COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

No.:	**1536**
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SUBJECT: DETENTION SERVICES BUREAU (DSB) DMANUAL

The DSB manual section 1000-Physical Interventions has been revised and approved for distribution.

Staff assigned to or supporting DSB are instructed to review and acknowledge the enclosed Physical Interventions policy and procedures.

The policies will be located on the Prob-Net (Probation Manuals- POLICIES, PROCEDURES AND MANUALS (sharepoint.com) –DSB manual. Questions or concerns regarding this Directive shall be directed to the DSB Consultant at (562) 658-1794.

Guillermo Viera Rosa,
Chief Probation Officer

March 4, 2025
Date

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject:	Section Number: **DSB - 1000**
DETENTION SERVICES BUREAU (DSB)	Effective Date**:** March 4, 2025
PHYSICAL INTERVENTIONS	Approved By: Guillermo Viera Rosa, Chief Probation Officer

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1001 INTRODUCTION – PHYSICAL INTERVENTIONS

This policy articulates the department's policy for handling crisis situations that may result in the use of force. In every situation (preceding, during, and following a physical intervention, including Oleoresin Capsicum (OC) spray), youth shall be continually treated with dignity and respect regardless of their gender, race, ethnicity, national origin, sexual orientation, 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 that 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[1].

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 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[2].

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 OC 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

[1] Cal. Code Regs. Title 15 § 1357(a)(1)
[2] Cal. Code Regs. Title 15 § 1357(c)(4)

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[3].

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.
- 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[4]. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

[3] Cal. Code Regs. Title 15 § 1357(c)(1-6)
[4] Cal. Code Regs. Title 15 § 1357(a)(1)

- 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 the use of force if it does not present a threat to self or others.
- Likelihood, the capability of youth to carry out threats made.
- Size and physical strength of youth vs. officer.
- Number of youth 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 has 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, chemical, or mechanical restraint on youth who are pregnant, laboring, 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 a 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[5].

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 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

[5] Cal. Code Regs. Title 15 § 1357(a)(8)

negative behavior with non-threatening, non-verbal, para-verbal, or verbal interventions, which reinforce expected behaviors and allow the 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.

Crisis Intervention Team (CIT) – 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, establishing and regularly reinforcing clear expectations, providing differential reinforcement (i.e., acknowledging appropriate behavior while ignoring inconsequential behavior), and engaging 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

De-escalation strategies are designed to successfully resolve conflicts when they arise and minimize crisis 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[6].

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[7].

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).*

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

[6] Cal. Code Regs. Title 15 § 1357(a)(2)
[7] Cal. Code Regs. Title 15 § 1357(c)(1)

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 youth's name. Continue dialoguing, clearly instructing the youth to cease the activity and comply.

Mental Health Assistance: As part of the CIT 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 youth's casework and treatment.

Officer Presence: One or more officers converge on the incident or potential incident, approaching in a non-threatening manner. One officer assists 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 backup 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 it is 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. (See Exclusions to Room Confinement Policy)

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 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 the youth when conducting unit-wide activities until the behaviors of concern are resolved. Upon resolution, youth shall be reincorporated into programming.

Crisis Intervention Team (CIT)

Probation and Mental Health will use CIT whenever emergency or crisis situations arise. The primary objective is to create a trauma-informed environment and foster a therapeutic approach to minimize the need for forceful intervention in critical situations and assist youth in crisis. The CIT team's primary focus is to provide an immediate therapeutic-oriented response to de-escalate situations, attempt to resolve underlying issues, and minimize the reliance on forceful interventions or segregation. During normal business hours, the CIT team members are comprised of two (2) Probation Staff and, if available, one (1) clinician from the Department of Mental Health (DMH). After business hours, designated officers to serve as members of the CIT team. Each designated officer is assigned to the CIT team one day a week. Consideration will be taken when identifying staff to serve as CIT team members to ensure that only those staff known to have a good rapport with youth and who have demonstrated the ability to de-escalate youth shall be assigned as CIT team members.

The hours of the CIT team will be scheduled to cover both AM (6 AM – 2 PM) and PM (2 PM – 10 PM); an EM (10 PM – 6 AM) expanded shift will be implemented if

the operation's needs deem so**.**

CIT TEAM RESPONSE

The on-site staff is to immediately request the assistance of the CIT team when the de-escalation methods with youth in crisis are unsuccessful. It is important for staff to recognize when their efforts are not productive and may be escalating the situation. At times, staff may need to step away from a situation to allow the CIT team to assist.

