

TUBES AND MARTIN CHAINS

- AUTHORITY:** Administrative Directive Orange County Superior Court Order dated 07/27/90
American Psychiatric Association Task Force, Seclusion and Restraint Report 22 (Page 14)
California Code of Regulations, Title 15, Section 1358
- RESCINDS:** Procedure Manual Item 3-2-110, dated 01/29/21
- FORMS:** Special Incident Report (SIR) (F057-7018)
Restraint Report (F057-6305)
Youth Martin chain Status Form (Attachment A)
Martin Chain Improvement Plan (Sample) (Attachment B)
- PURPOSE:** To establish guidelines for the use of the Tubes and Martin chains for youth at Juvenile Hall (JH).

I. GENERAL INFORMATION

- A. **The DD or designee, in cooperation with the responsible physician and mental health director, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.**
- B. **Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.**
- C. **The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.**
- D. **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 Section 1358.5, Use of Restraint Devices for Movement Within the Facility. Please refer to PMI 3-6-002 Handcuffs/Transportation Belts/Shackles for further information.**
- E. **Youth shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour.**

- F. **A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The youth shall be medically cleared for continued retention at least every three hours thereafter.**
- G. **A mental health consultation shall be secured as soon as possible, but no later than four hours from the time of placement, to assess the need for mental health treatment.**
- H. **Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded. In addition to the requirement above, policies and procedures shall address:**
 - 1. **Documentation of the circumstances leading to an application of restraints.**
 - 2. **Known medical conditions that would contraindicate certain restraint devices and/or techniques.**
 - 3. **Acceptable restraint devices.**
 - 4. **Signs and symptoms which should result in immediate medical/mental health referral.**
 - 5. **Availability of cardiopulmonary resuscitation equipment.**
 - 6. **Protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.**
 - 7. **Provision for hydration and sanitation needs.**
 - 8. **Exercising of extremities.**
- I. **Definitions**
 - 1. **Tubes are cylindrical nylon devices used by having a youth [REDACTED] [REDACTED] are considered a physical restraint. Tubes are stored in [REDACTED].**
 - 2. **Martin chains (also known as a "waist chain" or a "belly chain") is a physical [REDACTED] [REDACTED] Martin chains are considered a physical restraint. Martin chains are [REDACTED].**

II. PROCEDURES

A. Restrictions

1. Restraints shall not be used as punishment or discipline, or as a substitute for treatment.
2. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited.
3. Tubes and Martin chains are not used at [REDACTED]
[REDACTED]

B. Medical Considerations

1. Staff must take in to account any known medical conditions that would **preclude** certain restraint devices and/or techniques, which restraint devices are appropriate based on known medical conditions, and the signs/symptoms that would indicate a need for immediate medical/mental health referral. Staff shall also be aware of the location of and be trained in the use of Automatic External Defibrillator devices (AED's), as well as be currently certified in first aid and cardiopulmonary resuscitation (CPR) prior to using any physical, mechanical or chemical restraints on youth.
2. Youth with medical considerations are generally identifiable by unique wristbands.
3. Pregnant youth present special circumstances that require a higher level of consideration prior to the use of any physical, mechanical or chemical restraint.
 - a. A youth known to be pregnant or in recovery after delivery [REDACTED]
[REDACTED] The least restrictive means of restraint shall be utilized.
 - b. A youth in labor, during delivery, or in recovery after delivery shall [REDACTED] unless deemed necessary for the safety and security of the youth, the staff, or the public.
 - c. Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines the removal of restraints is medically necessary.
 - d. Upon confirmation of a youth's pregnancy, she shall be advised, orally or in writing, of the facility's policies governing pregnant youth.
 - e. DJCOs shall seek supervisory approval prior to using physical, mechanical or chemical restraints on a pregnant youth, except in

exigent circumstances where undue delay would jeopardize the safety and security of staff, youth or others.

