

# POLICY AND PROCEDURES

NUMBER: 824

SUBJECT: Use of Restraints

ACA STANDARDS: 4-ALDF-2A-52; 2B-02, 03, 06, 07

INTERIM DIRECTOR: *Lt. Col. Troy Doyle*

EFFECTIVE DATE: 4/1/86 REVISION DATE: 3/1/90, 10/92,  
9/97, 3/01, 10/01, 7/03, 7/04, 6/09,  
4/12, 12/15, 1/17, 10/18, 10/19



## I. POLICY

The St. Louis County Department of Justice Services shall use instruments of restraint only as a precaution against escape during transfer, for medical reasons and as a prevention against self-injury, injury to others or property damage. Instruments of restraint are never for punishment or for the convenience of staff.

## II. RESPONSIBILITIES

All St. Louis County Department of Justice Services' Corrections staff and Department of Health's staff are responsible for the following procedures.

## III. DEFINITIONS

**Active Resistance:** Any overt act that resists the order or directive of staff, e.g., combative stance, refusal to surrender objects that could be used as weapons, attempting to strike or struggle with officers, fighting with other inmates.

**Conventional Restraints:** Hardware equipment used to secure or control an individual. They are synonymous with handcuffs, leg irons, and belly chains.

**Hot Sheet:** A listing of inmates who require special restraints during movement within and outside the facility due to their present or past behavior, e.g., escape risks, extreme security risk, high profile inmates.

**Self-Destructive Inmate:** An inmate who is actively trying to commit suicide and/or inflict injury on him/herself.

**Special Restraints:** Hard and soft equipment used in special instances to secure and/or control an individual. They are synonymous with a black box, soft restraints and flex-cuffs.

**Supervisor:** The Watch Commander, Intake Supervisor, Transportation Supervisor, or Corrections Officer II who is responsible for controlling the situation.

#### IV. PROCEDURES

##### A. General Information

1. Restraints should never be used:
  - a. As punishment or for the convenience of staff.
  - b. Around the head or neck.
  - c. To cause undue discomfort, inflict physical pain or restrict circulation or breathing.
  - d. To coerce, taunt, belittle or abuse an inmate in any manner.
  - e. For horseplay either by employees or inmates.
2. Inmates will be removed from restraints as soon as possible.
3. Inmates will not be restrained in an unnatural position, (e.g., face down, hog tied, or spread eagle).
4. Inmates in any type of restraint will be closely observed as restraints are not escape proof and can pose physical risks.
- 5. Pregnant inmates will be restrained using only handcuffs in the front. If other restraints are necessary for safety of the inmate, other inmates, staff, or members of the public, approval must be received from the Corrections Medicine Supervisor. See Policy #908 Inmate Pregnancy)]*
6. Inmates receiving injuries from the use of restraints shall be given prompt medical attention and completion of an incident report for inmates injured during use of restraints.

7. If any staff member is injured during the use of restraints he/she shall complete an Injury Report. (See Policy #129 Employee Injury/Reports)
8. All restraints shall be checked to ensure proper working condition prior to use. The Superintendent of Security or his/her designee shall check all restraints periodically to ensure they are in good working condition.
9. Restraint chairs shall be used instead of "hog tying" an inmate. The restraint chair may be used for combative, and/or self- destructive inmates. When an inmate remains actively suicidal, he/she shall be placed in the restraint chair or Special Needs Cell after consultation with mental health providers to determine which is most appropriate. (See Policy #907 Special Needs Cell)
10. Only staff trained in the proper use of restraint equipment shall be allowed to use restraint equipment.
11. Inmates shall be thoroughly frisked before applying restraints.
12. Inmates are to be informed of the purpose of the restraint use and encouraged to calm themselves and regain control of their behavior.
13. An inmate shall remain in restraints only long enough to regain control his/her behavior. When an inmate is restrained due to a combative, uncooperative, self destructive behavior or four pointed for medical treatment, restraints shall be checked every fifteen (15) minutes by the officer on post. The Corrections Medicine staff shall check the inmate as soon as restraints are applied and every hour after that. Documentation of these checks will be made by the Corrections Officer in the IJMS event log.
  - a. The officer shall visually ensure the restraints are secured on the inmate and ensure the inmate is not in danger.
  - b. The officer shall speak to the inmate and find out if he/she has calmed down or if his/her demeanor has changed.
  - c. The officer shall check the restraints to ensure they are not physically harming the inmate.
  - d. Documentation that these checks have been made shall be written in the IJMS event log.