To initiate the request for the CIT team:

- The on-site staff is to notify the Movement Control (MC) via radio communications by announcing the "CIT team" and the location.
- The Movement Control (MC) to dispatch the assistance of the CIT team and record the request in the daily shift report.

The CIT team, upon arrival, are to assess the safety and security and gather critical information about the situation and the youth in crisis. The CIT team members shall identify the primary communicator and the secondary responder.

Whenever possible, the CIT team should encourage the youth involved to relocate to a different area away from on-site staff and other youth. If the youth is unwilling to do so and other youth are present, the other staff in the area should remove or redirect the other youth away from the situation so that the CIT team can focus its efforts on de-escalating the youth.

The CIT team is to use de-escalation techniques and skills, such as Motivational Interviewing (MI) and Dialectical Behavior Therapy (DBT), when engaging with the youth. The CIT team shall maintain a calm demeanor, speaking in a low and controlled tone, displaying patience, maintaining a safe personal space, and remaining objective.

It is crucial to emphasize that the CIT team's role is not to discipline the youth nor to use any forms of force but to assist them in calming down, focusing on resolving the situation, and complying with staff requests to restore a safe and secure environment.

If the youth remains unresponsive to de-escalation efforts and the CIT team is concerned about the safety of the youth and staff members, additional assistance

from the facility response team may be called.

If the situation escalates to an imminent risk of injury, and as a last resort to prevent serious injury and other responders are not immediately available, the CIT team shall follow the Department's established use of force continuum. (See the Physical Intervention Policy)

REPORTING REQUIREMENTS

The CIT team members shall complete the CIT team response reporting form and submit the report to the Officer of the Day (OD)/Supervisor prior to the end of the shift. The CIT team members are to comply with additional departmental reporting mandates not included in this directive.

TRAINING

The designated CIT team members are required to complete specialized training every six (6) months consisting of de-escalation techniques and trauma-informed care provided by the Department's Staff Training Office (STO).

The facility staff training coordinator is responsible for scheduling, tracking, and monitoring of required specialized training. The specialized trainings are included but not limited to:

- De-escalation techniques
- Crisis intervention
- Trauma-informed Care
- Adolescent brain development

QUALITY ASSURANCE AND DATA COLLECTION

The Superintendent/Director or the authorized designee is responsible for developing performance measures to determine the effectiveness levels of the CIT team. The performance measures are included but not limited to:

- Number of CIT team responses
- Time needed to de-escalate.
- Strategies used to de-escalate the situation.

- Trends (youth demographics, identified staff members, locations, etc.)

The Superintendent/Director shall regularly review the data to identify and address any necessary adjustments.

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[8] 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[9].
- 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

[8] 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.
[9] Cal. Code Regs. Title 15 § 1357(a)(1)

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 to prevent 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 OC spray)[10] .

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[11]. 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 OC spray (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,

[10] Cal. Code Regs. Title 15 § 1357(a)(2)
[11] Cal. Code Regs. Title 15 § 1357(a)(1)

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 themself or others.
- 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 and capability of a youth to carry out threats made.
- Size and physical strength of youth vs. officer.
- Number of youth 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 has a disability.
- The nature and severity of the situation and the 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, delivering, or recovering postpartum (in line with the Juvenile Justice Reform Act of 2018). If a situation occurs that requires restrictive alternatives to prevent injury to the 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 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 who are authorized to utilize physical intervention techniques in the performance of their

duties shall receive department-approved initial and annual refresher training on de-escalation, physical intervention, and chemical intervention (if permitted) techniques prior to being authorized to utilize force[12]. 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.

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[13].

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, and 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.

[12] Cal. Code Regs. Title 15 § 1357(c)(6)
[13] Cal. Code Regs. Title 15 § 1357(c)(5)

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, show signs of difficulty breathing, or vomit, 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.

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 CIT 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 to remain 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 is 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.

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[14].
- Failure to immediately decontaminate a youth exposed to OC spray when the incident is controlled.
- 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[15].

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

[14] Hudson v. McMillian, 503 U.S. 1 (1992)
[15] Cal. Code Regs. Title 15 § 1357(a)(3)

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[16].

