# 8-40/002.00 - Fixed Restraints

**PURPOSE OF ORDER:**

The purpose of this order is to establish procedures for securing an inmate to a fixed object within the Inmate Reception Center (IRC).

**SCOPE OF ORDER:**

This order shall apply to all personnel assigned to and/or working in any capacity at IRC.

**ORDER:**

The purpose of this unit order is to implement procedures that will ensure healthcare professionals and custody staff assigned to IRC are aware of inmates who are secured by a fixed restraint. Timely movement of these inmates through the facility shall be a priority.

Procedures for All Inmates Secured by Fixed Restraints

- An entry shall be made in e-UDAL of the inmate's name, booking number, and reason for securing the inmate to a fixed restraint.
- Handcuffs shall be double locked. If a situation exists where double locking cannot be reasonably accomplished, the handcuffs will be double locked after the situation no longer exists
- Custody personnel shall not use the application of fixed restraint as a form of discipline
- Inmates secured by fixed restraints shall be placed in a location that is in direct and unobstructed visual observation of custody personnel
- Inmates shall not be placed in fixed restraints in an area that jeopardizes the safety and security of the inmate or custody personnel
- Unless the inmate is recalcitrant and the transfer of restraints cannot be accomplished safely, fixed restraints shall be alternated once an hour from one arm/leg to the other, so not to affect the inmate's range of motion. If the hourly fixed restraint alternation is not accomplished, the responsible sergeant shall be notified
- Upon request, inmates secured with a fixed restraint shall be given the opportunity to use toilet facilities and/or provided with drinking water. If this cannot be accomplished due to the behavior of the inmate, the floor sergeant shall be notified immediately and an entry made into the electronic Uniform Daily Activity Log (e-UDAL) detailing the incident.
- If regularly scheduled meals being served, an inmate in a fixed restraint shall be offered food
- All activities (e.g. restroom breaks, meals, medical or psychological evaluations, etc.) shall be

documented in e-UDAL.

- All escorts shall be done with a minimum of 2 personnel for any inmate being placed on the front bench at any work location or an inmate being removed from the bench. Of the two escorting personnel, one shall hold a minimum rank of deputy sheriff generalist. For additional information about the escort of an HOH inmate, refer to UO 8-40/003.00.

Half-way through each shift, and prior to the end of each shift, the floor sergeant shall sign the e-UDAL to ensure inmates secured to a fixed restraint have been offered access to the restroom, wash basin and water fountain, and have been provided food and drink.

## FIXED RESTRAINTS UTILIZED FOR SECURITY DURING ROUTINE PROCEDURES

Custody Division Manual section 7-03/000.05, “Fixed Restraints,” allows for exceptions to state mandated provisions placing inmates in fixed restraints if the placement is for security procedures during routine procedures, as described below. If an inmate is placed in fixed restraints due to behavior which may result in the destruction of property or the intent to cause physical harm to themselves or others, personnel shall refer to the procedures outlines in the Inmates Secured by a Fixed Restraint for Non-Routine Processing Reasons” section of this unit order.

Inmates Secured By a Fixed Restraint for Routine Processing in the Clinic or Module 231

Inmates identified as high risk (e.g. suicidal inmates, inmates in the midst of a mental health crisis) and/or pending movement to High Observation Housing (HOH) or the Correctional Treatment Center (CTC) are routinely secured in fixed restraints in the IRC Clinic and Module 231 for their safety and the safety of others.

The lead deputy at the IRC Clinic or Module 231 shall be responsible for monitoring the processing status of inmates secured by fixed restraints in their location. This is accomplished by partnering with the lead nurse to ensure that when an inmate is secured by a fixed restraint, the lead nurse is immediately notified of the inmate’s name, booking number, and reason for placement into fixed restraints. Together, the lead deputy and lead nurse will monitor the status of these inmates and ensure they are processed and moved to their housing location in an expedited manner.

If an inmate secured by a fixed restraint to a chair or bench for routine processing remains in the fixed restraint for more than 12 hours, the floor sergeant and lead nurse shall be notified. Every effort shall be made to transfer the inmate to a housing location as quickly as possible. An entry shall be made in the comments section of e-UDAL with the inmate's name, booking number, length of time secured by a fixed restraint, and the name of the lead nurse who was notified.