14. The Watch Commander shall check the inmate at least every two (2) hours, speaking with the inmate in order to make a determination as to whether the restraints can be removed. If the inmate is in restraints for self-injurious behaviors or for medical reasons, the mental health or medical providers are to be consulted prior to the removal from restraints. The Watch Commander's check shall be logged in the Watch Commander's Report and the Officer's Post Daily Report.
15. In order to ensure the safety of staff and inmates, it is important to be cautious and always have at least (3) officers present when applying and removing restraints.
16. Prior to the end of the shift, the Housing Unit Supervisor from the location of the incident will ensure an incident report is written by all staff involved, detailing the behavior of the subject that justified the use of restraints and the attempts made to use other means to calm the subject down prior to resorting to the use of restraints. If force was necessary to secure the inmate, a Use of Force Report will be filled out by the Watch Commander. (See Policy #823 Use of Force)
17. An entry in the Watch Commanders Report by the Watch Commander will be required from each shift in which the inmate remains restrained.
18. When conventional restraints are not removed or an inmate is not removed from a restraint chair at the end of a three (3) hour period, due to the inmate's behavior, the Watch Commander will contact one of the following for the authority to keep the inmate in restraints:
  - a. Superintendent of Security
  - b. Unit Managers

[NOTE: Anytime an inmate is kept in restraints for a period longer than three (3) hours, the reasons will be documented in an incident report generated by the Watch Commander

NOTE: If the Superintendent of Security or the Unit Manager are not available (i.e. after hours, weekends, or holidays), the Watch Commander shall have the authority to keep the inmate in restraints.

**NOTE:** The Mental Health provider and/or Medical Director will be contacted when mental health/medical issues are involved.

**NOTE:** If the inmate is to remain in the restraint chair for more than 2 hours at a time, the inmate will be released from the chair while in restraints to exercise for 10 minutes every 2 hours and then be return to the restraint chair.

19. There will be a written record maintained in the Superintendent of Security's office of all routine distributions of security equipment which will include but is not limited to restraints.
20. The Superintendent of Security will assign a staff member to conduct a weekly check of all restraint chairs to ensure proper functioning. Restraint chairs needing repair will be taken to the warehouse and returned to the appropriate area upon repair.

**B. Conventional Restraints**

**1. Storage:**

Conventional restraints shall be stored in the following areas:

- a. Intake Center
- b. Transportation Staging
- c. Unit Control on all levels
- d. Indirect Control Centers
- e. Infirmary Control Center

**2. Justification for use**

- a. Inmates being transported: Restraint equipment shall be used on all inmates transported outside the secure perimeter of the facility. The need for additional restraints or higher security restraints shall be determined by the supervisor and/or the officer transporting the individual(s) based upon the following considerations:

- (1) Security risk level of the inmate ("Hot Sheet" inmates)

