

7-03/030.00 Medically Ordered Restraint Devices

The use of medically ordered restraint devices shall be determined by medical or mental health staff. Medically ordered restraint devices shall only be used on inmates who pose a serious threat to themselves or others or the use is necessary to provide medical care as determined by medical staff. Under no circumstances should custody personnel request that medical staff medicate an inmate for security purposes. Medically ordered restraint devices are used to immobilize an inmate's extremities and prevent them from being ambulatory. Restraint devices shall not be used under any circumstances as punishment. Caution shall be exercised when using restraint devices, to guard against the risk of any medical distress or asphyxia. The longer the procedure or device is used the greater the risk for an adverse outcome, including asphyxia. A mental health professional shall be present to document and monitor the condition of the inmate being placed under medical restraints. Refer to Correctional Treatment Center (CTC) policy and Procedure Manual, Mental Health Unit 2-1f, "Restraint and or Seclusion."

This section does not apply to the use of handcuffs, shackles, fixed restraints, safety chairs, or other restraint devices when used to restrain inmates for security reasons pursuant to Title 15, Minimum Standards for Local Detention Facilities, section 1058 "Use of Restraint Devices." Refer to Custody Division Manual (CDM) section 7-03/040.00 "Safety Chair" for policy and procedures pertaining to the safety chair.

Examples of medically ordered restraint devices include, but are not limited to:

- 3 and 4 point restraint systems
- Soft ties
- Padded belts
- Restraint boards

Prior to force being directed by any Department supervisor in the application of a restraint device, all reasonable and appropriate alternatives shall be considered in an effort to solicit cooperation. This may include counseling the inmate regarding the need for restraints. If in the course of applying restraints, any resistance is encountered, the use of force shall be reasonable and reported pursuant to Manual of Policy and Procedures (MPP) section 3-10/100.00, "Use of Force Reporting Procedures."

Only restraints specifically manufactured for the purpose of safely restraining persons shall be used as medically ordered restraint devices. Restraint devices shall not be modified from their original specifications unless done so by the manufacturer. All restraint devices shall have the prior approval of the respective Custody Services Division chief.

Only trained personnel shall be authorized to perform or assist in the placement or removal of restraint devices. The concerned facility's training unit shall maintain a record of custody personnel trained in the use of each restraint device. The entire restraint procedure shall be video recorded and a sergeant trained in the use of restraints shall be present during the entire restraint procedure.

Any incident requiring the use of restraints shall be recorded in the Watch Commander's Log. The watch commander shall provide a memorandum to the unit commander which shall include the following information:

- Location, date and time of occurrence

- Inmate's name and booking number
- Personnel involved
- Reason for the use of the restraint device
- Condition of the inmate before and after release from the restraint device
- Name of the medical or mental health provider ordering restraints and the reason
- Name of the mental health clinician or psychiatric nurse who was present to document and monitor the condition of the inmate during the application of medical restraints
- The area where the inmate was housed prior to being placed into restraints
- The classification of the inmate (mentally ill, homosexual, general population, etc.)
- Any other significant information related to the inmate's health
- How long the inmate was in the restraint device

The video recording and all appropriate paper work shall be maintained at the concerned facility for four (4) years. If the inmate is injured as a result of applying the restraints, or if there is a significant risk management factor or a lawsuit is filed, all documentation shall be maintained for ten years.

Restraining Pregnant Inmates

If a pregnant inmate requires restraints, restraints shall only be applied in accordance with CDM section 7-02/010.00, "Pregnant Inmates."

Multi-point Restraints

The use of multi-point restraints is a medical procedure and their use shall only be authorized by Correctional Health Services (CHS), or with the approval of a Department of Mental Health (DMH) licensed psychiatrist who has performed an individualized assessment and an appropriate Forensic Inpatient order. Medical restraints shall only be used in the CTC. Whenever an inmate is placed into such restraints, CHS personnel and a Department supervisor, at the permanent rank of sergeant or above, shall be present. Additionally, custody personnel shall notify a DMH professional to be present to document and monitor the condition of the inmate being placed in medical restraints. The supervisor shall monitor the movement of the inmate from their housing location to the designated area for application of restraints, and remain while the restraints are being applied. Movement of the inmate to CTC shall not be unnecessarily delayed. Refer to CTC Policy and Procedure Manual, Mental Health Unit 2-1f.

