

**SAN JOAQUIN COUNTY PROBATION DEPARTMENT
JUVENILE DETENTION POLICY AND PROCEDURE MANUAL**

TO: ALL STAFF

BULLETIN #: D-602

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SUBJECT: JUVENILE DETENTION FORCE OPTIONS

POLICY

A. General Provisions

1. Force Options are only one component of the continuum of care of youth in custody. The continuum also encompasses teaching, modeling positive behavior, providing positive direction, addressing health, mental health and educational issues, and creating a culture in which positive behavior is fostered by all.
2. When anti-social behavior occurs, such behavior is discouraged through a balanced application of counseling, accountability, and appropriate consequences.
3. Officers are expected to make a reasonable effort to avoid the use of physical interventions when working with youth in the Juvenile Detention facilities. Efforts shall be made to achieve control through advice, warnings, and persuasion.
4. Officers are expected to use verbal intervention and de-escalation techniques to maintain appropriate control of the youth in the facility. When verbal intervention and de-escalation techniques fail or are inadequate to address an emergency situation, staff are authorized to use the more restrictive force options to minimize the risk of injury to staff, youth, and others in the facility or prevent significant property damage.
5. Physical interventions shall never be used as punishment, discipline, retaliation, or treatment.
6. Use of Force is restricted to that which is deemed to be objectively reasonable and necessary.
7. "Reasonable and necessary force" refers to the amount and type of force that an objective, similarly trained, experienced and competent youth supervision staff, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility.

B. Force Averted

1. Force averted is defined as when an officer uses verbal intervention and de-escalation techniques to diffuse a situation that otherwise would have resulted in the use of force.

2. These incidents shall be documented in an Incident Report in JJIS and explain the youth's actions and the officer's intervention.

C. Reasonableness in Use of Force Options

1. The use of force must be objectively reasonable under the circumstances. Case law determines "objective reasonableness" by the totality of circumstances facing an officer. Officers shall take into account such factors as:
 - a. Whether the youth posed an immediate threat to the safety of the officer or others
 - b. Whether the youth was actively resisting or attempting to evade control
 - c. Whether the youth was passively resistant after unsuccessful attempts to gain compliance
 - d. The proximity of weapons to the youth
 - e. The influence of mental illness or drugs
 - f. The size and strength of the youth
 - g. Special physical abilities or conditions of the youth and/or officer
 - h. The training and experience of the officer
 - i. The number of involved youth
 - j. The number and availability of staff to assist
 - k. The location of the incident
2. Building flexibility into an officer's decision-making on the appropriate use of force is essential. The standard for evaluating an officer's use of force is the objectively reasonableness of the use of force under the facts and circumstances known to the officer at the time. Thus, each incident must be evaluated carefully and thoroughly, in a manner that reflects the gravity of that authority and the serious consequences of the use of force by peace officers, in order to ensure that officer's use of force is consistent with law and agency policies.

The decision by a peace officer to use force shall be evaluated from the perspective of a reasonable officer in the same situation, based on the totality of the circumstances, and shall account for occasions when officers may be forced to make quick judgements about using force. In evaluating uses of force, the conduct of the officer and the conduct of the subject, leading up to the use of force, shall be considered among the totality of the circumstances.

3. In using any of the force options, once the officer has gained compliance, he/she shall re-evaluate the force necessary to complete their task. Just as an officer may immediately increase the force option when necessary, the officer must be just as cognizant of decreasing the force option as soon when appropriate.

