

DATE:	DECEMBER 29, 2023
NUMBER:	I.93
SUBJECT:	RESTRAINT DEVICES
RELATED SECTIONS:	I.45 , I.51 , I.57 , M.25 ; Addendum F; MSD.R.3

PURPOSE

To establish the criteria and procedures for the use of authorized restraint devices and tools on incarcerated persons.

POLICY

A restraint device or tool may be applied to incarcerated persons in accordance with outlined procedures and Addendum F. Restraint devices and tools shall never be used as a form of discipline or a substitute for treatment. All incarcerated persons placed in a restraint device shall be separated from other incarcerated persons to protect them from abuse. This policy is not intended to include/affect the use of standard restraints for the routine movement of incarcerated persons (e.g., handcuffs, waist chains, leg chains). Each facility shall outline, via a green sheet, the available types and storage locations of restraint devices and tools.

In situations dealing with an incarcerated person known to be pregnant, in recovery after delivery or in recovery after termination of a pregnancy, refer to Detention Services Bureau Policies and Procedures (DSB P&P) sections I.51, I.57 and M.38.

DEFINITIONS

Restraint Device – For the purpose of this section, a restraint device is a device utilized to maximally secure an incarcerated person due to their violent or self-harming behaviors when less restrictive alternatives would be ineffective. Restraint devices include the Pro-Straint restraint chair, cord cuff restraint, and the WRAP restraint system.

Restraint Tool – For the purpose of this section, a restraint tool is an instrument used to aid in the control of an incarcerated person during movement, application/removal of handcuffs or medical imaging procedures. In and of itself, the use of a restraint tool is not considered force. Restraint tools include the tactical handcuff lead, Max-Cuff restraints, Grip MRI-Safer restraints and the hobble chain.

PROCEDURE

I. AUTHORIZATION FOR PLACEMENT IN RESTRAINT DEVICES

A. Absent exigent circumstances (i.e., an emergency situation requiring swift action to prevent imminent physical harm to the incarcerated person or other persons, the destruction of evidence, or escape), the watch commander shall:

1. Be notified prior to placement into a restraint device.
2. Evaluate the circumstances that exist and determine if a restraint device shall be applied and the type(s) to be used.

3. Ensure only deputies trained on the restraint device are involved in the placement of an incarcerated person in the restraint device. Placement of a person in a restraint device by a tactical response team is recommended; however, situations may arise that require a rapid response due to exigent circumstances.
 4. Have the restraint device placement digitally recorded on a portable device.
- B. When placing an incarcerated person in any restraint device, one deputy will be designated as a "safety deputy."
1. The safety deputy's sole responsibility is to monitor the health and safety of the individual being placed into the restraint device.
 2. If at any time during the placement the safety deputy determines the individual may be in immediate physical distress, such that they may suffer serious bodily injury or death, the safety deputy will immediately stop the placement.
 3. Necessary precautions will be taken to ensure the well-being and safety of the individual.
- C. Except for monitoring of an incarcerated person's health status or as otherwise documented in this policy (e.g., four-point restraints), health staff will not participate in the placement of an incarcerated person in a restraint device.
- D. When a restraint device is used by sworn staff for security reasons, health staff shall be immediately notified in order to conduct the following:
1. Review the health record for any contraindications or accommodations required, which, if present, are communicated to the watch commander without delay.
 2. Initiate health monitoring, which continues at designated intervals while the incarcerated person is secured in the restraint device. If the health of the incarcerated person is at risk, it will be immediately communicated to the watch commander.
 3. Medical assessments and mental health evaluations shall be completed as outlined in Medical Services Division Operations Manual section MSD.R.3.

II. PRO-STRAINT RESTRAINT CHAIR

The Pro-Straint Restraint Chair (restraint chair) manufactured by Aedec is approved for use as a restraint device. Only those sworn staff trained on the use of the restraint chair will be involved in the placement.

A. PLACEMENT

1. The watch commander must authorize the use of the restraint chair.
2. The restraint chair may be considered as an option to control an individual who has expressed and/or demonstrated violent or uncontrollable behavior, to prevent

self-injury, injury to others, or property damage when other techniques have been ineffective in preventing the expressed and/or demonstrated behaviors.

3. Prior to placing an individual into the restraint chair deputies shall apply leg and waist chains and remove handcuffs (if applicable).
4. Waist chain handcuffs must be double locked to prevent manipulation which can cause complications (e.g., affect blood circulation in the wrists).
5. Leg and waist chains may remain on while in the restraint chair.
6. A safety deputy shall be designated. The safety deputy shall monitor every step of the process through the entire restraint chair placement.
7. Although restraint chairs may be permanently mounted in any location, they are primarily a portable device and may be moved to various locations within a facility. The restraint chair must be placed in a location with enough space to allow facility staff to work around the restraint chair and where facility staff can conduct the observations described in section II.C.1 of this policy.

