, if a SCAR was prepared; and
- Copy of the E-Mail Notification to the CASIU, if a SCAR was prepared.

The Duty Supervisor shall then complete section A-2 of the SCM Incident Review form noting the following:

- Name of the Supervisor assigned to conduct the assessment;
- Date and time the CSA was assigned;
- Date and time the completed CSA was returned to the Duty Supervisor; and
- Notation as to whether a Suspected Child Abuse Report was filed.

### **III. REPORTING SUSPECTED CHILD ABUSE**

During the Child Safety Assessment process, or at any time during the SCM Incident Review process, if it appears that Child Abuse may reasonably have occurred, the Supervisor conducting the Child Safety Assessment or the SCM Incident Review shall:

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- Complete a Suspected Child Safety Assessment Report (SCAR – attachments D1 AND D2);
- Immediately report the suspected abuse to the local law enforcement agency serving the facility;
- Immediately report the suspected abuse to the Probation Department's Child Abuse Special Investigations Unit (CASIU) via email, utilizing the 'CASIU' email address in the Probation Department e-mail system making sure to include the basic information (name of minor, date and time of incident, facility, etc.) to assist the investigator in orienting themselves to the incident. All CASIU investigators are connected to the e-mail system, and the on-call investigator will contact the facility and make arrangements to respond.
  - The CASIU has the ability to respond to the facility 24-hours a day, 7-days a week upon being notified. The on-call CASIU investigator will immediately contact the Duty Supervisor to advise when they will respond tot the facility and what the Duty Supervisor should or should not do pending the investigator's arrival.
- Forward the SCAR to the facility's Duty Supervisor so that copies can be provided to arriving Law Enforcement Investigators and the CASIU investigator;
- Contact the Duty Director/Camp Director or facility Superintendent and advise that a SCAR has been filed;
- Submit a Preliminary Incident Notification (PIN) to the camp Director/Superintendent; and make two photocopies of the SCAR. Provide one copy to the facility Superintendent/Director, and retain one copy for inclusion in the SCM Incident Review Packet.

**NOTE: Effective with the issuance of this Administrative Policy, Supervisory staff shall no longer obtain the approval of a facility Director prior to contacting local law enforcement or the Child Abuse Special Investigations Unit (CASIU) to report suspected abuse. It is expected that the Supervisor conducting the Child Safety Assessment shall clearly understand the importance of reporting these incidents immediately upon reasonably ascertaining that Child Abuse appears to have occurred. The Supervisor shall telephone the facility Director immediately after making notifications to local law enforcement and the CASIU and advise the Director of the contacts. The Supervisor shall forward a copy of the CASIU e-mail notification to each facility Director/Superintendent, the Supervisor of the unit where the incident occurred, and the Supervisor(s) of any of the staff alleged to have been involved in Suspected Child Abuse.**

#### **IV. DOCUMENT COLLECTION**

After being advised of an SCM Physical Intervention Incident, the Duty Supervisor, assisted by the Back-Up Supervisor (if any is available) is required to collect all documents generated pertaining to the SCM Physical Intervention Incident and attach them to the SCM Review document.

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The Duty Supervisor shall complete section B-1 of the SCM Incident Review document and note the quantity of each type of document collected and attached to the SCM Incident Review document. The documents that may be collected include, but may not be limited to the following:

- Physical Intervention Reports (PIRs);
- Supplemental Physical Intervention Reports (SUP-PIRs)
- Child Safety Assessment Report(s);
- Affidavit(s) from Minor(s);
- Mental Health Request for Consultation form(s) (attached to PIRs);
- Mental Health Crisis Support And Assistance Log (if soft restraints Involved);
- Suspected Child Abuse Report(s) if any are prepared;
- Preliminary Incident Notification (PIN) Report, if a SCAR was prepared; and
- Copy of the E-Mail Notification to the CASIU, if a SCAR was prepared.

**V. ASSIGNMENT OF SAFE CRISIS MANAGEMENT (SCM) INCIDENT REVIEW**

After the Child Safety Assessment is completed and the completed CSA documents have been provided to the Duty Supervisor, the Duty Supervisor shall assign a facility Supervisor to conduct the SCM Incident Review in accordance with the facility's SCM Incident Review Assignment protocols. In rare and extenuating circumstances, it may not be possible for the Duty Supervisor to comply with the Supervisory assignment protocols. When this occurs, the Duty Supervisor is authorized to assign any on-duty Supervisor at the facility to conduct the review. When this deviation from the protocol occurs, the Duty Supervisor shall prepare a Special Incident Report (SRI explaining and justifying the Assigned Supervisory staff shall comply with these assignments made under both regular and extenuating circumstances in all instances

The Duty Supervisor shall complete Sections "B-2" of the SCM Incident Review Packet and provide the following information.

- The name of Supervisor assigned to complete the SCM Incident Review: and
- The date and time the SCM Incident Review Packet was provided to the assigned Supervisor.

A Supervisor called to the scene of an SCM Intervention incident that witnesses the incident or physically assists (touches any minor involved in the incident), shall not be assigned to conduct the SCM Incident Review pertaining to the incident. If a Supervisor physically assists in the incident, a facility Director shall be assigned to conduct the SCM Incident Review.

SCM Physical Intervention incidents, which occur in designated Mental Health Units in the juvenile halls, that results in the placement of a minor in handcuffs or flex-cuffs for any length of time requires that the SCM Incident Review be conducted by a Director in all instances.

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**VI. CONDUCTING THE SCM INCIDENT REVIEW**

The Supervisor assigned to conduct the SCM Incident Review Shall review the SCM Incident Review Packet and ensure that all necessary documents are present and accounted for. Any discrepancies should be addressed with the Duty Supervisor. The SCM Incident Review is to be completed within five business days (Monday-Friday) of the incident's occurrence and returned to the facility's SCM Director (or designee) for review.

Upon arriving to the location where an SCM incident has occurred, the responding Supervisor shall:

- Assess whether or not the location is safe and secure;
- Ensure that any injured minors or staff has been provided appropriate medical treatment;
- Account for all staff assigned to or responding to the incident and ensure that each has completed a PIR or Supplemental PIR as required;
- Account for all Mental Health Referrals and any mental Health Crisis Support and Assistance Logs that should have been generated;
- Conduct a Child Safety Assessment, if one was not completed prior to the SCM Incident Review being assigned;
- Obtain any needed affidavits from minors; and
- Compile any additional documents generated into the SCM Incident Review Packet.

After reviewing all the incident documents, the Supervisor shall begin conducting the Review in Section 'D' of the SCM Incident Review Packet.

**Section D: Staff Involved:** In this section, note the last name, first name, employee number, rank and the highest level of SCM intervention utilized by each employee and Supervisor involved in the incident and note their involvement in the incident as actually involved (A), a witness (W) or not involved (NI) by checking the appropriate box to the left of their name(s). To the right of each employee's information, note the type of report that was generated by the employee by checking the appropriate box. Supervisors called to assist in a controlled incident that eventually results in the application of SCM Physical Intervention are required to prepare a Physical Intervention Report (PIR) or a Supplemental Physical Intervention Report (Sup-PIR), depending on their level of involvement. When noticing the level of SCM Intervention utilized by each staff, note a zero if the staff did not utilize any SCM intervention.

**Section E: Minors Involved:** In this section, note each minors' name, Enhanced Supervision status (Level 1, 2, 3, or 4), dates of birth, PDJ Number, Camp/Unit and the highest level of SCM intervention utilized on that particular minor. To the right, note the type of documents that were generated on behalf of the minors involved in the incident by checking the appropriate boxes. The Supervisor conducting the Review must ensure that all of these noted documents are attached to the completed SCM Incident Review Packet when presented to the facility SCM Director or designee for review. When noting the level of SCM intervention utilized on each minor, note a zero if SCM Physical Intervention Techniques were not utilized on that minor during the incident.

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**Section F: Child Safety Assessment:** In this section, note whether or not a CSA was conducted. If none was completed prior to beginning the review, note whether the supervisor conducting the SCM Incident review completed the CSA's as required. Note whether or not Child Abuse appears to have occurred. If Child Abuse appears to have occurred, note whether a SCAR was filed and the dates and times law enforcement and the CASIU were notified and the method utilized to notify each agency.

**Section G: Injury to Minor(s):** If no minor sustained injury or complained of pain subsequent to the incident's occurrence, check the "No Minors Injured" box and move on to Section "H." If a minor sustained injury during the incident or had a complaint of pain, note the last name(s) and first initial(s) of minor(s) injured during the incident. Note whether the injury was a "less serious injury" or a "serious injury" by checking the appropriate box to the left of the minor's name(s). Definitions of a "less serious" or "serious" injury are provided in Section "G" on the SCM Incident Review form. Note whether the injury occurred prior to the use of SCM Physical Intervention techniques, or during the application of SCM Physical Intervention techniques by checking the appropriate box to the right of the minor's name. Lastly, note whether the minor received medical attention within thirty minutes of the incident's occurrence by checking the appropriate "yes" or "no" box to the far right. If any minor sustained injury or had a complaint of pain, and was not assessed by the nurse within thirty minutes, the circumstances surrounding these potential policy violations should be noted in the comments section provided and fully explained in the Supervisor's written incident summary.

**During the Review, if it is determined that any minor sustained a serious injury resulting from the use of SCM Physical Intervention, a facility Director shall immediately notify and the Probation Department's Child Abuse Special Investigations Unit (CASIU) immediately contacted by the Supervisor conducting the SCM Review. Notification of the CASIU shall occur as outlined in Section VII, Reporting Excessive or Unnecessary Force Resulting in Injury to a Minor, or Serious Injury to a Minor as a Result of an SCM Intervention."**

**Section H: Injury to Staff:** If no staff sustained injury during the incident, check the "No Staff Injuries Noted" box and move on to Section "J." If any staff sustained injury during the incident, note the last name and first initial(s) of staff injured during the incident. Note whether the staff sought medical attention for their injury(ies) and whether or not an Industrial Accident (IA) packet was completed on behalf of the staff. Also note whether or not the injuries sustained by the staff appear to have occurred as a result of criminal behavior on the part of the minor(s) involved and whether the matter should be referred to the Filing Deputy/Coordinator for consideration of possible court action. Any serious injuries sustained by staff should be noted in the comments section provided and fully explained in the Supervisor's written incident summary.

**Section J: Mechanical Restraints – Handcuffs or Flex-cuffs:** If minors were not placed in Mechanical Restraints during the incident, check the "Mechanical Restraints Not Utilized" box and proceed to Section "K." If Mechanical Restraints were utilized, note the last name and first initials of any minors placed in Mechanical Restraints and check the box indicating which type of restraints were applied (HC = handcuffs and FC = flex-cuffs). For each minor note the:

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- Time the Mechanical Restraints were applied;
- Name of the staff applying the restraints;
- Location where the restraints were applied;
- Time the Mechanical Restraints were removed;
- Name of the staff removing the restraints;
- Location where the restraints were removed; and,
- Total time in restraints.

Note whether any minor was handcuffed/restrained to a "fixed" object by checking the appropriate box. Note whether or not it appears, based upon the Supervisor's Review, that the staff was justified in placing the minor(s) in Mechanical Restraints in the comments section. Note whether any minor remained in Mechanical Restraints for more than fifteen minutes. If any minor was restrained to a fixed object and/or remained in handcuffs for more than fifteen minutes, the circumstances surrounding these situations should be noted in the comments section provided and fully explained in the Supervisor's Incident Summary.

NOTE: Incidents in which any minor assigned to any SHU is restrained or otherwise engaging in disruptive behavior which jeopardized safety and security, and is placed into handcuffs or flex-cuffs in the SHU, and remains so restrained for more than fifteen minutes without being transitioned to Soft Restraints constitutes a policy violation, which should be documented in the Supervisor's Incident Summary and referred for consideration of corrective action.

NOTE: Minors assigned to specialized Mental Health Units (such as an Enhanced Supervision Unit or CARE Unit) that require SCM Physical Intervention and subsequent placement in restraints for their safety shall be placed directly into soft restraints instead of being placed in hard mechanical restraints (handcuffs or flex cuffs).

If a minor in a specialized Mental Health Unit is placed in handcuffs prior to being transitioned into soft restraints, the minor should not remain in hard mechanical restraints for more than five minutes before being transitioned into soft restraints. The justification for placing the minor into hard mechanical restraints instead of being placed directly into Soft Restraints should be closely reviewed and the circumstances and justification for placing the minor into Mechanical Restraints (handcuffs or flex-cuffs) clearly explained in the PIRs and the SCM Incident Review. Situations in which any Level 3 Enhanced Supervision status minor assigned to a specialized Mental Health Unit is restrained and placed in handcuffs or flex-cuffs and remains so restrained for more than five minutes without being transitioned to Soft Restraints; constitutes a policy violation, which should be documented in the SCM Incident Review Summary and referred for consideration of corrective action.

**SCM Physical Intervention Incidents which occur in Mental Health Units that result in the placement of a minor in hard mechanical restraints for any length of time requires that the SCM Incident Review be conducted by a Director in all instances.**

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**Section K: Soft Restraints:** If no minor was placed in Soft Restraints during the incident, check the "Soft Restraints Not Utilized" box and proceed to Section "L." If Soft Restraints were utilized, note the following:

Name of the Supervisor approving the application of Soft Restraints;  
Time the Supervisor was contacted to authorize the application of restraints;  
Time the Supervisor authorized the application of soft restraints;  
Time the Supervisor arrived in the Unit;  
Minor's last name and first initial;  
Time the Soft Restraints were applied;  
Name of the Staff applying the Soft Restraints;  
Location where the Soft Restraints were applied;  
Time the Soft Restraints were removed;  
Name of the staff removing the Soft Restraints;  
Location where the Soft Restraints were removed;  
Total time in soft restraints; and  
The total time in soft restraints and mechanical restraints combined.

A series of "yes" or "no" policy and procedural questions are included in this section. The Supervisor Conducting the review must address each of these questions. Special attention should be provided to Situations where the minor remains in restraints (soft and mechanical restraints combined) for more than two hours. A shaded area borders some of the response boxes. If the answer to any question falls within these shaded areas, it indicates a potential policy violation, or otherwise requires further response and/or clarification. A comments section is provided in Section "K" for the Supervisor to make any notes regarding these potential violations. Each of these potential policy/procedural violations must be fully explained in the Supervisor's written incident summary.

**Section L: Chemical Restraint (OC Spray):** If Chemical Restraint (OC Spray) was not utilized, check the "Chemical Restraint Not utilized" box and move on to Section "M," If Chemical Restraint was utilized, note the type of incident that preceded the application OC Spray and then note the following information:

- Reason for OC Deployment
- Last names and first initials of the minors sprayed;
- Time OC Spray applied:
- Whether the minor was asthmatic, prescribed Psychotropic Medication, or suffered from other physical ailment from which the application of OC Stray is contraindicated;
- If the minor had any conditions for which the application of OC Spray was contraindicated, note whether the staff were aware of the condition (s) and whether circumstances justified spraying the minor (s) in PIR.
- Note whether any other individuals (staff, minors or civilians) not directly involved in the incident were subjected to the OC Spray.

In the next section, note the following:

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- Last name and first initial of the staff utilizing OC Spray;
- Canister serial number; of the staff;
- Pre-deployment weight of the canister;
- Post-deployment weight of the canister;
- Total weight (amount) of OC Spray expended during the incident; and,
- The last name and first initial of the minor sprayed by that particular staff.

A series of "yes" or "no" procedural questions are included in this section. The Supervisor conducting the review must address each of these questions. A shaded area borders some of the response boxes. If the answer to question falls within these shaded areas, it indicates a potential policy violation, or otherwise requires further response and/or clarification. A comments section is provided in Section "L" for the Supervisor to make any notes regarding these potential violations. Each of these potential policy/procedural violations must be fully explained in the Supervisor's incident Summary.

**Section M: Incident Description:** The Supervisor assigned to conduct the Review shall carefully review each of the documents compiled during the Review process. After reviewing the documents, the Supervisor shall make their own determination regarding the following:

Section M-1: Type and Level of Intervention: Note the type of intervention utilized by staff during the incident (physical intervention, chemical intervention, or soft restraints) by checking the appropriate box. Next, note ONLY the HIGHEST LEVEL of intervention utilized during the incident by checking the ONE BOX that most clearly explains the highest level of intervention employed during the intervention (A 1 through C6).

Section M-2: Type of incident: Note whether the incident was a "controlled" or "uncontrolled" incident by checking the appropriate box. Check only one box in this area.

- If the incident was "uncontrolled," complete only sections M-3 and M-5.
- If the incident was "controlled," complete only section M4 and M-5 or

Section M-3: Uncontrolled incident: A series of "yes" or "no" policy and procedural questions are included in this section. The Supervisor conducting the review must address each of these questions.

Section M4: Controlled incident: A series of "yes" or "no" policy and procedural questions are included in this section. The Supervisor conducting the review must address each of these questions.

**Section M-5** If the answer to any question in section M-3 or M-4 falls within the shaded areas, it indicates a potential policy violation, or otherwise requires further response and/or clarification. A comments section is provided in Section "M-5" for the Supervisor to make any notes regarding these potential violations. Each of these potential policy/procedural violations as well

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as the level and type of interventions and justifications for these interventions must be fully explained in the Supervisor's Incident Summary.

**Section N: Reviewing Minor Affidavits:** All minors involved in the incident shall be asked to prepare affidavits regarding the incident during the Child Safety Assessment. In some instances minors may decline to prepare affidavits at that time for a variety of reasons. If an affidavit was not obtained during the Child Safety Assessment, the Supervisor conducting the SCM Incident Review shall make a second attempt to obtain a written affidavit from the minor. If the minor refuses to complete an affidavit on the second attempt, this fact shall be documented. If the minor refuses to write an affidavit, but is willing to verbally describe the incident, the Supervisor shall take notes regarding the discussion on an affidavit form and use that description in lieu of an affidavit. An attempt should be made to have the minor sign the annotated affidavit that was completed by the Supervisor.

The Supervisor conducting the Review shall review each of the affidavits prepared by the involved minors and make a determination as to whether they were completed in the format outlined in Section II. Child Safety Assessment, and whether or not the minor(s) version(s) of events was consistent with that of the staff involved in the incident. If inconsistencies are noted between the minor(s) version(s) and those of the staff involved, the name of the minor(s) whose stories are inconsistent facts are to be noted in the comments section. The Supervisor shall attempt to resolve any significant inconsistencies through further interviews with the minor and/or through interviews with other non-involved minors and/or staff who were present at the time of the incident. If any other minors are interviewed, their statement of events should be captured on blank affidavits. A comments section is provided in Section "N" for the Supervisor to make any notes regarding these discrepancies. Each of these discrepancies must be fully explained in the Supervisor's written incident summary.

**Section O: Contraband:** Note whether any contraband or weapons were involved in the incident. Note the type of contraband or weapons that were involved. Note whether the contraband or weapons were used to harm staff or other minors; and note whether the contraband and/or weapons involved were recovered during or after the incident.

**Section P: Assessing The Level of Force Employed:** After reviewing all of the documentation provided in Sections "A" through "O," the Supervisor conducting the Review shall note the highest level of force utilized on each minor, and whether the level of force utilized against each minor by the involved staff was appropriate and consistent for the situation, or whether it was either unnecessary or excessive by checking the appropriate box. If a policy or procedure violation appears to have occurred, note names of the staff that appear to have violated policy and the policy or procedure in the comments section.

**If excessive or unnecessary force was utilized that resulted in injury to the minor, or the minor sustained a serious injury as a result of the SCM Physical Intervention, the guidelines noted in Section VI, "Reporting Excessive or Unnecessary Force Resulting in Injury to a Minor, or Serious Injury to a Minor as a Result of an SCM Intervention" should be followed as regards reporting the incident to the Probation Department Child Abuse Special Investigations Unit (CASIU)**

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**Section Q – Reviewers Findings:** Taking into consideration the information gathered from Sections “A” through “P” into consideration, the Supervisor shall note their findings in this section by addressing each question asked. A comments section is provided in Section “Q” for the Supervisor to make any notes regarding these potential violations. Each of these potential policy/procedural violations must be fully addressed in the Supervisor’s Incident Summary. The Supervisor shall ensure that all documents generated during the SCM Incident Review are collected and attached to the SCM Incident Review to the SCM Incident Review documents. These documents may include, but are not limited to the following:

- PIRs and Sup-PIRs from staff;
- Mental Health Referrals;
- Mental Health Crisis Support and Assistance Logs (if any are generated);
- Affidavits from staff (if additional affidavits are requested);
- Child Safety Assessment Form;
- Affidavits from minors;
- Suspected Child Abuse Report Forms (if any generated);
- Copies of E-mails to the Child Abuse Special Investigations Unit Notifying the Unit of an Incident;
- Any other documentation deemed relevant, for example, Special Incident Reports, bed charts, copies of log entries etc.

**Section R: Written Summary of Incident:** The Supervisor conducting the Review shall prepare a written summary of the incident and determine whether the staff involved in the incident: 1) complied with the Department’s Safe Crisis Management policies and procedures; 2) utilized force appropriately; and 3) were justified in utilizing force. The Supervisor shall, as necessary, conduct interviews of staff and minors and collect additional statements to address any concerns or inconsistencies that may arise. All inconsistencies must be addressed and resolved during the Review process. The Supervisor shall ensure that the summary includes the following elements as appropriate:

- Incident Information: Who, what, when, where, how, and why;
- Incident Type: Controlled or Uncontrolled;
- Precipitating Factors: What led up to the incident’s occurrence;
- De-escalation Techniques Employed/Staff Actions: Describe fully;
- Level and Type of Interventions Utilized;
- Staff Accountability by positioning and/or location during the incident;
- Injury Summary: Summarize type and severity of injuries to minors and staff;
- Note whether the Child Abuse Special Investigations Unit (CASIU) was notified;
- Medical Treatment Summary: Note the medical treatment received by minors and staff;
- Note whether Mental Health Referrals were prepared;
- Application of Mechanical Restraints: Applied – removed by, times, length of time in restraints;
- Application of Soft Restraints: Approved by, applied-removed by, times, length of time in restraints;
- Chemical Restraint Summary: Including decontamination, supervision, etc.;

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- Contraband/Weapons: Note any involved and whether recovered after incident;
- Affidavit Analysis: Were the minors' statements consistent with those of staff;
- Analysis and Explanation of Inconsistencies in Affidavits and PIRs;
- Conclusion: Overall findings of the Reviewer as regards compliance with policy; and
- Policy and Procedure Violation Summary

*Detailed instructions for preparing the written summary are included in the SCM Incident Review Form Document on pages 15 and 16. The Supervisor may use the section provided in the SCM Incident Review form in Section "R" to write the summary therein, or they may prepare a separate document at their discretion.*

**Section S: Reviewer's Recommendation:** After completing their written summary, the Supervisor shall make recommendations to the SCM Director regarding their findings and sign the SCM Incident Review Document in the area provided. The Supervisor's recommendation(s) may consist of one or more of the following:

- Close the SCM Incident Review as the actions take by staff were appropriate and within policy;
- Staff prepared poor quality PIRs of Supplemental PIRs and are being required to rewrite the document(s). Upon the staff being counseled and the PIR document(s) prepared and approved by the SCM Director, the SCM Incident Review may be closed, and/or other actions may be considered;
- Policy and Procedure violations were noted. Staff noted to be in violation should receive a Worker-Supervisor Conference which should be referred to Administration for consideration for formal corrective action. All conferences, and any recommended corrective action, should be completed by a specified date. Upon receipt of the conference and any corrective action, if any is indicated, the matter should be closed;
- Unnecessary force appears to have been utilized. The unnecessary force DID NOT result in injury or a complaint of pain on behalf of any minor involved in the incident. The completed SCM Incident Review should be referred to the facility SCM Director and Division Director for consideration of formal Disciplinary Action. Upon the levying of corrective action, the SCM Incident Review should be closed.
- Child Abuse is suspected to have occurred. The matter was reported to both local law enforcement and the Probation Department's Child Abuse Special Investigations Unit. This SCM Incident Review should be "administratively closed" and referred to CASIU for formal investigation.
- Excessive force appears to have occurred. The excessive force utilized appears to have caused injury to the minor. The matter was reported to the Probation Department's Child Abuse Special Investigations Unit. This SCM Incident Review should be "administratively closed" and formally investigated by CASIU.
- Unnecessary force appears to have occurred. The unnecessary force utilized appears to have caused injury to the minor. The matter was reported to the Probation Department's Child Abuse Special Investigations Unit. This SCM Incident Review should be "administratively closed" and formally investigated by CASIU.

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**Section T, U and V: SCM Director Review and Final Recommendation:** After completing the SCM Incident Review, the SCM Review Document and all supporting documentation generated as a result of the incident shall be forwarded to the facility's SCM Director for final review and disposition.

The SCM Director shall, upon receiving the SCM Incident review documents, complete Section "U" on page 2 of the SCM Incident Review document noting the date and time the SCM Incident Review Documents were received.

The SCM Director, upon completing section, "U" shall review the SCM Incident Review documents and the Supervisor's findings, written summary, and recommendations. Upon completing the Review, if the SCM Director determines more information is needed, the SCM Director shall return the SCM Review documents to the Supervisor and completed Section "V" on page 2 of the SCM Incident Review Document, noting the date the documents were returned to the Supervisor for follow-up and the date they are due back to the SCM Director. Upon receiving the documents back from the Supervisor, if it is determined that more information is necessary, the SCM Director shall return the SCM Review document, again noting the date the documents were returned to the Supervisor for follow-up and the date they are due back to the SCM Director. If it is was not necessary to return the SCM Incident Review documents to the Supervisor, Section V should remain blank.

Upon receiving the documents back for the final time, the SCM Director shall, in Section "T," note their concurrence with the Supervisor's findings and recommendations; or, the SCM Director shall note a different finding in the "alternate findings" area provided. If the matter has been referred for investigation, the SCM Director shall note the investigation tracking number(s) for the facility, the Bureau and the CASIU that pertain to the investigation. If a Suspected Child Abuse Report was filed, the Law Enforcement File Number shall also be included in Section "T."

**Section W: Director's Final Actions:** After completing Sections T, U and V, the Director shall complete Section "W." The SCM Director shall note the date the Review was accepted as complete by the SCM Director and sign as approving. The SCM Director shall note the status of the Review by checking the appropriate "status" box. If the status boxes for "completed," "Forwarded to CASIU for Investigation," or "Forwarded to the facility for Internal Investigation" are checked, the Review is considered to be closed with Section "X" being completed and the documents filed.

If the Review is awaiting the preparation and forwarding of additional documentation, the Director shall note, for each named staff, the type of documentation pending, and the reason the additional documentation was requested and the date the documentation is due to the SCM Director. The date these documents were received shall be noted in the space provided. Upon receipt of these documents, the Review is considered to be closed with Section "X" being completed and the documents filed.

**Section X:** The SCM Director's secretary shall note the final disposition of the SCM Incident in this section and shall sign the document in the space provided.

