



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

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Casey Gerber

Name of Individual Certifying this Document/Proposed Document

Director, Office of Juvenile Offender Review

Title

Casey Gerber

Signature

06/24/2019

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
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Copper Lake/Lincoln Hills Schools
DEPARTMENT OF CORRECTIONS
Division of Juvenile Corrections
SECURITY
POLICIES AND PROCEDURES MANUAL

PROCEDURE NUMBER

6.29

ORIGINAL EFFECTIVE DATE

12/14/98

NEW EFFECTIVE DATE

08/09/12

SUPERCEDES NUMBER

6.29

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MANUAL SECTION

SECURITY

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RELATED ACA STANDARDS

3-JTS-3A-16,17,18

SUPERINTENDENT'S APPROVAL

SUBJECT:**RESTRAINTS – FULL BODY, MECHANICAL, AND STANDING AMBULATORY**

REFERENCES: National Commission on Correctional Health Care, Correctional Mental Health Care M-1-01, 2003; National Commission on Correctional Health Care, Standards for Health Services in Juvenile Correctional Facilities Y-1-01, 2004; DOC Chapter 376, SIMP #18, LHS P&P #6.33 Administrative Code Chapter 376

PURPOSE: To clearly define when restraints are to be utilized, the process to follow regarding their use, and the responsibilities of staff when restraints are necessary.

POLICY: The institution has an obligation to assure youth are prevented from harming themselves or others. At times, it may become necessary to use restraints to meet this obligation. Restraints will be utilized in compliance with state law. Restraints will never be used as punishment or as a convenient method of controlling behavior.

DEFINITIONS

1. Mechanical Restraints
Handcuffs, handcuffs with a restraining or transport belt or chain, and leg restraints.
2. Plastic/Leather/Nylon Restraints
 - a. Ambulatory: 2-point waist restraints with belt, 2-point ankle restraint.
 - b. Full Body Restraints means a mechanical restraint used to simultaneously immobilize legs, arms and torso to a fixed object designed for that purpose.
 - c. Ambulatory restraints: any commercially available restraint designed to cover or immobilize hands, arms, or other parts of the body with the purpose being to prevent self-abuse.
 - d. Flexible restraints: commercially, manufactured disposable restraint for emergency crowd control or medical x-ray use.

RESTRICTIONS

1. Restraints will never be used:
 - a. As a method of punishment,
 - b. About the head or neck of a youth in a non-commercially manufactured and prescribed fashion,
 - c. In a way that causes undue physical discomfort or inflicts pain,
 - d. In a manner which restricts blood or respiratory functions.

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I. FULL BODY RESTRAINTS

CRITERIA FOR PLACEMENT

Full body restraints will only be considered under the following circumstances:

- a. To protect a youth who poses an immediate threat of physical injury to self unless placed in full body restraints.
- b. To protect a youth in a health emergency that requires full body restraints.
- c. To protect staff, youth or other persons from a youth who poses an immediate risk of physical injury to others unless placed in full body restraints.
- d. To immobilize a youth in full body restraints, because the youth's conduct significantly disrupts the security or function of the institution and less restrictive ways to control the behavior have failed.

PROCEDURE

1. Staff Roles, to include, but not limited to:

Supervising Youth Counselor

- Initial assessment of situation.
- Direct contact with youth and staff working directly with youth.
- Consult with on-call psychologist.
- Determine if youth has any known contra-indicated medical conditions.
- Contact and inform appropriate management staff and nurse.
- Supervise and direct restraint process.
- Supervise video recording.

Youth Counselor Staff

- Assist with application of restraints.
- Provide direct visual observation of youth in restraints.
- Provide Supervising Youth Counselors information on condition of youth.

Superintendent/Designee

- Review current situation and previous interventions.
- Provide direction as necessary.
- Will consult with on call psychologist.
- Identify other staff to be utilized or consulted.
- Approve full body restraints.

Psychologist

- Provide professional opinion on current situation and previous interventions.
- Offer suggestions, alternatives if appropriate.
- Identify underlying issues if known.
- Identify other staff to be utilized or consulted if appropriate.
- Identify situations that require more advanced mental health placement.