B. DOCUMENTATION

1. Application of a restraint device is considered force (as defined in Addendum F) and shall be documented in the narrative of an arrest report, crime report or incident report in NetRMS.
2. A Jail Information Management System (JIMS) incident report utilizing "CP" (chair placement) as the primary incident code shall be written by sworn staff for each placement of an incarcerated person in the restraint chair.
3. A JIMS incident report utilizing "CPU" (chair placement update) as the primary incident code shall be written by sworn staff at least every hour, after the watch commander has completed their review of the need for continued retention.

C. MONITORING

1. Every incarcerated person in a restraint chair will be directly observed and closely monitored by sworn staff at random intervals not to exceed 15 minutes between checks. The checks will be as frequent as possible to prevent unexpected health concerns or injuries.
2. All checks, observations, assessments, and reviews conducted by sworn or health staff will be documented on the Observation Log (J-19A) form. The original J-19A form shall be filed in the incarcerated person's custody record.
3. During checks of the incarcerated person, staff shall be cognizant of their condition and look for signs of an immediate threat to their medical/mental health.
 - a. These signs include, but are not limited to, discoloration of the skin below the restraints, difficulty breathing, obvious wounds or injuries, complaints by the individual of pain and/or injury and self-destructive behavior.

- b. Health staff must be notified immediately if the incarcerated person exhibits any signs of medical distress, including agitated psychosis, and/or any other agitated chaotic event (ACE).
 - c. If an incarcerated person in a restraint chair exhibits any signs of a serious medical condition, both sworn and health staff have the authority to call 911.
 4. Both sworn and health staff shall confirm the restraints are properly applied and the incarcerated person is safe.
 5. Prolonged use of restraints that severely limit the motion of the incarcerated person's extremities may cause unnecessary pain and/or injury. Upon review and recommendation by health staff and with the approval of the watch commander, restraints may be adjusted or partially removed to allow alternating extremities to be exercised, at a minimum of every two hours.
 - a. Periods of extremity exercise shall be documented on the J-19A form.
 - b. If the extremity exercise cannot be completed due to continued uncooperative behavior, sworn staff will clearly articulate those reasons in the JIMS CPU hourly update report listed in section II.B.3 of this policy.
 6. Sworn and health staff will consider the hydration and sanitation needs of the restrained individual.
 - a. If safe to do so, staff will provide drinking water to the individual upon request and shall document water provided on the J-19A form.
 - b. If the incarcerated person makes a request for toileting needs, the request shall be granted if sworn staff determines it can be done without jeopardizing their safety, staff's safety and/or the security of the facility. Toileting opportunities shall be documented on the J-19A form.
 - c. If an incarcerated person is not afforded the opportunity for toileting needs, the watch commander shall be notified, and sworn staff will clearly articulate those reasons in the JIMS hourly CPU report listed in section II.B.3 of this policy.
 7. A mental health evaluation by a Qualified Mental Health Provider (QMHP) shall be secured as needed.

D. RETENTION

1. The watch commander shall review the need for continued retention at least every hour. This review shall be a collaborative meeting with the QMHP and facility charge nurse.
2. They shall review the individual's behavior for the previous hour and develop a treatment plan for while in the restraint chair and after clearance. The watch

commander will determine the need for continued retention at the conclusion of this meeting.

Observations during this review shall be documented by the watch commander on the J-19A form.

3. After each hourly review, the watch commander shall direct sworn staff to document on a JIMS CPU report, the justification for continued retention in the restraint chair; such reports shall be reviewed and approved by the watch commander.
4. If the watch commander, in consultation with health staff, determines an incarcerated person cannot be safely removed from the restraint chair after six consecutive hours, they will be taken to the emergency department for further evaluation.

E. REMOVAL

If at the conclusion of the meeting, the watch commander determines the incarcerated person is to be removed from the restraint chair, the following will occur:

1. The watch commander will ensure the incarcerated person is removed from the restraint chair as soon as conditions allow.
2. After being removed from the restraint chair, they will be evaluated by facility health staff as soon as possible.
3. A JIMS Incident Status Report (ISR) will be written by sworn staff, documenting the clearance of the incarcerated person from the restraint chair and any follow-up information regarding their status.

III. MAXIMUM RESTRAINT DEVICES

A. The Cord cuff Restraint (Cord cuff) and the WRAP Restraint System (WRAP) are the only devices authorized for use when maximally restraining an incarcerated person. Incarcerated persons will only remain in a maximum restraint device for the minimal time necessary to move them to another location or to transition them into a restraint chair.