C. Use of Tubes

1. Tubes are a protective measure and shall be limited to youth who present an immediate danger to themselves.
2. Tubes shall only be utilized as long as is necessary for the youth's protection.
3. Approval of a SJCO/Duty Officer/A.I.C. is required before the Tubes are utilized.
4. Prior to the use of Tubes, approval of a psychiatrist is required. The only exception is a clear emergency where neither time nor availability permits Juvenile Hall staff to obtain the prior approval of a psychiatrist. On those occasions, only Juvenile Hall staff that have been certified by a psychiatrist as trained and qualified to make the decision will have the authority to approve the use of Tubes in the absence of prior approval from the psychiatrist. The "on-call" psychiatrist must be called as quickly as possible, but no longer than 45 minutes after the Tubes are authorized. The psychiatrist will make the decision whether or not to report to Juvenile Hall. No certified staff member will authorize a restraint if he or she was involved in physically subduing the youth in the instant matter or was subjected to a physical attack or attempted physical attack by the youth.
5. No staff member is to participate in the application of the Tubes without being fully trained in the procedure.
6. A youth placed in Tubes will not be deprived of the rights afforded to all youth in the facility, except those made impractical by nature of the restraint (i.e., a youth in restraints cannot send mail, complete phone calls, etc.). At the request of the youth or his/her attorney, visitation with the attorney will be permitted while the youth is in the Tubes.
7. Within 24 hours, or by the close of the next business day, after the youth is released from the Tubes, a complete copy of all Special Incident Reports (SIRs) and Restraint Reports regarding the incident will be forwarded (via the appropriate Supervising Juvenile Correctional Officer) to the psychiatrist designated by the Director as the supervising psychiatrist; also, the nurse from the Medial Unit who monitored the incident will provide copies of the medical records to the psychiatrist.
8. Within five (5) working days of receiving these reports, the supervising psychiatrist will submit to the Director a signed approval of all actions taken in connection with the incident, or a signed disapproval with the reasons stated, or a signed approval with comments critiquing the steps taken during the incident.
9. Within ten (10) working days, after the supervising psychiatrist submits their written statement to the Director, the Director and the supervising psychiatrist will consult with staff to critique the incident.

D. Tubes – Responsibilities

1. Deputy Juvenile Correctional Officer (DJCO)

a. When a youth becomes out of control to such an extent as to make the use of Tubes a possibility, staff shall notify the Supervising Juvenile Correctional Officer (SJCO)/Duty Officer and consult with available medical/mental health staff to assist in resolving the crisis.

b. To apply the Tubes, [REDACTED]
[REDACTED] Positioned properly.
[REDACTED]

Note: The Tubes are designed to prevent self-inflicted injuries such as scratching and/ or carving. They do not [REDACTED]

[REDACTED] who have the Tubes applied must be supervised 1-1 for the duration of the event with door open. They are to sit on their mattress on the floor. In the event the Tubes fails to deter the youth's self-destructive behavior, other alternative means will be considered/employed as per existing policy. Youth should not be transported with the Tubes in place unless necessary. Staff must use great care in ensuring such youth do not fall. At the [REDACTED]
[REDACTED] access, which may entail temporarily removing the Tubes from [REDACTED]
[REDACTED] The Tubes are to be cleaned / disinfected between each use.

c. A nurse from the Medical Unit in Juvenile Hall must be summoned immediately after the youth is placed in the Tubes. Following each incident, a medical examination will be performed to evaluate the youth's physical well-being. Medical evaluation for retention shall be made every three hours thereafter.

d. CEGU must be summoned immediately after the youth has been placed in the Tubes.

e. If the youth is in the Tubes during mealtime, he/she must be offered their meal. If the youth declines their meal, or their behavior remains so out of control that she/he cannot be safely released from the Tubes, the meal is to be set aside and offered to them once they are released from the Tubes.

f. Remove the youth from the Tubes as soon as she/he regains sufficient control so as to no longer represent an immediate threat to him/her or others.