Nurse Clinician 2

- Identify known health conditions that exist and may effect application of full body restraints.
- Provide assessment of health status as identified below.
- Notify physician, other appropriate health professionals, duty officer, and supervising youth counselor if medical condition warrants.

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2. Interventions Prior to Placement

Every effort by available staff must be considered and made to deescalate the situation prior to application of full body restraints. All interventions must be documented by the Supervising Youth Counselor on the *Central Office Notification of Unusual Incidents* (DOC-1837) and by the staff member authoring any approved *Conduct Report* (DOC -1843).

3. Authorization

- a. Authorization for the placement of full body restraints must be obtained from the Superintendent/designee.
- b. Authorization from the Superintendent/designee must be obtained prior to the placement of full body restraints unless the Supervising Youth Counselor determines that an emergency situation exists and there is not sufficient time to obtain prior authorization. In this event, authorization must be obtained as soon as possible after the event.
- c. Prior to the authorization, the Supervising Youth Counselor and/or Superintendent/designee will consult with the on-call psychologist.
- d. Chain of Command for Restraint Authorization:
Weekdays, (excluding holidays)
 - Security Director
 - Deputy Superintendent
 - SuperintendentWeekend/Holiday hours
 - Duty Officer
 - Security Director
 - Deputy Superintendent
 - Superintendent

4. Placement

- a. A Supervising Youth Counselor must be present for the application of full body restraint.
- b. At least three staff members must be present to witness, and document on *Incident Report-DJC* (DOC-1846) placement of restraint.
- c. The incident will be video recorded as outlined in CLS/LHS Policy and Procedure 6.33.
- d. The youth must be advised by Supervising Youth Counselor what is about to occur, the reasons for restraint, and what he/she must do to end the restraint.

5. Notification

- a. After application of full body restraints, the Supervising Youth Counselor will notify HSU.

6. Medical Care

- a. The nurse will do an initial physical assessment of the youth placed in full body restraint as soon as possible, but must be within one hour of placement.
- b. The nurse will perform physical assessments of the youth at a minimum of every 4 hours the youth

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remains in restraints or at more frequent intervals if the youth has respiratory distress, vomits, complains of pain or if security staff request.

- c. The nurse will follow policies Bureau of Health Services 300:45 and CLS/LHS/HSU 3:44 regarding assessment and documentation requirements for youth in full body restraints and include copies of documentation to the Superintendent for review purposes.

7. Observation

- a. A Youth Counselor will be assigned for constant and uninterrupted direct observation for the first hour and document those observations, at a minimum of every 5 minutes or more frequently, using the *Observation of Youth in Full Body Restraints* (DOC-1812).
- b. Observation will be **direct visual contact**, not via camera or other method.
- c. The Supervising Youth Counselor must evaluate the youth's general physical, mental, and emotional condition, at a minimum, every 45 minutes.
- d. If at any time the youth demonstrates medical distress, such as difficulty breathing, vomiting, choking or other signs with the potential to cause a life threatening situation, the youth is to be released from restraints and arrangements made for exam by the nurse, or more advanced care arranged.
- e. Monitor vital signs at least every two hours or more often as directed. In the event the youth's behavior renders this impossible or unsafe for either the youth or the staff, this will be documented in the medical and the observation log.

8. Duration

- a. No youth shall be maintained in a restraint longer than is necessary to regain self-control and avoid personal injury or injury to others.
- b. If a youth has been placed in full body restraints, and remains in restraints or partial restraints (at least one extremity released) for 1 hour, the authorizing staff and on call psychologist shall report and review the situation. If these staff members are not on site, they shall report to the institution. If the youth will remain restrained for more than 1 hour, the authorizing staff and the on call psychologist will remain at the institution until the youth is released from the restraints. If the restraints are reapplied, these personnel will again report to the area and assess the situation.
- c. The measurement of the duration of the restraint will begin at the time of initial placement and continues through the complete and final removal.
- d. If the extreme situation occurs in which a youth remains in full body restraints for 12 hours or longer, all details of WI Administrative Code 376.09(9) and (10) will be followed.