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**VII. REPORTING EXCESSIVE OR UNNECESSARY FORCE RESULTING IN INJURY TO A MINOR, OR SERIOUS INJURY TO A MINOR AS A RESULT OF AN SCM INTERVENTION**

During the review process, if it appears that excessive or unnecessary force was utilized that resulted in injury to the minor, or the minor sustained a serious injury as a result of the SCM Physical Intervention, the Supervisor conducting the review shall:

- Immediately report the incident to the Probation Department's Child Abuse Special Investigations Unit (CASIU) Unit via e-mail, utilizing the "CASIU" e-mail address in the Probation Department e-mail system. CASIU investigators are connected to the e-mail system, and the On-Call Investigator will contact the facility and make arrangements to respond. Be sure to include the basic information (name(s) of minor(s), name(s) of staff, SCM Incident Review number, date, and time of incident, facility, etc.) to assist the Investigator in orienting themselves to the incident;
- Immediately Notify the facility's Duty Supervisor so that the Duty Supervisor can coordinate with the arriving CASIU Investigator and facilitate access to the minor(s) and available documents;
- Contact the Duty Director (or facility Director) and advise the Director that the CASIU has been contacted; and
- Submit a Preliminary Incident Notification (PIN) to the Facility Superintendent/Camp Director.

If unnecessary force appears to have been utilized by the involved staff, but no injury or complaint of pain occurred to the minor as a result of the unnecessary force, this matter shall be addressed administratively by the facility, and shall not be referred to the Child Abuse Special Investigations Unit.

**NOTE: Incidents of excessive or unnecessary force are not to be reported to local law enforcement as they are not considered to be Child Abuse, but rather, violations of Departmental policies and procedures.**

**VII. FACILITY SCM DIRECTOR RESPONSIBILITIES**

For the purposes of the Administrative Policy, the term "Facility SCM Director" shall refer to the designated Director, who has oversight over the SCM review process. Upon becoming aware of an incident's occurrence, SCM Director shall ensure that the following occurs:

- The SCM incident is logged into the facility's SCM Incident Review Log, which shall include and the name of the SDSO responsible for completing the SCM Review;
- Track the Review to completion. The initial SCM Review must be completed within five business days (Monday-Friday); however, completion of the SCM Incident Review within the first 24 hours after its occurrence is preferable;
- Conduct a comprehensive review of the completed SCM Review where necessary; facilitate addressing and correcting any deficiencies;

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- Return the SCM Review to the Investigating Supervisor for corrections/adjustments and track its return. It shall be returned to the SCM Director within two business days (Monday-Friday);
- Track the SCM Review to completion and seek documented corrective action from the Division Director responsible for named staff involving instances where compliance timelines are not met.
- Log the completed incident in the Department's Safe Crisis Management Tracking Log located in each individual facility;
- Assign the SCM Incident a unique Bureau tracking number. The Bureau tracking number shall begin with the prefix "DSB" or "RTSB" followed by the year of occurrence and the unique number of the incident for that year in order of occurrence, beginning with 001, for example, DSB-07-001. The foregoing indicates that the Safe Crisis Management incident occurred in the Detention Services Bureau, during calendar year 2007, and was the first incident to have occurred that year. The next incident will have DSB-07-002.

**NOTE: The Bureau and facility tracking numbers will not be the same, as the DSB or RTSB number will account for all incidents across each of the Bureaus.**

The facility's SCM Director shall, as part of his overall incident review, assess whether the following occurred:

- The Duty Supervisor properly documented the facility's SCM Incident Review Log for incidents occurring during their assigned shifts;
- The Duty Supervisor properly assigned a Supervisor to conduct mandatory Child Safety Assessments (CSA's);
- The Duty Supervisor compiled the required incident documents generated by staff and Supervisory staff, including the Child Safety Assessment documents, prior to assigning the SCM Incident Review to a Supervisor;
- The Duty Supervisor properly initiated the SCM Incident Review Document, and completed Sections A and B on the SCM Incident Review, document prior to assigning a Supervisor to complete the SCM Incident Review;
- The Duty Supervisor properly assigned a Supervisor to conduct the SCM Incident Review;
- Supervisory staff assigned to conduct the Child Safety Assessment properly complied with the Duty Supervisor's instructions to complete the assessments within one hour of being assigned;
- Supervisory staff assigned to complete the SCM Incident Review completed the review with two business days of the incident's occurrence;
- Supervisory staff assigned to complete the Child Safety Assessment properly interviewed the minors and reported Suspected Child Abuse to local law enforcement and the Probation Department's Child Abuse Special Investigations Unit (CASIU) if it was reasonably suspected to have occurred;
- Supervisory staff assigned to conduct the SCM Incident Review properly reported any incident of excessive or unnecessary force that resulted in injury to the minor, or in which

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the minor sustained a serious injury as a result of the SCM Physical Intervention to the Probation Department's Child Abuse Special Investigations Unit (CASIU) Unit.

In instances where it appears that Supervisory staff may be in violation of any of the foregoing policy requirements, the matter will be administratively reviewed for corrective action purposes.

**IX. PROBATION DEPARTMENT SCM INCIDENT REVIEW DATA MANAGER**

The Probation Departments SCM Data Manager shall be responsible for maintaining the Department's SCM Incident Review Database. The SCM Data Manager shall be responsible for tracking timeline compliance by each facility and for addressing discrepancies with each facility's SCM Director or Superintendent. The SCM Data Manager shall also be responsible for initiating, coordinating, and tracking Early Intervention System (EIS) contacts with staff involved in multiple SCM and/or conduct-related incidents. The SCM Incident Review Data Manager shall:

- Ensure the SCM Incident is logged into the Department's SCM Incident Review Database, making sure to include all relevant information pertinent to the review;
- Track date pertinent to the SCM Review to coordinate with the facilities' Superintendents and SCM Directors to address any discrepancies and/or problems that arise;
- Complete a Monthly Compliance Report addressing compliance issues;
- Coordinate the Early Intervention System (EIS) for the Department;
- Notify facility administrators to conduct initial EIS meetings with staff;
- Log initial EIS contacts and any subsequent scheduled EIS meetings;
- Notify facility Administrators to conduct subsequent EIS meetings as scheduled;
- Track compliance with the EIS processes;
- Prepare a monthly Compliance Report regarding the EIS process; and
- Advise the DSB and RTSB Bureau Chiefs concerning and problems that arise as regards SCM and/or EIS processes.

As with any policy or procedure there are likely to be instances where situations arise that have not been addressed in this administrative policy. When in doubt, staff should always consult with the facility SCM Director for guidance. Should you have any questions regarding this policy please contact the Detention Bureau Consultant at 562-940-2523.

COUNTY OF LOS ANGELES  
PROBATION DEPARTMENT

# DIRECTIVE

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No.: 1456

Issued: 12/1/2021

Post Until: 01/01/2022

**SUBJECT: FORCE INTERVENTION RESPONSE SUPPORT TEAM (FIRST)**

## 1. INTRODUCTION

It is the policy of the Los Angeles County Probation Department to ensure that its peace officers authority conforms with federal, state, and other applicable laws and regulations. Probation officers may encounter threats in the course of their regular duties where de-escalation efforts prove ineffective and other risk management techniques must be exercised to regain control and overcome the threat. These circumstances expose the staff and individuals in the community to heightened risks and therefore require close Departmental oversight to mitigate occurrences.

The Force Intervention Response Support Team (FIRST), as part of Systems Accountability Bureau, has been established as an independent reviewing entity for the Department with the priority of reviewing all Physical Intervention Packets (PIP) (formerly Safe Crisis Management), ensuring staff documentation and evidence collection provide a strong factual account of the incident and complies with Departmental policies and protocols. Through oversight and guidance, in addition to comprehensive reviews of all PIP's, the FIRST will assist employees in strengthening the integrity of the physical intervention business process, which will also help improve employee and youth well-being.

The FIRST will examine documentation and review relevant video footage, conduct inquiries to analyze and track the quality of preventative efforts, triggers, de-escalation, and actions taken during and after a use of force incident. The FIRST will have a greater insight into the culture of a facility by observing and interacting with the Juvenile Institutions following these critical incidents; and thus, the ability to identify and target emerging trends, policy gaps, programming needs, training improvements, and the causes of incidents, particularly where de-escalation techniques fell short and physical intervention was applied.

FIRST independent reviews and expert guidance will help enrich child and employee welfare/wellbeing and support culture change to assist in reforming the Department by enhancing accountability through oversight and analysis of collected information and data. This will also help prevent erroneous allegations and address the possible causes of force incidents. This policy is consistent with Detention Services Bureau (DSB) and Residential Treatment Services Bureau (RTSB) Manuals' *Safe Crisis Management/Physical Intervention Policy - Post Incident Review Process*, and all physical intervention reviews will be conducted utilizing an objectively reasonable standard as defined in the Policies.

***The FIRST Unit is independent from and is not affiliated with the Department's Internal Affairs Bureau.***

## **2. FIRST OVERVIEW**

When de-escalation techniques fall short and physical intervention is applied, the methods of regaining control translate into risk for both the staff employing the physical intervention and the youth on which it is exercised. Therefore, the incident warrants preparation of a PIP containing evidence and pertinent information for review by the respective juvenile institution. Once the review has been completed and finalized by the juvenile institution, including signed by the reviewer, approved by the facility Director, and closed in the Probation Case Management System (PCMS); this packet will be forwarded to the FIRST Unit for an independent review and analysis. The FIRST will have the following primary assignments relative to this process:

- Comprehensive review of ALL Physical Intervention Packets.
- In-depth review of all related video footage, before, during, and after the incident whenever video footage is available.
- Track and monitor all PIPs for timely submission.
- Provide technical guidance and coaching following specific critical incidents, as requested by the facilities.
- Provide technical guidance and subject matter expertise to the facilities, including targeted training as needed.

## **3. FIRST RESPONSIBILITIES AND DUTIES**

### **3.1. Comprehensive Review of Physical Intervention Packets**

As an independent review branch of the Department, the FIRST will provide an impartial evaluation of the PIP following the Juvenile Institution's assessment and review of events in accordance with the DSB and RTSB Manuals' *Safe Crisis Management/Physical Intervention Policy - Post Incident Review Process*. The Juvenile Institutions shall provide the FIRST with the complete PIP, including all corresponding video footage, photographs, and other related materials. All PIPs will be comprehensively reviewed and objectively analyzed by the FIRST to determine the quality of the Juvenile Institutions' Review, justification for force, compliance with policies and procedures, and corrective actions taken. In addition to reviewing completed PIPs for gaps and discrepancies stated above, the FIRST review will examine whether the following critical areas were addressed:

- All witnesses and involved youth and staff were identified and affidavits were sequestered.
- Measures were taken to collect, secure, and preserve evidence documented by youth and staff in affidavits, including photographs and/or video footage.

- Photographs and/or video footage match observations/experiences documented in staff Physical Intervention Review's (PIR)/Supplemental-PIR's, youth affidavits, and Duty Supervisor Child Safety Assessments (CSA).
- Possible or probable causes of all injuries were identified (youth and staff).
- Appropriate paperwork was completed if staff injuries occurred.
- Timely contacts, referrals, Preliminary Incident Notifications were completed for incidents, actions, events beyond the normal scope of routine operations.
- Appropriate and adequate recommendations were made for incidents, actions, events beyond the normal scope of routine operations demonstrating potential policy violations, excessive or unjustifiable force, or the need for training.
- Corrective actions were taken, and applicable proof of practice was submitted.
- Staffing ratios maintained at the Juvenile Institution and site of the incident (prior to and during) were appropriate.

### **3.2. Communication with Juvenile Institutions Regarding PIPs**

Once the FIRST Unit completes an independent review and assessment of the PIP identifying non-conformities, preventable risks, and/or proactive measures taken, the Juvenile Institution will be provided with the *FIRST Physical Intervention Review Summary Form* and receive email confirmation that the PIP either had:

- **No Significant Findings/Deficiencies** - the Packet meets the criteria identified in the respective policies.
- **Deficiencies/Non-Compliance Issues Noted** - the independent review discovered areas in the packet which the operation needs to address/follow-up.

The *FIRST Physical Intervention Review Summary Form* will detail areas of discrepancy/concern requiring amendment(s) or correction(s) for all PIP's not accepted by the FIRST. In addition, the FIRST will make recommendations for corrective action, including for Juvenile Institutions to take specific action that should have been completed in accordance with Departmental policies and procedures.

The juvenile institution shall address all discrepancies identified and resubmit the PIP, as outlined in Section 4 below, *Juvenile Institutions Responsibility for Submitting PIP*, for Follow-up Intervention Review Packets. Through this partnership and process, the FIRST will provide the required Departmental oversight for de-escalation, physical intervention, and use of force incidents to help improve the current Physical Intervention business process.

### **3.3. Technical Consultations Following Critical Incidents**

The Juvenile Institutions retain the responsibility for handling incidents as defined in the DSB and RTSB Manuals' *Safe Crisis Management/Physical Intervention Policy - Post Incident Review Process*. The FIRST is intended to be a body of subject matter experts in the analysis of de-escalation, physical intervention, and use-of-force

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processes. Following critical incidents and other incidents, or anytime during the business process, the FIRST may be contacted, including by supervisors and directors, for technical consultation, guidance, and coaching when needed to help strengthen the juvenile institution's plan for corrective action, preparation of PIPs, and other related processes, including training.

A critical incident is a significant physical intervention incident involving actual or potential liability, serious injury, significant loss, or major conflict that merits high-level managerial review. This includes physical interventions resulting from escapes, major disturbance (10+ youth involved), suicide or suicide attempts (as designated by the Department of Mental Health), or death of a youth while in custody. Additionally, any incident or situation that may generate media interest, result in litigation, result in possible criminal charges being filed against peace officers, or likely to result in the Chief Probation Officer being contacted may be considered critical.

The technical consultation and coaching by the FIRST is to help strengthen the facility's ability in the preparation and completion of the PIP, having a positive impact on the efficiency of the process. This process does not provide Juvenile Institution grounds for late submissions of the PIP to the FIRST. Additionally, FIRST consultations do not replace the facilities' duties and responsibilities for their own impartial enquiry into and risk analysis of the incident and completion of the PIP in accordance with applicable policies and procedures.

To maintain objective post-incident reviews, the FIRST will not complete the PIP on behalf of the facility. This will ensure the FIRST's independent judgement is not jeopardized by competing interests which make it difficult to fulfil their professional duties without bias and may undermine the credibility of the FIRST and/or Department; particularly due to the controversial nature of force/physical intervention incidents.

Thus, the FIRST's function is to consult, guide, coach the operation and provide targeted training in facilitating a robust after-incident risk analysis to determine whether de-escalation and risk management techniques were used effectively, and/or areas defined in existing policies and procedures may require enhancement to address the root causes of an event and to prevent the incident from reoccurring.

***The technical consultation and coaching provided by the FIRST will not replace and/or have impact on the post-incident independent review conducted by the FIRST and it is not intended for the FIRST to complete PIPs on behalf of the facility, nor will it justify untimely submission of the PIP to the FIRST.***

#### 4. JUVENILE INSTITUTIONS RESPONSIBILITIES FOR SUBMITTING PIP

Each operation shall be responsible for monitoring their daily incidents and preparing the PIP for timely submission to the FIRST after the Packets have been comprehensively reviewed and completed by the juvenile institution in accordance with operational policies and protocols, including as defined in the DSB and RTSB Manuals' *Safe Crisis*

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*Management/Physical Intervention Policy - Post Incident Review Process.* The juvenile institutions shall submit a complete PDF copy of the finalized PIP and all supporting/relevant documents, including but not limited to:

- PIR's and Supplemental-PIR's;
- CSA;
- Youth Affidavit (Youth Questionnaire);
- Mental Health Consultation;
- Medical Assessment;
- Sanction and Appeals Form;
- Youth-on-Youth Violence (YOYV) Form (when applicable);
- OC Deployment Report;
- Preliminary Incident Notification (PIN);
- Facility's Safe Crisis Management Review Form (e.g., PCMS Printout and RTSB Excel Spreadsheet),
- Corrective Action Plan (when applicable);
- Photographs (if any);
- Video footage when applicable (e.g., remote electronic access or DVD),
- Video Review Form clearly identifying date, time and location of incident footage including various angles/locations and camera names/numbers, for remote access; and
- Any other pertinent/relative documentation.

Once the PIP review has been completed and finalized by the facility, including signed by the reviewer, approved by the facility Director, and closed in PCMS, it shall be forwarded to the FIRST Unit for an independent review.

The PIP *shall be emailed/submitted to* **"EDL-PROB FIRST TEAM"** within seven (7) business days from the date of incident. Emails shall be properly annotated with the subject line as follows:

- For an initial Physical Intervention Review
  - Physical Intervention Review # 19-2407; BJNJH; July 1, 2019
- For a Follow-up Physical Intervention Review
  - Follow-up (Physical Intervention Review # 19-2407; BJNJH; July 1, 2019)

If follow-up is necessary, the FIRST will correspond with the juvenile institution regarding missing documentation and materials.

## 5. TRACKING AND MONITORING TRENDS

Quantitative data will be collected from the de-escalation, physical intervention, and use-of-force processes to track and monitor trends in force. The FIRST will undertake the following activities to encourage the use of techniques and mitigate/prevent/reduce reliance on force/physical intervention to resolve behavioral issues:

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- A review of policies, procedures, and possibly resources/equipment to identify potential gaps contributing to the incident.
- Recommend system and business process changes based on such reviews, including Critical Incident Reviews and trend analysis.
- The facilitation of communication between pertinent entities (e.g., applicable institutional and executive level committees, Critical Incident Review Unit, and Corrective Action Review and Monitoring Unit).
- Recommend changes to policy and training based on trend analysis and Critical Incident Reviews.

### 6. PARTICIPATION IN REVIEW COMMITTEES AND MEETINGS

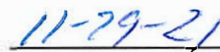
The FIRST may recommend the review of a critical incident, including increases in force incidents and other trend indicators to the Critical Incident Review Committee (CIRC). The CIRC, see *Critical Incident Review Process Policy*, also serves as the Departmental level review of uses of force and physical interventions. The CIRC Committee's findings and recommendations are tracked by the Systems Accountability Bureau's Corrective Action and Project Management Plan Unit.

Additionally, the FIRST will participate in the Juvenile Institutions' Review committees also known as facility level Critical Incident Review Committee (F-CIRC) as needed.

As with any policy or procedure, situations are likely to arise that have not been addressed in this administrative Policy. For any questions regarding this Directive, please contact the Systems Accountability Bureau's Director of the FIRST at (323) 357-5543.



Luis Dominguez, Deputy Director  
Compliance & Strategic Planning



Date

COUNTY OF LOS ANGELES  
**PROBATION DEPARTMENT**  
**DIRECTIVE**

No.: 1477

Issued: 6/22/22

Post Until: 7/22/22

*This Directive supersedes and replaces Directive(s) 1194 and 1427.*

**SUBJECT: DETENTION AND RESIDENTIAL TREATMENT SERVICES BUREAUS  
MANUALS – PHYSICAL INTERVENTION POLICY (SECTIONS DSB-1000 /  
RTSB-1700)**

The following sections of the Detention and Residential Treatment Services Bureaus (DSB/RTSB) Manuals have been updated and approved for distribution. Staff assigned to support the DSB/RTSB are instructed to review the attached policies. The following new/revised policies are to be incorporated into the DSB/RTSB Manuals:

1. DSB Manual

a. Physical Interventions Policy (Section 1000) (*new*)

- Introduction - Physical Interventions (Section 1101) (*new*)
- Training Requirements (Section 1102) (*new*)
- Objectively Reasonable Determinations (Section 1103) (*new*)
- Prevention and De-Escalation (Section 1104) (*new*)
- Physical Interventions (Section 1105) (*new*)
- Oleoresin Capsicum (O.C.) Spray (Section 1106) (*new*)
- Restraints (Section 1107) (*new*)
- Post-Incident Physical Intervention (Section 1108) (*new*)
- Quality Assurance (Section 1109) (*new*)
- Notifications (Section 1110) (*new*)

2. RTSB Manual

a. Physical Interventions Policy (Section 1700) (*revised*)

- Introduction – Physical Interventions (Section 1701) (*revised*)
- Training Requirements (Section 1702) (*new*)
- Objectively Reasonable Determinations (Section 1703) (*new*)
- Prevention And De-Escalation (Section 1704) (*new*)
- Physical Interventions (Section 1705) (*new*)
- Restraints (Section 1706) (*new*)
- Post-Incident Physical Intervention (Section 1707) (*new*)
- Quality Assurance (Section 1708) (*new*)
- Notifications (Section 1709) (*new*)

b. Transportation of Youth (Section 1800)

- Metal Handcuff Sanitizing Procedure (Section 1812) (*previously Section 1707*) (*No Change*)
- Juvenile – Use of Mechanical Restraints During Transport (Section 1813) (*previously Section 1708*) (*No Change*)

**PROBATION DIRECTIVE**  
**DSB/RTSB MANUALS (DSB SECTION 1000 / RTSB SECTIONS 1700-1800)**  
**PAGE 2 OF 2**

- The Use of Mechanical Restraints for Movement and Transport Within the Facility (Section 1814) (*previously Section 1709*) (*No Change*)

The policies will also be located on Prob-Net [Probation Manuals →Detention Services Bureau Manual (DSB) and Residential Treatment Services Bureau Manual (RTSB)]. Questions or concerns regarding this Directive shall be directed to the Detention Services Bureau Consultant at (562) 658-1794 or the Residential Treatment Services Bureau Consultant at (562) 940-2523



Karen Fletcher, Chief Deputy  
Adult and Juvenile Services



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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject:  <b>DETENTION SERVICES BUREAU</b>  <b>PHYSICAL INTERVENTIONS</b>	Section Number: <b>DSB - 1000</b>
	Effective Date: <b>May 2, 2022</b>
	Approved By: Valerie Van Kirk DSB Bureau Chief <i>VVK</i>

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**PHYSICAL INTERVENTIONS****1001 INTRODUCTION – PHYSICAL INTERVENTIONS**

This policy articulates the department's policy for handling of crisis situations that may result in the use of force. In every situation (preceding, during, and following a physical intervention, including O.C. spray), youth shall be continually treated with dignity and respect regardless of their gender, race, ethnicity, national origin, sexual orientation or gender identity, education, or disability. Consistent with a dignity-based approach, youth must also be held accountable for their actions while under the department's care to foster an environment of ongoing youth rehabilitation and safety. Officers shall consider the safety of all individuals, including youth, staff, and/or the public, when determining whether the use of force, including but not limited to physical or chemical intervention, is appropriate given the situation and environment. Use of force, including but not limited to physical or chemical intervention, shall only be utilized as a last resort and only at a level that is objectively reasonable. The use of force as a means of punishment, retaliation, or treatment is strictly prohibited. Any officer who is found to have done so is not acting within the scope of employment and shall face disciplinary action.

The authority to use force is a serious responsibility given to Peace Officers. All officers are expected to exercise that authority judiciously and with respect for human rights, dignity, and life. Officers shall make every attempt to de-escalate situations and exhaust all other means of response before resorting to force. No policy can anticipate every conceivable situation or exceptional circumstance which Officers may face. In all circumstances, Officers are expected to exercise sound judgment and critical decision-making when using force options.

**LEGAL MANDATE**

This policy is consistent with the expectations set by California's Board of State and Community Corrections (BSCC) Title 15 Minimum Standards for Juvenile Facilities, Section 1357; and is aligned with the United States Supreme Court's decision *Graham vs. Connor*, 490 U.S. 386 (1989) which mandates that when force is used, trained officers shall utilize an objectively reasonable standard to ensure that the level(s) of intervention utilized are both reasonable and necessary to facilitate the

restoration of order<sup>1</sup>.

In *Graham v. Connor*, the U.S. Supreme Court held that (1) an officer's use of force must be objectively reasonable, (2) the "reasonableness" of a particular use of force by the officer must be judged from the perspective of a reasonable officer in the same or similar circumstance, and the calculus must embody an allowance for the fact that officers are often forced to make split-second decisions about the amount

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<sup>1</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

**PHYSICAL INTERVENTIONS**

of force necessary in a particular situation, and (3) a court's review of the reasonableness of the decision to use a particular use of force must be made without regard for the officer's underlying intent or motivation<sup>2</sup>.

**OVERVIEW**

The Los Angeles County Probation Department (The department) is committed to facilitating safe, secure, and healthy environments for its clients and staff. Ensuring the safety of the youth while in the department's care is a priority. As such, juvenile residential facilities are places where youth are provided with trauma-responsive rehabilitative services to learn pro-social behaviors and develop life skills that support their positive behavioral change. This type of environment is best accomplished through well-trained professional staff and rapport building with youth.

This policy is developed in cooperation with Juvenile Court Health Services (JCHS) and the Department of Mental Health (DMH), which articulates the department's policy for handling crisis situations that may result in the utilization of physical intervention. It establishes the roles and responsibilities for all sworn and non-sworn staff to be followed prior to, during, and after the utilization of physical intervention, the application of Oleoresin Capsicum (O.C.) spray, where authorized, and the application of mechanical or soft restraints.

**1002 TRAINING REQUIREMENTS**

All sworn officers assigned to juvenile custodial or transportation duties that are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved training (initial training and annual refresher training) on de-escalation, physical intervention, and chemical intervention/decontamination techniques prior to being authorized to utilize force<sup>3</sup>. This includes training for officers related to:

- Permitted use of force techniques and methods.
- De-escalation and prevention techniques.
- Physical interventions, physical restraints, and defensive tactics.
- Instruction on the Constitutional Limitations of Use of Force.
- Known medical and behavioral health conditions that would contraindicate certain types of force; Signs or symptoms that should result in immediate

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<sup>2</sup> Cal. Code Regs. Title 15 § 1357(c)(4)

<sup>3</sup> Cal. Code Regs. Title 15 § 1357(c)(1-6)

**PHYSICAL INTERVENTIONS**

referral to medical or mental health staff.

- Use of force policy; reporting and writing.
- Debriefing.

Managers and supervisors assigned to juvenile facilities and transportation shall ensure that all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy.

**1003 OBJECTIVELY REASONABLE DETERMINATIONS**

When determining the necessary and reasonable level of physical intervention, including OC Spray, "objectively reasonable" means the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility. Use of force is restricted to the minimum level necessary to ensure the safety and security of youth, staff, others, and the facility to control the situation and restore order<sup>4</sup>. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

- Whether the youth present an immediate threat to the safety of themselves or others.
- Whether the youth is actively physically resisting. Obstinance is not a form of resistance that generally requires the use of force if it does not present a threat to self or others.
- Likelihood, capability of a youth to carry out threats made.
- Size and physical strength of youth vs. officer.
- Number of youths involved and the number of officers available or present.
- The nature and severity of the situation, and potential for serious injury.
- The youth's medical and/or mental health condition(s), whether the youth is pregnant, and whether the youth have a disability.
- Proximity of potential weapons.