- (2) Custody status assigned to the inmate
  - (3) Anticipated contact with the public
  - (4) Physical and mental health of the inmate
  - (5) Purpose and destination.
- b.** Movement within the facility: Corrections staff shall use restraints to control inmates who are not easily managed or directed and on inmates being transported to Transportation Staging. Inmates whose management is questionable due to past behavior and who have been assigned to high risk level, will also be restrained during movement within the facility in accordance with the Inmate Movement Policy.
- 3.** Techniques for the Application of Conventional Restraints
- a.** Applying handcuffs behind the back:
- (1) Handcuffs shall be applied with the inmates hands behind his/her back, unless they are being transported with a group of inmates who are secured together or being transported to court or outside medical (emergency and non-emergency). Lockdown inmates moving within the facility will be handcuffed behind his/her back.
  - (2) If it is an inmate who is not easily managed or directed, or at the discretion of the supervisor, inmates shall be handcuffed from behind when they are housed in Disciplinary Segregation. For further information. Policy #833, Inmate Movement.
  - (3) Instruct inmate to place both hands behind his/her back.
  - (4) Place cuffs on one at a time with key holes facing upward, ensuring that there is enough room for proper circulation but not so loose that they could slide over the hand.
  - (5) Double lock the cuffs by pushing the double locking device into place. Check to ensure cuffs are locked by pushing the cuff to see if it moves. If it moves,

relock the cuff. If it doesn't work, the cuff is defective and should not be used.

**b.** Applying handcuffs in front of an inmate:

- (1) Handcuffs shall be applied to an inmate's wrist with keyholes facing downward.
- (2) Instruct the inmate to place both hands in front of them and apply the cuffs one at a time, ensuring there is enough room for proper circulation but not so loose that they could slide over the hand.
- (3) Double lock the cuffs by pushing the double lock device into place.

**c.** Securing an inmate to a rail in ISC:

- (1) Handcuffs shall be applied to an inmate's wrist with keyholes facing downward.
- (2) Instruct the inmate to place his/her hands through the food port to be handcuffed
- (3) After applying handcuffs, instruct inmate to sit on the bench near the rail.
- (4) With adequate back-up, enter the cell
- (5) Remove one cuff from the wrist closest to the rail and apply that cuff to the rail
- (6) Double lock the cuffs by pushing the double lock device into place
- (7) The ISC Shift Supervisor/Designee will inform medical staff immediately of an inmate secured to the rail. Medical staff will check the restraints upon notification to ensure the inmate is not injured and to ensure the restraints are applied correctly to allow for proper circulation.
- (8) Medical staff will check the restraints every hour until the inmate is released from restraints. These checks will be logged into IJMS by the Intake Security Officer

- (9) The Intake Security Officer will check the inmate every 15 minutes until the restraints are removed to ensure the restraints are secure and the inmate is in no danger of physical harm
- (10) An inmate will not remain restrained to a rail for a period longer than three (3) hours unless approved by the Superintendent of Security, Intake Manager, or Watch Commander.

**d.** Use of belly chain:

- (1) Instruct the inmate to face away from the officer with hands in front of him/her.
- (2) The officer shall run the chain around the inmate's midsection from behind the inmate.

*[NOTE: Belly chains will not be used to restrain a pregnant female unless authorized by Corrections Medicine as necessary for the safety of the inmate, other inmates, staff, or members of the public.]*

- (3) Pull the small link through the large link to obtain a snug fit. Lock the padlock through a link on the side of the inmate.
- (4) Place cuff on one hand at a time with the keyhole facing upward, ensuring there is enough room for proper circulation yet not so loose that they could slide the restraint over the wrists.
- (5) Double lock the cuffs.

**e.** Use of leg irons:

- (1) Instruct the inmate to face the wall with their back facing the officer.
- (2) Instruct the inmate to lift his/her heel to the rear, approximately (8) inches off the floor.
- (3) Attach cuffs around the ankle of one leg so the keyholes are facing down.



- (4) Adjust the cuffs to allow for proper circulation, yet not so loose as to slide the restraint over the foot.
- (5) Double lock the cuffs.

**NOTE:** Leg irons are not to be used on pregnant females.

**4. Special Instructions**

- a. All inmates coming to Transportation Staging will be placed in belly chains and legs restraints and double-locked, unless there is a medical reason or other restraints as authorized by the Transportation Supervisor/designee.