9. Release

- a. Youth will be considered for release from full body restraints as soon as they demonstrate the ability to control their behavior and pose no danger to self and others.
- b. The Supervising Youth Counselor must authorize and be present for the release of any part of full body restraints.
- c. Youth restrained beyond one (1) hour will have each limb released from restraint and exercised for at least 10 minutes every two hours to prevent blood clots if safe to do so. If not safe, consultation with the chain of command will be done.

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- d. The youth shall be released immediately if it becomes apparent that full body restraints present an emergency medical risk to the youth.
 - e. Offer the use of toilet facilities or a bedpan/urinal at least hourly and whenever a youth requests a need.
10. Documentation/Reporting
- a. The *Conduct Report–DJC* (DOC-1843) shall be completed by staff members involved in the observation of the behavior of the youth leading up to the need for placement of restraints.
 - b. The *Incident Report–DJC* (DOC-1846) shall be completed by a staff other than the Supervising Youth Counselor involved in the observation and/or process of the placement of restraints.
 - c. The *Central Office Notification of Unusual Incidents* (DOC-1837) shall be completed by the Supervising Youth Counselor(s) involved in the placement of the restraints.
 - d. The *Observation of Youth in Full Body Restraints* (DOC-1812) shall be completed by the Supervising Youth Counselor and staff assigned to observe the youth in restraints.
 - e. The *Restraint Notification Record* (DOC-1694) shall be completed by the Supervising Youth Counselor.
 - f. The *Health Assessment of Offender in Mechanical Restraints* (DOC-3338) shall be completed by the nurse assessing the youth in restraints.
 - g. All completed forms will be turned in to the Security Director at the conclusion of the incident.
11. Cleaning/Maintenance of Restraints
- a. All restraints must be cleaned and maintained according to manufacturer's directions.
 - b. The Security Department assigned Supervising Youth Counselor is responsible for development and oversight of full body restraint cleaning and upkeep procedures for safety and infection control.
12. Quality Assurance
- a. The Superintendent will appoint a Full Body Restraint Committee to review individual restraint incidents and to provide an ongoing review of the process for full body restraints.
 - b. Individual full body restraint episodes will be reviewed by the LHS Full Body Restraint Committee within one week of the episode.
 - c. Annual review of the Full Body Restraint Policy and the process will be done by the committee and recommendations made to the Superintendent.

II. MECHANICAL RESTRAINTS

CRITERIA FOR USE

1. Mechanical restraints may be used to:
- a. Transport a youth outside of the institution's perimeter,
 - b. Move a youth from a non-secure program or room to a secure program or room,
 - c. Control a youth in a security program while outside of his secure room,
 - d. Prevent staff or youth injury following a serious behavioral incident or escape attempt, and/or
 - e. Provide structured out-of room time for a youth that is deemed immediately assaultive to self, other youth or staff.

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PROCEDURE

Only supervisory, Patrol, Trip Unit, Emergency Response Unit staff (when activated) and selected security personnel, including youth counselors in security programs, will be allowed to carry and possess mechanical restraints during the normal course of their duties. All other staff must receive permission or direction from the Supervising Youth Counselor's Office prior to carrying any restraining device.