**Pregnant and Post-Partum Recovering Youth**

Officers shall ensure that every effort is made to avoid applying any type of

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<sup>4</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

**PHYSICAL INTERVENTIONS**

physical, chemical, or mechanical restraint on youth who are pregnant, laboring or delivering, or recovering post-partum (in line with the Juvenile Justice Reform Act of 2018). Use of force in these situations poses serious health and safety concerns due to the increased likelihood of falls and an inability to break falls. Additionally, these pregnancies and post-partum recovery periods are associated with heightened emotions and mental health symptomology. The use of force can intensify emotional vulnerability as the youth may experience re-traumatization. If a situation occurs, as previously described, which requires restrictive alternatives to prevent injury to youth and/or others, the officer shall take special precautions to avoid any pressure on the youth's abdominal region or impact upon any area of the body.

Restraining a pregnant youth in the prone or supine position is expressly prohibited.

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 officers, or the public. If necessary, when applying restraints to a pregnant youth, restraints shall be applied to the front of the body.

In accordance with *Penal Code Section 6030(f)*, *Welfare and Institutions Code Section 222* and *BSCC 15*, *CCR §1358*, a youth known to be pregnant or in recovery after delivery shall not be restrained using leg irons, waist chains, or handcuffs behind the body.

Restraints shall be removed when a professional who is currently responsible for the medical care of pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the restraint is medically necessary<sup>5</sup>.

**1004 PREVENTION AND DE-ESCALATION**

Prevention and De-escalation strategies are designed to promote positive behavior, successfully resolve conflicts, and minimize crisis situations that require the use of force. The primary tools for preventing crises are building positive, supportive, professional relationships with youth and utilizing proactive supervision and situational awareness techniques. When supervising youth, officers shall seek to establish rapport and maintain awareness of changes in an individual's mood or the housing unit's tone. Recognizing these changes will give officers the ability to effect proactive engagement, summon additional officers and/or mental health professionals to assist in resolving the situation without the use of force, or utilize

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<sup>5</sup> Cal. Code Regs. Title 15 § 1357(a)(8)

**PHYSICAL INTERVENTIONS**

other less aggressive and approved use of force techniques

**A. Definitions and Explanation of Terms**

**De-escalation** - The use of non-physical efforts and techniques, including conflict resolution, to minimize or prevent a crisis that may require the need for the use of force.

**Disengagement** – Officer steps between youth engaged in a physical altercation, separating the combatants with a gentle open-handed guiding movement that does not involve confinement of an appendage.

**Extended Arm Assist** –Officer secures the arm and/or shoulder (or shirt/sweatshirt) of the youth for the purpose of inducing a youth that is acting out to cease their involvement in negative behavior and/or to assist them in moving to a safer area.

**De-escalation Strategies** – designed and employed to intervene in a youth's negative behavior with non-threatening, non-verbal, para-verbal, or verbal interventions, which reinforce expected behaviors and allow youth to self-correct and begin to demonstrate acceptable behaviors.

**Positive Reinforcement** – behavioral management techniques, which involve acknowledging appropriate behavior and employing positive correction techniques to further reinforce and enhance a structured, relationship-based environment; processes which could include utilizing techniques such as humor, re-grouping, re-structuring, and/or problem-solving to assist in the development of positive officer/youth relationships.

**RESOURCE Teams** – teams composed of Probation and Mental Health staff deployed to address and de-escalate behavioral and mental health crisis situations.

**B. Prevention Strategies**

Prevention strategies are designed to promote positive behavior and maintain proactive engagement. The primary tools for preventing crises are promoting positive and professional relationships with youth and utilizing proactive supervision. When supervising youth, officers shall establish and maintain rapport and engage daily in strength-based strategies to contribute to a positive unit environment. Officers shall use proactive crisis avoidance strategies by providing programming that is properly structured, establish and regularly reinforce clear expectations, provide differential reinforcement (i.e., acknowledge appropriate behavior while ignoring inconsequential behavior), and engage appropriate/positive family to support kinship while maintaining awareness and sensitivity to family history/dynamics to help address youth concerns and behavioral issues.

**PHYSICAL INTERVENTIONS****C. De-Escalation Strategies**

De-escalation strategies are designed to successfully resolve conflicts when they arise and minimize crises situations that may require the use of force. Officers are required to employ de-escalation strategies prior to the use of force unless the use of force is necessary to respond to an imminent threat to facility security or the safety of persons.

The primary tool for de-escalating crises is utilizing proactive supervision. Officers engage in proactive measures to avert crises using situational awareness techniques (i.e., recognizing early signs of behavior-related concerns or the housing unit's tone to provide early intervention techniques). Officers shall closely supervise youth to prevent youth-on-youth conflict. When a situation is likely to escalate, staff may utilize positive correction techniques (e.g., appropriate approval and disapproval), use positive behavior management techniques (e.g., appropriate humor, regrouping, restructuring, and problem solving), summon additional officers, and seek support from clinical and/or mental health professionals to assist in resolving the situation without the use of force, or to utilize other less aggressive and approved use of force techniques.

De-escalation strategies are non-physical options that include the use and application of efforts and techniques, including conflict resolution, disengagement, and extended arm assist, to discourage, decrease or intervene in threatening, disruptive, or violent behavior. These strategies are most effective when officers maintain appropriate relationships with youth, consistently and fairly apply universal intervention strategies and acknowledge and utilize positive reinforcement. Officers trained to utilize intervention strategies while considering gender dynamics and the impact of trauma on adolescent brain development are likely to experience greater success at de-escalating crises<sup>6</sup>.

Officers shall strive to de-escalate crises by maintaining effective awareness and communication skills and by providing warnings and/or asking other officers to assist in minimizing the need to use force. When deciding how to address crises, officers shall consider what influences: narcotic use; a history of trauma; and/or mental illness may have on youth behavior; and how youth may be affected by the utilization of physical or chemical intervention<sup>7</sup>.

**Note:** *Disengagement (Step Between) and Extended Arm Assist are non-physical techniques and, therefore, will not be considered a use of force. When a “disengagement step between” or “extended arm assist” is utilized, the individual*

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<sup>6</sup> Cal. Code Regs. Title 15 § 1357(a)(2)

<sup>7</sup> Cal. Code Regs. Title 15 § 1357(c)(1)

**PHYSICAL INTERVENTIONS**

*should complete a Special Incident Report (SIR).*

**Officers may utilize the following de-escalation strategies:**

**Request for Compliance with Instructions:** Requests of the youth for compliance with instructions in a fair, firm, and respectful manner. It may be best for one officer (preferably one who has built a positive rapport with the youth) to take the lead in speaking with the youth one-on-one.

**Discussion/Counseling:** Attempt to counsel or engage the youth through dialogue to de-escalate the situation. Speak directly to the youth (away from the group or audience) in a firm but calm and non-threatening manner, using the youths' name. Continue dialoguing, clearly instructing the youth to cease the activity and comply.

**Mental Health Assistance:** As part of the RESOURCE team, Mental Health staff shall serve a more direct role in engaging youth in crisis to assist with de-escalation. Mental Health staff shall be summoned immediately or as soon as "reasonably possible" to support the youth in regaining self-control and help encourage compliance with instructions through Mental Health's professional/practiced crises de-escalation expertise, including their unique knowledge of youths' casework and treatment.

**Officer Presence:** One or more officers converge on the incident or potential incident, approaching in a non-threatening manner. One officer assist by providing continuous instructions/orders to the youth in a calm but firm voice to cease the negative activity. Additional officers shall assist in isolating the situation, providing back-up for the officer engaging the youth, and/or securing the rest of the group. Officers should be aware that the youth may be experiencing a mental health crisis and may react to being surrounded. If safe to do so, give the youth space.

**Switching Officers (Tapping Out):** If the youth is extremely angry or upset with a particular officer, an un-involved officer shall attempt to take over counseling the youth, continuing the de-escalation process. Officers must be aware of their own emotions and take great care not to personalize any comments or actions from the youth.

**Secluding the Situation/Youth:** If the youth does not comply with verbal instructions and additional officers have been called to the area, the youth shall be secluded from the rest of the group. Seclusion occurs in several forms. The preferred form of seclusion is where the youth voluntarily move to their room and is supervised during a cool-down period. Officers shall provide continued direct visual observation in conjunction with dialogue, counseling, and mental health assistance. Officers shall communicate and document said communications with youth on a *Safety Check Sheet* and in PCMS.

**PHYSICAL INTERVENTIONS**

It is not always possible to convince youth to return to or enter their room. When this occurs, secluding the youth in a vacant dayroom, hallway, or another area that can be safeguarded is permissible. It is acceptable to reduce or halt program activities for the time necessary to handle the situation. The program shall resume after the incident has been resolved and the location is safe and secure.

**Request Supervisory Assistance:** Request that a supervisor report to the location where the youth is experiencing the crisis.

**Behavior Chart Consultation:** When experiencing continued non-compliance, circumstances permitting, request that an officer consult the youth's Behavior Chart or the Probation Case Management System (PCMS) to assist in determining an appropriate course of action. It is vital to note any medical, mental health, or developmental disability problems in the youth's history.

**Other Officers/Volunteers:** Probation Officers may request and/or utilize other staff, including teachers, religious volunteers, or others, provided they have an established rapport with the youth and can be safely involved in the de-escalation efforts.

**Temporary Halt to Program Activities:** If a youth's actions constitute a potential safety risk to the officer or other youth in the unit, Officers may reduce or halt program activities for the time necessary to handle the situation with supervisor approval. The program shall resume for the entire unit after the incident has been resolved and the location is rendered safe and secure.

**Separation of Youth:** If a youth presents a potential safety risk to the unit (e.g., medical and mental health conditions, assaultive behavior, disciplinary consequences, protective custody, etc.), officers may temporarily separate those youth when conducting unit-wide activities until the behaviors of concern are resolved. Upon resolution, youth shall be reincorporated into programming.

**RESOURCE Teams:** Probation and Mental Health will use RESOURCE Teams whenever emergency, or crisis situations arise. RESOURCE Teams will respond when their assistance is requested for the behavioral management of youth in juvenile facilities. In all cases, a RESOURCE team will consist of a mental health clinician paired with a probation staff who will jointly respond to situations and intervene when their assistance is requested. A health services nurse will also be part of the RESOURCE team as additional assistance for de-escalation and to be available to assess any possible injuries. RESOURCE Teams will work with unit staff collaboratively in order to defuse and de-escalate crisis situations and maintain safety. It may become necessary at times for Probation to initiate restraint and seclusion. RESOURCE Teams will initially provide 16-hour 7-day week coverage

**PHYSICAL INTERVENTIONS**

throughout the juvenile halls. However, it is intended to extend this to 24- hour 7-day coverage in due course of time.

**1005 PHYSICAL INTERVENTIONS**

The authority to use force is a serious responsibility given to peace officers. It is restricted to what is deemed reasonable and necessary only to ensure the safety and security of youth, staff, others, and the facility. All officers are expected to exercise that authority judiciously and with respect for human rights, dignity and life. Officers shall make every attempt to de-escalate situations and exhaust all other means of response before resorting to force. No policy can anticipate every conceivable situation or exceptional circumstance that officers may face. In all circumstances, officers are expected to exercise sound judgment and critical decision-making when using force options.

**A. Definitions and Explanation of Terms**

- **Use of Force:** Use of direct physical contact or chemical spray<sup>8</sup> applied to youth to restrict movement or to disengage from harmful behavior.

**Note:** *The gentle or slight touch of the arm, elbow, shoulder, or back to direct youth from one location to another is not considered a use of force.*

- **Objectively Reasonable and Necessary Use of Force:** Restricts the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would deem reasonable and necessary to ensure the safety and security of youth, staff, others, and the facility as defined in BSCC Title 15, Section 1302 *Definitions – Reasonable and Necessary Force*<sup>9</sup>.
- **Excessive/Inappropriate Force:** Force that exceeds the minimum amount reasonable and necessary to establish control of an incident or protect oneself and others from harm.
- **Immediate Use of Force:** Force used as an immediate means to respond to a situation or circumstance that constitutes an imminent threat to facility security and/or the safety of persons, which does not permit an opportunity for alternative measures such as de-escalation techniques.

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<sup>8</sup> Pursuant to the County Board of Supervisors motion "Phasing Out the Use of Oleoresin Capsicum (OC) Spray in County Juvenile Facilities (February 2019)" this policy shall be updated to remove Oleoresin Capsicum (OC) once phase out is complete.

<sup>9</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

**PHYSICAL INTERVENTIONS**

- **Directed Use of Force:** Planned use of force in cases where there is no immediate physical threat, such as prolonged passive resistance or involuntary removals. There shall be a tactical plan developed with the shift leader or supervisor upon preventing the use of force whenever possible. De-escalation must be attempted prior to any directed use of force.
- **Force Options:** Department-approved tools and techniques to use when responding to resistance or violent encounters. Each officer is expected to use only those techniques that are reasonable under the circumstances to gain control of the youth; protect the safety of youth, staff, and others; prevent serious property damage; prevent escape; or ensure the facility's security (e.g., physical control hold, take-downs, physical restraint devices, and oleoresin capsicum (O.C.) spray)<sup>10</sup>.

**B. Physical Intervention Determinations and Strategies**

Officers may utilize reasonable and necessary force, predicated upon the factors presented by each specific incident. In some instances, the use of immediate physical intervention may be required. The level of physical intervention that can be used is governed by the objectively reasonable standard<sup>11</sup>. De-escalation shall be attempted before force is used, and force shall only be used when de-escalation efforts have been unsuccessful or are not reasonably possible due to an imminent threat to the facility's security or the safety of persons. Officers shall use objectively reasonable force techniques required to gain control of the situation, limit the use of force on youth with known disabilities, as well as use the minimum amount of force necessary and reasonable to prevent self-harming behavior. Officers are expected to be aware of those youth with disabilities, medical, mental health, or other issues, and any youth that is medically contra-indicated from being exposed to O.C. (Refer to Alert log policy).

**C. Objectively Reasonable Standard for Use of Force**

When determining the necessary and reasonable level of physical intervention, "objectively reasonable" means the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility. Use of force is restricted to the minimum level necessary and objectively reasonable to control the situation and restore order. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

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<sup>10</sup> Cal. Code Regs. Title 15 § 1357(a)(2)

<sup>11</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

**PHYSICAL INTERVENTIONS**

- Whether the youth present an immediate threat to the safety of themselves or others.
- Whether the youth is actively physically resisting. Obstinacy is not a form of resistance that generally requires use of force if it does not present a threat to self or others.
- Likelihood and capability of a youth to carry out threats made.
- Size and physical strength of youth vs. officer.
- Number of youths involved and the number of officers available or present.
- The youth's medical and/or mental health condition(s), whether the youth is pregnant, and whether the youth have a disability.
- The nature and severity of the situation, and potential for serious injury.
- Proximity of potential weapons.

Officers maintain the right to self-defense and have a duty to protect the safety of others. However, the amount of force used shall only be the minimum necessary to mitigate an incident and protect the youth or others from harm. The level of force must be objectively reasonable under the circumstances.

**Note:** *This policy is not intended to require that physical intervention options be used in a particular order; however, the physical intervention option(s) shall be objectively reasonable.*

Force options include but are not limited to:

- Physical Control Holds.
- Take-downs.
- Restraint Devices.
- Oleoresin Capsicum (OC) Spray.

**Pregnant and Post-Partum Recovering Youth**

Officers shall ensure that every effort is made to avoid applying any type of physical intervention on youth who are pregnant, laboring or delivering, or recovering postpartum (in line with the Juvenile Justice Reform Act of 2018). If a situation occurs, which requires restrictive alternatives to prevent injury to youth and/or others, the officer shall take special precautions to avoid any pressure on the youth's abdominal region or impact upon any area of the body. Prone restraints are prohibited, and the use of supine restraints should be limited.

**PHYSICAL INTERVENTIONS****D. Escalation Prevention**

Officers shall strive to prevent escalating crises through effective communications, warnings asking other officers to assist, and other non-physical methods to minimize the need to utilize physical intervention in so far as practical. When deciding how to address crises, officers shall consider what influences: narcotic use; history of trauma; and/or mental illness may have on youth behavior and how youth may be affected by the utilization of physical intervention. Officers shall make every effort to avoid physical interventions with youth whose known medical or mental health conditions involve the following:

- Psychotropic drugs or stimulant medications.
- Asthma or respiratory problems.
- Documented history of heart disease.
- Documented history of seizures.
- Pregnancy or postpartum recovery.
- Developmental disability.
- Medically obese.
- Under the influence of stimulant narcotics (cocaine, methamphetamine, PCP, etc.).

**E. Physical Intervention Training**

All sworn officers assigned to juvenile custodial or transportation duties that are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved initial and annual refresher trainings on de-escalation, physical intervention, and chemical intervention (if permitted) techniques prior to being authorized to utilize force<sup>12</sup>. This includes:

- Physical Intervention.
- Prevention and De-escalation.
- Oleoresin Capsicum (OC) Spray.
- Restraints.
- Post Physical Incident / Post Use of Force.
- Physical Intervention Process Quality Assurance.
- Physical Intervention Notifications.

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<sup>12</sup> Cal. Code Regs. Title 15 § 1357(c)(6)

**PHYSICAL INTERVENTIONS**

Managers and supervisors assigned to juvenile facilities and the transportation unit shall ensure all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy<sup>13</sup>.

**F. Application of Physical Interventions****Immediate Use of Force (Emergent Situations)**

The department provides tools and training on techniques to use when responding to resistance or violent encounters. While various degrees of use of force exist, each officer is expected to use only those techniques that are reasonable and necessary under the circumstances to gain control of the youth; protect the safety of youth, staff, and others; prevent serious property damage; prevent escape; or ensure the facility's security. Whenever possible, de-escalation techniques, including verbal techniques, shall be used throughout the force incident to redirect behavior, diffuse difficult situations, and generate voluntary compliance.

Officers must be mindful of officer/youth size differentials, a youth's mental health, medical conditions, including pregnancy and/or developmental disabilities when utilizing physical strengths and holds. Whenever possible, officers must calmly and clearly articulate directions and expectations while applying physical techniques to reduce resistance and gain youth's compliance.

Officers must remain aware of positional asphyxia. Positional asphyxia limits the expansion of the lungs by compressing the torso, hence interfering with breathing. Whenever a youth complains that they cannot breathe, shows signs of difficulty breathing, or vomits, officers must immediately remove pressure from the back, chest, and abdomen while maintaining control of the youth's limbs. Officers must continually observe the youth to determine if the youth is breathing. Throughout the use of physical intervention, officers shall ensure the youth is responsive and can speak.

Health emergencies override the use of force (e.g., physical restraint and take-downs). Officers shall continually assess the youth for potential pain or medical

distress as they seek to gain compliance. If a youth appears to have lost consciousness or shows signs of a health emergency, officers shall reassess the youth for breathing and signs of circulation. Officers shall initiate CPR and emergency medical response procedures whenever needed and shall remain mindful of ensuring the health and well-being of youth.

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<sup>13</sup> Cal. Code Regs. Title 15 § 1357(c)(5)

**PHYSICAL INTERVENTIONS**

When officers reasonably determine that de-escalation techniques are ineffective or cannot be utilized due to imminent danger, immediate use of force techniques shall be employed. Officers shall be aware that a history of trauma may intensify natural defensive/protective responses during a use of force incident.

Self-defense can be utilized in situations such as a physical assault on an officer or staff by a youth or group of youth. However, the amount of force used shall only be the minimum necessary and objectively reasonable to mitigate an incident and protect the youth, staff, or others from harm.

**Directed Use of Force (Directed, Planned & Supervised for Non-Emergent Situations)**

In cases where there is not an immediate physical threat, such as prolonged passive resistance or involuntary removals, there shall be a tactical plan developed to circumvent the use of force whenever possible; this includes the use of the RESOURCE Team to help de-escalate the situation and gain compliance of the youth to avoid any use of force. Directed use of force requires organizing and staffing to control confrontations in a calm and professional manner. The shift leader, supervisor, or manager shall supervise attempts to diffuse the situation and authorize the directed force, remaining at the location until the incident is resolved. As with all use of force incidents, the objectively reasonable standard shall drive the level and type of force used to resolve the incident.

The authorizing shift leader, supervisor, or manager shall ensure officers are briefed regarding the youth's medical (i.e., pregnant, or postpartum recovering, medically obese, respiratory problems, etc.), mental health, and/or developmental disabilities prior to the execution of any use of force techniques. The decision to proceed with the directed use of force shall be fully documented by all involved (including the shift leader, supervisor, or manager who guided the officer(s)), along with the details of the underlying reasons to proceed and the outcome. Justification for the use of force in these circumstances must demonstrate the utilization of de-escalation techniques outlined in this policy.

The following are examples, however, not inclusive, of what may be considered directed physical intervention scenarios:

- Youth refusal to follow directions which are likely to result in a disturbance.
- Refusing to exit an area.
- Verbally threatening officers, staff, volunteers, or other youth with physical harm.

**PHYSICAL INTERVENTIONS**

- Refusing to be searched for contraband or refusal to surrender contraband.
- Engaging in self-harming behavior that is not immediately life-threatening.

Note: All directed use of force shall be preceded by a cool-down period to allow the youth an opportunity to comply with officer instructions. The cool-down period shall include de-escalation efforts. If deemed necessary, the officer shall request assistance from mental health staff, teachers, medical staff, or other facility partners (circumstances and safety permitting).

**G. Inappropriate/Prohibited Uses of Force and Conduct**

Inappropriate or excessive use of force is prohibited. Officers shall use the minimum amount of force necessary given the totality of the circumstances. All staff shall observe the *Daily Alert Log* at the beginning of their shift to ensure that they are aware of any medical or behavioral conditions that would contraindicate the use of force.

The following examples are **PROHIBITED USES OF FORCE AND CONDUCT**:

- "Carotid," "arm-bar," chokehold or any other deliberate chokehold restraint utilized to or having the impact of restricting the airway or blood flow.
- Applying pressure to and/or torquing of the head and neck.
- Deliberate strikes or kicks to the head, torso, or other body parts (except in situations of self-defense).
- Deliberately or recklessly striking a youth's head, limbs, torso, or other body parts against a hard, fixed object (e.g., roadway, driveway, floor, wall, etc.).
- "Hog-tying" procedure wherein restraints are applied to both the hands and feet, which are then drawn together and secured behind the back.
- Any form of excessive physical intervention, deliberate physical injury, or physical intervention used as coercion, punishment, retaliation, discipline, or treatment.
- Any other force used maliciously, sadistically, and/or for the purpose of causing harm<sup>14</sup>.
- Failure to immediately decontaminate a youth exposed to OC spray when the incident is controlled.

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<sup>14</sup> Hudson v. McMillian, 503 U.S. 1 (1992)

**PHYSICAL INTERVENTIONS**

- Leaving youth in an enclosed structure where OC spray has been used, and the location has not been decontaminated.
- Use of OC spray on youth in mechanical or soft restraints.
- Officer actions leading to the use of force such as taunting, verbally insulting, or challenging a youth.
- The use of force as a response to a youth who is solely expressing suicidal ideations.
- The use of prone and supine restraints on pregnant youth.
- Officer actions that serve to encourage, instigate or permit youth to engage in physical fights or assaults.

Officers who violate this Policy and its related procedures shall be subject to the performance management process and may result in discharge, criminal prosecution, and/or civil sanctions<sup>15</sup>.

**Note:** *All Officers have an affirmative duty to timely, accurately, and comprehensively report incidents of abuse, inappropriate force, or prohibited conduct in accordance with state law and consistent with the Child Abuse Reporting Policy for Juvenile Detention Facilities. All officers also have an affirmative duty to immediately take action to stop incidents of abuse and/or department policy violations. Officers who violate this policy and its related procedures shall be subject to the performance management process and may result in discharge, criminal prosecution, and/or civil sanctions<sup>16</sup>.*

**H. Non-Engagement**

Non-engagement or failure to act is defined as “deliberate indifference” to a crisis, wherein an officer intentionally fails to physically intervene and aid another officer, youth, or civilian; or fails to stop incidents of excessive, inappropriate, unnecessary force or abuse and/or departmental policy violations. The law imposes a duty on peace officers to take adequate action to protect youth, staff, and civilians in the course of their official duties. Deliberate indifference or failure to act is prohibited. Examples of non-engagement include, but are not limited to:

- Failure to respond to an immediate threat to the safety and security of youth, officer, and the facility.

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<sup>15</sup> Cal. Code Regs. Title 15 § 1357(a)(3)

<sup>16</sup> Cal. Code Regs. Title 15 § 1357(a)(3-4)

**PHYSICAL INTERVENTIONS**

- Failure to assist a fellow officer in response to an immediate threat; and/or indifference to a youth who is destroying property or failing to follow instructions.

**I. Transporting Youth Following a Physical Intervention**

If a youth is to be transported following a physical intervention, an uninvolved officer shall escort the youth away from the location of the incident to the medical unit, HOPE Center, to a supervisor for assessment or another safe/secure location. They shall not be transported by the officer(s) directly involved in that youth's physical intervention. If unavoidable and an involved officer must escort youth, the officer shall document in their Physical Intervention Report (PIR) the justification for escorting the youth. Under no circumstances shall a youth who has alleged unnecessary or excessive force by an officer during the intervention be escorted by said officer following the incident.

**J. Room Confinement Following Use of Physical Interventions**

Room confinement may be necessary following the use of force when all less restrictive options have been attempted and exhausted, and youth continues to pose a threat to the safety or security of officers or other youth<sup>17</sup>. Officers shall align with departments current policies and procedures regarding protocols for Level 2 Enhanced Supervision status (regardless of placement in the specialized or regular unit).

Youth may be held up to four (4) hours in room confinement<sup>18</sup>. After four (4) hours, staff shall do one or more of the following:

- Return the youth to general population.
- Consult with mental health or medical staff.
- Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth into general population.
- Extend room confinement. If room confinement must be extended beyond four (4) hours, staff shall do each of the following:
  - Document the reasons for room confinement and the basis for the extension, the date and time the youth was first placed in room confinement, and when he or she is eventually released from room confinement.
  - Develop an individualized plan that includes the goals and objectives to be met in order to integrate the youth into general population.

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<sup>17</sup> Cal. Code Regs. Title 15 § 1354.5

<sup>18</sup> Cal. Code Regs. Title 15 § 1354.5

**PHYSICAL INTERVENTIONS**

- Obtain documented authorization by the facility superintendent or his or her designee every four (4) hours thereafter.

A *Safety Check Sheet* shall be affixed to the youth's door at all times when in room confinement to provide safety checks that are not to exceed ten (10) minutes between observations. Officers shall be required, at each check, to communicate and document said communications with youth on the Safety Check Sheet. (Refer to HOPE Center "Stabilization" protocols for each respective Bureau's standards.)