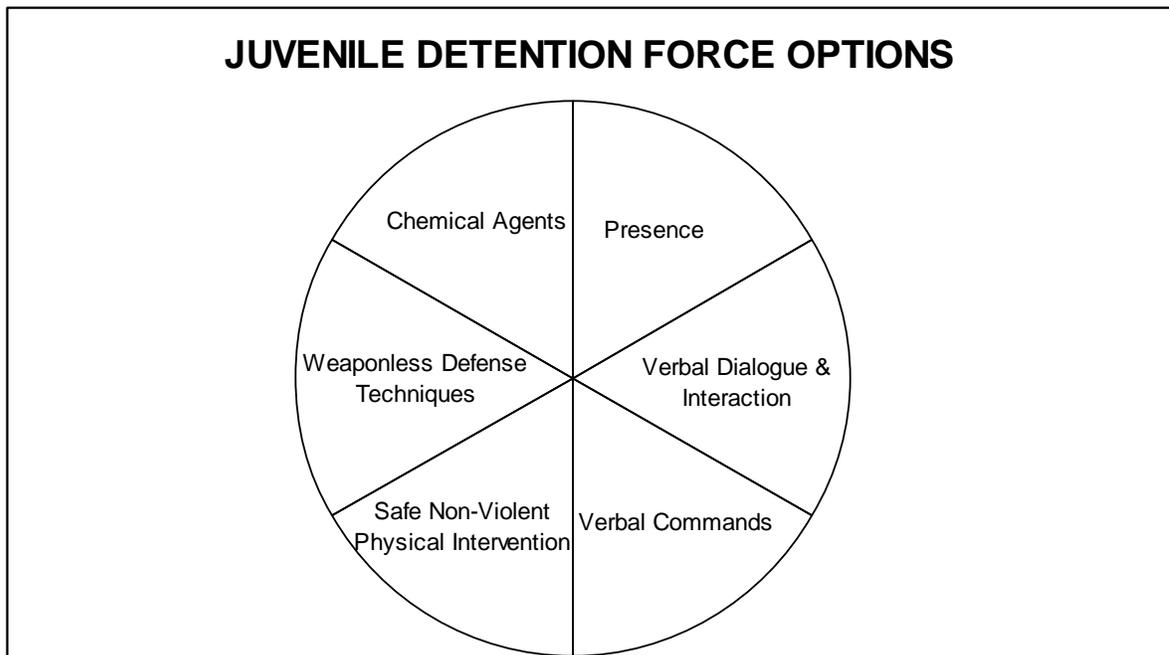
D. Duty to Intervene

1. If an officer observes another staff member using force in a manner or degree contrary to the Department’s Juvenile Detention Force Options Policy, the observing officer has a duty to immediately intervene by:
 - a. Stopping the inappropriate use of force;
 - b. Reporting the inappropriate use of force immediately to his/her supervisor and to the Duty Officer;
 - c. Preparing a memo detailing the incident.

PROCEDURES

A. Force Options

1. Force options available to staff include an array of Non-Physical and Physical Intervention techniques. The following graphic represents the authorized force options available to detention officers. It does not imply an escalation sequence. The force option selected by the officer shall be determined based on the circumstances of the situation.



B. Non-Physical Intervention Options

1. Presence
 - a. The mere presence of a Detention Officer is a form of control. Detention Officers are reminded that when they are identified as Detention Officers, they have an effect on controlling youth’s actions.

- b. An officer's non-verbal behavior will reinforce group control. An officer displaying a professional demeanor will have a positive influence on the youth.
- c. An officer shall use “command presence.” Command presence is presenting oneself as an authority figure. An officer should walk with his/her head up, eyes alert, expression intent, and portray an image that indicates he/she is in charge of the situation.

2. Verbal Dialogue/Interaction

- a. Verbal dialogue and interaction can be used to make youth conform to the reasonable directives given by an officer.
- b. Officers should always speak with youth, the public, and other staff in a professional manner. Making derogatory or demeaning comments or using profanity is **never** appropriate.
- c. One of the best tools for avoiding physical confrontation is an officer’s skill level at detecting escalating tensions, and using verbal skills to de-escalate those tensions. As situations begin to escalate, officers should attempt to use advice, warning, or persuasion to get the youth to calm down and follow directives.

3. Verbal Commands

- a. Verbal commands are a Non-Physical Intervention used to encourage individuals to conform to lawful orders given by an officer. These are directives given to youth in an effort to gain compliance.
- b. An officer should use verbal commands that are clear, concise and delivered with respect and authority.
- c. An officer should speak in a firm, calm, controlled voice when exercising group control.

C. Physical Intervention Options

1. General Guidelines

- a. Guiding, directing, or escorting a youth is not considered physical intervention.
- b. Officers are expressly prohibited from using force options that are not departmentally approved and taught in department provided training (i.e. hog-tying, choking, etc.)
- c. Officers are authorized to use only departmentally approved techniques of physical intervention. Departmentally approved techniques are those taught in:
 - i. Jireh Safe Management Principles and Techniques training
 - ii. Departmental Weaponless Defense training
 - iii. Cell Extraction Training