1. The living unit staff shall always follow the mechanical restraint directives unless modified by supervisory personnel. On a daily basis, the Duty Officer or Supervising Youth Counselor shall review the status of mechanical restraints for all youth in security living units or on a security program.
2. Staff will consult HSU or review JJIS Medical Alerts if there are questions concerning the placement of restraints and a youth's medical condition or injury.
3. All youth transported outside of the security living unit, within the institution, will be transported in the level of restraint set by the reviewing supervisor.
4. All security living unit youth in a "security status" will be transported outside of the living unit in a restraint belt, handcuffed in front and in mechanical leg restraints unless given other instructions by a supervisor.
5. All security living unit youth transported outside of the institution perimeter shall be transported in handcuffs with waist belt and mechanical leg restraints.
6. All youth who are being transported by LHS staff outside the institution perimeter will be reviewed by the Supervising Youth Counselor's Office or through the Juvenile Offgrounds Clearance (DOC-2060) form, which will set the necessary level of restraint.
7. All court trips for extension, waiver, or prosecution will be considered a security trip, and the youth(s) shall be transported in handcuffs and waist belt combined with leg restraints. Transporting staff may not remove these leg restraints unless directed to do so by the court's presiding judge or for a health emergency. During the course of the transportation, one hand may be unlocked for eating and toileting purposes.
- ☐ All youth being transported by LHS staff outside the institution perimeter without mechanical restraints must be
8. All youth being transported by LHS staff outside the institution perimeter without mechanical restraints must be reviewed through the *Juvenile Offgrounds Clearance* (DOC-2060) review process. Youth who are being placed outside of the institution by OJOR, or are on a pre-placement visit, shall be transported without restraints unless the restraint is approved by the Supervising Youth Counselor.
9. All mechanical restraints, if equipped with a double-lock mechanism, must be **double locked at all times** unless tactically unfeasible. Tactically unfeasible means that the act of double locking would risk injury or harm to staff or the youth.

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III. STANDING AMBULATORY RESTRAINT

Standing Ambulatory restraints are designed to be used when the youth is in the standing position and for preventing self harm or significant damage to state property. In order to minimize the risk posed by tripping or falling ambulatory restraints are prohibited from use around the ankles of a youth in this application of the restraint policy.

CRITERIA FOR PLACEMENT

Standing Ambulatory restraints will only be considered under the following circumstances:

- a. To protect a youth who poses an immediate threat of physical injury to self unless placed in standing ambulatory restraints.
- b. To protect a youth in a health emergency that requires standing ambulatory restraints.
- c. To protect staff, youth or other persons from a youth who poses an immediate risk of physical injury to others unless placed in standing ambulatory restraints.
- d. To immobilize the arms and hands of a youth in standing ambulatory restraints, because the youth's conduct significantly disrupts the security or function of the institution and less restrictive ways to control the behavior have failed.

PROCEDURE

1. Staff Roles, to include, but not limited to:

Supervising Youth Counselor

- Initial assessment of situation.
- Direct contact with youth and staff working directly with youth.
- Consult with on-call psychologist.
- Determine if youth has any known contra-indicated medical conditions.
- Contact and inform appropriate management staff and nurse.
- Supervise and direct restraint process.
- Supervise video recording.

Youth Counselor Staff

- Assist with application of restraints.
- Provide direct visual observation of youth in restraints.
- Provide Supervising Youth Counselors information on condition of youth.

Superintendent/Designee

- Review current situation and previous interventions.
- Provide direction as necessary.
- Will consult with on call psychologist.
- Identify other staff to be utilized or consulted.
- Approve full body restraints.

Psychologist

- Provide professional opinion on current situation and previous interventions.
- Offer suggestions, alternatives if appropriate.
- Identify underlying issues if known.
- Identify other staff to be utilized or consulted if appropriate.

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- Identify situations that require more advanced mental health placement.

Nurse Clinician 2

- Identify known health conditions that exist and may effect application of standing ambulatory restraints.
- Provide assessment of health status as identified below.
- Notify physician, other appropriate health professionals, duty officer, and Supervising Youth Counselor if medical condition warrants.

2. Interventions Prior to Placement

Every effort by available staff must be considered and made to deescalate the situation prior to application of standing ambulatory restraints. If at all possible youth compliance with the application of restraints should be gained. All interventions must be documented by the Supervising Youth Counselor on the *Unusual Incident Report* (DOC-1837) and by the staff member authoring any approved *Conduct Report-DJC* (DOC-1843).

3. Authorization

- Authorization for the placement of standing ambulatory restraints must be obtained from the Superintendent/designee.
- Authorization from the Superintendent/designee must be obtained prior to the placement of standing ambulatory restraints unless the Supervising Youth Counselor determines that an emergency situation exists and there is not sufficient time to obtain prior authorization. In this event, authorization must be obtained as soon as possible after the event.
- Prior to the authorization, the Supervising Youth Counselor and/or Superintendent/designee will consult with the on-call psychologist.
- Chain of Command for Restraint Authorization:
Weekdays, (excluding holidays)
 - Security Director
 - Deputy Superintendent
 - SuperintendentWeekend/Holiday hours
 - Duty Officer
 - Security Director
 - Deputy Superintendent
 - Superintendent

4. Placement

- A Supervising Youth Counselor must be present for the application of standing ambulatory restraints.
- At least three staff members must be present to witness and document *Incident Report* (DOC-1846) placement of restraint.
- The incident will be video recorded as outlined in LHS Policy and Procedure 6.33.