Inmates Secured by a Fixed Restraint for Routine Processing at Custody Line

**NOTE:** The following procedures shall not apply for inmates secured by a fixed restraint at Custody Line for any reason other than securing the inmate pending in-custody release. If an inmate is secured by a fixed restraint at Custody Line for any other reason (e.g. inmate told personnel he was suicidal pending transfer to housing, recalcitrant inmates) personnel shall follow the procedures outlined in the "Inmates Secured by a Fixed Restraint for Non-Routine Processing Reasons" section of this unit order.

Inmates being processed at Custody Line for in-custody release to mental health facilities (e.g. Patton State Hospital) or inmates being processed at Custody Line who are housed in HOH or CTC shall be placed in a waist-chain and secured by a fixed restraint.

To minimize the time inmates are secured by a fixed restraint, the lead deputy shall coordinate with the location where the inmate is housed. The lead deputy will request that the inmate is brought to Custody Line no earlier than the time required to process the inmate for in-custody release.

If an inmate waiting for in-custody release is secured by a fixed restraint for longer than four (4) hours, the floor sergeant shall be notified of the situation and the estimated time the inmate will be released in-custody.

Inmates Secured By a Fixed Restraint for Non-Routine Processing Reasons

**NOTE:** The following procedures do not apply for inmates secured by a fixed restraint for routine processing in the IRC Clinic, Module 231, or Custody Line.

The lead deputy shall promptly notify the supervising sergeant of the reason the inmate was placed in a fixed

restraint. The lead deputy will also ensure an entry is made in e-UDAL for all inmates who are secured by a fixed restraint. The e-UDAL entry shall include the inmate's name, booking number, reason for securing the inmate to a fixed restraint, sergeant approving the use of a fixed restraint, personnel who secured the inmate to a fixed restraint and the time of the fixed restraint application. Additionally, all activities (e.g. restroom breaks, meals, medical or psychological evaluations, etc.) shall be documented in e-UDAL.

If an inmate secured in a fixed restraint appears to be in a mental health crisis, custody staff will immediately refer the inmate to mental health personnel.

As soon as practicable, but no later than twenty (20) minutes after the application of the fixed restraint, Department personnel shall initiate documentation of the inmate's monitoring in the Fixed Restraint Log (SH-J-475). At least once every fifteen (15) minutes and until the inmate is removed from the fixed restraint, personnel shall conduct and document a safety check of the inmate, during which they shall verify that the restraint is not causing undue pain, injury, or an obvious medical problem. A medical evaluation shall be conducted within one hour of the inmate's placement in the fixed restraint.

The responsible sergeant shall evaluate the application of fixed restraints and approve their continued use, if reasonable. At least once per hour, a sergeant shall conduct an inmate safety check of all inmates in fixed restraints in areas under their supervision. During this check, the sergeant shall reassess whether or not each inmate needs to remain in fixed restraints and ensure each inmate has been provided access to toilet facilities and drinking water. If regularly scheduled meals are being served, they shall be offered to the inmate in conjunction with this hourly check. The floor sergeant shall electronically sign the e-UDAL each time this check is conducted. This signature shall occur in the comments section of the e-UDAL.

The responsible sergeant shall ensure a medical evaluation is conducted by medical personnel at least once every two (2) hours. Any refusals for medical evaluation shall be made by the inmate directly to medical personnel. The refusal shall be documented by the sergeant in the e-UDAL and by medical personnel in the inmate's Electronic Medical Record (EMR).

After four (4) hours, the watch commander shall be notified and respond to the location of the inmate(s) to evaluate the application of fixed restraints and approve their continued use. The watch commander shall conduct an inmate safety check, similar to that of the sergeant, at least once every four (4) hours. The watch commander shall document this check in the comments section of the e-UDAL. During this check, the watch commander or their designee shall evaluate the necessity of a continued fixed restraint.

If an inmate remains in fixed restraints in excess of six (6) hours, notification and consultation shall be made with the unit commander and documented in the Watch Commander's Log.

If an inmate remains in fixed restraints in excess of eight (8) hours, notification and consultation shall be made with IRC's commander and documented in the Watch Commander's Log. If the inmate cannot be safely removed from fixed restraints after eight (8) hours, the inmate shall be taken to a medical facility for further evaluation.