If room confinement must be extended beyond four hours, staff shall transport youth to the HOPE Center, pursuant with departments current HOPE Center policies and procedures, and do each of the following:

- Document the reasons for room confinement and the basis for the extension (i.e., date, time, and proposed date, time when youth is to be released from room confinement)

If youth is transported to the HOPE Center, they shall not be transported by an officer(s) directly involved in youth's physical intervention. If officer(s) involved in the use of force escort the youth, it must be clearly explained in the PIR why uninvolved officers were not able to assist.

The utilization of room confinement shall not be used for the following reasons<sup>19</sup>:

- Used before other, less restrictive, options have been attempted and exhausted unless attempting those options poses a threat to the safety or security of any youth or officer.
- Used for punishment, coercion, convenience, retaliation, discipline, or treatment by an officer.
- Used to the extent that it compromises the mental and physical health of the youth.

**Note:** *This section is not intended to limit the use of single-person rooms or cells for the housing of youth and does not apply to sleeping hours, court holding facilities, does not conflict with any law providing greater or additional protections to youth, does not apply during an extraordinary emergency (including a natural disaster or facility-wide threat, does not apply when treating and protecting against the spread of communicable disease, or for extended care after medical treatment with written approval of a licensed physician or nurse practitioner.*

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<sup>19</sup> Cal. Code Regs. Title 15 § 1354.5

**PHYSICAL INTERVENTIONS****K. Mandatory Reporting Requirements**

All staff members who are involved in, witness to, or are given an assignment wherein a crisis is resolved using force shall, at the conclusion of the incident, immediately notify the Duty Supervisor and complete either a Physical Intervention Report (PIR) or Supplemental Physical Intervention Report (SUP-PIR) via PCMS. Officers shall clearly document all de-escalation/intervention efforts initiated prior to and during the use of force. Officers shall clearly document in their PIR or Supplemental Physical Intervention Report (SUP PIR):

- Date, time, and location of use.
- Staff involved (including witnesses).
- The youth(s) involved.
- The justification for physical intervention/ use of force.
- A clear description of what precipitated the use of force, including both youth and staff behavior.
- Whether the officer had knowledge at the time use of force was initiated that youth had conditions which contraindicated the use of physical intervention.
- Efforts to de-escalate prior to use of force.
- Identification of any injuries sustained as a result of the use of force.
- Date and time of immediate medical referral, contact, and response after incident.
- Documentation of immediate mental health referral, contact, and response after incident.

**Note:** *Officers shall be aware, in so far as possible, and document their pre-incident knowledge of medical and mental health of youth and justify why it was necessary and unavoidable to utilize physical intervention.*

**L. Anti-Retaliation**

The department has zero tolerance for retaliation against anyone who reports alleged policy violations, including inappropriate or excessive force. Officers, youth, partner agency personnel, visitors, or other staff assigned to the facility shall not be retaliated against (including shunning) for reporting and/or intervening in any alleged policy violation. Any activity or knowledge involving verbal, physical, or written threat to youth, staff, partner personnel, or visitors shall be immediately reported. This includes incidents of suspected abuse, use of force, or retaliation against whistleblowing (whistle-blowers report alleged wrongdoing or acts of fraud). Every person reporting an incident and acting in good faith shall be able to report

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an incident and be free from influence, threats, or restraint. No one shall prevent any other person from reporting or otherwise bringing to the attention of inappropriate and/or prohibited behavior. Staff shall be trained on the prohibitions, consequences, and measures to ensure the reliability of the complaint/grievance process related to retaliation, including the assignment of a Bureau Chief to address the need for interim protections for those who report. Those who violate this provision are subject to discipline up to and including termination.

Any person who believes they are the subject to any action prohibited by **County Code Section 5.02.060** may file a complaint with a supervisorial staff, contact the Ombudsman Hotline (877-822-3222), and submit written documentation pursuant with current department policies regarding Workplace Violence/Threat Management.

Supervisors and Managers must ensure staff, youth, partners, and visitors understand their responsibility to report acts of violence, threats, and suspicious activity.

**1006 OLEORESIN CAPSICUM (O.C.) SPRAY**

This section notes the department's policy for handling crisis situations that may result in the utilization of chemical intervention<sup>20</sup>. It establishes the roles and responsibilities for all sworn and non-sworn staff to be followed before, during, and after applying Oleoresin Capsicum (O.C.) spray.

To promote safety, youth shall be provided an O.C. Warning Form to read and sign upon admission into juvenile facilities that utilize O.C. spray. The O.C. Warning Form shall advise the youth that O.C. spray is used at the facility and that if and officer(s) instruct them to get down, take a knee, or use the words, "O.C. warning/spray", they are to immediately drop to one knee and then move to a prone position (body lays flat with chest down and back up) on the ground with their hands behind their back. Failure to do so may result in chemical intervention.

**A. Training**

All sworn Probation officers assigned to juvenile custodial that are authorized to utilize O.C. spray in the performance of their duties shall receive department-approved perishable skills training (initial training and annual refresher training). This includes training the use of chemical intervention, medical and behavioral

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<sup>20</sup> Pursuant to the County Board of Supervisors motion "Phasing Out the Use of Oleoresin Capsicum (OC) Spray in County Juvenile Facilities" this policy shall be updated to remove Oleoresin Capsicum (OC) once phase out is complete.

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health conditions that would contraindicate the use of O.C. spray, acceptable chemical agents, and application methods.

Only appropriately trained and sworn Probation Officers are permitted to use chemical intervention. Additionally, these trained and authorized officers may only use chemical intervention if their facility has issued them O.C. spray and only when there is an imminent threat to youth's safety or the safety of others and when de-escalation efforts have been unsuccessful, and it is objectively reasonable to do so<sup>21</sup>.

Managers and supervisors assigned to juvenile facilities shall each ensure that all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy<sup>22</sup>.

**B. Prevention Strategies**

Officers shall strive to prevent escalating crises through effective communications, warnings, asking other officers to assist, and other non-physical methods to minimize the need to utilize chemical intervention insofar as practical. When deciding how to address crises, officers shall consider what influences: narcotic use; history of trauma; and/or mental illness may have on youth behavior; and how youth may be affected by the utilization of chemical intervention. Officers shall make every effort to avoid deploying O.C. spray onto youth whose known medical or mental health conditions involve the following:

- Psychotropic drugs or stimulant medications.
- Asthma or respiratory problems.
- Documented history of heart disease.
- Documented history of seizures.
- Pregnancy or postpartum recovery (The use of O.C. spray on a pregnant or postpartum recovering youth should only be used as the final authorized alternative).
- Developmentally disabled.
- Medically obese.
- Under the influence of stimulant narcotics (cocaine, methamphetamine, PCP, etc.).

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<sup>21</sup> Cal. Code Regs. Title 15 § 1357(b) (1-2)

<sup>22</sup> Cal. Code Regs. Title 15 § 1357(c) (5)

**PHYSICAL INTERVENTIONS****C. Oleoresin Capsicum (O.C.) Spray Interventions**

Chemical interventions, such as O.C. Spray, are regulated by Penal Code sections 4574 and 22820, as authorized by the Chief Probation Officer for on-duty officers to use upon satisfactory completion of the Peace Officer Standards and Training (POST) course<sup>23</sup>. Chemical interventions should only be considered when objectively reasonable and when there is an imminent threat to the youth's safety or the safety of others, and only when de-escalation efforts have been unsuccessful; it shall never be applied as punishment, discipline, retaliation, or treatment.

If de-escalation and physical intervention attempts are unsuccessful and it becomes necessary to utilize chemical intervention, staff shall provide a warning regarding the intended use of chemical intervention. If the warning fails to achieve the desired cessation of escalating behavior, O.C. spray may be deployed.

Officers shall provide a warning regarding the intended use of chemical intervention. Only use the minimum amount of O.C. spray necessary to gain control of a situation and/or subdue the youth. If youth fail to respond to verbal commands and continues to exhibit physically aggressive, violent, and/or threatening behavior, a 'one-second' burst/spray shall be directed at the facial area of the aggressive youth<sup>24</sup>. Following the use of O.C. spray, circumstances permitting, the officer shall verbally redirect the youth, provide further O.C. warnings, and reassess whether the burst/spray successfully gained compliance. If the youth fail to comply and the severity of the immediate threat justifies further use of O.C. spray (objectively reasonable standard applied), an additional one-second burst/spray may be deployed to each involved youth still presenting an active threat to others. After two (2) short bursts of spray, the officer must continue to reassess the situation to gain compliance using all available physical intervention strategies.

Once the incident is safely contained, officers shall ensure all youth are removed from the affected area, and decontamination protocols are adhered to immediately for all youth exposed to the O.C. spray. De-contamination protocols include flushing the facial area with cold water and giving clean/non-contaminated clothing to the youth. The affected area shall also be decontaminated. Youth who have been exposed to chemical agents shall not be left unattended until they are thoroughly decontaminated or are no longer suffering the effects of the chemical agent. Medical staff shall be called for assessment immediately after the incident is

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<sup>23</sup> Cal. Code Regs. Title 15 § 1357(b)

<sup>24</sup> Cal. Code Regs. Title 15 § 1357(b) (1-2)

**PHYSICAL INTERVENTIONS**

contained and safe.

**Hot or warm water shall never be used for decontamination purposes as it aggravates the effect of the spray.** However, warm water may be used after several hours have elapsed, but only after a thorough rinsing with cold water.

Following an incident involving the use of O.C. spray, the Officer of the Day (OD) or Supervising Deputy Probation Officer (SDPO) or designee shall take all officer's canisters who deployed O.C., note the serial number, the assigned officer's name of each canister, and take post-deployment canister weights (each one-second burst approximates one-tenth to two-tenths of an ounce of O.C. propellant). After this information is captured, the supervisor shall ensure that the weight of each officer's canister is subsequently noted on the PIR SCM Review reports.

**D. Oleoresin Capsicum (O.C.) Spray Issuance and Accountability**

Staff members authorized to carry O.C. spray shall be issued a hand-held, four-ounce, O.C. spray canister and belt pouch<sup>25</sup> (The O.C. canister and belt pouch are the property of the Los Angeles County Probation Department and must be returned to the department if the staff member terminates employment or transfers to another assignment in which the possession and use of O.C. spray is not authorized). The issued canister shall have an identifying number for each staff member printed on the bottom of the canister using indelible ink. Staff shall not deface or remove this identifying number, or the canister serial number, for any reason. Upon issuance, the canister shall be weighed and the canister weight, serial number, and the employee's identifying number recorded in an electronic database maintained by the facility. Staff are required to maintain secure possession of their individual assigned canisters at all times. Staff shall not have more than one canister issued to them. Canisters are not to be loaned or possessed by anyone other than the staff member to whom the canister was issued.

In every occurrence a staff member deploys O.C. spray, the staff member shall immediately surrender the canister to a supervisor or director, who shall verify that the canister belongs to the respective staff, weigh the canister, and record their findings into the facility's electronic database and entry into the SCM PIR. Additionally, supervisory staff shall document the following in the SCM Review report related to the incident:

- The date of the previous weighing of the canister.
- The weight of the canister at the last weighing.

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<sup>25</sup> Cal. Code Regs. Title 15 § 1357(b) (1)

**PHYSICAL INTERVENTIONS**

- The date of the most recent deployment of the canister.
- The new weight of the OC canister after its use by the employee.
- The amount of spray discharged from the canister by weight.

Every six (6) months, the superintendent or director of a facility authorized for O.C. spray use shall account for each O.C. spray canister issued, the re-weighing and recording weights of each canister, verify at the time of weighing that the serial number and employee's identifying numbers are present and verify the numbers recorded at the time of issuance/re-issuance. The semi-annual weights for each staff member's canister shall then be confirmed/updated with the facility's electronic database. Changes in weight between weighing dates shall be administratively reviewed, as appropriate.

**Security of O.C. Spray Canisters**

Staff authorized to carry OC spray are required to bring their O.C. canisters and related equipment to work each day. Each staff member shall maintain secure possession of the canister on their person while in the facility. The canister shall be secured in an upright position on a department-issued utility belt or other department-approved belt that is buckled securely around the staff member's waist in such a manner as to prevent anyone from pulling the pouch and/or canister away from the staff member's body.

Securing the canister to a lanyard or other retention device on the person is strictly prohibited. Canisters are not to be placed in or on top of a desk or in other areas potentially accessible to youth. Staff shall take all necessary precautions when not on duty to keep their canisters out of the reach of small children, as children are particularly vulnerable to the effects of O.C.

Lost or misplaced canisters must be reported immediately via telephone to the OD/SDPO or designee. A Special Incident Report (SIR) is immediately completed if on duty or upon return to duty if the loss was detected while the staff was off duty.

Distribution of the SIR shall follow department policy involving such reports of lost county-issued equipment, and a copy will be sent to the facility's Management Services Bureau (MSB) Director.

If the canister is stolen, the theft is to be reported immediately to the local law enforcement agency with jurisdiction in the city where the theft occurred. Upon returning to duty, the staff member shall immediately notify the duty supervisor of the theft and complete an SIR outlining the circumstances of the theft; the name of the local law enforcement agency the theft was reported to; the date and time the police report was filed; and police report number. Distribution of the SIR shall follow

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department policy involving such reports of stolen county-issued equipment, and a copy will be sent to the facility's Management Services Bureau (MSB) Director.

**Maintenance of Canisters**

OC spray canisters are sealed devices with pressurized contents and are activated through the gentle shaking of the canisters once each day.

In the event a staff member suspects that their canister is empty or not functioning correctly, the staff member shall immediately bring the matter to the attention of the duty supervisor or, in the absence of a facility supervisor, the director, via a written SIR. Staff are to seek authorization to test spray their canisters to verify operability. Approval is required from the staff's immediate supervisor or director prior to a test spray. The supervisor or director may authorize a test spray to be performed in a safe outdoor area to verify its operability.

At the completion of the test, if the canister is operable, the supervisor or director will capture the new canister weight and record the finding in the facility's electronic database. If the canister is malfunctioning or otherwise significantly depleted of its contents, the canister shall be replaced, and the new canister information (i.e., weight, serial number, staff member's identifying number entered onto the canister) is to be recorded and entered into the facility's electronic database, and on the SIR submitted by the staff member.

Empty, lost, or malfunctioning canisters shall be replaced upon preparation and submission of a SIR by staff, outlining the circumstances necessitating the canister replacement. The SIR shall then be forwarded to the staff member's immediate supervisor (or director in the absence of a supervisor) for review. The supervisor shall review and approve the request and forward it to the director for final review and approval. Upon director approval, a copy of the SIR shall be submitted to the MSB Director. The MSB Director shall provide a replacement canister to the employee and ensure that the new canister issuance information, including weight, serial number, and respective staff's identifying number, is entered into the facility's electronic database.

**E. Post O.C. Spray Application Protocols**

Under no circumstances shall officers delay decontamination of a youth exposed to O.C. spray for the purpose of punishment, retaliation, discipline, or due to a lack of attention. Youth shall be decontaminated immediately but no later than ten (10) minutes after containment of the incident. If decontamination within ten (10) minutes is not feasible, justification must be provided in the PIR. The failure to immediately affect the timely decontamination of the youth upon concluding the

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chemical intervention and containment of the incident will result in disciplinary action. If there is a reason that a youth cannot be safely decontaminated immediately, the officer must clearly articulate this in the PIR. All youth exposed to O.C. spray shall be directly supervised until the youth are thoroughly decontaminated and no longer suffering the effects of the O.C. spray. Youth exposed to O.C. spray shall not be left unattended. Officers must ensure that all post-O.C. spray application protocols are followed immediately after each use of chemical intervention.

**Secure Youth:** Handcuffs or other mechanical restraints (flex-cuffs) may be applied after O.C. spray deployment in accordance with the mechanical/soft restraints section(s) of this policy and only, if necessary, to maintain control. All post-O.C. spray application protocols (including immediate removal using cold water) must be followed and cannot be delayed. The restraints shall only remain in place until the youth is under control and calm.

If the youth is placed in a prone position during or after chemical intervention, the youth shall be re-positioned into an upright sitting position, or a standing position, as soon as possible, once the restraints have been applied. The youth shall be directly monitored to prevent the possibility of positional asphyxia.

**Move Youth to a Safe Area:** In all cases where O.C. spray is deployed, and the youth is under control, youth must immediately be removed to a safe area where decontamination can occur. Uninvolved youth shall also be moved from contaminated areas. An uninvolved officer shall escort contaminated youth unless exigent circumstances create an undue delay in decontamination. Such circumstances may include major incidents where all available officers responded to assist. Under no circumstances shall a youth who has alleged unnecessary or excessive force by the officer during the intervention be escorted by said officer following the incident.

**Decontamination:** Decontamination for O.C. spray is exposure to fresh air and the application of cold water. After the youth is removed to a safe area, only cold

water shall be gently sprayed or splashed into the facial area of the contaminated youth. A water spray bottle, cold-water spigot, or cold shower works well for decontamination purposes. However, care shall be taken to avoid runoff down the body as it will cause further irritation. Each unit in the Juvenile Institution has a cold-water decontamination unit and/or a cold-water shower. These should be used for decontamination purposes. The exact time in which decontamination was initiated shall be noted in the PIR.

Officers shall be responsible for the immediate and thorough decontamination of youth. At no time shall it be permissible for any of the following:

**PHYSICAL INTERVENTIONS**

- Youth to be decontaminated by another youth.
- A youth to self-decontaminate without the presence and supervision of an officer.
- Upon containment of an incident, leaving youth in a room where O.C. spray was used when the location and youth was not decontaminated.
- Confining a youth to a room without running water at any point following an O.C. spray application when the youth is still suffering the effects of exposure to the O.C. spray.
- Turning off the water to a room occupied by a youth who was exposed to O.C. spray.
- Providing a wet towel to youth who are attempting to decontaminate and allowing those youths to rub their face.
- Using facility showers or faucets to decontaminate youth when officers cannot control the temperature of the water.

**Change of Clothing:** As soon as possible following decontamination with cold water, the youth's clothing must be changed as chemicals on the clothing will continue to cause irritation. The clothing exchange shall occur before the youth is taken to the Medical Unit for assessment unless the youth is in respiratory or another type of medical distress. The time the youth's clothing was changed is to be clearly noted in the PIR.

**Medical Assessment:** Medical staff shall assess the youth immediately after decontamination, but under no circumstances later than thirty (30) minutes after the incident's conclusion. Pending assessment by medical staff, the youth must be continually monitored/supervised by an assigned officer, and the times of monitoring shall be documented on a PIR.

**Mental Health Consultation Request:** All youth who are involved in an O.C. spray incident shall be referred for mental health assessment per protocols indicated in the *Mental Health Involvement and Assessment of Youth* section of this policy.

**Enhanced Supervision Observational Monitoring of Youth:** In line with Title 15 Minimum Standards for Juvenile Facilities, Title 15 §1357(b)(3), any youth exposed to O.C. spray "shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the O.C. spray." Immediately after the application of O.C. spray, regardless of where the incident occurred, and during the period where mechanical restraint, decontamination, clothing exchange, and medical assessment occurs; the youth shall be placed on L-3 status for no less

**PHYSICAL INTERVENTIONS**

than one hour in accordance with *Enhanced and Specialized Supervision Requirements for Youth in Juvenile Facilities*. In any instance wherein a youth, upon whom O.C. spray was deployed, begins to show signs of distress or other respiratory problems, the officer shall immediately summon medical assistance to the location. Under no circumstances shall the officer who deployed the O.C. spray be used to monitor the youth.

**F. Youth Sprayed by Outside Law Enforcement Agencies**

Youth brought into a facility that have been contaminated with O.C. spray by outside law enforcement agencies, and not at the request of the Deputy Probation Officer, are not allowed into the facility unless they have been treated by a physician at a medical facility and have been determined to be “okay to book” by a physician. However, should a youth arrive at the facility that appears to be in medical distress, facility medical staff (if available) and/or paramedics shall immediately be summoned to the facility admission area to render immediate aid as necessary and appropriate (which may include a clothing change, cool shower, etc.). The youth’s health and well-being are the department’s primary concern.

**G. Officer Contaminated with O.C. Spray**

Officers contaminated with O.C. spray shall follow the same basic decontamination procedures outlined for youth. Probation shall monitor any other officers inadvertently sprayed and be alert to any changes in the officer’s physical condition, including but not limited to emergent respiratory difficulties. If respiratory or other medical problems arise, officers shall immediately summon facility medical assistance and/or call paramedics.

**H. Mandatory Reporting Requirements****Physical Intervention Report (PIR) / Supplemental Physical Intervention Report (SUP PIR)**

When OC Spray is deployed, officers shall clearly document all de-escalation/intervention efforts initiated prior to and during the application of O.C. spray, according to guidelines established in the Probation Case Management System (PCMS). Officers shall clearly document in their PIR or SUP PIR:

- Date, time, and location of use.
- Staff involved (including witnesses).
- The youth(s) sprayed.
- Whether a warning was given and, if so, how it was given.
- The number of bursts/sprays deployed (per youth if applicable).

**PHYSICAL INTERVENTIONS**

- The justification for each additional deployment of O.C. spray.
- Whether officers had knowledge at the time they used O.C. spray that the youth had conditions which contraindicated the use of O.C. spray.
- Efforts to de-escalate prior to use.
- Identification of any injuries sustained as a result of O.C. use.
- Decontamination procedures applied, including the date, time and place of decontamination and time of clothing change.
- Date and time of immediate medical referral, contact, and response after the incident.
- Documentation of immediate mental health referral, mental health staff contact, and response after the incident.

**Note:** *Officers shall be aware, insofar as possible, and document their pre-incident knowledge of medical and mental health of exposed youth for whom O.C. spray is determined to be potentially harmful and justify why it was necessary and unavoidable that youth(s) with known conditions were sprayed with O.C.*

**1007 RESTRAINTS**

Physical Restraints may be used on youth who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm<sup>26</sup>. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior. Youth in medical and/or mental health crisis shall be placed in restraints only with the approval of the facility manager or designee.

Restraints shall only be utilized for the period of time necessary to enable the youth to regain control to the point in which they no longer present a threat to themselves, others, and/or the continued destruction of property. The circumstances leading to the application of restraints and any use of restraint must be documented.

**Note:** *The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain youth for movement or transportation within the facility. Movement within the facility shall be governed by DSB Manual– Section 809, Use of Mechanical Restraints for Movement and*

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<sup>26</sup> Cal. Code Regs. Title 15 § 1358

**PHYSICAL INTERVENTIONS***Transport Within the Facility.***A. Definitions and Explanation of Terms**

**Physical (Hard) Restraints** – mechanical devices (metal handcuffs and plastic flex-cuffs) used to immobilize an individual's extremities.

**Soft Restraints** – padded leather restraining device and helmet, used to immobilize an individual's extremities and prevent them from harming themselves or others.

**B. Training**

All sworn officers assigned to juvenile custodial or transportation duties that are authorized to utilize physical restraint in the performance of their duties shall receive department-approved initial and annual refresher training on de-escalation and physical intervention techniques prior to being authorized to use physical restraints<sup>27</sup>.

Managers and supervisors assigned to juvenile facilities and the transportation unit shall ensure all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy

**C. Restraints**

Restraint devices refer to any device that immobilizes a youth's extremity and/or prevents the youth from being ambulatory. Authorized restraint devices for use by the department consist of hard mechanical restraints (i.e., handcuffs, leg irons, waist-chains, plastic flex-cuffs) and soft mechanical restraints (i.e., padded leather wrist and ankle restraints and safety helmets)<sup>28</sup>. Department-issued restraints are authorized for use in a manner consistent with the manufacturer's application instructions. The department policy requires that at least two (2) officers be present when restraints are applied, except in emergency situations. Protective measures shall be taken for all youth who are placed in restraints. Youth placed in physical restraints shall be isolated from other youth in the facility for their safety, in so far as possible. If escorting and/or housing a restrained youth next to other youth, officers shall make provisions to protect the youth from harm<sup>29</sup>.

Restraint devices shall not be applied as a form of punishment, discipline, retaliation, or as a substitute for treatment. The use of restraint devices to attach a youth to a wall, floor, or fixture, including a restraint chair, the inside of a transporting vehicle, or any other "fixed" immovable object, is prohibited. Affixing

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<sup>27</sup> Cal. Code Regs. Title 15 § 1357(c) (6)

<sup>28</sup> Cal. Code Regs. Title 15 § 1358(c)

<sup>29</sup> Cal. Code Regs. Title 15 § 1358(f)

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youth hands and feet together behind the back (hogtying) is not permitted. Gurneys or mobile hospital beds that can be rolled out of the medical facility in an emergency are not considered "fixed" immovable objects. It is, therefore, permissible to secure a youth to a mobile medical gurney to facilitate medical treatment. However, should it be deemed necessary to remove and adjust the restraints of youth to facilitate treatment at a medical facility, the officer must, in all instances, contact the duty supervisor to obtain authorization and a plan of how and when to remove or adjust the restraints.

Upon the containment of the use of force incident and following the application of mechanical/soft restraints, officers shall move the youth to a safe location in preparation for release from the restraints. Officers shall always apply continual de-escalation methods and reassess whether it is safe to remove the restraints as soon as possible. If youth fail to comply and the severity of the immediate threat justifies continued mechanical/soft restraint use (objectively reasonable standard applied), the officer shall provide ongoing assessment and documentation of their efforts in the Physical Intervention Report (PIR)<sup>30</sup>.

Officers must remain aware of positional asphyxia. Positional asphyxia limits the expansion of the lungs by compressing the torso, hence interfering with breathing. Positional asphyxia can occur when the chest or abdomen is compressed backward toward the spine. Officers must be aware of their own size and strength during the application of restraints.

The use of restraints on pregnant youth or post-partum recovering youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222 <sup>31</sup>. Restraining a pregnant youth in the prone or supine position is expressly prohibited.

In accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222, a youth 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 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 officers, or the public. If necessary, when applying restraints to a pregnant youth, restraints shall be applied to the front of the body. The use of leg restraints, waist chains, or the application of

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<sup>30</sup> Cal. Code Regs. Title 15 § 1358

<sup>31</sup> Cal. Code Regs. Title 15 § 1358

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handcuffs behind the body is prohibited<sup>32</sup>.

Restraints shall be removed when a professional who is currently responsible for the medical care of pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the restraint is medically necessary<sup>33</sup>.

**D. Application of Physical Restraints**

The application of physical restraints is authorized when a youth presents an immediate danger to themselves or others, exhibits behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Youth shall be placed in restraints only when all de-escalation techniques and less intrusive physical interventions have been exhausted. The use of restraints for mental health crises or destruction of property must be authorized by the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician or clinician. In emergent circumstances requiring immediate application of physical restraint, officers may do so to protect the safety of the youth and others and the destruction of property. In such cases, the restraint will be immediately reported to the facility manager or designee for authorization to continue or discontinue the use of restraints.

Reasons for continued retention, if applicable, shall be reviewed and documented at a minimum of every hour<sup>34</sup>.