**NOTE:** Leg irons are not to be used on pregnant females.

**5. Sanitation of Conventional Restraints**

- a. Conventional restraints in Transportation will be sanitized weekly by chemical bombing or spray.
- b. Conventional restraints on the 8<sup>th</sup> floor will be sanitized with 256 after each use.
- c. Conventional restraints in all other locations will be sanitized as needed after use.
- d. Ensure all restraints appear clean before use.

**C. Black Box**

**1. Storage:**

Black boxes will be stored in Transportation Staging and in the Indirect Control Center.

**2. Justification for Use**

- a. Inmates are being transported to the Missouri Department of Corrections.
- b. Transporting an inmate who is not easily managed or directed.

- c. Transporting inmates who are on the "Hot Sheet".
        - d. Transporting Writs outside the facility.
  - 3. Techniques for the application of a black box:
    - a. Place hands one on top of the other with palms facing down.
    - b. Place one cuff on top wrist, the other cuff on the bottom wrist. Ensure both keyholes are facing the same direction.
    - c. Double lock the handcuffs.
    - d. Put black box on the cuffs.
    - e. Place the hasp on the black box.
    - f. Put the chain (end with large link) through the hole of the black box going the same direction the fingers of the bottom hand are pointing.
    - g. Wrap the chain around the body and back through the large link.
    - h. Physically feel if chain is snug.
    - i. Place the padlock through the large link on the chain and also through a small link on the chain and then secure the padlock.
  - 4. Special instructions
    - a. Ensure that cuffs and chain are intact but not overly restrictive to circulation.
- D. Soft Restraints
  - 1. Storage:

Soft restraints shall be stored in the infirmary Control Center.
  - 2. Justification for use:

- a. At the direction of the Corrections Medicine staff, to enable staff to complete medical procedures with an inmate who is not easily managed or directed.

**NOTE:** Medical providers will be consulted prior to leaving restraints on the inmate longer than eight (8) hour duration.

- b. By order of the Watch Commander, when other methods of control fail, in order to prevent an inmate from injuring himself/herself or others.
  - c. Restraint measures will consist of the least restrictive amount of restraint necessary to ensure security and allow control of the inmate.
3. Techniques for the application of soft restraints (Blue wrist/red ankles):
- a. Position cuff underneath the limb with the connecting straps extending away from the patient
  - b. Wrap the smooth neoprene piece (blue or red side against the skin) around the wrist/ankle
  - c. Sandwich the neoprene piece with fuzzy material between the two (2) pieces of rough hook. Be sure to overlap at least one inch. Press the hook and loop material together firmly
  - d. Pass the end of the short strap over the top of the cuff and through the lock. Pull the strap through the lock and adjust it to the desired length. Close the lock, making sure the lock “clicks” shut and will open only with the key
  - e. Readjust the connecting strap to the desired length, if necessary.
4. Sanitation of Soft Restraints
- a. The soft restraints shall be thoroughly cleaned and sanitized after each use.
  - b. Ensure all restraints are clean before use.

E. Flex-Cuffs

1. Storage:

Flex-cuffs shall be stored in the following areas:

- a. Intake Service Center
- b. Command Center (radio equipment room)
- c. Unit support area
- d. Transportation Staging.

2. Restraint cutters shall be stored in the Command Center and the Intake Service Center.

3. Justification for use:

- a. Flex-cuffs shall be used for the emergency movement of a large number of inmates at one time.

4. Techniques for the application of flex-cuffs:

- a. Instruct the inmate to face the officer with arms in front of them.
- b. Place flex-cuff under the inmate's wrist with the ribbed side of cuff facing upward.
- c. Place the flex-cuff around the inmate's ankle with the ribbed side facing away from the officer.
- d. Insert the end of the cuff through the locking mechanism and pull until it is snug on the inmate's wrist/ankle.
- e. The extra length of cuff should face the backside of the ankles, and when the inmate's arms are lowered the cuff should face toward the back of the inmate.