- g. Staff will maintain continuous one-to-one supervision of the youth at all times while he/she is restrained in the Tubes. Keep the room [REDACTED]. Staff shall attempt counseling as appropriate in order to aid the youth in regaining control. Staff shall keep a separate face sheet documenting all occurrences during this procedure. Entries must be made at least every 15 minutes or when any significant event occurs.
 - h. Reasons for continued retention in the Tubes shall be reviewed and documented at a minimum of every hour. This review must be done by a Supervisor or Administrator and their name shall be noted with the reasons for the continued application of the Tubes.
 - i. Within 24 hours after a youth is released from the Tubes, a complete copy of all special incident reports regarding the incident will be forwarded to the assigned Assistant Division Director where the Tubes were applied.
 - j. Involved staff will complete a Special Incident Report before the end of their shift and include the following information:
 - (1) The situation which led to the restraint.
 - (2) Attempts made to counsel and de-escalate or otherwise contain the youth prior to the restraint.
 - (3) Justification for the use of Tubes. Describe exactly what the youth did that created the danger to himself/herself or others.
 - (4) Medical Unit involvement including time and location of exam.
 - (5) Mental health (CEGU) involvement including the time, location of consult, and name of the psychiatrist who authorized the use of the Tubes.
 - (6) Description of the youth's behavior while restrained.
 - (7) Times water/toilet/meal offered/taken.
 - (8) Time the Tubes were applied and removed.
 - k. Document the incident in the unit logbook/ICMS.
2. Supervising Juvenile Correctional Officer (SJCO)
- a. Whenever the Tubes are utilized, the SJCO/Duty Officer will prepare and send a brief e-mail notification to the CDPO facilities, as well as JH Administration prior to the end of their shift. The AIC will also be notified by the Duty Officer as soon as possible.

- b. Upon notification of the crisis, respond to the unit, observe and assess the situation and consider input from the counseling staff and medical/mental health staff.
- c. Contact the psychiatrist for authorization to apply the Tubes if appropriate or provide direction for a less restrictive alternative (if practicable). In a clear emergency, when it is impossible to contact a psychiatrist in time to provide a safe intervention, the highest-ranking psychiatrist certified staff member readily available may make the decision.
- d. Ensure that the Director or Assistant Director or Administrator in Charge is notified.
- e. Ensure that all policy and procedural guidelines are met.
- f. Review all SIRs by staff involved in the restraint for thoroughness and accuracy. Complete an *SJCO Restraint Report* and forward it, along with the SIRs and pertinent unit log/ICMS pages, to the appropriate Assistant Director for management review with 24 hours. Forward a copy of the *Restraint Report* and all SIRs to the supervising psychiatrist within 24 hours.

3. Review and Process

- a. One-Hour Review
 - (1) Approval from the psychiatrist must be received to continue use of the Tubes at every one-hour interval the youth is in the Tubes and until the youth is removed.
 - (2) If the youth remains in the Tubes in excess of one hour, the appropriate SJCO or Duty Officer must be notified and must personally consult with the psychiatrist.
 - (3) Under extraordinary circumstances where it is impossible to contact a psychiatrist to obtain approval for continued use of the Tubes, the appropriate SJCO, Assistant Director, or Director on duty may make the decision for the youth to remain in the restraints at the one-hour point. All supervisory and management staff will remain trained to render such decisions and certified by name by the Supervising Psychiatrist. Documentation must be made regarding attempts to contact the Psychiatrist.
- b. Two-Hour and Three-Hour Review
 - (1) If the youth remains in the Tubes, an Administrator must be advised, must review the situation, and consult with the psychiatrist and medical staff at the two-hour point and the three-hour point.

- (2) Under extraordinary circumstances where it is impossible to contact a psychiatrist to obtain authorization for continued use of the Tubes, an Administrator may make the decision. Efforts to contact the psychiatrist must also be documented.
- (3) During the normal business hours (8:00 a.m. – 5:00 p.m.), an Administrator will conduct the review in person. During non-business hours (5:00 p.m. – 11:00 p.m.), the review will be referred to the Administrator in Charge. During sleeping hours (11:00 p.m. – 8:00 a.m.), the matter will be reviewed and discussed by telephone.

c. Four-Hour Review

- (1) If the youth remains in the Tubes after four hours, an Administrator will be advised, will review the situation, and will consult with the psychiatrist and medical staff at hourly intervals and thereafter.
- (2) Under extraordinary circumstances where it is impossible to contact a psychiatrist to obtain authorization for continued use of Tubes, an Administrator may make the decision. Efforts to contact the Psychiatrist must also be documented.
- (3) On-site review will be conducted when an Administrator is in the facility; otherwise, the matter will be reviewed and discussed by telephone.