Immediately upon application of multi-point restraints, medical staff shall evaluate the inmate. If the medical evaluation indicates that restraints place the inmate's health at risk, the restraints shall be removed. Immediate removal of restraints without the direction of medical personnel may also occur in emergencies including, but not limited to:

- Emergency evacuations (e.g., fire, earthquake, etc.)
- Cessation of breathing,
- Cardiac arrest

Any inmate who is subjected to a multi-point restraint (or who is otherwise restrained in a supine position for an extended period of time) shall be observed continuously so that if the inmate is on his or her back, the inmate does not vomit and asphyxiate, and if on his or her stomach, does not stop breathing because of his or

her body weight compressing the chest. CHS personnel shall be called to the scene at the first sign of such distress.

Multi-point restraints may only be used until determined by a medical or mental health provider that the restraints are no longer indicated. The continued use of the multi-point restraint shall be assessed by medical or mental health staff at least every hour to determine if the continued use is clinically indicated.

In every exigent circumstance where restraints are removed without medical concurrence, the watch commander shall be notified immediately.

Application of Medically Ordered Restraints

Custody personnel shall assist in the placement and removal of restraints at the request of the medical or mental health staff. Application of restraints is a tactical event, which requires pre-planning on the part of the sergeant and requires strong command and control. The sergeant shall supervise and manage the custodial personnel in the application of restraints. Prior to applying medically ordered restraints, the sergeant shall review the order for restraints. If more than one (1) hour has elapsed since the order was given the sergeant shall request a reevaluation of the need for restraints, based upon the inmate's current condition. The sergeant shall then advise the inmate of the reason for the intended application of restraints and attempt to gain the inmate's cooperation with the application of the restraints. The sergeant shall ensure that sufficient personnel, trained in the application of restraints, are present, and that all assisting personnel are thoroughly briefed regarding their individual duties and responsibilities in applying the restraints. Under most circumstances at least one custodial personnel per limb shall be assigned to restrain the inmate. When the specific individual limb restraint takes place, two personnel shall be used during that portion of the procedure; one to constrain the limb, the other to apply the restraint. Deviation from this procedure may only occur under exigent circumstances.

When applying restraints, custodial personnel must be cognizant of the inmate's physical condition. Personnel must consider that preexisting medical or mental health conditions may exist. The application of pressure upon the neck, throat, chest, diaphragm, or abdomen of the inmate, or any control technique that impairs the inmates ability to breathe, shall be avoided in all but the most compelling of circumstances. The sergeant shall ensure that the inmate has unrestricted breathing during and after the application of restraints. The sergeant shall diligently monitor personnel to assure that the control techniques being used comply with this section. All personnel have a duty to terminate the procedure if it places personnel or the inmate in unreasonable risk for a serious injury or if it causes medical distress for the inmate. If during the application of restraints, an inmate says he or she is having difficulty breathing, the application of restraints shall stop and medical staff shall immediately assess the inmate's condition.

All restraining procedures shall be videotaped, uninterrupted, including:

- Transport of the inmate to the CHS medical clinic or the infirmary
- All conversations between the sergeant and the inmate
- Placement of the restraints on the inmate
- CHS personnel's assessment of the inmate's medical condition and comfort immediately after the restraints have been applied

The un-resisted placement of an inmate into restraints does not necessarily constitute a use of reportable

force. For reporting requirements and exceptions refer to CDM section 7-06/000.00, "Use of Force Reporting Procedures."

Monitoring Restrained Inmates

An inmate placed in restraints shall be housed separately from all other inmates. Custody personnel and CHS personnel are responsible for conducting and documenting safety checks of all inmates placed in restraints, consisting of a direct visual observation check to ensure that the inmate is breathing and the inmate is not in undue pain. In addition, custody and medical personnel shall ensure that the restraints are not creating injury or obvious medical problem to the inmate. Safety checks are conducted at least twice during every thirty (30) minute period approximately fifteen (15) minutes apart. DMH personnel may require additional safety checks for mentally ill inmates who are placed in restraints. Safety checks shall be documented on a safety check log.