5. Special instructions

- a. Restraint cutters shall be readily accessible when flex-cuffs are used.
- b. Inmates shall be restrained in pairs whenever possible.

- c.** Conventional restraints shall be applied as soon as possible after transport.

**F.** Restraint Chair

**1.** Location of restraint chairs:

- a.** 1st level - Intake/Transportation Staging
- b.** 3rd level - Infirmary
- c.** 8th level - Indirect Housing Units.

**2.** Justification for use: the use of the restraint chair shall be authorized by the supervisor in charge and may be used for the prevention against self-injury, injury to others or property damage.

This behavior may include, but is not limited to:

- a.** Movement of a prisoner/inmate displaying active resistance from a police vehicle or Justice Services' vehicle to the Law Enforcement Lobby or a Transportation Staging holding cell or a disciplinary cell on the 8th floor.
- b.** Movement of an inmate displaying active resistance from the general housing or any area in the jail perimeter to a disciplinary cell on the 8th floor.
- c.** Movement of an inmate or prisoner displaying active resistance to or from court with authorization from the presiding judge.
- d.** To assist in controlling a prisoner or inmate who is actively self-destructive and/or displaying active resistance.

**3.** Securing procedures:

- a.** A team of six (6) officers is used, if possible to place an inmate in the restraint chair.
  - (1) One (1) officer is responsible for the inmate's left arm.
  - (2) One (1) officer is responsible for the inmate's right arm.

- (3) One (1) officer is responsible for the inmate's left leg.
- (4) One (1) officer is responsible for the inmate's right leg.
- (5) One (1) officer is responsible for the inmate's shoulders and head.
- (6) One (1) supervisor is responsible for assigning points of control, giving directions and double checking the restraints and straps placed on the inmate.

**b.** Seating inmates in the restraint chair:

- (1) Turn the inmate so his/her back is toward the restraint chair.
- (2) While supporting the inmate by the elbows and shoulders, lower the inmate into the restraint chair in a sitting position.
- (3) After the inmate is seated, begin the securing procedure.

**c.** Securing an inmate in the restraint chair:

- (1) Secure the waist restraint strap.
  - (a) Pull the retractor handles straight back from the retainer to make the cinching mechanism function properly.
  - (b) When pulled tight, replace the retractor handle into the tip assembly.
- (2) Secure the leg restraint strap in the same manner as the waist restraint strap.
- (3) Secure a second smaller restraint band (supplied) or use a plastic flex-cuff between the inmate's ankles and around the outside of the leg restraint strap.

**NOTE:** Without this second strap, it is possible for the inmate to pull his/her feet up and through the leg restraint strap thus freeing their legs.

- (4) Place the leg restraints, connected to the restraint chair, on the inmate. Ensure the key holes are facing upward and the restraints are double-locked.
- (5) Exchange wrist restraint.
  - (a) Assist the inmate in bending forward at the waist.
  - (b) Place the leather restraints on the inmate's forearm above the wrist restraints and secure the leather restraints.
  - (c) Remove the wrist restraints.
  - (d) Bring the inmate's arms to the wrist restraints connected to the chair and place the arms in the wrist restraints below the leather restraints.
  - (e) Ensure the keyholes of the wrist restraints are facing upward when securing the inmate.
  - (f) Double-lock all restraints and then remove the leather restraints.

**NOTE:** If an inmate's wrists cannot be unrestrained from behind the back due to the inmate's aggressiveness, the inmate's arms may remain restrained behind the back until the inmate cooperates. Ensure the optional back support is removed from the restraint chair.

- (6) Secure the two cross chest straps.
  - (a) Place the upper right strap into the lower left receiver.
  - (b) Place the upper left strap into the lower right receiver.

**NOTE:** The straps should go across the upper biceps and not across the top of the shoulder. Improper chest strap placement could restrict blood flow and cause injury.