- d. The use of Physical Intervention options is limited to emergency situations, such as:
 - i. Protection of staff
 - ii. Protection of youth or others
 - iii. Overcoming resistance
 - iv. Prevention of an escape
 - v. Prevention of property damage
- e. Physical Intervention Options shall be allowable only to the degree that is objectively reasonable and necessary to gain, regain, or maintain compliance of the youth.
- f. Whenever it is anticipated that Physical Intervention options may be necessary to gain compliance, more than one officer should be present. An exception would be when an officer is alone and must defend himself/herself against an attack by a youth. Officers should exercise judgment in determining whether an emergency response radio call is required for assistance from additional staff.
- g. Prior to using any Physical Intervention option, the officer shall pay special consideration to known medical conditions that would contraindicate certain types of force. Examples of these medical conditions would be:
 - i. Respiratory (breathing) difficulties
 - ii. Broken bones and/or injuries requiring a cast, brace, splint, or wrap
 - iii. Active profuse bleeding
 - iv. Seizure activity
 - v. History of recent surgery
 - vi. Pregnant youth
 - vii. Recent head trauma
- h. If an officer uses Physical Intervention options, the youth shall be referred to the Medical Clinic for professional medical observation and/or treatment as soon as practical. If Medical Clinic staff are unavailable, any youth claiming injury shall be transported to the San Joaquin County General Hospital.
- i. If an officer uses Physical Intervention options, Behavioral Health Services and the Youth Advocate shall be notified. Behavioral Health Services should speak to the youth to ensure any psychological issues stemming from the incident are addressed. If Behavioral Health Services staff are unavailable, the Duty Officer shall contact the San Joaquin County Behavioral Crisis Unit at (209) 468-8686.
- j. If any Physical Intervention option is used with a youth, the officer shall closely monitor the youth for signs of physical or emotional distress requiring immediate medical or behavioral health intervention.

2. JIREH Techniques (Safe Non-Violent Physical Intervention)

Safe non-violent physical intervention techniques are options that are appropriate to de-escalate or contain a youth that has become a danger to himself/herself and/or others or becomes a security risk.

3. Weaponless Defense Techniques

Weaponless Defense Techniques are Physical Intervention options which may be used in order to gain control of a violent and/or aggressive youth.

4. Chemical Agents (O.C. Pepper Spray)

a. Use of Chemical Agents

- i. All juvenile detention officers are authorized to carry and use chemical agents while on duty.
- ii. Staff are only authorized to carry department-issued chemical agents (Oleoresin Capsicum 1.47 ounces).
- iii. Chemical agents may only be used 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 or are not reasonably possible.
- iv. Before Chemical Agents are initiated, consideration must be given to the gravity of the situation, the present danger of injury to persons and/or property, and possible consequences of use. Other available Physical Intervention options may be more appropriate in certain circumstances to achieve compliance from the youth.
- v. The following precautions shall be strictly adhered to regarding the application of Chemical Agents:
 - a) Chemical agents should not be deployed closer than 3 feet or farther than 10 feet from the intended target.
 - b) Chemical agents should not be used in the immediate vicinity of infants.
 - c) Care should be given before use in windy conditions (e.g. outdoors or around fans).
 - d) At the beginning of each shift, the Juvenile Detention Unit Supervisor should ensure the chemical agent canister has an adequate supply, and the spray nozzle is clear.
- vi. Before chemical agents are used, officers must give clear instructions to the youth regarding the expected behavior and a reasonable effort must be made to verbally persuade voluntary compliance. Officers shall give the command, "STOP OR I'LL SPRAY!"
- vii. If the aggressive youth complies, the officer shall not deploy the chemical agent.

- viii. If the aggressive youth does not comply, the chemical agent may be administered in short bursts, to allow for staff to reassess the necessary level of force, and only to the extent necessary to gain compliance.
 - ix. Continuous spraying is not authorized.
- b. Decontamination and Aftercare Procedures
- i. The officer shall tell the youth to calm down, relax, and try to breathe normally.
 - ii. The officer shall move the youth to a decontamination area as soon as it is practical to do so.
 - iii. The youth shall not be left unattended until that youth is fully decontaminated and the youth reports he/she is no longer suffering the effects of the chemical agent.
 - iv. As soon as reasonably possible, the officer shall ensure the youth's face and contaminated areas are flushed with cold water.
 - v. The officer shall assess if the youth should remove all contaminated clothing and shower. The shower shall be without soap and without any oil-based products.
 - vi. The officer shall issue clean clothing, if warranted.
 - vii. The officer shall issue clean bedding, if contaminated.
 - viii. The officer shall make arrangements for all contaminated surfaces such as floors, counter tops, walls, mattresses, etc., to be thoroughly cleaned with soap and water.
 - ix. The officer shall vent the housing unit to the outside via the recreation yard door when safe to do so.