When youth are placed in restraints, continuous, direct visual supervision shall be conducted to ensure that the restraints are properly employed and ensure the youth's safety and well-being. Observations of the youth's behavior and any staff interventions shall be documented at least every fifteen (15) minutes, with the actual time of the documentation recorded. A medical opinion on the safety of placement and retention shall be secured as soon as possible<sup>35</sup>.

Officers shall obtain information regarding known medical conditions that would contraindicate certain restraint devices and/or techniques (i.e., such as known asthma, pregnancy, seizures, etc.). Officers shall ensure youth receive hydration and sanitation needs when youth requests; ensure youth are able to exercise extremities as recommended by JCHS; and officers shall access cardiopulmonary resuscitation equipment if needed. Officers shall monitor youth for signs or symptoms, which should result in the immediate summoning of medical and mental

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<sup>32</sup> Cal. Code Regs. Title 15 § 1358

<sup>33</sup> Cal. Code Regs. Title 15 § 1357(a) (8)

<sup>34</sup> Cal. Code Regs. Title 15 § 1358

<sup>35</sup> Cal. Code Regs. Title 15 § 1358

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health staff<sup>36</sup>.

The Supervisor or any on-site officer shall continually monitor for signs or symptoms of youth displaying distress while in restraints. If in distress, medical/mental health staff shall be immediately summoned. If necessary, emergency medical services shall be called. The supervisor or any on-site officer shall continually monitor for signs or symptoms of distress that include but are not limited to statements by the youth that they are in pain or having difficulty with basic bodily functions, such as breathing, or cannot feel their extremities, labored breathing, change in skin color, severe chest pain, or loss of consciousness, which should result in the immediate summons of medical/mental health staff. If necessary, emergency medical services shall be called<sup>37</sup>. Officers shall take action to move, reduce the tightness of any restraint, or remove the restraint, if needed, to address the concerns identified while medical staff are on the way.

**Handcuffs:** Departmentally issued handcuffs shall be worn by all youth supervision officers while on duty and shall be maintained, cleaned, and inspected in accordance with the uniform policy. Handcuffs may be used when there is no less restrictive method of restraining youth who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm.

Handcuffs shall be applied to one hand at a time, with the second (free) cuff being held in the officer's hand until it is applied and secured to the youth's other wrist. This is to prevent the youth from pulling free and using the dangling cuff as a weapon. Handcuffs shall be double-locked, with the keyhole facing upward, to prevent them from becoming too tight on the youth's wrist, resulting in injury.

When handcuffs are applied to youth to control aggressive behavior, they shall be removed when the youth is in a secure setting and otherwise able to exercise self-control and no longer a threat to themselves or others. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour<sup>38</sup>.

**Flex-cuffs:** Flex-cuffs are "hard restraint" devices that are intended to be utilized only in emergent situations within the facility to restrain youth who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, reveals the intent to cause self-inflicted physical harm, or during major disturbances when handcuffs are not immediately available. Flex

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<sup>36</sup> Cal. Code Regs. Title 15 § 1358 (b)(e)(g)(h)

<sup>37</sup> Cal. Code Regs. Title 15 § 1358 (d)

<sup>38</sup> Cal. Code Regs. Title 15 § 1358

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cuffs are appropriate for one-time emergency use and as a supplement to the standard complement of metal handcuffs. Flex-cuffs are only to be used for short periods of time and shall be removed when the youth is in a secure setting and otherwise able to exercise self-control, or alternative restraints, such as handcuffs or soft restraints, can be safely applied. Officers may carry flex-cuffs on their person on a county-issued utility belt when so authorized.

When utilizing flex-cuffs, a youth's hands shall generally be cuffed behind the back. Flex-cuffs do not have a safety locking mechanism, and as such, care shall be taken to ensure that the flex-cuffs are not applied too tightly on the youth, as it may inhibit circulation. When flex-cuffs are removed, the youth shall be presented to medical staff for an assessment. Medical staff shall examine the youth(s) and assess whether any injury was sustained as a result of the application of restraints. Care in the removal of flex-cuffs must be exercised so as not to injure the youth.

**Soft Restraints**

Soft restraints (padded leather restraining devices and helmets) are used primarily to control youth experiencing medical or psychiatric problems, such as youth under the influence of drugs, who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm. Soft restraints should only be utilized when less restrictive alternatives would be ineffective in controlling the youth's behavior.

Youth shall only be placed in soft restraints when approved by a facility manager or designee as defined in *BSCC 15, CCR § 1358*. The facility manager or designee may delegate authority to place a youth in restraints to a physician. Only officers trained and certified in the application of soft restraints shall apply them. The application of soft restraints is considered a reportable physical intervention technique and shall be documented on the Physical Intervention Report (PIR) and Supplemental Physical Intervention Report (SUP-PIR) forms by all officers' present when the incident occurs.

**Note:** *It is permissible to place the youth in a prone position for applying soft restraints; however, once placed into soft restraints, youth are not to remain in a prone position. As soon as the restraints are applied, the youth shall be placed on their side or in an upright sitting position, as deemed appropriate and safe for the situation.*

When authorized for use, soft restraints may be applied for a maximum of two (2) hours if not used in conjunction with mechanical ("hard") restraints. If mechanical ("hard") restraints are initially applied, the time youth was in mechanical ("hard") restraints shall be included in the maximum time of two (2) hours. Example, if mechanical ("hard") restraints were utilized for 15-minutes, and the youth is

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transitioned into soft restraints, they can only remain in soft restraints for a maximum of one (1) hour forty-five (45) minutes. Before reaching the maximum time, if it appears the youth may remain in crisis, the officer shall plan an alternate strategy that must be developed in partnership with mental health and the facility director or designee to seek additional support for the youth, including outside mental health evaluation. All efforts shall be made to develop the plan as early as possible.

Continued use of soft restraints beyond two (2) hours shall not be authorized unless the youth is pending psychiatric hospitalization, and continued soft restraint is necessary to prevent serious injury or to preserve life. Reasons for continued retention in restraints shall be reviewed and documented in the *Enhanced Supervision Observation* form at a minimum of every 15 minutes per Departments current Enhanced Supervision policies and procedures.

**Note:** *If upon release from the soft restraints, youth resume the behaviors of concern and it is deemed objectively reasonable to re-engage youth, justification for reapplication of mechanical/soft restraints shall be clearly documented in the Physical Intervention Report (PIR) and Supplemental Physical Intervention Report (SUP-PIR).*

Upon being placed into soft restraints, the youth(s) shall immediately be placed on Level 3 Enhanced Supervision (Pursuant with Departments current Enhanced and Specialized Supervision policies and procedures) status and shall remain on that status until at least the soft restraints are removed, or another condition requires the youth to remain on the Level 3 Enhanced Supervision. While on Level 3 Enhanced Supervision status, the youth shall be supervised by one (1) assigned officer, whose *only responsibility* is to supervise the youth in soft restraints. Continuous, direct visual supervision shall be conducted to ensure the soft restraints are correctly employed and ensure the youth's safety and well-being. Observations of youth's behavior and any officer interventions shall be documented on the *Enhanced Supervision Observation* form at least every fifteen (15) minutes, with the actual time of the documentation recorded. The Supervisor who authorized the youth's placement into soft restraints shall check on the youth's condition every fifteen (15) minutes and assess the need for continued restraint until the restraints are removed<sup>39</sup>.

**E. Medical Assessment for Youth in Restraints**

Medical assessment for youth placed in physical restraints following a use of force shall occur as soon as possible, but no later than two (2) hours from the time of placement. If adjustments in the restraints are made at any time after medical staff

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<sup>39</sup> Cal. Code Regs. Title 15 § 1358

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has checked the youth, medical staff must be summoned once again to ensure that the application of restraints is proper and safe. Upon removal of restraints, medical staff must again be summoned to examine the youth. Medical staff shall record their findings in the youth's medical record and in the medical assessment for inclusion in the officer(s) PIR. The youth must be medically cleared for continued retention at least every three (3) hours after that (15, CCR §1358).

**F. Mental Health Support for Youth Experiencing a Mental Health Crisis**

When mechanical or flex-cuff restraints are applied for purposes other than to escort a youth, a Request for Mental Health Consultation form shall be submitted as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment<sup>40</sup>. When a youth experiences a serious mental health crisis, which requires placement in restraints during DMH duty hours, the on-duty mental health therapist shall be summoned as soon as possible but in no case longer than four hours from the time of placement to assess the need for mental health treatment. These services may include, but not be limited to, providing strategies for officers to follow in addressing the youth; recommendations for alternative interventions, including medication; and/or referral to a higher level of care either within or outside the facility. A copy of the *Request for Mental Health Consultation* form shall be attached to the PIR submitted for the incident.

Should an incident occur after-hours and no mental health clinician is on duty in the facility, a mental health clinician or psychiatrist's assistance shall be obtained. The duty supervisor shall follow the protocols for each facility to directly

contact the DMH "On-Call" psychiatrist or contact the supervising nurse or designee, who shall contact the DMH on-call psychiatrist. The psychiatrist shall provide telephonic consultation to medical staff and/or staff, encompassing recommendations as to how to best handle the situation as presented. If the duty supervisor is unable to contact the on-call psychiatrist, the duty supervisor shall contact the mental health program head for the facility. Should the mental health program head not be available, the supervising nurse shall consult with the on-call physician to determine if a youth needs to be transported to the local emergency room for a psychiatric evaluation.

**G. Reporting Forms  
Enhanced Supervision Form**

An *Enhanced Supervision Form* shall be initiated while the youth is placed on a Level 3 Enhanced Supervision Status. While on Level 3 supervision status, the

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<sup>40</sup> Cal. Code Regs. Title 15 § 1358

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youth shall be supervised by one (1) officer, whose only responsibility is to supervise the youth in restraints. Continuous, direct visual supervision shall be conducted to ensure that the restraints are properly employed and ensure the youth's safety and well-being. Observation of the youth's behavior and any staff interventions shall be documented at least every fifteen (15) minutes, with the actual time of the documentation recorded on the *Enhanced Supervision Form*. This officer shall also document any visits by supervisors, mental health, or medical staff on the form during the requisite time periods. This form shall be maintained throughout the youths' placement in restraints, with each fifteen (15) minute timeframe clearly articulated with attendant time frames noted.

The form shall be maintained by and in immediate proximity to the officer providing supervision of the youth(s). The backside of the *Enhanced Supervision Observation Form* may be utilized by the Officer to provide additional summary information related to the youth's behaviors if needed. The *Enhanced Supervision Observation Form* shall be maintained in addition to any other required documentation such as logbooks, Behavioral File, PCMS, or Record of Supervision<sup>41</sup>.

In addition to the *Enhanced Supervision Form*, staff supervising youth shall complete the *Juvenile Institutions Mechanical/Soft Restraint Log*. This log documents each of the activities that occurred prior to the application of restraints, those activities that occurred while the restraints were in use on the youth, and immediately following their removal. The shift leader is responsible for ensuring that the *Juvenile Institutions Mechanical/Soft Restraint Log* is properly completed.

**Juvenile Institutions Mechanical/Soft Restraint Log**

When a youth is placed in soft restraints, staff supervising youth shall complete the *Juvenile Institutions Mechanical/Soft Restraint Log*. The shift leader is responsible for ensuring that the *Juvenile Institutions Mechanical/Soft Restraint Log* is appropriately completed. This log documents each of the activities that occurred prior to the application of restraints, those activities that occurred while the restraints were in use on the youth, and immediately following their removal.

The completed *Juvenile Institutions Mechanical/Soft Restraint Log* and *Enhanced Supervision Observation form* shall be reviewed, approved, and signed by the shift leader at the conclusion of the youth's removal from restraints. Additionally, the facility manager or designee authorizing the placement of soft restraints shall sign the *Juvenile Institutions Mechanical/Soft Restraint Log* at the conclusion of

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<sup>41</sup> Cal. Code Regs. Title 15 § 1358

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the youth's removal from restraints. The original copies of the *Juvenile Institutions Mechanical/Soft Restraint Log* and the *Enhanced Supervision Observation Form* are to be attached to the shift leader's PIR. Copies are to be placed in the youth's *Behavior File*. The manager shall maintain copies of all *Juvenile Institutions Mechanical/Soft Restraint Logs* and *Enhanced Supervision Observation forms* (stapled together) in a file for twenty-four (24) months from the time of the occurrence. This file shall be subject to audit review<sup>42</sup>.

**Physical Intervention Report**

All staff involved in, witness to, or on duty during a shift wherein restraints were used in crisis situations shall complete a Physical Intervention Report (PIR) or Supplemental PIR (SUP-PIR). Documentation of the circumstances leading to the application of restraints shall be recorded on the PIR<sup>43</sup>.

A PIR shall be prepared by all participating officers, indicating why the restraints were applied and the date and times in which the restraints were applied and removed. Further, officers shall also notate on their respective PIRs who authorized the restraints to be utilized and all de-escalation/intervention efforts initiated prior to and during the use of force. Other information documented shall include, but is not limited to:

- Staff involved (including witnesses).
- The youth(s) involved.
- The justification for physical intervention/use of force.
- Whether Officer had knowledge at the time use of force was initiated that youth had conditions which contraindicated the use of physical intervention.
- Efforts to de-escalate prior to use of force.
- Date and time of medical referral, contact, and response after the incident; and,
- Documentation of mental health referral/contact and response after the incident.

**1008 POST-INCIDENT PHYSICAL INTERVENTION**

All staff members who are involved in, witness to, or are given an assignment wherein a crisis is resolved using physical, chemical intervention or to which physical restraint was used shall, at the conclusion of the incident, immediately

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<sup>42</sup> Cal. Code Regs. Title 15 § 1358

<sup>43</sup> Cal. Code Regs. Title 15 § 1358 (a-h)

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notify the duty supervisor and complete a Physical Intervention Report (PIR) via Probation Case Management System (PCMS). A Supplemental Physical Intervention Report (SUP-PIR) is also submitted via PCMS by all staff members who are a witness to or on shift in a unit where the crisis was resolved using physical or chemical intervention. A SUP-PIR is also utilized by staff who completed a PIR and has supplemental information to be included with their initial PIR. The completion and submission of these reports shall adhere to the requirements outlined in the Instructions for completing the PIR / SUP-PIR located at:

Probnets> Forms> DSB Forms> Physical Intervention Report (PIR) or Supplemental Physical Intervention Report (SUP-PIR).

**A. Physical Intervention Report / Supplemental Physical Intervention Report**

All Physical Intervention Reports (PIR) and Supplemental Physical Incident Reports (SUP-PIRs) shall be completed in their entirety and submitted to, reviewed, and provided a signed approval, by both the shift leader and the duty supervisor, immediately after the incident, but no later than the end of the shift following the conclusion of the incident. During emergent situations, when resources cannot be diverted from supervision responsibilities to complete PIRs/SUP-PIRs without compromising the youth's health and safety, the end of shift deadline may be extended by the duty supervisor provided justification is documented.

Officers must accurately and thoroughly provide detailed facts of their own personal observations of the incident; including what they visually witnessed, heard, and/or smelled. A helpful guideline is providing who, what, when, where, why, and how. It is recognized that post-incident, there is a possibility that officers may make non-material omissions or errors on their written reports. If the reviewing supervisor recognizes these types of mistakes, either through an overall review of the incident or through video recordings, the report may be sent back to the employee for clarification via a Supplemental Physical Intervention Report.

PIR and SUP-PIR shall contain a clear and comprehensive account of the entire incident, including the following: who was involved; when, where, how and why did it occur; staff positioning; what specifically occurred; actions taken by youth and staff; attempts made to de-escalate the situation for a safe conclusion (i.e., warnings of pending physical and/or chemical intervention); and a description of precipitating factors that led to the use of physical, chemical intervention or physical restraints. Care should be taken to describe the exact positioning of staff and the actions taken by staff, youth, and supervisors during the intervention incident.

Officers shall prepare these documents utilizing the appropriate Probation Caseload Management System screens pursuant with Departments current policies and procedures regarding completion of PCMS Physical Intervention

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Report (PIR), Supplemental Physical Implementation Report (SUP-PIR), Special Incident Report (SIR), Supplemental Special Incident Report (SUP-SIR) and Behavior Management Program (BMP).

**Mandatory Reporting Requirements**

All officers who are involved in, witness to, and/or on duty during a shift wherein a crisis situation occurs and is resolved through the use of physical, chemical intervention, or physical restraint shall complete a PIR or SUP-PIR (as appropriate) immediately following the incident, but no later than the end of the 8-hour shift (6:00 AM to 2:00 PM; 2:00 PM to 10:00 PM; or 10:00 PM to 6:00 AM) in which the incident occurs, or, as otherwise directed by the duty supervisor. Staff shall be sensitive to the fact that a degree of urgency exists in completing the PIR as soon as possible.

Within fifteen (15) minutes of containing or as soon as possible without compromising the health and safety of the youth, the shift leader (or other officers as designated by the shift leader) shall contact the duty supervisor and advise them that a physical, chemical intervention and/or use of physical restraint incident occurred. Each incident shall receive an incident number, which shall be noted on all PIR and SUP-PIR documents as generated by PCMS. This incident number shall be noted on PIR/ SUP-PIR or any other supplemental document (e.g., Mental Health Consultation Forms, SCM Soft Restraint Logs, etc.) generated by officers as a result of this incident. Each facility shall also receive a facility generated SCM incident number, which the duty supervisor shall provide upon the incident being reported.

The written report section of the PIR must be a clear and comprehensive account of the entire incident, including the precipitating factors that led to the use of physical or chemical interventions and the de-escalation efforts utilized to bring the incident to a safe conclusion. The PIR shall contain, but not be limited to, the following elements at a minimum:

- Clear description of what precipitated the use of physical, chemical intervention, and/or use of physical restraint.
- Clear description of all de-escalation techniques employed.
- Clear description as to why the incident occurred, including youth and staff behavior that precipitated the event.
- Notation of the request for and the presence of a supervisor, as appropriate.
- Clear justification (explanation) as to why that particular use of force was utilized, instead of utilizing another level of force.
- Clear description as to how the intervention(s) was/were performed and by

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whom.

- Clear notation of where officers were positioned just prior to and during the incident.
- Full description of OC spray post-deployment decontamination protocols observed clearly articulated in the PIR(s) whenever chemical intervention occurs. Provide for the documentation of each incident of use of chemical agents, including:
  - The reasons for which it was used.
  - Efforts to de-escalate prior to use.
  - Youth and staff involved.
  - Date, time, and location of use.
  - Decontamination procedures applied, including but not limited to:
    - Confirmation of cold-water usage.
    - Clothing exchange.
    - Time that medical assessment was completed.
    - Start and end time of one hour observation requirement.
  - Identification of any injuries sustained as a result of such use.

**Prohibited Reporting Conduct**

Information contained in a SIR, PIR, and SUP-PIR constitutes lawful and truthful statements made by sworn peace officers to objectively portray the facts of the incident in the most honest and transparent manner possible. Officers who are not honest in their reporting shall be subjected to the performance management process, which may result in discharge, and/or criminal prosecution, and/or civil sanctions.

Examples of prohibited conduct in reporting include but are not limited to:

- **Purposeful material omissions:** Officers intentionally leave out details to disguise or diminish the actions of themselves or others, such as their actions precipitating the use of force or whether they used de-escalation techniques as required.
- **Code of Silence:** Also known as blue wall of silence, the blue code of silence and blue shield of silence, are terms used to denote the informal rule that purportedly exists among law enforcement/corrections personnel, not to report on a colleague's errors, misconducts, or crimes, including excessive

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use of force. Such a practice is strictly prohibited, and any personnel determined to have participated in said practice shall be subject to disciplinary action according to departmental guidelines, which may include up to termination of employment.

- **Collusion:** Officers shall not collaborate (ensuring accounts of the incident contain same/similar details) with each other during the preparation of details in reports.
- **Coaching:** Officers instructing co-workers to report details and facts in their reports that they did not actually experience or writing reports on behalf of another officer.

**B. Post-Incident Review Process**

**Child Safety Assessments:** Upon being notified that a physical intervention incident has occurred, the duty supervisor shall immediately conduct a Child Safety Assessment (CSA) involved in the incident. The designated duty supervisor shall respond to the location/building where the incident occurred. The CSA shall be completed within one hour of being notified. Questionnaires shall additionally be obtained from each youth involved in the incident and affidavits obtained from each youth witnessing the incident as outlined in the *Physical Intervention Incident Review Policy*.

**Post-Incident Debriefing for Involved Youth and Staff and Witnesses:**

All use of force incidents must include a post-incident debriefing with any staff or youth who was involved or witnessed the use of force to mitigate the effects of trauma and training<sup>44</sup>. These debriefings must be conducted by a supervisor or higher within four (4) hours after completing the Child Safety Assessment (CSA). Documentation of the post-incident debriefing must be completed on a Supplemental PIR using PCMS and submitted to the SCM Coordinator for review. If trauma has occurred, the following is required:

- All youth who have experienced trauma as a result of a use of force shall be referred to the Department of Mental Health (DMH) using the Mental Health Consultation Form. Any youth who experiences trauma will be allowed access to the Hope Center and given an opportunity to decompress. Youth who continue to express trauma will be immediately placed on Probationary XX2 or higher until evaluated by DMH.
- Any staff who experiences trauma as a result of a use of force shall be referred

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<sup>44</sup> Cal. Code Regs. Title 15 § 1357 (a) (5)

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to Probation Support Services or Peer Support, offered an Industrial Injury Packet, and allowed relief from duty for a period of time to decompress.

**SCM Coordinator Review:** Each physical intervention (i.e., physical or chemical intervention) shall be formally reviewed by the facility's SCM coordinator as soon as practical after its occurrence. The SCM coordinator shall thoroughly review the completed PIR packet generated by the duty supervisor and shall interview the involved youth, other youth present (possible witnesses) and civilian witnesses, support staff, school faculty, and/or administrative staff present who may have witnessed the events, as applicable. After reviewing the PIRs, Child Safety Assessments, affidavits, and interviewing percipient witnesses, the SCM coordinator shall determine if the physical intervention was objectively reasonable. Incidents involving an intervention (i.e., physical, chemical, or the use of restraints) that does not appear to have been necessary or that was inappropriately performed (using unnecessary or excessive force) or otherwise fails to fall within established department policies and procedures shall be referred to the facility director, superintendent, or the department's Special Investigations Unit for further administrative review and/or formal investigation.

**C. Medical Assessment of Youth**

Any youth involved in a physical intervention incident in DSB facilities shall be referred to medical staff for assessment no later than 30-minutes following containment of the occurrence. Uninvolved officers shall escort the youth to the medical unit. If officers who are involved in the use of force escort the youth, it must be clearly explained in the PIR why uninvolved officers were not able to assist. It is expected that medical staff shall assess the youth(s) immediately upon presentation.

In situations where there is no nurse on duty, and upon containment of the incident, the youth shall be immediately referred to the duty supervisor to assess any injuries no later than 30-minutes following containment of the occurrence. The duty supervisor shall ascertain from the youth whether the youth has sustained any injury. If the youth does not appear to have sustained a serious injury, the duty supervisor shall log the incident into the duty supervisor's logbook and ensure that

the youth is referred to the nurse as soon as practicable upon the nurse's return to the facility. If the supervisor suspects or knows of an injury that cannot be treated at the location, the youth shall be transported from the facility for a higher level of care.

At the time of assessment, the duty supervisor shall ascertain whether the youth appear to have sustained an injury to the head, neck, or spine. If a head, neck, or spinal injury appears to have occurred, the duty supervisor shall treat this type of injury as a potentially serious injury and shall follow the "serious injury" treatment

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guidelines as noted below.

A "serious injury" requires that the youth be sent out to a local hospital to treat the injury, which typically involves treatment such as sutures, the setting or realigning of fractured or displaced bones, and assessment for internal injuries or hospitalization. In the absence of medical staff on-site, a supervisory officer that assesses the youth and determines the youth appears to have sustained a serious injury that appears to be potentially life-threatening or life-altering, 911 shall be called for immediate paramedic assistance. In other instances, where there is a serious injury that does not appear to be life-threatening, the supervisor shall contact on-duty medical staff at the nearest juvenile hall for direction as to whether to send the youth to a local hospital or to send youth to the nearest juvenile hall for assessment and treatment.

A "less serious injury" is generally one that requires assessment and treatment by medical staff at the facility and allows the youth to return to their regularly assigned unit or the HOPE Center or be housed in the Medical Observation Unit for observation purposes only. Determination of seriousness of injuries shall be made by medical staff.

**Probation Referral of Youth to Medical Staff for Assessment** – At the conclusion of a physical or chemical intervention incident, staff shall document in the narrative section of the PIR the exact time that youth were presented for a medical examination to be performed. A youth is considered to have been made available for assessment upon their arrival at the medical unit/nurse's office at any facility, other area designated for the performance of medical examinations or upon the nurse's arrival to the incident location.

**D. Mental Health Involvement and Assessment of Youth**

All youth who are involved in a use of force incident shall be referred for mental health assessment. Officers shall document the referral to DMH on the PIR and attach a copy of the submitted Request for Mental Health Consultation form to the PIR. During the post-incident review period, supervisory officers conducting the Physical Intervention Incident Review shall verify that the youth was referred to DMH.

Mental health shall be consulted immediately or as soon as "reasonably possible" to provide greater opportunity for DMH to assess the youth's mental state at the time and to prevent further behavioral decompensation, in addition to helping avoid situations where use of force strategies may be necessary.

When DMH staff are unavailable, a referral shall be submitted to DMH for assessment as outlined under the Mental Health Support for Youth Experiencing a Mental Health Crisis. Pursuant with current Department policies regarding

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*Enhanced and Specialized Supervision*, a Specialized Supervision Plan (SSP) may be necessary.

**1009 QUALITY ASSURANCE**

In accordance with Title 15 *Minimum Standards for Juvenile Facilities, Use of Force, section 1357(a)(5)*, debriefing shall occur following incidents “for the purposes of training as well as mitigating the effects of trauma that may have been experienced by the officer and/or the youth involved.” Debriefing is not intended to be a substitute for the post-physical incident review, post use of force review process, or the investigative process. However, debriefing plays an important role in allowing the officer and youth to reflect on what happened as a learning opportunity. The debriefing process allows officers to ask questions and voice concerns to supervisors and shift leaders regarding the actions taken during a use of force incident. This is an opportunity for supervisors to provide training and impart situational expertise in relation to the policies and procedures established by the department. Debriefings shall be utilized as a continuous quality improvement technique to maximize the department’s efforts in ensuring the safety and security of the youth, staff, and community. Video of the incident may be reviewed during the debriefing, if available, and if the incident does not involve excessive or unnecessary force and/or any subsequent investigation has been concluded. Video will not be reviewed when a referral has been made to the Special Investigation Unit (SIU). Debriefings are not a legal process to disseminate discipline but an opportunity for unit/camp officers to discuss and analyze incidents in an educational and informative setting. Debriefing can be a valuable tool in determining what factors may have caused the event(s), helping to evaluate the effectiveness of interventions utilized, and proactively mitigating future events. Debriefings shall be utilized as a continuous quality improvement technique to maximize the department’s efforts in ensuring the safety and security of the youth, staff, and community.