1. Maximum restraint devices should be stored with the facility tactical response equipment and can be utilized with the approval of the watch commander.
2. Following the application of a maximum restraint device, the individual shall be rolled onto their side into the recovery position or an upright seated position as soon as possible.
3. Deputies must continuously monitor the individual's level of consciousness.
4. As an alternative to lifting an individual restrained in the WRAP, they may be moved by means of shuffle or hobble. This should only be attempted if the

individual has displayed cooperative behavior. If this method is used, appropriate support must be given to the individual to prevent possible injury.

5. After the maximum restraint device has been removed, the incarcerated person shall be evaluated by facility health staff as soon as possible.
- B. Four-point restraints are used only in the Psychiatric Stabilization Units (PSU/WPSU) at the direction and authorization of a psychiatrist (refer to DSB P&P section M.25 for authorization of use and placement).
- C. DOCUMENTATION

Application of a restraint device is considered force (as defined in Addendum F) and shall be documented in the narrative of an arrest report, crime report or officer report in NetRMS.

IV. OTHER RESTRAINT TOOLS

Other tools may be used to secure incarcerated persons. The use of these tools, in and of themselves, are not considered force.

- A. Tactical Handcuff Lead – used to facilitate the safe removal of handcuffs through a cell door access flap. It provides deputies with the ability to retain control of the handcuffs when dealing with uncooperative incarcerated persons.
 1. The Tactical Handcuff Lead is approximately six feet long with a hand loop at one end and a handcuff loop at the other end. The Tactical Handcuff Lead is secured onto the links between the handcuffs by passing the handcuff loop through the hand loop and pulling the lead taut.
 2. The Tactical Handcuff Lead is not to be carried on the deputy's person when not in use. The Tactical Handcuff Lead is not intended to be used as a Cord Cuff or on an intoxicated person who is too intoxicated to stand or walk on their own.
- B. Max-Cuff Restraint (Max-Cuff) – is used as a temporary restraint in medical situations where the metal waist and leg chains are restricted. These procedures include Magnetic Resonance Imaging (MRI), or the need to image portions of the body without any obstructions [e.g., x-ray or Computerized Tomography (CT) scan].
 1. The Max-Cuff is effective as an all-purpose restraint for hands, legs, arms, legs to hands as a hobble, and can be applied quickly and easily concealed.
 2. While transitioning from waist and leg chains to the Max-Cuff, the incarcerated person should not be free from restraints at any time.
 3. Max-Cuffs are available at the University of California San Diego (UCSD) Medical Center and Tri-City Medical Center (TCMC).
 - a. UCSD: Max-Cuffs are located in a secured box within the MRI room. The secured box can be accessed with a 503 key.

- b. TCMC: Max-Cuffs are located in a locker within the Hospital Guard Unit (HGU) and can be accessed by calling the HGU.
 - C. Grip MRI-Safe Restraint (GRIP) - is used during medical procedures that prohibit the use of metal restraint devices (e.g., MRI, x-ray, CT scan or any other need to image portions of the body without any obstructions).
 1. While transitioning from waist and leg chains to the GRIP, the incarcerated person shall not be free from restraints at any time.
 2. Each facility will have a GRIP available, and it will be deployed with transporting deputies on hospital runs.
 3. The GRIP is available at UCSD and TCMC.
 - a. UCSD: The GRIP is located in a secured box within the MRI room. The secured box can be accessed Safety/Security Interest - GC 7922.000
 - b. TCMC: The GRIP is located in a locker with the HGU and can be accessed by calling the HGU.
 - D. Hobble Chain – is used to limit the mobility of an incarcerated person. It is an effective means of restraining a combative individual. It allows for transporting an incarcerated person in a seated, upright position, while preventing them from kicking (e.g., doors, windows, staff, etc.).
 1. The Hobble Chain consists of a leg chain that is attached to both the waist and leg chains on an incarcerated person.
 2. The Hobble Chain may be applied at the deputy's discretion.
 - E. STUN BELT / "BAND-IT" System – is used for high-risk transport or movement of incarcerated persons who present significant risk of escape or assaultive behavior.
 1. The Band-It or Remote-Electronic-Activated-Control-Technology (REACT) will only be used by deputies who are trained and certified to operate the device.
 2. Incarcerated persons who require the Band-It for transport or movement will be identified with "Band-It Transport" (BT) in JIMS under Hazards and Instructions and High Risk Indicators.

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4. Incarcerated persons wearing the Band-It will be secured using the cross chained technique. No other incarcerated persons will be transported or placed into a cell with an incarcerated person wearing the Band-It system.
 5. If the Band-It is activated while on an incarcerated person, sworn staff will follow the guidelines set forth in Addendum F as it relates to documentation, notification, and medical evaluation.

V. TRAINING AND MODIFICATIONS

- A. Training guidelines on the procedures and proper use of restraint devices listed in this policy shall be developed and reviewed annually by the Detention In-Service Training Unit.
- B. Any modifications or attachments to any of the restraint devices listed in this policy must be reviewed and approved by the Detention Operations Commander before implementation.