**4.** Releasing an inmate from the restraint chair:

- a.** The supervisor will assemble the same staff, if possible, to remove the inmate from the restraint chair and assign points of control to officers.
- b.** The officers will remove the straps from the inmate in the opposite order of placing the straps on the inmate.

**NOTE:** The chest and waist strap buckles may be released by placing a standard handcuff key in the keyhole. The leg strap buckle may be released by pressing a thumb on the buckle release on the back of the buckle assemble.

- c.** The officers will place wrist restraints behind the inmate after removing the chest straps, using the leather restraints. Leg irons will also be placed on the inmate.
- d.** The officers will assist the inmate out of the chair and escort the inmate to his/her assigned living area. The restraints, both handcuffs and leg irons, will be removed after the inmate is placed in his/her living area.

**5.** Use of the transport carriage:

- a.** To engage the wheel mechanism, step down on the upper lever bar of the lever mechanism.
- b.** To disengage the wheel mechanism press the edge of the locking mechanism with the your toe and let the lever up slowly with the ball of your foot.

**6.** Special instructions:

- a.** Anytime an inmate is placed in the restraint chair, the assigned officer in that area is responsible for conducting fifteen (15) minute tours to check the restraints and straps, and logging tours in the Post Daily Activity Log. Each tour should check for the following:



- (1) Ensure the restraints and straps are secure and that the inmate is in no physical danger.
- (2) Speak to the inmate to determine their readiness to be released from the restraint chair.
- (3) Document and/or report any significant problems or behavior.

- b.** The minimum time an inmate will be placed in a restraint chair is one (1) hour. The supervisor will contact the Superintendent of Security or one of the Unit Managers for the authority to keep an inmate in the restraint chair for more than three (3) hours.

**NOTE:** If the inmate is to remain in the restraint chair for more than 2 hours at a time, the inmate will be released from the chair while in restraints to exercise for 10 minutes every 2 hours and then be return to the restraint chair. The time of this walk will be logged in the Watch Commander shift report.

**NOTE:** Anytime an inmate is extended in the restraint chair an entry will be made in the Watch Commander log noting who approved the extension.

**NOTE:** Any extension over three (3) hours must be written in an incident report and in the Watch Commander shift report. The time the inmate is removed from the restraint chair will also be noted in the incident report and in the Watch Commander shift report.

- c.** The inmate in a restraint chair will be placed in an area away from other inmates.
- d.** The Corrections Medicine staff shall check the inmate as soon as the inmate is placed in the restraint chair to ensure that inmate is not injured. The inmate shall be checked at least every hour after that by the Corrections Medicine staff while the inmate remains in the restraint chair. These checks shall be entered into the daily medical reports and all pertinent information shall be passed on to the on-coming Corrections Medicine staff and the supervisor.
- e.** The restraint chair will be placed in an area which is visible by the Corrections Officer on post.

7. Special instructions for the supervisor:
- a. Ensure sufficient backup has arrived prior to placing an inmate in the restraint chair.
  - b. Assign officers to points of control and give directions to officers placing the inmate in the restraint chair.
  - c. Check with the Corrections Medicine staff as to any medical reason the inmate should not be placed in the restraint chair.
  - d. Direct the placement of a spit mask on an inmate who is actively spitting or threatening to spit on staff.
  - e. Ensure the inmate is notified of the reason for placement in the restraint chair.
  - f. Ensure the inmate has been properly restrained in the restraint chair to prevent injury by checking restraints and straps.
  - g. Conduct a tour of the area at least once an hour.
    - (1) Check the restraints and straps to ensure inmate is secure and in no danger.
    - (2) Check the Post Daily Activity Log and gather information from the officer and other staff to determine when the inmate shall be released from the restraint chair.
    - (3) Talk to the inmate to assess the inmate's attitude.
  - h. Ensure an Incident Report is written stating why the inmate was placed in the restraint chair, along with any supplemental reports and review all reports.
  - i. Make an assessment as to when the inmate will be removed from the restraint chair.