**Note:** *If a supervisor was a party to the physical intervention, a director or designee must conduct the Safe Crisis Management (SCM) review.*

**A. Use of Force Administrative Review**

Each use of force incident shall be evaluated at both supervisory and management levels to determine if the use of force complied with the policy, procedure, training, and applicable law to determine if follow-up action or investigation is necessary. The following factors shall be evaluated:

- Reasonable de-escalation, force prevention, intervention, and management techniques used, if applicable.
- The need for the appropriate application of force.
- The level of the threat perceived by the officers involved.

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- The relationship between the need and the level of force used.
- Whether any injury was suffered and the extent of those injuries.

The shift leader or duty supervisor shall review the initial use of force review packet and ensure that all necessary documents are included. The documents collected include, but are not limited to the following:

- Physical Intervention Reports (PIRs).
- Supplemental Physical Intervention Reports (SUP-PIR).
- Medical Assessments (PEMRS printout).
- Child Safety Assessment Report(s)(CSA).
- Questionnaire(s) from youth.
- Mental Health Request for Consultation form(s) (PEMRS printout).
- Mental Health Crisis Support and Assistance Log (if soft restraints involved).
- Suspected Child Abuse Report(s) (SCAR), if applicable.
- Preliminary Incident Notification (PIN) Report, if applicable.
- Photographs clearly depicting the location, evidence, injuries, or alleged injuries.
- Referrals to health services, mental health, and/or internal affairs.

The completed packet shall be reviewed by the force review coordinator or facility manager and forwarded to the departmental force review committee<sup>45</sup>.

**B. Force Intervention Response Support Team (FIRST)**

The Force Intervention Response Support Team (FIRST), as part of Systems Accountability Bureau, has been established as an independent reviewing entity for the department with the priority of reviewing all Physical Intervention Packets (PIP) (formerly Safe Crisis Management), ensuring staff documentation and evidence collection provide a strong factual account of the incident and complies with departmental policies, protocols, and state law. Through oversight and guidance, in addition to timely comprehensive reviews of all PIP's, the FIRST will assist employees in strengthening the integrity of the physical Intervention process, which will also help improve employee and youth wellbeing. The Force Intervention Response Support Team (FIRST) of the Systems Accountability Bureau is responsible for an independent and comprehensive review of all physical

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<sup>45</sup> Cal. Code Regs. Title 15 § 1357 (a) (6)

**PHYSICAL INTERVENTIONS**

intervention incidents occurring in the Juvenile Institutions. The FIRST Team shall conduct timely reviews of all use of force incidents for compliance with State law and probation policy. In the event that a use of force incident is accepted for review by Internal Affairs, the FIRST Team review shall occur after the Internal Affairs investigation is completed.

The FIRST will examine documentation and review relevant video footage, conduct inquiries to analyze and track the quality of preventative efforts, triggers, de-escalation, and actions taken during and after a use of force incident.

Once the FIRST unit completes an independent review and assessment of the PIP identifying non-conformities, preventable risks, and/or proactive measures taken, the Juvenile Institution will be provided with the *FIRST Physical Intervention Review Summary Form* and receive email confirmation that the PIP either had:

- **No Significant Findings/Deficiencies** – the Packet meets the criteria identified in the respective policies.
- **Deficiencies/Non-Compliance Issues Noted** – the independent review discovered areas in the packet which the operation needs to address/follow-up.
- **Direct Referrals to Internal Affairs Bureau-** Referrals shall be made directly to Internal Affairs when deemed applicable and appropriate.

The *FIRST Physical Intervention Review Summary Form* will detail areas of discrepancy/concern requiring amendment(s) or correction(s) for all PIP's not accepted by the FIRST. In addition, the FIRST will make recommendations for corrective action, including for Juvenile Institutions to take specific action that should have been completed in accordance with Departmental policies and procedures.

**C. Force Review Coordinator**

Documents pertaining to each use of force incident are submitted to the facility's force review coordinator. The coordinator ensures completion of all documentation, reviews any video footage of the incident, and makes a recommendation to the facility management or the department's Special Investigation Unit, as appropriate.

**D. Departmental Force Review Committee/ Critical Incident Review Coordinator**

The Critical Incident Review Committee (CIRC) will also serve as the Departmental Force Review Committee (DFRC), which is the departmental level review of physical intervention incidents that involve actual or potential liability, serious injury, major conflict occurring within the department's scope of responsibility, or as

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otherwise deemed significant. The DFRC is a retrospective evaluation of a physical intervention incident to ensure employee actions are in accordance with departmental policy, procedures, and training; and to determine the effectiveness of existing policies and procedures before and after an event in addressing the root causes of an event, and to prevent the incident from reoccurring. The DFRC meeting shall include a superintendent, facility manager, and other executive leadership team members. Use of force incidents that rise to the level of a DFRC review shall be reviewed within thirty (30) days of occurrence<sup>46</sup>.

**1010 NOTIFICATIONS****Parent/Guardian/Caregiver Notifications**

When force is used on youth, the supervisor or designee shall contact the parent/guardian/caregiver, attorney, and caseworker. A minimum of three (3) telephonic contacts to the parent/guardian/caregiver need to be attempted within twenty-four (24) hours of the incident. This information shall be clearly documented in the Physical Intervention Report, including the number of attempts made, dates, times, names of parent/guardian/caregiver contacted, and any other information regarding the subsequent conversation, as appropriate. If the youth has alleged that the use of force was excessive or inappropriate, this information shall also be shared with the parent/guardian/caregiver along with information about the grievance process and the rights of the youth in the process<sup>47</sup>.

**Youth Seriously Injured or Allegation of Excessive or Inappropriate Force.**

The superintendent or facility manager (or designee) shall be immediately notified if a youth or staff member is seriously injured or an allegation of excessive or inappropriate force or of actions related to the use of force incident that are inconsistent with policy and law (e.g., intentional failure to decontaminate) is made during the application of force. The superintendent shall make appropriate notifications to the chain of command.

If the youth has made an allegation of excessive or inappropriate force, violations of policy/law by staff during the use of force incident, the superintendent will immediately report this to the assigned Bureau Chief responsible for assessing and addressing any interim protections for youth who report, such as unit changes, safety plan updates, and protection orders.

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<sup>46</sup> Cal. Code Regs. Title 15 § 1357 (a) (5)


<sup>47</sup> Cal. Code Regs. Title 15 § 1357 (a) (7)

**PHYSICAL INTERVENTIONS****Assaults Against Officers**

The supervisor assigned to the incident shall immediately contact the on-duty facility manager, the victim's supervisor, the facility superintendent, and the Bureau Chief in any instances where it is alleged that the youth has physically assaulted an officer. As appropriate, the department will facilitate the filing of criminal charges against the youth with the applicable juvenile or adult court.

The on-site supervisor shall ensure that the affected officer is provided with an Industrial Accident packet or that the packet is completed on behalf of the employee per department protocol. It is also the on-site supervisor's responsibility to ensure employees involved in or affected by a serious or traumatic experience are offered services which include: Peer Support Coalition and Employee Assistance Program (<http://employee.hr.lacounty.gov/employee-assistance-program/>).

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject:  <b>RESIDENTIAL TREATMENT SERVICES BUREAU</b>  <b>PHYSICAL INTERVENTIONS</b>	Section Number: <b>RTSB - 1700</b>
	Effective Date: <b>May 2, 2022</b>
	Approved By: Jennifer Kaufman RTSB Bureau Chief 

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**PHYSICAL INTERVENTIONS****1701 INTRODUCTION – PHYSICAL INTERVENTIONS**

This policy articulates the department's policy for handling of crisis situations that may result in the use of force. In every situation (preceding, during, and following a physical intervention), youth shall be continually treated with dignity and respect regardless of their gender, race, ethnicity, national origin, sexual orientation or gender identity, education, or disability. Consistent with a dignity-based approach, youth must also be held accountable for their actions while under the department's care to foster an environment of ongoing youth rehabilitation and safety. Officers shall consider the safety of all individuals, including youth, staff, and/or the public, when determining whether the use of force, including but not limited to physical intervention, is appropriate given the situation and environment. Use of force, including but not limited to physical intervention, shall only be utilized as a last resort and only at a level that is objectively reasonable. The use of force as a means of punishment, retaliation, or treatment is strictly prohibited. Any officer who is found to have done so is not acting within the scope of employment and shall face disciplinary action.

The authority to use force is a serious responsibility given to Peace Officers. All officers are expected to exercise that authority judiciously and with respect for human rights, dignity, and life. Officers shall make every attempt to de-escalate situations and exhaust all other means of response before resorting to force. No policy can anticipate every conceivable situation or exceptional circumstance which Officers may face. In all circumstances, Officers are expected to exercise sound judgment and critical decision-making when using force options.

**LEGAL MANDATE**

This policy is consistent with the expectations set by California's Board of State and Community Corrections (BSCC) Title 15 Minimum Standards for Juvenile Facilities, Section 1357; and is aligned with the United States Supreme Court's decision *Graham vs. Connor*, 490 U.S. 386 (1989) which mandates that when force is used, trained officers shall utilize an objectively reasonable standard to ensure that the level(s) of intervention utilized are both reasonable and necessary to facilitate the

restoration of order<sup>1</sup>.

In *Graham v. Connor*, the U.S. Supreme Court held that (1) an officer's use of force must be objectively reasonable, (2) the "reasonableness" of a particular use of force by the officer must be judged from the perspective of a reasonable officer in the same or similar circumstance, and the calculus must embody an allowance for the fact that officers are often forced to make split-second decisions about the amount

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<sup>1</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

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of force necessary in a particular situation, and (3) a court's review of the reasonableness of the decision to use a particular use of force must be made without regard for the officer's underlying intent or motivation<sup>2</sup>.

**OVERVIEW**

The Los Angeles County Probation Department (The department) is committed to facilitating safe, secure, and healthy environments for its clients and staff. Ensuring the safety of the youth while in the department's care is a priority. As such, juvenile residential facilities are places where youth are provided with trauma-responsive rehabilitative services to learn pro-social behaviors and develop life skills that support their positive behavioral change. This type of environment is best accomplished through well-trained professional staff and rapport building with youth.

This policy is developed in cooperation with Juvenile Court Health Services (JCHS) and the Department of Mental Health (DMH), which articulates the department's policy for handling crisis situations that may result in the utilization of physical intervention. It establishes the roles and responsibilities for all sworn and non-sworn staff to be followed prior to, during, and after the utilization of physical intervention, and the application of mechanical or soft restraints.

**1702 TRAINING REQUIREMENTS**

All sworn officers assigned to juvenile custodial or transportation duties that are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved training (initial training and annual refresher training) on de-escalation, and physical intervention prior to being authorized to utilize force<sup>3</sup>. This includes training for officers related to:

- Permitted use of force techniques and methods.
- De-escalation and prevention techniques.
- Physical interventions, physical restraints, and defensive tactics.
- Instruction on the Constitutional Limitations of Use of Force.
- Known medical and behavioral health conditions that would contraindicate certain types of force; Signs or symptoms that should result in immediate referral to medical or mental health staff.
- Use of force policy; reporting and writing.

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<sup>2</sup> Cal. Code Regs. Title 15 § 1357(c)(4)

<sup>3</sup> Cal. Code Regs. Title 15 § 1357(c)(1-6)

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- Debriefing.

Managers and supervisors assigned to juvenile facilities and transportation shall ensure that all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy.

**1703 OBJECTIVELY REASONABLE DETERMINATIONS**

When determining the necessary and reasonable level of physical intervention, "objectively reasonable" means the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility. Use of force is restricted to the minimum level necessary to ensure the safety and security of youth, staff, others, and the facility to control the situation and restore order<sup>4</sup>. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

- Whether the youth present an immediate threat to the safety of themselves or others; and/or,
- Whether the youth is actively physically resisting. Obstinacy is not a form of resistance that generally requires the use of force if it does not present a threat to self or others.
- Likelihood, capability of a youth to carry out threats made.
- Size and physical strength of youth vs. officer.
- Number of youths involved and the number of officers available or present.
- The nature and severity of the situation, and potential for serious injury.
- The youth's medical and/or mental health condition(s), whether the youth is pregnant, and whether the youth have a disability.
- Proximity of potential weapons.

**Pregnant and Post-Partum Recovering Youth**

Officers shall ensure that every effort is made to avoid applying any type of physical or mechanical restraint on youth who are pregnant, laboring or delivering, or recovering post-partum (in line with the Juvenile Justice Reform Act of 2018). Use of force in these situations poses serious health and safety concerns due to

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<sup>4</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

**PHYSICAL INTERVENTIONS**

the increased likelihood of falls and an inability to break falls. Additionally, these pregnancies and post-partum recovery periods are associated with heightened emotions and mental health symptomology. The use of force can intensify emotional vulnerability as the youth may experience re-traumatization. If a situation occurs, as previously described, which requires restrictive alternatives to prevent injury to youth and/or others, the officer shall take special precautions to avoid any pressure on the youth's abdominal region or impact upon any area of the body.

Restraining a pregnant youth in the prone or supine position is expressly prohibited.

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 officers, or the public. If necessary, when applying restraints to a pregnant youth, restraints shall be applied to the front of the body.

In accordance with Penal Code Section 6030(f), Welfare and Institutions Code Section 222 and BSCC 15, CCR §1358, a youth known to be pregnant or in recovery after delivery shall not be restrained using leg irons, waist chains, or handcuffs behind the body.

Restraints shall be removed when a professional who is currently responsible for the medical care of pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the restraint is medically necessary<sup>5</sup>.

**1704 PREVENTION AND DE-ESCALATION**

Prevention and De-escalation strategies are designed to promote positive behavior, successfully resolve conflicts, and minimize crisis situations that require the use of force. The primary tools for preventing crises are building positive, supportive, professional relationships with youth and utilizing proactive supervision and situational awareness techniques. When supervising youth, officers shall seek to establish rapport and maintain awareness of changes in an individual's mood or the housing unit's tone. Recognizing these changes will give officers the ability to effect proactive engagement, summon additional officers and/or mental health professionals to assist in resolving the situation without the use of force, or utilize other less aggressive and approved use of force techniques

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<sup>5</sup> Cal. Code Regs. Title 15 § 1357(a)(8)

**PHYSICAL INTERVENTIONS****A. Definitions and Explanation of Terms**

**De-escalation** - The use of non-physical efforts and techniques, including conflict resolution, to minimize or prevent a crisis that may require the need for the use of force.

**Disengagement** – Officer steps between youth engaged in a physical altercation, separating the combatants with a gentle open-handed guiding movement that does not involve confinement of an appendage.

**Extended Arm Assist** –Officer secures the arm and/or shoulder (or shirt/sweatshirt) of the youth for the purpose of inducing a youth that is acting out to cease their involvement in negative behavior and/or to assist them in moving to a safer area.

**De-escalation Strategies** – designed and employed to intervene in a youth's negative behavior with non-threatening, non-verbal, para-verbal, or verbal interventions, which reinforce expected behaviors and allow youth to self-correct and begin to demonstrate acceptable behaviors.

**Positive Reinforcement** – behavioral management techniques, which involve acknowledging appropriate behavior and employing positive correction techniques to further reinforce and enhance a structured, relationship-based environment; processes which could include utilizing techniques such as humor, re-grouping, re-structuring, and/or problem-solving to assist in the development of positive officer/youth relationships.

**RESOURCE Teams** – teams composed of Probation and Mental Health staff deployed to address and de-escalate behavioral and mental health crisis situations.

**B. Prevention Strategies**

Prevention strategies are designed to promote positive behavior and maintain proactive engagement. The primary tools for preventing crises are promoting positive and professional relationships with youth and utilizing proactive supervision. When supervising youth, officers shall establish and maintain rapport and engage daily in strength-based strategies to contribute to a positive unit environment. Officers shall use proactive crisis avoidance strategies by providing programming that is properly structured, establish and regularly reinforce clear expectations, provide differential reinforcement (i.e., acknowledge appropriate behavior while ignoring inconsequential behavior), and engage appropriate/positive family to support kinship while maintaining awareness and sensitivity to family history/dynamics to help address youth concerns and behavioral issues.

**C. De-Escalation Strategies**

**PHYSICAL INTERVENTIONS**

De-escalation strategies are designed to successfully resolve conflicts when they arise and minimize crises situations that may require the use of force. Officers are required to employ de-escalation strategies prior to the use of force unless the use of force is necessary to respond to an imminent threat to facility security or the safety of persons.

The primary tool for de-escalating crises is utilizing proactive supervision. Officers engage in proactive measures to avert crises using situational awareness techniques (i.e., recognizing early signs of behavior-related concerns or the housing unit's tone to provide early intervention techniques). Officers shall closely supervise youth to prevent youth-on-youth conflict. When a situation is likely to escalate, staff may utilize positive correction techniques (e.g., appropriate approval and disapproval), use positive behavior management techniques (e.g., appropriate humor, regrouping, restructuring, and problem solving), summon additional officers, and seek support from clinical and/or mental health professionals to assist in resolving the situation without the use of force, or to utilize other less aggressive and approved use of force techniques.

De-escalation strategies are non-physical options that include the use and application of efforts and techniques, including conflict resolution, disengagement, and extended arm assist, to discourage, decrease or intervene in threatening, disruptive, or violent behavior. These strategies are most effective when officers maintain appropriate relationships with youth, consistently and fairly apply universal intervention strategies and acknowledge and utilize positive reinforcement. Officers trained to utilize intervention strategies while considering gender dynamics and the impact of trauma on adolescent brain development are likely to experience greater success at de-escalating crises<sup>6</sup>.

Officers shall strive to de-escalate crises by maintaining effective awareness and communication skills and by providing warnings and/or asking other officers to assist in minimizing the need to use force. When deciding how to address crises, officers shall consider what influences: narcotic use; a history of trauma; and/or mental illness may have on youth behavior; and how youth may be affected by the utilization of physical intervention<sup>7</sup>.

**Note:** *Disengagement (Step Between) and Extended Arm Assist are non-physical techniques and, therefore, will not be considered a use of force. When a "disengagement step between" or "extended arm assist" is utilized, the individual should complete a Special Incident Report (SIR).*

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<sup>6</sup> Cal. Code Regs. Title 15 § 1357(a)(2)

<sup>7</sup> Cal. Code Regs. Title 15 § 1357(c)(1)

**PHYSICAL INTERVENTIONS****Officers may utilize the following de-escalation strategies:**

**Request for Compliance with Instructions:** Requests of the youth for compliance with instructions in a fair, firm, and respectful manner. It may be best for one officer (preferably one who has built a positive rapport with the youth) to take the lead in speaking with the youth one-on-one.

**Discussion/Counseling:** Attempt to counsel or engage the youth through dialogue to de-escalate the situation. Speak directly to the youth (away from the group or audience) in a firm but calm and non-threatening manner, using the youths' name. Continue dialoguing, clearly instructing the youth to cease the activity and comply.

**Mental Health Assistance:** As part of the RESOURCE team, Mental Health staff shall serve a more direct role in engaging youth in crisis to assist with de-escalation. Mental Health staff shall be summoned immediately or as soon as "reasonably possible" to support the youth in regaining self-control and help encourage compliance with instructions through Mental Health's professional/practiced crises de-escalation expertise, including their unique knowledge of youths' casework and treatment.

**Officer Presence:** One or more officers converge on the incident or potential incident, approaching in a non-threatening manner. One officer assist by providing continuous instructions/orders to the youth in a calm but firm voice to cease the negative activity. Additional officers shall assist in isolating the situation, providing back-up for the officer engaging the youth, and/or securing the rest of the group. Officers should be aware that the youth may be experiencing a mental health crisis and may react to being surrounded. If safe to do so, give the youth space.

**Switching Officers (Tapping Out):** If the youth is extremely angry or upset with a particular officer, an un-involved officer shall attempt to take over counseling the youth, continuing the de-escalation process. Officers must be aware of their own emotions and take great care not to personalize any comments or actions from the youth.

**Secluding the Situation/Youth:** If the youth does not comply with verbal instructions and additional officers have been called to the area, the youth shall be secluded from the rest of the group. Seclusion occurs in several forms. The preferred form of seclusion is where the youth voluntarily move to their room and is supervised during a cool-down period. Officers shall provide continued direct visual observation in conjunction with dialogue, counseling, and mental health assistance. Officers shall communicate and document said communications with youth on a *Safety Check Sheet* and in PCMS.

It is not always possible to convince youth to return to or enter their room. When

**PHYSICAL INTERVENTIONS**

this occurs, secluding the youth in a vacant dayroom, hallway, or another area that can be safeguarded is permissible. It is acceptable to reduce or halt program activities for the time necessary to handle the situation. The program shall resume after the incident has been resolved and the location is safe and secure.

**Request Supervisory Assistance:** Request that a supervisor report to the location where the youth is experiencing the crisis.

**Behavior Chart Consultation:** When experiencing continued non-compliance, circumstances permitting, request that an officer consult the youth's Behavior Chart or the Probation Case Management System (PCMS) to assist in determining an appropriate course of action. It is vital to note any medical, mental health, or developmental disability problems in the youth's history.

**Other Officers/Volunteers:** Probation Officers may request and/or utilize other staff, including teachers, religious volunteers, or others, provided they have an established rapport with the youth and can be safely involved in the de-escalation efforts.

**Temporary Halt to Program Activities:** If a youth's actions constitute a potential safety risk to the officer or other youth in the unit, Officers may reduce or halt program activities for the time necessary to handle the situation with supervisor approval. The program shall resume for the entire unit after the incident has been resolved and the location is rendered safe and secure.

**Separation of Youth:** If a youth presents a potential safety risk to the unit (e.g., medical, and mental health conditions, assaultive behavior, disciplinary consequences, protective custody, etc.), officers may temporarily separate those youth when conducting unit-wide activities until the behaviors of concern are resolved. Upon resolution, youth shall be reincorporated into programming.

**RESOURCE Teams:** Probation and Mental Health will use RESOURCE Teams whenever emergency, or crisis situations arise. RESOURCE Teams will respond when their assistance is requested for the behavioral management of youth in juvenile facilities. In all cases, a RESOURCE team will consist of a mental health clinician paired with a probation staff who will jointly respond to situations and intervene when their assistance is requested. A health services nurse will also be part of the RESOURCE team as additional assistance for de-escalation and to be available to assess any possible injuries. RESOURCE Teams will work with unit staff collaboratively in order to defuse and de-escalate crisis situations and maintain safety. It may become necessary at times for Probation to initiate restraint and seclusion. RESOURCE Teams will initially provide 16-hour 7-day week coverage throughout the juvenile halls. However, it is intended to extend this to 24-hour 7-day coverage in due course of time.

**PHYSICAL INTERVENTIONS****1705 PHYSICAL INTERVENTIONS**

The authority to use force is a serious responsibility given to peace officers. It is restricted to what is deemed reasonable and necessary only to ensure the safety and security of youth, staff, others, and the facility. All officers are expected to exercise that authority judiciously and with respect for human rights, dignity and life. Officers shall make every attempt to de-escalate situations and exhaust all other means of response before resorting to force. No policy can anticipate every conceivable situation or exceptional circumstance that officers may face. In all circumstances, officers are expected to exercise sound judgment and critical decision-making when using force options.

**A. Definitions and Explanation of Terms**

- **Use of Force:** Use of direct physical contact applied to youth to restrict movement or to disengage from harmful behavior.

**Note:** *The gentle or slight touch of the arm, elbow, shoulder, or back to direct youth from one location to another is not considered a use of force.*

- **Objectively Reasonable and Necessary Use of Force:** Restricts the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would deem reasonable and necessary to ensure the safety and security of youth, staff, others, and the facility as defined in BSCC Title 15, Section 1302 *Definitions – Reasonable and Necessary Force*<sup>8</sup>.
- **Excessive/Inappropriate Force:** Force that exceeds the minimum amount reasonable and necessary to establish control of an incident or protect oneself and others from harm.
- **Immediate Use of Force:** Force used as an immediate means to respond to a situation or circumstance that constitutes an imminent threat to facility security and/or the safety of persons, which does not permit an opportunity for alternative measures such as de-escalation techniques.
- **Directed Use of Force:** Planned use of force in cases where there is no immediate physical threat, such as prolonged passive resistance or involuntary removals. There shall be a tactical plan developed with the shift leader or supervisor upon preventing the use of force whenever

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<sup>8</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

**PHYSICAL INTERVENTIONS**

possible. De-escalation must be attempted prior to any directed use of force.

- **Force Options:** Department-approved tools and techniques to use when responding to resistance or violent encounters. Each officer is expected to use only those techniques that are reasonable under the circumstances to gain control of the youth; protect the safety of youth, staff, and others; prevent serious property damage; prevent escape; or ensure the facility's security (e.g., physical control hold, take-downs, physical restraint devices, and oleoresin capicum (O.C.) spray)<sup>9</sup>.

**B. Physical Intervention Determinations and Strategies**

Officers may utilize reasonable and necessary force, predicated upon the factors presented by each specific incident. In some instances, the use of immediate physical intervention may be required. The level of physical intervention that can be used is governed by the objectively reasonable standard<sup>10</sup>. De-escalation shall be attempted before force is used, and force shall only be used when de-escalation efforts have been unsuccessful or are not reasonably possible due to an imminent threat to the facility's security or the safety of persons. Officers shall use objectively reasonable force techniques required to gain control of the situation, limit the use of force on youth with known disabilities, as well as use the minimum amount of force necessary and reasonable to prevent self-harming behavior. Officers are expected to be aware of those youth with disabilities, medical, mental health, or other issues, and any youth that is medically fragile. (Refer to Alert log policy).

**C. Objectively Reasonable Standard for Use of Force**

When determining the necessary and reasonable level of physical intervention, "objectively reasonable" means the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility. Use of force is restricted to the minimum level necessary and objectively reasonable to control the situation and restore order. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

- Whether the youth present an immediate threat to the safety of themselves or others.
- Whether the youth is actively physically resisting. Obstinacy is not a form of resistance that generally requires use of force if it does not present a threat to self or others.

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<sup>9</sup> Cal. Code Regs. Title 15 § 1357(a)(2)

<sup>10</sup> Cal. Code Regs. Title 15 § 1357(a)(1)

**PHYSICAL INTERVENTIONS**

- Likelihood and capability of a youth to carry out threats made.
- Size and physical strength of youth vs. officer.
- Number of youths involved and the number of officers available or present.
- The youth's medical and/or mental health condition(s), whether the youth is pregnant, and whether the youth have a disability.
- The nature and severity of the situation, and potential for serious injury.
- Proximity of potential weapons.

Officers maintain the right to self-defense and have a duty to protect the safety of others. However, the amount of force used shall only be the minimum necessary to mitigate an incident and protect the youth or others from harm. The level of force must be objectively reasonable under the circumstances.

