

Department of Juvenile Justice

Division of Residential Services

Standard Operating Procedure Bulletin

SOP #: VOL IV-4.3-5.07; 218 Bulletin #: 2017-01 Effective Date: August 31, 2017

Subject: Medical Management of Mechanical Restraints

Statutory Authority: Regulation: 6VAC35-71-1200

This bulletin shall amend 1) VOL IV-4.3-5.07, Medical Management of Mechanical Restraints, to add requirements for the use of mechanical restraints on juveniles for medical and mental health purposes and, 2) SOP 218-5.3(3) to provide that this Bulletin will apply when it is necessary to mechanically restrain a resident because of self-injurious behavior.

**5.07-1.0 PURPOSE**

To establish standard medical procedures for the conditions under which restraints may be applied, the types of restraints to be applied, authorization for the use of restraints, the length of time for which restraints may be applied, less-restrictive-treatment-plan alternatives, and assessment and treatment of residents following the application of mechanical restraints.

**5.07-2.0 SCOPE**

These procedures apply to all Juvenile Correctional Center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

**5.07-3.0 DEFINITIONS**

*Local Health Authority (LHA)* – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility: for the management of all health services in the facility; including medical nursing, and dental; and for ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

*Mechanical Restraints* – Any device used to completely or partially constrain a person's bodily movement which has been approved for use in the Department such as handcuffs, leg shackles, waist chains, etc.

**5.07-4.0 PROCEDURES**

**5.07-4.1 Conditions Under Which Restraint May be Applied**

Medical and behavioral health restraints are to be used when increased observation, removal of dangerous items, and verbal de-escalation is insufficient to protect a resident from engaging in self-harm. Insufficiency can be determined by one or more of the following:

1. The resident engages in self-harm while on high levels of observation and precaution.
2. The resident voices intent to carry out a plan of self-injury that could not be safely prevented while on highest levels of precaution.
3. The resident is requiring repeated physical restraints to prevent self-injury while on 1:1 observation.

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4. When it is determined by the chief physician or designee to prevent serious injury or death.

**5.07-4.2 Types of Restraints to be Applied**

Restraints used shall be soft leather restraints when possible. A helmet may be used when the resident is hitting his/her head. Soft restraints include wrists and ankle restraints. If a resident is able to get out of soft restraints, handcuffs, waist chain, and/or leg irons may be applied.

**5.07-4.3 Authorization for the Use of Restraints for Medical and Mental Health Purposes**

Only a physician, nurse practitioner, physician's assistant and qualified mental health professionals working in Health Services may authorize the use of restraints.

**5.07-4.4 Length of Time for Which Restraints May be Applied**

1. Residents are to be in restraints no more than 4 hours while awake, without being given a range of motion of all four limbs, if cooperative.
2. Restraints are to be applied for no more than 24 hours without approval of the BSU Director, Chief Physician, or Health Services Director. Civil commitment proceeding shall be initiated for residents in restraint over 36 hours.
3. Residents shall be released from restraint as soon as safely practicable and placed on a less restrictive treatment plan intervention. To determine as quickly as possible if a resident is stable enough for a less restrictive intervention, QMHP or providers shall use a graduated release process. A single limb is to be released for an established period of time followed in succession by the remaining limbs if the resident remains calm. A QMHP or medical provider must initiate any release and set the time frames. The QMHP or provider must be contacted to authorize any increased restraint or delay in release process. Any observation periods over 30 minutes require a call to the QMHP or provider before proceeding. The QMHP or provider is to be contacted once the resident is fully out of restraints to provide instructions for a less restrictive intervention.
4. All uses of restraint are to be reviewed in SIB Meeting within one week.

**5.07-4.5 Notification and Medical Review**

1. Any resident who is mechanically restrained shall be evaluated by a nurse as soon as practicable:
  - a. Following the application of mechanical restraints;
  - b. Every two hours or more frequently as necessary; and
  - c. Upon removal of the restraints.

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A nursing assessment is not required for the application of mechanical restraints for routine transportation of residents, unless requested by staff.

2. The nurse shall assess adequate circulation to the extremities to include:
  - a. The resident is positioned for adequate respirations;
  - b. Pallor of the skin distal to the device;
  - c. Erythema around the device and any breaks in the skin;
  - d. Adequate space (i.e., one finger breadth) between the device and the resident's skin;
  - e. Capillary refill; and
  - f. Address any verbal complaints by the resident.
3. The nursing assessment shall be documented on the Confinement Monitoring Form.
4. If the nursing assessment indicates the mechanical restraints need to be removed or adjusted, the security staff shall make the adjustment to ensure the health and safety of the resident.
5. Waist chains, leg shackles, and restraint chairs shall not be utilized on pregnant residents unless approved by the Chief Physician.

**5.07-4.6 Routine Health Services**

Residents shall have access to the same health services as residents in general population units. Medications shall be administered to residents in accordance with HSOP VOL IV-4.3-3.07 (Medication Administration).

**5.07-5.0 RESPONSIBILITY**

The Local Health Authority and Superintendent shall be responsible for implementing this procedure.

**5.07-6.0 INTERPRETATION**

The Health Services Administrator and Deputy Director of Operations shall be responsible for the interpretation and the exception approval to this procedure.

**5.07-7.0 CONFIDENTIALITY**

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

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**5.07-8.0 REVIEW DATE**

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

**SOP 218 USE OF FORCE AND MECHANICAL RESTRAINTS**

**218-5.3(3)** Response to Self-Injurious Behaviors: When it is necessary to mechanically restrain a resident because of Self-Injurious Behavior, the procedures set forth in Bulletin 2017-01 shall be followed. ~~a QMHP from the Behavioral Services Unit (BSU) will be contacted immediately for an assessment and will make recommendations to the Superintendent or designee for the authorization of the use of mechanical restraints. If the resident presents an immediate threat that does not allow the staff time to contact a QMHP, the staff shall apply mechanical restraints as provided in 218-5.3(2) above. The QMHP shall be contacted immediately following the mechanical restraint for further recommendations.~~

- a. If the resident presents an immediate threat to him/herself that does not allow the staff time to contact a QMHP, the staff shall apply mechanical restraints as provided in 218-5.3(2) above. The QMHP shall be contacted immediately following the mechanical restraint for further recommendations.
- b. Physical intervention and mechanical restraints, using the least restrictive intervention, may be used to remove a resident's clothing, in order to place the youth in a suicide protective garment (i.e., smock). The pre-planned use of force video recording shall cease prior to the removal of any articles of clothing.

  
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Deputy Director of Residential Services

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8/30/17  
Date

Upon receipt of this SOP Bulletin, the superintendent or designee shall immediately duplicate the bulletin and distribute copies to the department heads in accordance with VOL IV-4.1-1.00 (Development of SOPs). Department heads shall obtain signatures from their staff acknowledging the review of the bulletin. Bulletins shall be maintained in the JCC SOP Manual behind the SOP to which it is relevant.