**NOTE:** The goal is to remove the inmate from the restraint chair as soon as possible. This will be done when the inmate shows/informs the Corrections staff his/her willingness to cooperate.

j. Inform other staff, i.e., Unit Manager, Corrections Medicine staff, etc. of the incident as soon as possible.

k. Document the event and tours in the Shift Report.

**8.** Special precautions:

a. Pull all restraining straps tight by correctly using the retractor handles. Loose straps could result in an inmate tipping the restraint chair over an inmate freeing himself/herself.

b. Keep the restraint chair away from the walls or other obstructions. The inmate will have some freedom to move his/her head.

c. Officers shall control the movement of the inmate while the chest, waist and leg straps and the leg and wrist restraints are placed on the inmate to ensure the staff and the inmate is not injured.

d. When an inmate is in the restraint chair and his/her wrists are restrained behind the inmate's back, the staff will physically check the restraints and straps every fifteen (15) minutes. The chest straps will be removed and the officers will instruct the inmate to bend forward until the restraints are checked. The officers will then place the chest straps across the inmate as explained in this policy.

**9.** Sanitation of Restraint Chair

a. The restraint chair shall be thoroughly cleaned and sanitized after each use.

b. Ensure the chair and all restraints are clean before use.

**G.** Restraint Bed

1. The restraint bed is located in the infirmary.

2. Justification for use: the use of the restraint bed shall be authorized by the Watch Commander or Medical/Mental Health Supervisor. The restraint bed is to be used for the prevention

against self-injury or the application of medical treatment. This behavior may include, but not limited to:

- a.** To assist in controlling an inmate displaying an active medical or mental health condition requiring intravenous fluids or medications.
- b.** To prevent continuous self-injury after continued use of the restraint chair has failed to quell the inmate's self-destructive behavior.

**3.** Securing procedures:

- a.** A team of six (6) officers is used, if possible to place an inmate into the restraint bed.

- (1)** One (1) officer is responsible for the inmate's left arm.
- (2)** One (1) officer is responsible for the inmate's right arm.
- (3)** One (1) officer is responsible for the inmate's left leg.
- (4)** One (1) officer is responsible for the inmate's right leg.
- (5)** One (1) officer is responsible for the inmate's shoulders and head.
- (6)** One (1) Watch Commander for assigning points of control, giving directions and double checking the soft restraint and straps placed on the inmate.

- b.** Placing the inmate into the restraint bed.

- (1)** Ensure proper padding is placed onto the restraint bed.
- (2)** Assist the inmate onto the restraint bed so he/she is laying on their back in a face up position.
- (3)** When the inmate is in the proper position on the restraint bed, begin the securing procedure.

- c. Securing the inmate in the restraint bed:
  - (1) Secure the chest strap. Ensure the strap restricts the inmate's movement without impairing the ability to breathe freely.
  - (2) Apply the wrist padding or gauze to the inmate's wrists. After the wrist protection is applied begin to apply the soft restraints to the wrists. Ensure the soft restraint is applied to the proper position so the hand cannot be pulled from the soft restraints but not so tight as to cut off circulation to the hands.
  - (3) Apply the ankle padding or gauze to the inmate's ankles. After the ankle protection is applied begin to apply the soft restraints to the ankles. Ensure the soft restraint is applied to the proper position so the foot cannot be pulled from the soft restraints but not so tight as to cut off circulation to the feet.
  - (4) Apply a soft protection helmet if the inmate is trying to cause harm to himself by thrashing his head.
  - (5) The Watch Commander and medical staff will confirm the proper application of the soft restraints.
  
- 4. Removing the inmate from the restraint bed.
  - a. The Watch Commander will assemble a team to remove the inmate from the restraint bed and assign points of control.
  - b. The officers will remove the soft restraints from the inmate in the opposite order of placing the soft restraints on the inmate.
  - c. The officers will assist the inmate up from the restraint bed and remove the restraint bed from the cell.
  