**Note:** *This policy is not intended to require that physical intervention options be used in a particular order; however, the physical intervention option(s) shall be objectively reasonable.*

Force options include but are not limited to:

- Physical Control Holds.
- Take-downs.
- Restraint Devices.

**Pregnant and Post-Partum Recovering Youth**

Officers shall ensure that every effort is made to avoid applying any type of physical intervention on youth who are pregnant, laboring or delivering, or recovering postpartum (in line with the Juvenile Justice Reform Act of 2018). If a situation occurs, which requires restrictive alternatives to prevent injury to youth and/or others, the officer shall take special precautions to avoid any pressure on the youth's abdominal region or impact upon any area of the body. Prone restraints are prohibited, and the use of supine restraints should be limited.

**D. Escalation Prevention**

Officers shall strive to prevent escalating crises through effective communications, warnings asking other officers to assist, and other non-physical methods to minimize the need to utilize physical intervention in so far as practical. When deciding how to address crises, officers shall consider what influences: narcotic use; history of trauma; and/or mental illness may have on youth behavior and how youth may be affected by the utilization of physical intervention. Officers shall make every effort to avoid physical interventions with youth whose known medical or

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mental health conditions involve the following:

- Psychotropic drugs or stimulant medications.
- Asthma or respiratory problems.
- Documented history of heart disease.
- Documented history of seizures.
- Pregnancy or postpartum recovery.
- Developmental disability.
- Medically obese.
- Under the influence of stimulant narcotics (cocaine, methamphetamine, PCP, etc.).

**E. Physical Intervention Training**

All sworn officers assigned to juvenile custodial or transportation duties that are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved initial and annual refresher trainings on de-escalation and physical intervention techniques prior to being authorized to utilize force<sup>11</sup>. This includes:

- Physical Intervention.
- Prevention and De-escalation.
- Restraints.
- Post Physical Incident / Post Use of Force.
- Physical Intervention Process Quality Assurance.
- Physical Intervention Notifications.

Managers and supervisors assigned to juvenile facilities and the transportation unit shall ensure all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy<sup>12</sup>.

**F. Application of Physical Interventions  
Immediate Use of Force (Emergent Situations)**

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<sup>11</sup> Cal. Code Regs. Title 15 § 1357(c)(6)

<sup>12</sup> Cal. Code Regs. Title 15 § 1357(c)(5)

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The department provides tools and training on techniques to use when responding to resistance or violent encounters. While various degrees of use of force exist, each officer is expected to use only those techniques that are reasonable and necessary under the circumstances to gain control of the youth; protect the safety of youth, staff, and others; prevent serious property damage; prevent escape; or ensure the facility's security. Whenever possible, de-escalation techniques, including verbal techniques, shall be used throughout the force incident to redirect behavior, diffuse difficult situations, and generate voluntary compliance.

Officers must be mindful of officer/youth size differentials, a youth's mental health, medical conditions, including pregnancy and/or developmental disabilities when utilizing physical strengths and holds. Whenever possible, officers must calmly and clearly articulate directions and expectations while applying physical techniques to reduce resistance and gain youth's compliance.

Officers must remain aware of positional asphyxia. Positional asphyxia limits the expansion of the lungs by compressing the torso, hence interfering with breathing. Whenever a youth complains that they cannot breathe, shows signs of difficulty breathing, or vomits, officers must immediately remove pressure from the back, chest, and abdomen while maintaining control of the youth's limbs. Officers must continually observe the youth to determine if the youth is breathing. Throughout the use of physical intervention, officers shall ensure the youth is responsive and can speak.

Health emergencies override the use of force (e.g., physical restraint and take-downs). Officers shall continually assess the youth for potential pain or medical

distress as they seek to gain compliance. If a youth appears to have lost consciousness or shows signs of a health emergency, officers shall reassess the youth for breathing and signs of circulation. Officers shall initiate CPR and emergency medical response procedures whenever needed and shall remain mindful of ensuring the health and well-being of youth.

When officers reasonably determine that de-escalation techniques are ineffective or cannot be utilized due to imminent danger, immediate use of force techniques shall be employed. Officers shall be aware that a history of trauma may intensify natural defensive/protective responses during a use of force incident.

Self-defense can be utilized in situations such as a physical assault on an officer or staff by a youth or group of youth. However, the amount of force used shall only be the minimum necessary and objectively reasonable to mitigate an incident and protect the youth, staff, or others from harm.

**PHYSICAL INTERVENTIONS****Directed Use of Force (Directed, Planned & Supervised for Non-Emergent Situations)**

In cases where there is not an immediate physical threat, such as prolonged passive resistance or involuntary removals, there shall be a tactical plan developed to circumvent the use of force whenever possible; this includes the use of the RESOURCE Team to help de-escalate the situation and gain compliance of the youth to avoid any use of force. Directed use of force requires organizing and staffing to control confrontations in a calm and professional manner. The shift leader, supervisor, or manager shall supervise attempts to diffuse the situation and authorize the directed force, remaining at the location until the incident is resolved. As with all use of force incidents, the objectively reasonable standard shall drive the level and type of force used to resolve the incident.

The authorizing shift leader, supervisor, or manager shall ensure officers are briefed regarding the youth's medical (i.e., pregnant, or postpartum recovering, medically obese, respiratory problems, etc.), mental health, and/or developmental disabilities prior to the execution of any use of force techniques. The decision to proceed with the directed use of force shall be fully documented by all involved (including the shift leader, supervisor, or manager who guided the officer(s)), along with the details of the underlying reasons to proceed and the outcome. Justification for the use of force in these circumstances must demonstrate the utilization of de-escalation techniques outlined in this policy.

The following are examples, however, not inclusive, of what may be considered directed physical intervention scenarios:

- Youth refusal to follow directions which are likely to result in a disturbance.
- Refusing to exit an area.
- Verbally threatening officers, staff, volunteers, or other youth with physical harm.
- Refusing to be searched for contraband or refusal to surrender contraband.
- Engaging in self-harming behavior that is not immediately life-threatening.

Note: All directed use of force shall be preceded by a cool-down period to allow the youth an opportunity to comply with officer instructions. The cool-down period shall include de-escalation efforts. If deemed necessary, the officer shall request assistance from mental health staff, teachers, medical staff, or other facility partners (circumstances and safety permitting).

**PHYSICAL INTERVENTIONS****G. Inappropriate/Prohibited Uses of Force and Conduct**

Inappropriate or excessive use of force is prohibited. Officers shall use the minimum amount of force necessary given the totality of the circumstances. All staff shall observe the *Daily Alert Log* at the beginning of their shift to ensure that they are aware of any medical or behavioral conditions that would contraindicate the use of force.

The following examples are **PROHIBITED USES OF FORCE AND CONDUCT**:

- "Carotid," "arm-bar," chokehold or any other deliberate chokehold restraint utilized to or having the impact of restricting the airway or blood flow.
- Applying pressure to and/or torquing of the head and neck.
- Deliberate strikes or kicks to the head, torso, or other body parts (except in situations of self-defense).
- Deliberately or recklessly striking a youth's head, limbs, torso, or other body parts against a hard, fixed object (e.g., roadway, driveway, floor, wall, etc.).
- "Hog-tying" procedure wherein restraints are applied to both the hands and feet, which are then drawn together and secured behind the back.
- Any form of excessive physical intervention, deliberate physical injury, or physical intervention used as coercion, punishment, retaliation, discipline, or treatment.
- Any other force used maliciously, sadistically, and/or for the purpose of causing harm<sup>13</sup>.
- Use of O.C. spray on youth.
- Officer actions leading to the use of force such as taunting, verbally insulting, or challenging a youth.
- The use of force as a response to a youth who is solely expressing suicidal ideations.
- The use of prone and supine restraints on pregnant youth.
- Officer actions that serve to encourage, instigate, or permit youth to engage in physical fights or assaults.

Officers who violate this Policy and its related procedures shall be subject to the performance management process and may result in discharge, criminal prosecution, and/or civil sanctions<sup>14</sup>.

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<sup>13</sup> Hudson v. McMillian, 503 U.S. 1 (1992)

<sup>14</sup> Cal. Code Regs. Title 15 § 1357(a)(3)

**PHYSICAL INTERVENTIONS**

**Note:** *All Officers have an affirmative duty to timely, accurately, and comprehensively report incidents of abuse, inappropriate force, or prohibited conduct in accordance with state law and consistent with the Child Abuse Reporting Policy for Juvenile Facilities. All officers also have an affirmative duty to immediately take action to stop incidents of abuse and/or department policy violations. Officers who violate this policy and its related procedures shall be subject to the performance management process and may result in discharge, criminal prosecution, and/or civil sanctions<sup>15</sup>.*

**H. Non-Engagement**

Non-engagement or failure to act is defined as “deliberate indifference” to a crisis, wherein an officer intentionally fails to physically intervene and aid another officer, youth, or civilian; or fails to stop incidents of excessive, inappropriate, unnecessary force or abuse and/or departmental policy violations. The law imposes a duty on peace officers to take adequate action to protect youth, staff, and civilians in the course of their official duties. Deliberate indifference or failure to act is prohibited. Examples of non-engagement include, but are not limited to:

- Failure to respond to an immediate threat to the safety and security of youth, officer, and the facility.
- Failure to assist a fellow officer in response to an immediate threat; and/or indifference to a youth who is destroying property or failing to follow instructions.

**I. Transporting Youth Following a Physical Intervention**

If a youth is to be transported following a physical intervention, an uninvolved officer shall escort the youth away from the location of the incident to the medical unit, HOPE Center, to a supervisor for assessment or another safe/secure location. They shall not be transported by the officer(s) directly involved in that youth’s physical intervention. If unavoidable and an involved officer must escort youth, the officer shall document in their Physical Intervention Report (PIR) the justification for escorting the youth. Under no circumstances shall a youth who has alleged unnecessary or excessive force by an officer during the intervention be escorted by said officer following the incident.

**J. Room Confinement Following Use of Physical Interventions**

Room confinement may be necessary following the use of force when all less restrictive options have been attempted and exhausted, and youth continues to

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<sup>15</sup> Cal. Code Regs. Title 15 § 1357(a)(3-4)

**PHYSICAL INTERVENTIONS**

pose a threat to the safety or security of officers or other youth<sup>16</sup>. Officers shall align with departments current policies and procedures regarding protocols for Level 2 Enhanced Supervision status (regardless of placement in the specialized or regular unit).

Youth may be held up to four (4) hours in room confinement<sup>17</sup>. After four (4) hours, staff shall do one or more of the following:

- Return the youth to general population.
- Consult with mental health or medical staff.
- Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth into general population.
- Extend room confinement. If room confinement must be extended beyond four (4) hours, staff shall do each of the following:
  - Document the reasons for room confinement and the basis for the extension, the date and time the youth was first placed in room confinement, and when he or she is eventually released from room confinement.
  - Develop an individualized plan that includes the goals and objectives to be met in order to integrate the youth into general population.
  - Obtain documented authorization by the facility superintendent or his or her designee every four (4) hours thereafter.

A *Safety Check Sheet* shall be affixed to the youth's door at all times when in room confinement to provide safety checks that are not to exceed ten (10) minutes between observations. Officers shall be required, at each check, to communicate and document said communications with youth on the Safety Check Sheet. (Refer to HOPE Center "Stabilization" protocols for each respective Bureau's standards.)

If room confinement must be extended beyond four hours, staff shall transport youth to the HOPE Center, pursuant with departments current HOPE Center policies and procedures, and do each of the following:

- Document the reasons for room confinement and the basis for the extension (i.e., date, time, and proposed date, time when youth is to be released from room confinement)

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<sup>16</sup> Cal. Code Regs. Title 15 § 1354.5

<sup>17</sup> Cal. Code Regs. Title 15 § 1354.5

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If youth is transported to the HOPE Center, they shall not be transported by an officer(s) directly involved in youth's physical intervention. If officer(s) involved in the use of force escort the youth, it must be clearly explained in the PIR why uninvolved officers were not able to assist.

The utilization of room confinement shall not be used for the following reasons<sup>18</sup>:

- Used before other, less restrictive, options have been attempted and exhausted unless attempting those options poses a threat to the safety or security of any youth or officer.
- Used for punishment, coercion, convenience, retaliation, discipline, or treatment by an officer.
- Used to the extent that it compromises the mental and physical health of the youth.

**Note:** *This section is not intended to limit the use of single-person rooms or cells for the housing of youth and does not apply to sleeping hours, court holding facilities, does not conflict with any law providing greater or additional protections to youth, does not apply during an extraordinary emergency (including a natural disaster or facility-wide threat, does not apply when treating and protecting against the spread of communicable disease, or for extended care after medical treatment with written approval of a licensed physician or nurse practitioner.*

**K. Mandatory Reporting Requirements**

All staff members who are involved in, witness to, or are given an assignment wherein a crisis is resolved using force shall, at the conclusion of the incident, immediately notify the Duty Supervisor and complete either a Physical Intervention Report (PIR) or Supplemental Physical Intervention Report (SUP-PIR) via PCMS. Officers shall clearly document all de-escalation/intervention efforts initiated prior to and during the use of force. Officers shall clearly document in their PIR or Supplemental Physical Intervention Report (SUP PIR):

- Date, time, and location of use.
- Staff involved (including witnesses).
- The youth(s) involved.
- The justification for physical intervention/ use of force.

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<sup>18</sup> Cal. Code Regs. Title 15 § 1354.5

**PHYSICAL INTERVENTIONS**

- A clear description of what precipitated the use of force, including both youth and staff behavior.
- Whether the officer had knowledge at the time use of force was initiated that youth had conditions which contraindicated the use of physical intervention.
- Efforts to de-escalate prior to use of force.
- Identification of any injuries sustained as a result of the use of force.
- Date and time of immediate medical referral, contact, and response after incident.
- Documentation of immediate mental health referral, contact, and response after incident.

**Note:** *Officers shall be aware, in so far as possible, and document their pre-incident knowledge of medical and mental health of youth and justify why it was necessary and unavoidable to utilize physical intervention.*

**L. Anti-Retaliation**

The department has zero tolerance for retaliation against anyone who reports alleged policy violations, including inappropriate or excessive force. Officers, youth, partner agency personnel, visitors, or other staff assigned to the facility shall not be retaliated against (including shunning) for reporting and/or intervening in any alleged policy violation. Any activity or knowledge involving verbal, physical, or written threat to youth, staff, partner personnel, or visitors shall be immediately reported. This includes incidents of suspected abuse, use of force, or retaliation against whistleblowing (whistle-blowers report alleged wrongdoing or acts of fraud). Every person reporting an incident and acting in good faith shall be able to report an incident and be free from influence, threats, or restraint. No one shall prevent any other person from reporting or otherwise bringing to the attention of inappropriate and/or prohibited behavior. Staff shall be trained on the prohibitions, consequences, and measures to ensure the reliability of the complaint/grievance process related to retaliation, including the assignment of a Bureau Chief to address the need for interim protections for those who report. Those who violate this provision are subject to discipline up to and including termination.

Any person who believes they are the subject to any action prohibited by **County Code Section 5.02.060** may file a complaint with a supervisory staff, contact the Ombudsman Hotline (877-822-3222), and submit written documentation pursuant with current department policies regarding Workplace Violence/Threat Management.

Supervisors and Managers must ensure staff, youth, partners, and visitors understand their responsibility to report acts of violence, threats, and suspicious

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activity.

**1706 RESTRAINTS**

Physical Restraints may be used on youth who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm<sup>19</sup>. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior. Youth in medical and/or mental health crisis shall be placed in restraints only with the approval of the facility manager or designee.

Restraints shall only be utilized for the period of time necessary to enable the youth to regain control to the point in which they no longer present a threat to themselves, others, and/or the continued destruction of property. The circumstances leading to the application of restraints and any use of restraint must be documented.

**Note:** *The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain youth for movement or transportation within the facility.*

**A. Definitions and Explanation of Terms**

**Physical (Hard) Restraints** – mechanical devices (metal handcuffs and plastic flex-cuffs) used to immobilize an individual's extremities.

**Soft Restraints** – padded leather restraining device and helmet, used to immobilize an individual's extremities and prevent them from harming themselves or others.

**B. Training**

All sworn officers assigned to juvenile custodial or transportation duties that are authorized to utilize physical restraint in the performance of their duties shall receive department-approved initial and annual refresher training on de-escalation and physical intervention techniques prior to being authorized to use physical restraints<sup>20</sup>.

Managers and supervisors assigned to juvenile facilities and the transportation unit shall ensure all sworn officers within their reporting hierarchy remain current in their

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<sup>19</sup> Cal. Code Regs. Title 15 § 1358

<sup>20</sup> Cal. Code Regs. Title 15 § 1357(c) (6)

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training and receive periodic briefings concerning this policy

**C. Restraints**

Restraint devices refer to any device that immobilizes a youth's extremity and/or prevents the youth from being ambulatory. Authorized restraint devices for use by the department consist of hard mechanical restraints (i.e., handcuffs, leg irons, waist-chains, plastic flex- cuffs) and soft mechanical restraints (i.e., padded leather wrist and ankle restraints and safety helmets)<sup>21</sup>. Department-issued restraints are authorized for use in a manner consistent with the manufacturer's application instructions. The department policy requires that at least two (2) officers be present when restraints are applied, except in emergency situations. Protective measures shall be taken for all youth who are placed in restraints. Youth placed in physical restraints shall be isolated from other youth in the facility for their safety. in so far as possible. If escorting and/or housing a restrained youth next to other youth, officers shall make provisions to protect the youth from harm<sup>22</sup>.

Restraint devices shall not be applied as a form of punishment, discipline, retaliation, or as a substitute for treatment. The use of restraint devices to attach a youth to a wall, floor, or fixture, including a restraint chair, the inside of a transporting vehicle, or any other "fixed" immovable object, is prohibited. Affixing youth hands and feet together behind the back (hogtying) is not permitted. Gurneys or mobile hospital beds that can be rolled out of the medical facility in an emergency are not considered "fixed" immovable objects. It is, therefore, permissible to secure a youth to a mobile medical gurney to facilitate medical treatment. However, should it be deemed necessary to remove and adjust the restraints of youth to facilitate treatment at a medical facility, the officer must, in all instances, contact the duty supervisor to obtain authorization and a plan of how and when to remove or adjust the restraints.

Upon the containment of the use of force incident and following the application of mechanical/soft restraints, officers shall move the youth to a safe location in preparation for release from the restraints. Officers shall always apply continual de-escalation methods and reassess whether it is safe to remove the restraints as soon as possible. If youth fail to comply and the severity of the immediate threat justifies continued mechanical/soft restraint use (objectively reasonable standard applied), the officer shall provide ongoing assessment and documentation of their efforts in the Physical Intervention Report (PIR)<sup>23</sup>.

Officers must remain aware of positional asphyxia. Positional asphyxia limits the

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<sup>21</sup> Cal. Code Regs. Title 15 § 1358(c)

<sup>22</sup> Cal. Code Regs. Title 15 § 1358(f)

<sup>23</sup> Cal. Code Regs. Title 15 § 1358

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expansion of the lungs by compressing the torso, hence interfering with breathing. Positional asphyxia can occur when the chest or abdomen is compressed backward toward the spine. Officers must be aware of their own size and strength during the application of restraints.

The use of restraints on pregnant youth or post-partum recovering youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222 <sup>24</sup>. Restraining a pregnant youth in the prone or supine position is expressly prohibited.

In accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222, a youth 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 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 officers, or the public. If necessary, when applying restraints to a pregnant youth, restraints shall be applied to the front of the body. The use of leg restraints, waist chains, or the application of handcuffs behind the body is prohibited<sup>25</sup>.

Restraints shall be removed when a professional who is currently responsible for the medical care of pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the restraint is medically necessary<sup>26</sup>.

**D. Application of Physical Restraints**

The application of physical restraints is authorized when a youth presents an immediate danger to themselves or others, exhibits behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Youth shall be placed in restraints only when all de-escalation techniques and less intrusive physical interventions have been exhausted. The use of restraints for mental health crises or destruction of property must be authorized by the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician or clinician. In emergent circumstances requiring immediate application of physical restraint, officers may do so to protect the safety of the youth and others and the destruction of property. In such cases, the restraint

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<sup>24</sup> Cal. Code Regs. Title 15 § 1358

<sup>25</sup> Cal. Code Regs. Title 15 § 1358

<sup>26</sup> Cal. Code Regs. Title 15 § 1357(a) (8)

**PHYSICAL INTERVENTIONS**

will be immediately reported to the facility manager or designee for authorization to continue or discontinue the use of restraints.

Reasons for continued retention, if applicable, shall be reviewed and documented at a minimum of every hour<sup>27</sup>.

When youth are placed in restraints, continuous, direct visual supervision shall be conducted to ensure that the restraints are properly employed and ensure the youth's safety and well-being. Observations of the youth's behavior and any staff interventions shall be documented at least every fifteen (15) minutes, with the actual time of the documentation recorded. A medical opinion on the safety of placement and retention shall be secured as soon as possible<sup>28</sup>.

Officers shall obtain information regarding known medical conditions that would contraindicate certain restraint devices and/or techniques (i.e., such as known asthma, pregnancy, seizures, etc.). Officers shall ensure youth receive hydration and sanitation needs when youth requests; ensure youth are able to exercise extremities as recommended by JCHS; and officers shall access cardiopulmonary resuscitation equipment if needed. Officers shall monitor youth for signs or symptoms, which should result in the immediate summoning of medical and mental health staff<sup>29</sup>.

The Supervisor or any on-site officer shall continually monitor for signs or symptoms of youth displaying distress while in restraints. If in distress, medical/mental health staff shall be immediately summoned. If necessary, emergency medical services shall be called. The supervisor or any on-site officer shall continually monitor for signs or symptoms of distress that include but are not limited to statements by the youth that they are in pain or having difficulty with basic bodily functions, such as breathing, or cannot feel their extremities, labored breathing, change in skin color, severe chest pain, or loss of consciousness, which should result in the immediate summons of medical/mental health staff. If necessary, emergency medical services shall be called<sup>30</sup>. Officers shall take action to move, reduce the tightness of any restraint, or remove the restraint, if needed, to address the concerns identified while medical staff are on the way.

**Handcuffs:** Departmentally issued handcuffs shall be worn by all youth supervision officers while on duty and shall be maintained, cleaned, and inspected in accordance with the uniform policy. Handcuffs may be used when there is no less restrictive method of restraining youth who present an immediate danger to

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<sup>27</sup> Cal. Code Regs. Title 15 § 1358

<sup>28</sup> Cal. Code Regs. Title 15 § 1358

<sup>29</sup> Cal. Code Regs. Title 15 § 1358 (b)(e)(g)(h)

<sup>30</sup> Cal. Code Regs. Title 15 § 1358 (d)

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themselves or others, who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm.

Handcuffs shall be applied to one hand at a time, with the second (free) cuff being held in the officer's hand until it is applied and secured to the youth's other wrist. This is to prevent the youth from pulling free and using the dangling cuff as a weapon. Handcuffs shall be double-locked, with the keyhole facing upward, to prevent them from becoming too tight on the youth's wrist, resulting in injury.

When handcuffs are applied to youth to control aggressive behavior, they shall be removed when the youth is in a secure setting and otherwise able to exercise self-control and no longer a threat to themselves or others. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour<sup>31</sup>.

**Flex-cuffs:** Flex-cuffs are "hard restraint" devices that are intended to be utilized only in emergent situations within the facility to restrain youth who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, reveals the intent to cause self-inflicted physical harm, or during major disturbances when handcuffs are not immediately available. Flex cuffs are appropriate for one-time emergency use and as a supplement to the standard complement of metal handcuffs. Flex-cuffs are only to be used for short periods of time and shall be removed when the youth is in a secure setting and otherwise able to exercise self-control, or alternative restraints, such as handcuffs or soft restraints, can be safely applied. Officers may carry flex-cuffs on their person on a county-issued utility belt when so authorized.

When utilizing flex-cuffs, a youth's hands shall generally be cuffed behind the back. Flex-cuffs do not have a safety locking mechanism, and as such, care shall be taken to ensure that the flex-cuffs are not applied too tightly on the youth, as it may inhibit circulation. When flex-cuffs are removed, the youth shall be presented to medical staff for an assessment. Medical staff shall examine the youth(s) and assess whether any injury was sustained as a result of the application of restraints. Care in the removal of flex-cuffs must be exercised so as not to injure the youth.

**Soft Restraints**

Soft restraints (padded leather restraining devices and helmets) are used primarily to control youth experiencing medical or psychiatric problems, such as youth under the influence of drugs, who present an immediate danger to themselves or others,

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<sup>31</sup> Cal. Code Regs. Title 15 § 1358

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who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm. Soft restraints should only be utilized when less restrictive alternatives would be ineffective in controlling the youth's behavior.

Youth shall only be placed in soft restraints when approved by a facility manager or designee as defined in *BSCC 15, CCR § 1358*. The facility manager or designee may delegate authority to place a youth in restraints to a physician. Only officers trained and certified in the application of soft restraints shall apply them. The application of soft restraints is considered a reportable physical intervention technique and shall be documented on the Physical Intervention Report (PIR) and Supplemental Physical Intervention Report (SUP-PIR) forms by all officers' present when the incident occurs.

**Note:** *It is permissible to place the youth in a prone position for applying soft restraints; however, once placed into soft restraints, youth are not to remain in a prone position. As soon as the restraints are applied, the youth shall be placed on their side or in an upright sitting position, as deemed appropriate and safe for the situation.*

When authorized for use, soft restraints may be applied for a maximum of two (2) hours if not used in conjunction with mechanical ("hard") restraints. If mechanical ("hard") restraints are initially applied, the time youth was in mechanical ("hard") restraints shall be included in the maximum time of two (2) hours. Example, if mechanical ("hard") restraints were utilized for 15-minutes, and the youth is transitioned into soft restraints, they can only remain in soft restraints for a maximum of one (1) hour forty-five (45) minutes. Before reaching the maximum time, if it appears the youth may remain in crisis, the officer shall plan an alternate strategy that must be developed in partnership with mental health and the facility director or designee to seek additional support for the youth, including outside mental health evaluation. All efforts shall be made to develop the plan as early as possible.

Continued use of soft restraints beyond two (2) hours shall not be authorized unless the youth is pending psychiatric hospitalization, and continued soft restraint is necessary to prevent serious injury or to preserve life. Reasons for continued retention in restraints shall be reviewed and documented in the *Enhanced Supervision Observation* form at a minimum of every 15 minutes per Departments current Enhanced Supervision policies and procedures.