- d. At each review, a note will be made in the unit logbook/ICMS regarding the justification for allowing the youth to remain in Tubes and the name of the authorizing individual.

E. Use of Martin chains

1. Use of Martin chain status shall be limited to youth who are engaging in behavior that is destructive or dangerous when out of their room.
2. Martin chain status will be utilized only as long as is necessary for the youth's or other's protection.
3. Approval of a SJCO/Duty Officer/A.I.C. is required before Martin chains are utilized.

F. Martin Chains – Responsibilities

1. Martin chain status – DJCO Responsibilities:
 - a. Articulate in detail the events that led up to the youth needing to be placed in Martin chains when out of their room, including all counseling attempts to cease negative behaviors.
 - b. When the youth comes out of his/her room, the following procedure will be used:

- (1) Call [REDACTED] ISU staff to come and assist and supervise placement of Martin chains on the youth.
- (2) No other youth should be out of his/her room.
- (3) Youth will come out for shower daily when behavior permits. Youth will be placed in Martin chains [REDACTED] youth can shower properly. Youth will be placed back in Martin chains to return to his/her room. If the youth's behavior is too unstable, contact a SJCO or DO and document behaviors in ICMS.

2. Martin chain status – Supervising Juvenile Correctional Officer staff will:
 - a. If a youth is presenting unpredictable/unstable behavior through repeated assaults on staff or youth and refuses to make a believable commitment to cease dangerous behaviors the youth will be placed on Martin chain status when out of his/her room
 - b. Review the SIR(s) and log notes in ICMS.
 - c. Counsel with the youth on behavior.
 - d. If Martin chain status is needed after all counseling attempts use the Protocol Template and improvement plan attached.
 - e. Review the status every day.

REFERENCES

Procedures:	3-3-005	Assistance Calls
	3-5-004	Youth's Rights/Orientation
	3-5-015	Residents' Grievance Procedure
	3-6-001	Use of Force – Facilities
	3-6-003	Oleoresin Capsicum (OC) Spray - Facilities
	3-6-004	Room Extraction and Property Removals
	3-10-003	Deterrence of Unacceptable Behavior
	3-11-002	Integrated Case Management System (ICMS) Automated Logbook and Manual Logbook
3-15-001	Special Incident Reports	
Policies:	C-16	Employee Conduct-On Duty
	D-1	Threats, Harm, Danger to Employees and Others
	D-2	Use of Physical Restraint/Corporal Punishment

C. Stiver

APPROVED BY:

Click here to enter youth's name. **Martin chain Status**

Click here to enter youth's name. has been placed on Martin chain status and authorized by Click here to enter Administrators name.. I will reevaluate this status on **date** based on Click here to enter youth's name. behavior. Click here to enter youth's name. has been placed on Martin chain status due to Choose an item. The following is the protocol:

Whenever youth comes out of his/her room, he/she must be in Martin chains and Martin shackles. This will require 3 staff with 2 in his room and 1 at the door.

During shower time, once in the shower area, staff will take his/her Martin chains and shackles off so he/she can properly shower. Once the shower is complete, he/she is to remain in the bathroom area and not be allowed into the hallway where items are available to throw. He/she may dry off in the bathroom area, get dressed and then he/she will be placed in Martin chains and shackles before coming out of the bathroom area. He/she is to shower alone.

He/she will remain on Martin chain status for independent free time and LME.

Please adhere to these guidelines and I will keep everyone posted of any new developments.

SJCO Signature

Click here to enter SJCO name.

Youth Signature

Martin chain Status Improvement Plan (SAMPLE)

- Placed on Martin chain status on xx/xx/xx due to threats towards another youth in the unit and threats towards staff.
- Your status will be reviewed on xx/xx/xx.
- In order to be removed from Martin chain status, you must stop threatening staff and other youth in the unit.
- If you show improvement in this area, you will be removed from Martin chain status.
- If you improve and show you are making a strong effort to improve in this area, no threats, we will start allowing you out during the day in a designated area away from the other youth.
- Absolutely no fighting.
- **You are scheduled for court on xx/xx/xx for a progress review. There is still time to improve your behavior so positive comments can be made in your casework and to the court. You need to put forth your best effort in order to create positive change.**