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- d. The youth must be advised by Supervising Youth Counselor what is about to occur, the reasons for restraint, and what he must do to end the restraint.
5. Notification
 - b. After application of standing ambulatory restraints, the Supervising Youth Counselor will notify HSU.
6. Medical Care
 - a. The nurse will do an initial physical assessment of the youth placed in full body restraint as soon as possible, but must be within one hour of placement.
 - b. The nurse will perform physical assessments of the youth at a minimum of every 4 hours the youth remains in restraints or at more frequent intervals if the youth has respiratory distress, vomits, complains of pain or if security staff request.
7. Observation
 - a. A Youth Counselor will be assigned for constant and uninterrupted direct observation for the first hour and document those observations, at a minimum of every 5 minutes or more frequently, using the *Observation Check Log* (DOC-1619). The youth counselor will annotate on the log as the first entry that the youth was placed in standing ambulatory restraints. Observation may be either direct visual contact or video surveillance. Direct visual observation will be no less than a 15 minute interval.
 - b. The Supervising Youth Counselor must evaluate the youth's general physical, mental, and emotional condition, at a minimum, every 60 minutes.
 - c. If at any time the youth demonstrates medical distress, such as difficulty breathing, vomiting, choking or other signs with the potential to cause a life threatening situation, the youth is to be released from restraints and arrangements made for exam by the nurse, or more advanced care arranged.
8. Duration
 - a. No youth shall be maintained in a restraint longer than is necessary to regain self-control and avoid personal injury or injury to others.
 - b. If a youth has been placed in standing ambulatory restraints, and remains in restraints for 1 hour, the authorizing staff and on call psychologist shall report and review the situation. If these staff members are not on site, they shall report to the institution. If the youth will remain restrained for more than 1 hour, the authorizing staff and the on call psychologist will remain at the institution until the youth is released from the restraints. If the restraints are reapplied, these personnel will again report to the area and assess the situation.
 - c. The measurement of the duration of the restraint will begin at the time of initial placement and continues through the complete and final removal.
9. Release
 - a. Youth will be considered for release from standing ambulatory restraints as soon as they demonstrate the ability to control their behavior and pose no danger to self, others or property.
 - b. The Supervising Youth Counselor must authorize and be present for the release of any part of standing ambulatory restraints.

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- c. Youth restrained beyond one (1) hour will have each limb released from restraint and exercised for at least 10 minutes every two hours to prevent blood clots if safe to do so. If not safe, consultation with the chain of command will be done.
- d. The youth shall be released immediately if it becomes apparent that standing ambulatory restraints present an emergency medical risk to the youth.
- e. Youth will be offered the use of toilet facilities as requested but no longer than one hour intervals.

10. Documentation/Reporting

- a. The *Conduct Report–DJC* (DOC-1843) shall be completed by staff members involved in the observation of the behavior of the youth leading up to the need for placement of restraints.
- b. The *Incident Report–DJC* (DOC-1846) shall be completed by a staff other than the Supervising Youth Counselor involved in the observation and/or process of the placement of restraints.
- c. The *Central Office Notification of Unusual Incidents* (DOC-1837) shall be completed by the Supervising Youth Counselor(s) involved in the placement of the restraints.
- d. The *Observation Check Log* (DOC 1619) shall be completed by the Supervising Youth Counselor and staff assigned to observe the youth in restraints.
- e. The *Restraint Notification Record* (DOC-1694) shall be completed by the Supervising Youth Counselor.
- f. The *Health Assessment of Offender in Mechanical Restraints* (DOC-3338) shall be completed by the nurse assessing the youth in restraints.
- g. All completed forms will be turned in to the Security Director at the conclusion of the incident.