**Note:** *If upon release from the soft restraints, youth resume the behaviors of concern and it is deemed objectively reasonable to re-engage youth, justification for reapplication of mechanical/soft restraints shall be clearly documented in the Physical Intervention Report (PIR) and Supplemental Physical Intervention Report (SUP-PIR).*

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Upon being placed into soft restraints, the youth(s) shall immediately be placed on Level 3 Enhanced Supervision (Pursuant with Departments current Enhanced and Specialized Supervision policies and procedures) status and shall remain on that status until at least the soft restraints are removed, or another condition requires the youth to remain on the Level 3 Enhanced Supervision. While on Level 3 Enhanced Supervision status, the youth shall be supervised by one (1) assigned officer, whose *only responsibility* is to supervise the youth in soft restraints. Continuous, direct visual supervision shall be conducted to ensure the soft restraints are correctly employed and ensure the youth's safety and well-being. Observations of youth's behavior and any officer interventions shall be documented on the *Enhanced Supervision Observation* form at least every fifteen (15) minutes, with the actual time of the documentation recorded. The Supervisor who authorized the youth's placement into soft restraints shall check on the youth's condition every fifteen (15) minutes and assess the need for continued restraint until the restraints are removed<sup>32</sup>.

**E. Medical Assessment for Youth in Restraints**

Medical assessment for youth placed in physical restraints following a use of force shall occur as soon as possible, but no later than two (2) hours from the time of placement. If adjustments in the restraints are made at any time after medical staff has checked the youth, medical staff must be summoned once again to ensure that the application of restraints is proper and safe. Upon removal of restraints, medical staff must again be summoned to examine the youth. Medical staff shall record their findings in the youth's medical record and in the medical assessment for inclusion in the officer(s) PIR. The youth must be medically cleared for continued retention at least every three (3) hours after that (15, CCR §1358).

**F. Mental Health Support for Youth Experiencing a Mental Health Crisis**

When mechanical or flex-cuff restraints are applied for purposes other than to escort a youth, a Request for Mental Health Consultation form shall be submitted as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment<sup>33</sup>. When a youth experiences a serious mental health crisis, which requires placement in restraints during DMH duty hours, the on-duty mental health therapist shall be summoned as soon as possible but in no case longer than four hours from the time of placement to assess the need for mental health treatment. These services may include, but not be limited to, providing strategies for officers to follow in addressing the youth; recommendations for alternative interventions, including medication; and/or referral to a higher level of care either within or outside the

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<sup>32</sup> Cal. Code Regs. Title 15 § 1358

<sup>33</sup> Cal. Code Regs. Title 15 § 1358

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facility. A copy of the *Request for Mental Health Consultation* form shall be attached to the PIR submitted for the incident.

Should an incident occur after-hours and no mental health clinician is on duty in the facility, a mental health clinician or psychiatrist's assistance shall be obtained. The duty supervisor shall follow the protocols for each facility to directly

contact the DMH "On-Call" psychiatrist or contact the supervising nurse or designee, who shall contact the DMH on-call psychiatrist. The psychiatrist shall provide telephonic consultation to medical staff and/or staff, encompassing recommendations as to how to best handle the situation as presented. If the duty supervisor is unable to contact the on-call psychiatrist, the duty supervisor shall contact the mental health program head for the facility. Should the mental health program head not be available, the supervising nurse shall consult with the on-call physician to determine if a youth needs to be transported to the local emergency room for a psychiatric evaluation.

**G. Reporting Forms**  
**Enhanced Supervision Form**

An *Enhanced Supervision Form* shall be initiated while the youth is placed on a Level 3 Enhanced Supervision Status. While on Level 3 supervision status, the youth shall be supervised by one (1) officer, whose only responsibility is to supervise the youth in restraints. Continuous, direct visual supervision shall be conducted to ensure that the restraints are properly employed and ensure the youth's safety and well-being. Observation of the youth's behavior and any staff interventions shall be documented at least every fifteen (15) minutes, with the actual time of the documentation recorded on the *Enhanced Supervision Form*. This officer shall also document any visits by supervisors, mental health, or medical staff on the form during the requisite time periods. This form shall be maintained throughout the youths' placement in restraints, with each fifteen (15) minute timeframe clearly articulated with attendant time frames noted.

The form shall be maintained by and in immediate proximity to the officer providing supervision of the youth(s). The backside of the *Enhanced Supervision Observation Form* may be utilized by the Officer to provide additional summary information related to the youth's behaviors if needed. The *Enhanced Supervision Observation Form* shall be maintained in addition to any other required documentation such as logbooks, Behavioral File, PCMS, or Record of Supervision<sup>34</sup>.

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<sup>34</sup> Cal. Code Regs. Title 15 § 1358

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In addition to the *Enhanced Supervision Form*, staff supervising youth shall complete the *Juvenile Institutions Mechanical/Soft Restraint Log*. This log documents each of the activities that occurred prior to the application of restraints, those activities that occurred while the restraints were in use on the youth, and immediately following their removal. The shift leader is responsible for ensuring that the *Juvenile Institutions Mechanical/Soft Restraint Log* is properly completed.

**Juvenile Institutions Mechanical/Soft Restraint Log**

When a youth is placed in soft restraints, staff supervising youth shall complete the *Juvenile Institutions Mechanical/Soft Restraint Log*. The shift leader is responsible for ensuring that the *Juvenile Institutions Mechanical/Soft Restraint Log* is appropriately completed. This log documents each of the activities that occurred prior to the application of restraints, those activities that occurred while the restraints were in use on the youth, and immediately following their removal.

The completed *Juvenile Institutions Mechanical/Soft Restraint Log* and *Enhanced Supervision Observation form* shall be reviewed, approved, and signed by the shift leader at the conclusion of the youth's removal from restraints. Additionally, the facility manager or designee authorizing the placement of soft restraints shall sign the *Juvenile Institutions Mechanical/Soft Restraint Log* at the conclusion of the youth's removal from restraints. The original copies of the *Juvenile Institutions Mechanical/Soft Restraint Log* and the *Enhanced Supervision Observation Form* are to be attached to the shift leader's PIR. Copies are to be placed in the youth's *Behavior File*. The manager shall maintain copies of all *Juvenile Institutions Mechanical/Soft Restraint Logs* and *Enhanced Supervision Observation forms* (stapled together) in a file for twenty-four (24) months from the time of the occurrence. This file shall be subject to audit review<sup>35</sup>.

**Physical Intervention Report**

All staff involved in, witness to, or on duty during a shift wherein restraints were used in crisis situations shall complete a Physical Intervention Report (PIR) or Supplemental PIR (SUP-PIR). Documentation of the circumstances leading to the application of restraints shall be recorded on the PIR<sup>36</sup>.

A PIR shall be prepared by all participating officers, indicating why the restraints were applied and the date and times in which the restraints were applied and removed. Further, officers shall also notate on their respective PIRs who authorized the restraints to be utilized and all de-escalation/intervention efforts

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<sup>35</sup> Cal. Code Regs. Title 15 § 1358

<sup>36</sup> Cal. Code Regs. Title 15 § 1358 (a-h)

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initiated prior to and during the use of force. Other information documented shall include, but is not limited to:

- Staff involved (including witnesses).
- The youth(s) involved.
- The justification for physical intervention/use of force.
- Whether Officer had knowledge at the time use of force was initiated that youth had conditions which contraindicated the use of physical intervention.
- Efforts to de-escalate prior to use of force.
- Date and time of medical referral, contact, and response after the incident.
- Documentation of mental health referral/contact and response after the incident.

**1707 POST-INCIDENT PHYSICAL INTERVENTION**

All staff members who are involved in, witness to, or are given an assignment wherein a crisis is resolved using physical intervention or to which physical restraint was used shall, at the conclusion of the incident, immediately notify the duty supervisor and complete a Physical Intervention Report (PIR) via Probation Case Management System (PCMS). A Supplemental Physical Intervention Report (SUP-PIR) is also submitted via PCMS by all staff members who are a witness to or on shift in a unit where the crisis was resolved using physical intervention. A SUP-PIR is also utilized by staff who completed a PIR and has supplemental information to be included with their initial PIR. The completion and submission of these reports shall adhere to the requirements outlined in the Instructions for completing the PIR / SUP-PIR located at:

Probnets> Forms> DSB Forms> Physical Intervention Report (PIR) or Supplemental Physical Intervention Report (SUP-PIR).

**A. Physical Intervention Report / Supplemental Physical Intervention Report**

All Physical Intervention Reports (PIR) and Supplemental Physical Incident Reports (SUP-PIRs) shall be completed in their entirety and submitted to, reviewed, and provided a signed approval, by both the shift leader and the duty supervisor, immediately after the incident, but no later than the end of the shift following the conclusion of the incident. During emergent situations, when resources cannot be diverted from supervision responsibilities to complete PIRs/SUP-PIRs without compromising the youth's health and safety, the end of shift deadline may be extended by the duty supervisor provided justification is documented.

Officers must accurately and thoroughly provide detailed facts of their own personal

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observations of the incident; including what they visually witnessed, heard, and/or smelled. A helpful guideline is providing who, what, when, where, why, and how. It is recognized that post-incident, there is a possibility that officers may make non-material omissions or errors on their written reports. If the reviewing supervisor recognizes these types of mistakes, either through an overall review of the incident or through video recordings, the report may be sent back to the employee for clarification via a Supplemental Physical Intervention Report.

PIR and SUP-PIR shall contain a clear and comprehensive account of the entire incident, including the following: who was involved; when, where, how and why did it occur; staff positioning; what specifically occurred; actions taken by youth and staff; attempts made to de-escalate the situation for a safe conclusion (i.e., warnings of pending physical intervention); and a description of precipitating factors that led to the use of physical interventions, or physical restraints. Care should be taken to describe the exact positioning of staff and the actions taken by staff, youth, and supervisors during the intervention incident.

Officers shall prepare these documents utilizing the appropriate Probation Caseload Management System screens pursuant with current Department policies and procedures regarding PCMS Physical Intervention Report (PIR), Supplemental Physical Implementation Report (SUP-PIR), Special Incident Report (SIR), Supplemental Special Incident Report (SUP-SIR) and Behavior Management Program (BMP).

**Mandatory Reporting Requirements**

All officers who are involved in, witness to, and/or on duty during a shift wherein a crisis situation occurs and is resolved through the use of physical intervention or physical restraint shall complete a PIR or SUP-PIR (as appropriate) immediately following the incident, but no later than the end of the 8-hour shift (6:00 AM to 2:00 PM; 2:00 PM to 10:00 PM; or 10:00 PM to 6:00 AM) in which the incident occurs, or, as otherwise directed by the duty supervisor. Staff shall be sensitive to the fact that a degree of urgency exists in completing the PIR as soon as possible.

Within fifteen (15) minutes of containing or as soon as possible without compromising the health and safety of the youth, the shift leader (or other officers as designated by the shift leader) shall contact the duty supervisor and advise them that a physical intervention and/or use of physical restraint incident occurred. Each incident shall receive an incident number, which shall be noted on all PIR and SUP-PIR documents as generated by PCMS. This incident number shall be noted on PIR/ SUP-PIR or any other supplemental document (e.g., Mental Health Consultation Forms, SCM Soft Restraint Logs, etc.) generated by officers as a result of this incident. Each facility shall also receive a facility generated SCM incident number, which the duty supervisor shall provide upon the incident being

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reported.

The written report section of the PIR must be a clear and comprehensive account of the entire incident, including the precipitating factors that led to the use of physical interventions and the de-escalation efforts utilized to bring the incident to a safe conclusion. The PIR shall contain, but not be limited to, the following elements at a minimum:

- Clear description of what precipitated the use of physical intervention, and/or use of physical restraint.
- Clear description of all de-escalation techniques employed.
- Clear description as to why the incident occurred, including youth and staff behavior that precipitated the event.
- Notation of the request for and the presence of a supervisor, as appropriate.
- Clear justification (explanation) as to why that particular use of force was utilized, instead of utilizing another level of force.
- Clear description as to how the intervention(s) was/were performed and by whom.
- Clear notation of where officers were positioned just prior to and during the incident.

**Prohibited Reporting Conduct**

Information contained in a SIR, PIR, and SUP-PIR constitutes lawful and truthful statements made by sworn peace officers to objectively portray the facts of the incident in the most honest and transparent manner possible. Officers who are not honest in their reporting shall be subjected to the performance management process, which may result in discharge, and/or criminal prosecution, and/or civil sanctions.

Examples of prohibited conduct in reporting include but are not limited to:

- **Purposeful material omissions:** Officers intentionally leave out details to disguise or diminish the actions of themselves or others, such as their actions precipitating the use of force or whether they used de-escalation techniques as required.
- **Code of Silence:** Also known as blue wall of silence, the blue code of silence and blue shield of silence, are terms used to denote the informal rule that purportedly exists among law enforcement/corrections personnel, not to report on a colleague's errors, misconducts, or crimes, including excessive

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use of force. Such a practice is strictly prohibited, and any personnel determined to have participated in said practice shall be subject to disciplinary action according to departmental guidelines, which may include up to termination of employment.

- **Collusion:** Officers shall not collaborate (ensuring accounts of the incident contain same/similar details) with each other during the preparation of details in reports.
- **Coaching:** Officers instructing co-workers to report details and facts in their reports that they did not actually experience or writing reports on behalf of another officer.

**B. Post- Incident Review Process**

**Child Safety Assessments:** Upon being notified that a physical intervention incident has occurred, the duty supervisor shall immediately conduct a Child Safety Assessment (CSA) involved in the incident. The designated duty supervisor shall respond to the location/building where the incident occurred. The CSA shall be completed within one hour of being notified. Questionnaires shall additionally be obtained from each youth involved in the incident and affidavits obtained from each youth witnessing the incident as outlined in the *Physical Intervention Incident Review Policy*.

**Post-Incident Debriefing for Involved Youth and Staff and Witnesses:**

All use of force incidents must include a post-incident debriefing with any staff or youth who was involved or witnessed the use of force to mitigate the effects of trauma and training<sup>37</sup>. These debriefings must be conducted by a supervisor or higher within four (4) hours after completing the Child Safety Assessment (CSA). Documentation of the post-incident debriefing must be completed on a Supplemental PIR using PCMS and submitted to the SCM Coordinator for review. If trauma has occurred, the following is required:

- All youth who have experienced trauma as a result of a use of force shall be referred to the Department of Mental Health (DMH) using the Mental Health Consultation Form. Any youth who experiences trauma will be allowed access to the Hope Center and given an opportunity to decompress. Youth who continue to express trauma will be immediately placed on Probationary XX2 or higher until evaluated by DMH.
- Any staff who experiences trauma as a result of a use of force shall be referred

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<sup>37</sup> Cal. Code Regs. Title 15 § 1357 (a) (5)

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to Probation Support Services or Peer Support, offered an Industrial Injury Packet, and allowed relief from duty for a period of time to decompress.

**SCM Coordinator Review:** Each physical intervention shall be formally reviewed by the facility's SCM coordinator as soon as practical after its occurrence. The SCM coordinator shall thoroughly review the completed PIR packet generated by the duty supervisor and shall interview the involved youth, other youth present (possible witnesses) and civilian witnesses, support staff, school faculty, and/or administrative staff present who may have witnessed the events, as applicable. After reviewing the PIRs, Child Safety Assessments, affidavits, and interviewing percipient witnesses, the SCM coordinator shall determine if the physical intervention was objectively reasonable. Incidents involving an intervention (i.e., physical or the use of restraints) that does not appear to have been necessary or that was inappropriately performed (using unnecessary or excessive force) or otherwise fails to fall within established department policies and procedures shall be referred to the facility director, superintendent, or the department's Special Investigations Unit for further administrative review and/or formal investigation.

**C. Medical Assessment of Youth**

Any youth involved in a physical intervention incident within the juvenile facilities shall be referred to medical staff for assessment no later than 30-minutes following containment of the occurrence. Uninvolved officers shall escort the youth to the medical unit. If officers who are involved in the use of force escort the youth, it must be clearly explained in the PIR why uninvolved officers were not able to assist. It is expected that medical staff shall assess the youth(s) immediately upon presentation.

In situations where there is no nurse on duty, and upon containment of the incident, the youth shall be immediately referred to the duty supervisor to assess any injuries no later than 30-minutes following containment of the occurrence. The duty supervisor shall ascertain from the youth whether the youth has sustained any injury. If the youth does not appear to have sustained a serious injury, the duty supervisor shall log the incident into the duty supervisor's logbook and ensure that

the youth is referred to the nurse as soon as practicable upon the nurse's return to the facility. If the supervisor suspects or knows of an injury that cannot be treated at the location, the youth shall be transported from the facility for a higher level of care.

At the time of assessment, the duty supervisor shall ascertain whether the youth appear to have sustained an injury to the head, neck, or spine. If a head, neck, or spinal injury appears to have occurred, the duty supervisor shall treat this type of injury as a potentially serious injury and shall follow the "serious injury" treatment guidelines as noted below.

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A "serious injury" requires that the youth be sent out to a local hospital to treat the injury, which typically involves treatment such as sutures, the setting or realigning of fractured or displaced bones, and assessment for internal injuries or hospitalization. In the absence of medical staff on-site, a supervisory officer that assesses the youth and determines the youth appears to have sustained a serious injury that appears to be potentially life-threatening or life-altering, 911 shall be called for immediate paramedic assistance. In other instances, where there is a serious injury that does not appear to be life-threatening, the supervisor shall contact on-duty medical staff at the nearest juvenile hall for direction as to whether to send the youth to a local hospital or to send youth to the nearest juvenile hall for assessment and treatment.

A "less serious injury" is generally one that requires assessment and treatment by medical staff at the facility and allows the youth to return to their regularly assigned unit or the HOPE Center or be housed in the Medical Observation Unit for observation purposes only. Determination of seriousness of injuries shall be made by medical staff.

**Probation Referral of Youth to Medical Staff for Assessment** – At the conclusion of a physical intervention incident, staff shall document in the narrative section of the PIR the exact time that youth were presented for a medical examination to be performed. A youth is considered to have been made available for assessment upon their arrival at the medical unit/nurse's office at any facility, other area designated for the performance of medical examinations or upon the nurse's arrival to the incident location.

**D. Mental Health Involvement and Assessment of Youth**

All youth who are involved in a use of force incident shall be referred for mental health assessment. Officers shall document the referral to DMH on the PIR and attach a copy of the submitted Request for Mental Health Consultation form to the PIR. During the post-incident review period, supervisory officers conducting the Physical Intervention Incident Review shall verify that the youth was referred to DMH.

Mental health shall be consulted immediately or as soon as "reasonably possible" to provide greater opportunity for DMH to assess the youth's mental state at the time and to prevent further behavioral decompensation, in addition to helping avoid situations where use of force strategies may be necessary.

When DMH staff are unavailable, a referral shall be submitted to DMH for assessment as outlined under the Mental Health Support for Youth Experiencing a Mental Health Crisis. Pursuant with current Department policies regarding *Enhanced and Specialized Supervision*, a Specialized Supervision Plan (SSP) may

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be necessary.

**1708 QUALITY ASSURANCE**

In accordance with Title 15 *Minimum Standards for Juvenile Facilities, Use of Force, section 1357(a)(5)*, debriefing shall occur following incidents “for the purposes of training as well as mitigating the effects of trauma that may have been experienced by the officer and/or the youth involved.” Debriefing is not intended to be a substitute for the post-physical incident review, post use of force review process, or the investigative process. However, debriefing plays an important role in allowing the officer and youth to reflect on what happened as a learning opportunity. The debriefing process allows officers to ask questions and voice concerns to supervisors and shift leaders regarding the actions taken during a use of force incident. This is an opportunity for supervisors to provide training and impart situational expertise in relation to the policies and procedures established by the department. Debriefings shall be utilized as a continuous quality improvement technique to maximize the department’s efforts in ensuring the safety and security of the youth, staff, and community. Video of the incident may be reviewed during the debriefing, if available, and if the incident does not involve excessive or unnecessary force and/or any subsequent investigation has been concluded. Video will not be reviewed when a referral has been made to the Special Investigation Unit (SIU). Debriefings are not a legal process to disseminate discipline but an opportunity for unit/camp officers to discuss and analyze incidents in an educational and informative setting. Debriefing can be a valuable tool in determining what factors may have caused the event(s), helping to evaluate the effectiveness of interventions utilized, and proactively mitigating future events. Debriefings shall be utilized as a continuous quality improvement technique to maximize the department’s efforts in ensuring the safety and security of the youth, staff, and community.

**Note:** *If a supervisor was a party to the physical intervention, a director or designee must conduct the Safe Crisis Management (SCM) review.*

**A. Use of Force Administrative Review**

Each use of force incident shall be evaluated at both supervisory and management levels to determine if the use of force complied with the policy, procedure, training, and applicable law to determine if follow-up action or investigation is necessary. The following factors shall be evaluated:

- Reasonable de-escalation, force prevention, intervention, and management techniques used, if applicable.
- The need for the appropriate application of force.
- The level of the threat perceived by the officers involved.

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- The relationship between the need and the level of force used.
- Whether any injury was suffered and the extent of those injuries.

The shift leader or duty supervisor shall review the initial use of force review packet and ensure that all necessary documents are included. The documents collected include, but are not limited to the following:

- Physical Intervention Reports (PIRs).
- Supplemental Physical Intervention Reports (SUP-PIR).
- Medical Assessments (PEMRS printout).
- Child Safety Assessment Report(s)(CSA).
- Questionnaire(s) from youth.
- Mental Health Request for Consultation form(s) (PEMRS printout).
- Mental Health Crisis Support and Assistance Log (if soft restraints involved).
- Suspected Child Abuse Report(s) (SCAR), if applicable.
- Preliminary Incident Notification (PIN) Report, if applicable.
- Photographs clearly depicting the location, evidence, injuries, or alleged injuries.
- Referrals to health services, mental health, and/or internal affairs.

The completed packet shall be reviewed by the force review coordinator or facility manager and forwarded to the departmental force review committee<sup>38</sup>.

**B. Force Intervention Response Support Team (FIRST)**

The Force Intervention Response Support Team (FIRST), as part of Systems Accountability Bureau, has been established as an independent reviewing entity for the department with the priority of reviewing all Physical Intervention Packets (PIP) (formerly Safe Crisis Management), ensuring staff documentation and evidence collection provide a strong factual account of the incident and complies with departmental policies, protocols, and state law. Through oversight and guidance, in addition to timely comprehensive reviews of all PIP's, the FIRST will assist employees in strengthening the integrity of the physical Intervention process, which will also help improve employee and youth wellbeing. The Force Intervention Response Support Team (FIRST) of the Systems Accountability Bureau is responsible for an independent and comprehensive review of all physical

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<sup>38</sup> Cal. Code Regs. Title 15 § 1357 (a) (6)

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intervention incidents occurring in the Juvenile Institutions. The FIRST Team shall conduct timely reviews of all use of force incidents for compliance with State law and probation policy. In the event that a use of force incident is accepted for review by Internal Affairs, the FIRST Team review shall occur after the Internal Affairs investigation is completed.

The FIRST will examine documentation and review relevant video footage, conduct inquiries to analyze and track the quality of preventative efforts, triggers, de-escalation, and actions taken during and after a use of force incident.

Once the FIRST unit completes an independent review and assessment of the PIP identifying non-conformities, preventable risks, and/or proactive measures taken, the Juvenile Institution will be provided with the *FIRST Physical Intervention Review Summary Form* and receive email confirmation that the PIP either had:

- **No Significant Findings/Deficiencies** – the Packet meets the criteria identified in the respective policies.
- **Deficiencies/Non-Compliance Issues Noted** – the independent review discovered areas in the packet which the operation needs to address/follow-up.
- **Direct Referrals to Internal Affairs Bureau-** Referrals shall be made directly to Internal Affairs when deemed applicable and appropriate.

The *FIRST Physical Intervention Review Summary Form* will detail areas of discrepancy/concern requiring amendment(s) or correction(s) for all PIP's not accepted by the FIRST. In addition, the FIRST will make recommendations for corrective action, including for Juvenile Institutions to take specific action that should have been completed in accordance with Departmental policies and procedures.

**C. Force Review Coordinator**

Documents pertaining to each use of force incident are submitted to the facility's force review coordinator. The coordinator ensures completion of all documentation, reviews any video footage of the incident, and makes a recommendation to the facility management or the department's Special Investigation Unit, as appropriate.

**D. Departmental Force Review Committee/ Critical Incident Review Coordinator**

The Critical Incident Review Committee (CIRC) will also serve as the Departmental Force Review Committee (DFRC), which is the departmental level review of physical intervention incidents that involve actual or potential liability, serious injury, major conflict occurring within the department's scope of responsibility, or as

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otherwise deemed significant. The DFRC is a retrospective evaluation of a physical intervention incident to ensure employee actions are in accordance with departmental policy, procedures, and training; and to determine the effectiveness of existing policies and procedures before and after an event in addressing the root causes of an event, and to prevent the incident from reoccurring. The DFRC meeting shall include a superintendent, facility manager, and other executive leadership team members. Use of force incidents that rise to the level of a DFRC review shall be reviewed within thirty (30) days of occurrence<sup>39</sup>.

**1709 NOTIFICATIONS****Parent/Guardian/Caregiver Notifications**

When force is used on youth, the supervisor or designee shall contact the parent/guardian/caregiver, attorney, and caseworker. A minimum of three (3) telephonic contacts to the parent/guardian/caregiver need to be attempted within twenty-four (24) hours of the incident. This information shall be clearly documented in the Physical Intervention Report, including the number of attempts made, dates, times, names of parent/guardian/caregiver contacted, and any other information regarding the subsequent conversation, as appropriate. If the youth has alleged that the use of force was excessive or inappropriate, this information shall also be shared with the parent/guardian/caregiver along with information about the grievance process and the rights of the youth in the process<sup>40</sup>.

**Youth Seriously Injured or Allegation of Excessive or Inappropriate Force.**

The superintendent or facility manager (or designee) shall be immediately notified if a youth or staff member is seriously injured or an allegation of excessive or inappropriate force or of actions related to the use of force incident that are inconsistent with policy and law (e.g., intentional failure to decontaminate) is made during the application of force. The superintendent shall make appropriate notifications to the chain of command.

If the youth has made an allegation of excessive or inappropriate force, violations of policy/law by staff during the use of force incident, the superintendent will immediately report this to the assigned Bureau Chief responsible for assessing and addressing any interim protections for youth who report, such as unit changes, safety plan updates, and protection orders.

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<sup>39</sup> Cal. Code Regs. Title 15 § 1357 (a) (5)

<sup>40</sup> Cal. Code Regs. Title 15 § 1357 (a) (7)

**PHYSICAL INTERVENTIONS****Assaults Against Officers**

The supervisor assigned to the incident shall immediately contact the on-duty facility manager, the victim's supervisor, the facility superintendent, and the Bureau Chief in any instances where it is alleged that the youth has physically assaulted an officer. As appropriate, the department will facilitate the filing of criminal charges against the youth with the applicable juvenile or adult court.

The on-site supervisor shall ensure that the affected officer is provided with an Industrial Accident packet or that the packet is completed on behalf of the employee per department protocol. It is also the on-site supervisor's responsibility to ensure employees involved in or affected by a serious or traumatic experience are offered services which include: Peer Support Coalition and Employee Assistance Program (<http://employee.hr.lacounty.gov/employee-assistance-program/>).