- 5. Special instructions:
  - a. Anytime an inmate is placed into the restraint bed, the infirmary officer is responsible for conducting fifteen (15) minute tours to check on the well-being of the inmate. The Guard 1 Plus system or "pipe" shall be used to track the tours. Each tour should check for the following:

- (1) Ensure the restraints and straps are secure and the inmate is in no physical danger.
- (2) Speak to the inmate to ensure their well-being. Ensure any medical treatments are uninterrupted, such as intravenous treatments.
- (3) Document and/or report any significant problems or behavior.

**NOTE:** Choking is a serious risk during restraint bed use and all checks should ensure inmate is breathing without difficulty.

- b. The inmate shall be allowed up for 20 minutes from the restraint bed at all meal times. The inmate shall also be allowed to use the restroom at this time and to walk or stretch. The inmate shall also be allowed another 20 minute period to shower, use the restroom and stretch before the nightly lock down. These times shall be noted in the event log for the Infirmary

**NOTE:** If the Watch Commander has a concern for the inmate's safety or the security of the staff the walk times can be modified. The inmate should be allowed a hand free to eat with and the chest strap removed during meal time. Every effort will be made to allow time up from the restraint bed even if hand cuffs and leg irons need to be applied. There should be sufficient staff present to accomplish this event and re-secure the inmate into restraint bed.

- c. The Watch Commander will determine the length of time an inmate will be secured into the restraint bed. Input will be gathered by the Watch Commander from Corrections Medicine, Mental Health Providers and custody staff. This shall be determined by the risk to the inmate, concerns for medical treatment or clearance by the Mental Health Provider.
- d. The Corrections Medicine staff shall check the inmate as soon as the inmate is placed into the restraint bed to ensure the inmate is not injured. This should occur each time the inmate is secured into the restraint bed after stretching and meal periods. The inmate shall also be checked at least every hour after that by the Corrections Medicine staff

while the inmate remains in the restraint bed. These checks shall be entered into the daily medical reports and all pertinent information shall be passed on to the oncoming Corrections Medicine staff and supervisor.

6. Special instructions for the Watch Commander:
  - a. Ensure sufficient backup is present prior to placing an inmate into the restraint bed or removing an inmate from the restraint bed.
  - b. Assign officer points of control and give directions to officers placing the inmate in the restraint bed or removing an inmate from the restraint bed.
  - c. Ensure the inmate has been properly secured into the restraint bed to prevent injury by checking soft restraints and straps.

**NOTE:** Only the soft restraints supplied with the restraint bed shall be utilized.

- d. Ensure the inmate is allowed to eat at meal times and given time up from the restraint bed to use the restroom and stretch. This will occur only if the inmate does not present a safety or security risk to himself or staff.
  - e. Ensure incident reports are submitted stating why the inmate was placed into the restraint bed. Be sure to review all reports.
  - f. Make an assessment as to when the inmate can be removed from the restraint bed as soon as possible after consultation with Corrections Medicine and Mental Health providers.

**NOTE:** The goal is to remove the inmate from the restraint bed as soon as possible. This will be done when the Watch Commander, Corrections Medicine and Mental Health Providers agree the inmate is no longer a threat to him/herself.

- g. Inform the Superintendents of the incident and updates as needed.
  - h. Document the events and tours in the shift report.
7. Special precautions:

- a.** Ensure proper placement of restraints to prevent the inmate from pulling free but are not restricting circulation.
  - b.** Keep the restraint bed away from walls or other obstructions that could cause harm to the inmate.
  - c.** Officer shall control the movement of the inmate while securing the inmate into the restraint bed or removing them from the restraint bed to safeguard the inmate from being injured.
- 8.** Sanitation of Restraint Bed
  - a.** The restraint bed shall be thoroughly cleaned and sanitized after each use.
  - b.** Ensure the bed and all restraints are clean before use.