5. Mechanical Restraints

a. General Guidelines

- i. Mechanical restraints shall not be used as punishment, discipline, or as a substitute for treatment.
- ii. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.
- iii. Authorized mechanical restraints include handcuffs, waist chains, and leg restraints.

- iv. All juvenile detention officers or probation officers assigned to Juvenile Detention are authorized to apply mechanical restraints.
 - v. Mechanical restraints should only be utilized when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.
 - vi. Handcuffs may be used to maintain control during an escort after a youth has been resistive, violent, or threatening. The restraints are to be removed once the youth has been safely secured.
 - vii. The use of restraints should not be used if known medical conditions would place the youth at risk when used. However, restraints may be used as a last resort if the officer is unable to gain compliance and the youth is a danger to him/herself or others. These medical conditions may include the following:
 - a) Broken bones
 - b) Orthopedic injuries requiring a cast, brace, splint or wrap
 - c) Active profuse bleeding
 - d) Seizure activity
 - e) Respiratory (breathing) difficulties
 - f) History of recent surgery
 - g) Pregnancy (pregnant youth shall only be handcuffed with hands forward and never behind the back)
- b. Use of Restraint Devices for Movement and Transportation Within the Facility
- i. Handcuffs are the only authorized restraint to be used for movement or transportation within the Juvenile Detention Facility.
 - ii. All juvenile detention officers or probation officers assigned to Juvenile Detention are authorized to apply handcuffs.
 - iii. The circumstances leading to the application of restraints must be documented in an Incident Report in JJIS.
 - iv. Before using handcuffs, an individual assessment of the need to apply restraints for movement or transportation must include consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, and trauma informed approaches.
 - v. The individual assessment shall be documented in an Incident Report, which is reviewed and approved by the Duty Officer.
 - vi. Restraint devices are not to be used for the purposes of discipline or retaliation and may only be used for consideration of the safety and security of the facility.
- c. Use of Mechanical Restraints for Transports
- i. In order to use mechanical restraints, including handcuffs, waist chains, and leg restraints during transportation of a youth outside of detention, a

determination must be made that the mechanical restraints are necessary to prevent physical harm to the youth or another person or due to a substantial risk of flight.

- ii. The Probation Department must consult with the transporting agency regarding the determination that mechanical restraints are necessary to prevent physical harm to the youth or another person or due to a substantial risk of flight.
 - iii. If a determination is made that mechanical restraints are necessary, the least restrictive form of restraint shall be used consistent with the legitimate security needs of each youth.
 - iv. The justification for the use of mechanical restraints other than handcuffs shall be written by the transporting officer in an Incident Report for each youth being transported. The Incident Report shall document who was consulted regarding the justification for mechanical restraints, the reasons why mechanical restraints are necessary to prevent physical harm to the youth or another person, or that the youth is a substantial flight risk, as well as the type of mechanical restraints used.
 - v. Each youth shall be assessed for every transport to determine that mechanical restraints are necessary and determine the least restrictive form.
 - vi. This section does not apply to mechanical restraints used by medical care providers in the course of medical care or medical care transportation.
- d. Use of Mechanical Restraints in Juvenile Court Proceedings
- i. Mechanical restraints may only be used during a juvenile court proceeding if the court determines that the individual's behavior in custody or in court establishes a manifest need to use mechanical restraints to prevent physical harm to the youth or another person, or due to a substantial flight risk.
 - ii. The burden to establish the need for mechanical restraints is the prosecuting attorney(s).
 - iii. If the court determines that mechanical restraints are necessary, the least restrictive form of restraint shall be used and the reasons for the use of mechanical restraints shall be documented in the court record.
 - iv. Detention Court Transportation staff must write a separate Incident Report for each youth for each court appearance indicating the Court's justification for the reasons for the use of mechanical restraints.
 - a. If the Court/Transportation Juvenile Detention Unit Supervisor (JDUS) has knowledge or receives information that a youth may pose a danger to himself/herself or others, the Court/Transportation JDUS will send an email to the Probation Department's Court Officer. The Court Officer shall advise the Court of the information, so that a determination can be

made by the Juvenile Court as to whether the youth shall be placed in mechanical restraints.