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, officers, 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, to a supervisor for assessment, or to 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 the 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 the youth continues to

[16] Cal. Code Regs. Title 15 § 1357(a)(3-4)

pose a threat to the safety or security of officers or other youth[17]. (See the Room Confinement Policy)

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 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 SUP PIR:

- Date, time, and location of use.
- Staff involved (including witnesses).
- The youth 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 the use of force was initiated that youth had conditions that 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 the 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 the medical and mental health of youth and justify why it was necessary and unavoidable to utilize physical intervention.

L. Anti-Retaliation

[17] Cal. Code Regs. Title 15 § 1354.5

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 threats 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 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 Superintendent 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 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 to 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 (OC) SPRAY

This section notes the department's policy for handling crisis situations that may result in the utilization of chemical intervention[18]. It establishes the roles and responsibilities for all sworn and non-sworn staff to be followed before, during, and after applying Oleoresin Capsicum (OC) spray.

To promote safety, youth shall be provided an OC. Warning Form to read and sign upon admission into a juvenile facility that utilizes OC spray. The OC Warning Form shall advise the youth that OC spray is used at the facility and that if and officer(s) instruct them to get down, take a knee, or use the words " OC

[18] 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.

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 who are authorized to utilize OC spray in the performance of their duties shall receive department-approved perishable skills training (initial training and annual refresher training). This includes training in the use of chemical intervention, medical and behavioral 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 OC 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[19].

Managers and supervisors assigned to juvenile facility shall each ensure that all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy[20].

B. Prevention Strategies

Officers shall strive to prevent escalating crises through effective communication, 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 OC spray onto youth whose known medical or mental health conditions involve the following:

- Psychotropic drugs or stimulant medications.
- Asthma or respiratory problems.

[19] Cal. Code Regs. Title 15 § 1357(b) (1-2)
[20] Cal. Code Regs. Title 15 § 1357(c) (5)

- Documented history of heart disease.
- Documented history of seizures.
- Pregnancy or postpartum recovery (The use of OC 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.).

C. Oleoresin Capsicum (OC) Spray Interventions

Chemical interventions, such as OC 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[21]. 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, OC spray may be deployed.

Officers shall provide a warning regarding the intended use of chemical intervention. Only use the minimum amount of OC spray necessary to gain control of a situation and/or subdue the youth. If the youth fails 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[22]. Following the use of OC spray, circumstances permitting, the officer shall verbally redirect the youth, provide further OC warnings, and reassess whether the burst/spray successfully gained compliance. If

[21] Cal. Code Regs. Title 15 § 1357(b)
[22] Cal. Code Regs. Title 15 § 1357(b) (1-2)

the youth fails to comply and the severity of the immediate threat justifies further use of OC 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 OC 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. The medical staff shall be called for assessment immediately after the incident is 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 OC spray, the Officer of the Day (OD) or Supervising Deputy Probation Officer (SDPO) or authorized designee shall take all officer's canisters who deployed OC spray, 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 OC propellant). After this information is captured, the supervisor shall ensure that the weight of each officer's canister is subsequently noted on the PIR Safe Crisis Management (SCM) Review reports.

Temporary Portable Showers

The purpose of this policy is to establish procedures for the temporary use of portable cold showers during the decontamination process following the deployment of Oleoresin Capsicum (OC) Spray.

Procedures

Decontamination for OC 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. Officers contaminated with OC Spray shall follow the same decontamination procedures outlined for youth. Hot or warm water shall never be used for decontamination purposes as it aggravates the effect of the spray.

To ensure the safe and effective use of portable shower kits, staff should adhere to the following:

- Portable shower kits shall be charged and ready in advance. Each unit includes a wall charger, which can be used to charge the unit by inserting the plug into the water cover. It may take several hours to fully charge, and the battery life can be monitored with the voltmeter. If the voltmeter reads 10.8v or lower, the unit should be charged immediately. The power button is used to turn on the unit, but the unit will not turn off automatically when the water tank is empty. Therefore, it is important to turn the unit off when not in use.
- Water shall be filled using the cold tap water from the utility closet. The unit shall be refilled only before immediate use, not in advance. Any leftover water in the unit must be disposed of after use. The unit must be kept upright to prevent any leaks. After each use, the unit should be tipped to the side to drain any remaining water below the tray.

A Physical Intervention Report (PIR) shall document the specific timing and methods for initiating decontamination. All other policies, procedures, and documentation for the decontamination process must adhere to the policies and procedures outlined in the Detention Services Bureau (DSB) manuals.