- b. If a determination has been made by the Juvenile Court that mechanical restraints are necessary, the restraints will be applied on the youth in the Court/Transportation area prior to the youth entering Court.
- c. Restraints will be removed upon completion of the Court Hearing prior to the youth returning to the housing unit.

e. Procedures for Mechanical Restraints

- i. Restraints will be affixed in a manner that will avoid undue discomfort or injury. Officers shall check for proper fit and double-lock the restraints, when possible.
- ii. A youth in mechanical restraints is entitled to water and to use the bathroom, provided these needs can be met safely, without danger to the youth, officers, or other youth.
- iii. The officer will ensure that the restrained youth will be able to exercise his/her alternating extremities a minimum of ten (10) minutes every two hours.
- iv. When a youth is physically restrained, he/she will be housed alone or in a specified housing area for restrained youth in order to protect him/her from abuse.
- v. Youth in restraints will be under continuous direct visual observation by an officer to ensure the restraints do not inhibit circulation or cause injury.
- vi. The San Joaquin County Probation Department does not use restraint devices that attach a youth to a wall, floor, or other fixture, including a restraint chair. The use of the maximum restraint method is **strictly prohibited**. This method, also known as “hog-tying,” involves handcuffing of hands and feet together behind the back, which can seriously, and even fatally, impair an individual's ability to breathe.

f. Initial or Continued Retention in Restraints

As a general practice, the San Joaquin County Probation Department does not continue to restrain a youth in mechanical restraints outside of the circumstances listed above. However, Title 15 does allow for the continued retention of a youth in restraints for those 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 harm. In the unlikely event this situation should occur, the following guidelines must be adhered to:

- i. The officer shall contact the Duty Officer for authorization for continued retention of a youth in restraints. The circumstances leading to the

continued retention of restraints shall be documented in an Incident Report in JJIS and by completing a Use of Force Report.

- ii. The Duty Officer shall contact the Medical Clinic for an opinion on the placement and retention of restraints as soon as possible, but no later than two hours from the time the youth is placed in restraints.
 - iii. The Duty Officer shall contact Behavioral Health Services for an assessment on the need for mental health treatment as soon as possible, but no later than four hours from the time the youth is placed in restraints.
 - iv. Continuous direct visual supervision shall be conducted and documented to ensure the restraints are properly employed and to ensure the well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented every 15 minutes, with the actual time of the observation recorded.
 - v. Reasons for continued retention in restraints shall be reviewed and documented every hour by the Duty Officer.
 - vi. The youth will be medically cleared for continued retention in restraints at least every three hours after the initial medical review.
- g. Use of Restraints on Pregnant Youth
- i. A youth known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.
 - ii. A pregnant youth shall only be handcuffed with hands forward and never behind the back when being transported.
 - iii. A pregnant youth shall not be mechanically restrained on the wrists, ankles, or both during labor and delivery, including during transport to a hospital during delivery, and while in recovery after giving birth.
 - iv. A pregnant youth shall be transported in the least restrictive way possible, consistent with the legitimate security needs of the youth. If there is a legitimate security need, the transporting officer shall write an Incident Report and/or Action Report justifying the need for handcuffs to prevent physical harm to the youth or another person, or due to a substantial risk of flight.
 - v. Upon arrival to the hospital, the youth shall not be in handcuffs once the professional who is currently responsible for the medical care of the client during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.

D. Monitoring Youth for Medical Signs and Symptoms

1. When a youth has been mechanically restrained or a Physical Intervention Option has Been utilized, staff shall watch the youth for the following medical signs and Symptoms:

a. Physical Health Symptoms

- i. Difficult or labored breathing
- ii. Loss of consciousness
- iii. Obvious signs of injury, especially profuse bleeding or obvious deformity of limbs, fingers, or bone
- iv. Extensive bruising or swelling
- v. Witnessed nausea or vomiting

b. Mental Health Symptoms

- i. Extreme altered state of the youth's usual behavior, such as:
 - a. Confusion as to a person, place, or time
 - b. Extreme suspiciousness of people persecuting him/her or thoughts of people poisoning his/her food
 - c. Unusual bizarre behavior
 - d. Extreme intrusiveness (i.e., other people are putting thoughts in his/her head)
- ii. Repeated verbal or physical threats to self and/or others and/or a plan for carrying out these threats.
- iii. Extreme, unpredictable outbursts

2. If any of these signs or symptoms are observed, the officer shall immediately contact the Duty Officer and the Medical Clinic and/or Behavioral Health Services. If Medical Clinic staff and/or Behavioral Health Services staff are not available, the youth shall be transported to [REDACTED]

3. Cardiopulmonary resuscitation (CPR) equipment (rescue breathing masks) and an Automated External Defibrillator (AED) will be available on each unit.

E. Restoration

When Intervention Options become necessary, it is critical to restore the youth back into the ongoing program environment, re-establish relationships and use the crisis process as an opportunity for the youth to make positive changes.

F. Documenting Physical Intervention Options

1. Whenever a Physical Intervention has been used on a youth, the Duty Officer shall immediately be notified.
2. The Duty Officer shall respond to the unit where the incident occurred and conduct a debriefing with the involved staff to gather pertinent information regarding officer involvement, assess staff and/or youth injuries, and ensure appropriate services have been provided and mitigate the effects of trauma that may have been experienced by staff and/or the youth involved.
3. If a youth claims injury, the Duty Officer shall interview the youth and ask how the injury was obtained (i.e., from the use of force, another youth, or self-injury).
4. The primary officer involved in the incident shall write an Incident Report in JJIS.
5. The Incident Report shall include the following:
 - a. The date, time and location of the incident that required the use of the Physical Intervention option.
 - b. A description of the assaultive/resistive behavior that justified the use of the Physical Intervention option.
 - c. A description of the officer's observations the youth and their actions.
 - d. A description of the Physical Intervention technique that was utilized.
 - e. A complete description of decontamination procedures.
 - f. Identification of any injuries sustained.
 - g. The time the Medical Clinic, Behavioral Health Services, and the Youth Advocate were notified for an evaluation and/or treatment.
6. All officers present at the incident shall complete an Incident Report in JJIS as soon as possible after the Physical Intervention occurred. Officers may not leave work until the Incident Report has been completed, unless authorized by the Duty Officer and/or Detention Administration.
7. The Juvenile Detention Unit Supervisor of any officer responding to an incident shall review the Incident Report for thoroughness and completeness before it is saved in JJIS.
8. The JDUS of the unit where the incident occurs shall complete the Use of Force Clinic Staff Report (Attachment A), listing the names of the involved youth and whether the youth claim injury. Once the youth have been medically cleared, the JDUS shall forward the completed Use of Force Clinic Staff Report to the Duty Officer.

9. The Duty Officer shall review all Incident Reports to ensure the resistive/assaultive behavior of the youth is thoroughly described.
10. The Duty Officer shall notify the youth's parent and/or guardian if the youth was involved in a use of force incident and document on the Use of Force Response Report.
11. Duty Officer shall prepare a Use of Force Response Report (Attachment B) prior to the end of his/her shift, unless approved by Detention Administration.
12. The Duty Officer shall forward the Use of Force Response Report electronically to the Office Assistant Specialist assigned to Juvenile Detention. The Duty Officer shall also print a hard-copy of the Use of Force Response Report, attach the Use of Force Clinic Staff Report and forward to the Deputy Chief Probation Officer of Institutional Services.

G. Use of Force Review Committee

1. The Use of Force Review Committee is chaired by the Assistant Deputy Chief Probation Officer of Detention Administration and includes the DCPO of Institutional Services, the Assistant Deputy Chief of Operations, the Detention Training Officer, and the Youth Advocate.
2. The Use of Force Review Committee will meet on a weekly basis to review all incidents where Physical Intervention Options have been utilized.
3. The Use of Force Review Committee shall determine if the physical intervention was used as a result of a situation that was either escalating or spontaneous at its onset.
 - a. An escalating situation is an escalation between staff and a youth when the youth is displaying passive resistive behaviors and/or is failing to follow staff directives.
 - b. A spontaneous situation is where there has been no escalation between staff and the youth, but the staff must immediately respond to the youth's actions.
 - c. It is important to reminder that when determining whether a situation was spontaneous or escalating, it refers to the interactions between staff and the youth and not interactions between the youth and other youth.
 - d. The Use of Force Review Committee evaluates the use of force incident and any follow-up training that needs to be provided to staff.
4. The Assistant Deputy Chief Probation Officer of Detention Administration will be responsible for ensuring all required actions have been completed.

H. Tracking and Reporting

1. Juvenile Detention Administration will compile monthly written reports detailing trends, year-to-year comparisons, and other relevant information on the use of Physical Intervention Options.
2. The Office Assistant Specialist of Juvenile Detention will run a monthly report in JJIS for the number of incidents in which force was averted, which will be included on the Use of Force Summary Report.
3. The Use of Force Summary Report will be reviewed with the Chief Probation Officer and the Assistant Chief Probation Officer on a monthly basis.
4. The DCPO of Institutional Services will maintain copies of the monthly reports.