D. Oleoresin Capsicum (OC) Spray Issuance and Accountability

Staff members authorized to carry OC spray shall be issued a hand-held, four-ounce OC spray canister and belt pouch[23] (The OC 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 OC spray are 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

[23] Cal. Code Regs. Title 15 § 1357(b) (1)

identifying number or the canister serial number for any reason. Upon issuance, the canister shall be weighed, and the canister's weight, serial number, and the staff's identifying number are 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 OC 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.
- The date of the most recent deployment of the canister.
- The new weight of the OC canister after its use by the staff.
- The amount of spray discharged from the canister by weight.

Every six (6) months, the superintendent or director of a facility authorized for OC spray use shall account for each OC spray canister issued, the re-weighing and recording weights of each canister, verify at the time of weighing that the serial number and staff'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 OC Spray Canisters

Staff authorized to carry OC spray are required to bring their OC spray 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 children, as children are particularly vulnerable to the effects of OC spray.

Lost or misplaced canisters must be reported immediately via telephone to the OD/SDPO or authorized designee. A 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 a 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 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's 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 into 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 staff 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 OC Spray Application Protocols

Under no circumstances shall officers delay decontamination of a youth exposed to OC 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 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 OC spray shall be directly supervised until the youth are thoroughly decontaminated and no longer suffering the effects of the OC spray. Youth exposed to OC spray shall not be left unattended. Officers must ensure that all post-OC 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 OC spray deployment in accordance with the mechanical/soft restraints section(s) of this policy and only, if necessary, to maintain control. All post-OC 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 OC spray is deployed and the youth is under control, the 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 OC 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:

- 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 OC 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 OC spray application when the youth is still suffering the effects of exposure to the OC spray.

- Turning off the water to a room occupied by a youth who was exposed to OC spray.
- Providing a wet towel to youth who are attempting to decontaminate and allowing those youth 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 OC 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 OC spray "shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the OC spray." Immediately after the application of OC 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 than one hour in accordance with *Enhanced and Specialized Supervision Requirements for Youth in Juvenile Facilities*. In any instance wherein a youth upon whom OC 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 OC 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 OC 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 who 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 OC Spray

Officers contaminated with OC 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 OD. spray, according to guidelines established in the PCMS. Officers shall clearly document in their PIR or SUP PIR:

- Date, time, and location of use.
- Staff involved (including witnesses).
- Youth sprayed.
- Whether a warning was given and, if so, how it was given.
- The number of bursts/sprays deployed (per youth if applicable).
- The justification for each additional deployment of OC spray.

- Whether officers had knowledge at the time they used OC spray that the youth had conditions that contraindicated the use of OC spray.
- Efforts to de-escalate prior to use.
- Identification of any injuries sustained as a result of OC spray 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 the medical and mental health of exposed youth for whom OC spray is determined to be potentially harmful and justify why it was necessary and unavoidable that youth with known conditions were sprayed with OC spray.

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[24]. 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 crises shall be placed in restraints only with the approval of the facility manager or authorized 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

[24] Cal. Code Regs. Title 15 § 1358

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[25].

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)[26]. 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,

[25] Cal. Code Regs. Title 15 § 1357(c) (6)
[26] Cal. Code Regs. Title 15 § 1358(c)

officers shall make provisions to protect the youth from harm[27].

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 the youth fails 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 PIR[28].

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[29]. Restraining a pregnant youth in a 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

[27] Cal. Code Regs. Title 15 § 1358(f)
[28] Cal. Code Regs. Title 15 § 1358
[29] Cal. Code Regs. Title 15 § 1358

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 are prohibited[30].

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[31].

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 that 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 authorized 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 authorized 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[32].

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

[30] Cal. Code Regs. Title 15 § 1358
[31] Cal. Code Regs. Title 15 § 1357(a) (8)
[32] Cal. Code Regs. Title 15 § 1358

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[33].

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[34].

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[35]. 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.

[33] Cal. Code Regs. Title 15 § 1358
[34] Cal. Code Regs. Title 15 § 1358 (b)(e)(g)(h)
[35] Cal. Code Regs. Title 15 § 1358 (d)

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[36].

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, reveal 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 they may inhibit circulation. When flex-cuffs are removed, the youth shall be presented to medical staff for an assessment. The medical staff shall examine the youth 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.

[36] Cal. Code Regs. Title 15 § 1358

Youth shall only be placed in soft restraints when approved by a facility manager or authorized designee as defined in *BSCC 15, CCR § 1358*. The facility manager or authorized 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 PIR and SUP-PIR forms by all officers were 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. For example, if mechanical ("hard") restraints were utilized for fifteen (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 authorized 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 fifteen (15) minutes per the Department's current Enhanced Supervision policies and procedures.

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

Upon being placed into soft restraints, the youth shall immediately be placed on Level 3 Enhanced Supervision (Pursuant with the Department's 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[37].

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. The 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[38]. 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

[37] Cal. Code Regs. Title 15 § 1358
[38] Cal. Code Regs. Title 15 § 1358

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 authorized 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 youth's 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. 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[39].

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 the 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 authorized 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[40].

Physical Intervention Report

[39] Cal. Code Regs. Title 15 § 1358
[40] Cal. Code Regs. Title 15 § 1358

All staff involved in, witness to, or on duty during a shift wherein restraints were used in crisis situations shall complete a PIR or SUP-PIR. Documentation of the circumstances leading to the application of restraints shall be recorded on the PIR[41].

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 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 involved.
- The justification for physical intervention/use of force.
- Whether the Officer had knowledge at the time of the use of force was initiated that youth had conditions that contraindicated the use of the 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 or chemical intervention or to which physical restraint was used shall, at the conclusion of the incident, immediately notify the duty supervisor and complete a PIR via PCMS. A SUP-PIR is also submitted via PCMS by all staff members who are a witness to or on the 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

[41] Cal. Code Regs. Title 15 § 1358 (a-h)

completing the PIR/SUP-PIR located at:

Probnet> 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 in 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 staff 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 it occurred; 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 to the Department’s current policies and procedures regarding the completion of PCMS PIR, SUP-PIR, SIR, SUP-SIR, and 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 eight (8)-hour shift (6:00 AM - 2:00 PM; 2:00 PM -10:00 PM; or 10:00 PM -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 or 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

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 (1) 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 a 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.
- 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 the 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 write a report 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 written statement 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[42]. These debriefings must be conducted by a supervisor or higher within four (4) hours after completing the CSA. Documentation of the post-incident debriefing must be completed on a SUP PIR using PCMS and submitted to the Force Review Coordinator for review. If trauma has occurred, the following is required:

[42] Cal. Code Regs. Title 15 § 1357 (a) (5)

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

Force Review Coordinator : Each physical intervention (i.e., physical or chemical intervention) shall be formally reviewed by the facility's Force Review Coordinator as soon as practical after its occurrence. The Force Review 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, written statements and interviewing percipient witnesses, the Force Review 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 fail 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 thirty (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 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 thirty (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.

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 9-1-1 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 the 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. Determination of the 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 the youth was 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 or 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 the 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 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 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 authorized 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.
- 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 are 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[43].

B. Force Intervention Response Support Team (FIRST)

The Force Intervention Response Support Team (FIRST), as part of the 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 PIPs, the FIRST will assist staff in strengthening the integrity of the physical Intervention process, which will also help improve staff and youth wellbeing. The FIRST of the Systems Accountability Bureau is responsible for an independent and comprehensive review of all physical intervention incidents occurring in 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 an email confirmation that the PIP either had:

- No Significant Findings/Deficiencies – The packet meets the criteria

[43] Cal. Code Regs. Title 15 § 1357 (a) (6)

identified in the respective policies.

- Deficiencies/Non-Compliance Issues Noted – the independent review discovered areas in the packet that 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 PIPs 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 the 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 otherwise deemed significant. The DFRC is a retrospective evaluation of a physical intervention incident to ensure staff 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[44].

1010 NOTIFICATIONS

Parent/Guardian/Caregiver Notifications

When force is used on youth, the supervisor or authorized designee shall contact the parent/guardian/caregiver, attorney, and caseworker. A minimum of three (3) telephonic contacts with 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[45].

Youth Seriously Injured or Allegation of Excessive or Inappropriate Force.

The superintendent or facility manager (or authorized 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 is 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 or violations of policy/law by staff during the use of force incident, the Director will immediately report this to the Superintendent for assessing and addressing any interim protections for youth who report, such as unit changes, safety plan updates, and protection orders.

Assaults Against Officers

The supervisor assigned to the incident shall immediately contact the on-duty facility manager, the victim's supervisor, the unit director, and the facility superintendent in any instances where it is alleged that the youth has physically

[44] Cal. Code Regs. Title 15 § 1357 (a) (5)
[45] Cal. Code Regs. Title 15 § 1357 (a) (7)

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 staff per department protocol. It is also the on-site supervisor's responsibility to ensure staff 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/).