

USE OF RESTRAINTS

(Critical Policy)

POLICY.

Deschutes County Sheriff's Office – Adult Jail (AJ) deputies will only use restraints as a control measure to prevent escape, self-inflicted injury, injury to others, and the destruction of property when less restrictive measures are inadequate. *This is a critical policy because the misuse of restraints may violate constitutionally protected rights or cause injury and loss of life.*

PURPOSE.

To provide deputies with guidance on when and how to use restraints properly in a corrections setting. Ensure the safety of members and inmates and provide sufficient security and control to prevent inmates from escaping and to secure inmates who are violent and require greater control than could be provided without the use of restraints.

OREGON JAIL STANDARDS:

- E-504 Use of Restraints
- E-505 Restraint Devices
- E-506 Restraint Chairs or Restraint Wrap Devices
- E-507 Crisis Intervention
- E-508 Supervision of Inmates in Restraints
- E-509 Restraint and Supervision of Pregnant Females
- E-510 Medical Examination and Treatment
- E-511 Documentation Requirements
- G-203 Emergency Response

REFERENCES:

- ORS 161.205, Use of Physical Force Generally
- ORS 161.209, Use of Physical Force in Defense of a Person
- ORS 161.219, Limitations on Use of Deadly Physical Force in Defense of Person
- ORS 161.235, Use of Physical Force in Making an Arrest or in Preventing an Escape
- ORS 161.239, Use of Deadly Physical Force in Making an Arrest or in Preventing an Escape
- ORS 161.265, Use of Physical Force to Prevent an Escape (from a correctional facility)
- ORS 169.076(4), Standards for Local Correctional Facilities

- ORS 426.228, Custody (probable cause to believe a person is dangerous to self or to any other person and is in need of immediate care, custody or treatment for mental illness)

DEFINITIONS:

Emergency Restraint Chair (ERC). A specially designed chair with straps that hold down the torso, arms and legs of an inmate.

Excited Delirium (ED). A state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, hostility, exceptional strength and endurance without apparent fatigue. This delirious state may be caused by multiple factors, including chronic drug use (particularly methamphetamine and cocaine abuse), substance withdrawal, and/or mental illness.

Hard Restraints. Handcuffs, flex cuffs, leg brace, leg irons and belly chains.

Humane Tether. A nylon leader or controller used to restrict movement during escort of an inmate.

Non-Routine Purpose. A situation requiring the restraint of an inmate because of the inmate's combative, harmful or security-risk behavior. Usually, the restraint chair or WRAP is an appropriate restraint available to members for controlling this behavior.

Peace Officer Hold (POH). A Law Enforcement Officer (LEO) taking a person into custody when there is probable cause to believe the person is a danger to self or others and is in need of immediate care, custody or treatment for mental illness. ORS 426.228.

Restraint. A device used to secure and control the hands, arms, feet, legs, head or torso of an inmate.

Routine Purpose. A transport, an internal jail or court area movement or the exchange of restraints at intake with the arresting or transport officer.

Serious Medical Risk. A potential medical problem which appears to require immediate medical attention and/or is life threatening.

Soft Helmet. Soft foam protective headwear.

Soft Restraints. Restraints made from plastic, nylon, leather or other pliable material such as; Emergency Restraint Chair, The WRAP, Humane Tether, soft helmet, spit mask, padded or leather belts and cuffs.

Stun-Belt. An electrical stun device placed around the waist of an inmate. Deputies turn it on by remote control if the inmate needs immediate serious control.

The WRAP. A specifically designed device that secures the torso, arms and legs of an inmate.

PROCEDURES.

Restraints provide a practical and humane option for handling violent inmates with a reduced risk of physical or psychological trauma. Restraints involve a much lower level of force than using punches, kicks, batons, Tasers, or chemical agents.

SECTION A: RESTRAINT DEVICES

- A-1. Only trained** deputies may use approved restraints on which they have been trained. Deputies may apply restraint devices to inmates following Sheriff's Office policies and manufacturer guidelines. They may only use them for their intended purpose and only for as long as necessary to serve that purpose. The following are approved restraints for use in corrections settings:
- a. Handcuffs (hinged, link or flex)
 - b. Leg irons
 - c. Belly chains
 - d. Multiple-person transport chains
 - e. Emergency Restraint Chair (equipped with either hard or soft restraints)
 - f. Anti-spit device (spit hood)
 - g. Leg restraints
 - h. The WRAP
 - i. Hobble tether
 - j. Soft helmet (for use with restraint chair and WRAP)
 - k. Leg brace
 - l. Humane Tether
- A-2.** Deputies will use restraints to secure inmates when:
- a. During the pre-admission phase of the booking process
 - b. Transporting to and from the jail (i.e. court, hospital, etc.)
 - c. During court hearings with the exception of jury trials or as authorized by a supervisor.
 - d. Restraints will be placed on inmates who are in custody outside the confines of the AJ. Exceptions: Inmate workers, supervised by a deputy or pregnant females depending on trimester and circumstances.
- A-3.** During confinement and after admission to the jail, restraints may be used on inmates when it is necessary:
- a. To protect an inmate from self-inflicted injury.
 - b. To prevent a violent inmate from harming others or destroying property.

SECTION B: PROHIBITED RESTRAINT PRACTICES




- B-1.** The following restraint practices are prohibited:
- a. Use of restraints as punishment.
 - b. Covering an inmate’s mouth or nose with tape or any other similar material.
 - c. Placing an object inside an inmate’s mouth to stop the inmate from screaming or spitting.
 - 1) If an inmate is spitting or threatening to spit, an approved protective spit hood may be used. The spit hood will be removed as soon as the inmate stops spitting or threatening to spit.
 - d. Allowing an inmate to lie or sit in their own bodily waste for an unreasonable length of time.
 - e. Restraining an inmate in a position that requires the inmate to lie face down with their arms and legs joined together behind their back with restraints.
 - f. Attaching an inmate to a fixed object. Exceptions to this rule include:
 - 1) During an emergency
 - 2) If an inmate in the restraint chair is attempting to tip it over.
 - 3) During intake (an inmate may be cuffed to the bench or counter).
 - 4) At a medical facility to allow for deputy breaks of a few minutes provided it does not interfere with treatment or recovery
 - 5) If a supervisor approves the method and circumstances to secure an inmate to a vehicle, such as on a high-risk transport

Note: *Items that can be easily moved with a person in or on it in an emergency, such as hospital beds, wheelchairs, or gurneys, are not considered fixed objects.*

SECTION C: MINIMUM RESTRAINT FOR MOVEMENTS

C-1. The table below sets the minimum restraint requirements by the type of inmate movement, unless physically or medically inappropriate.

TYPE OF MOVEMENT	MINIMUM RESTRAINT
Arrestees entering the jail	████████████████████
Outside of cell 8-Max and D-Seg inmates to shower, phone or recreation yard	████████████████████████████████████████ ████████████████████████████████████████ ████████████████████████████████████████
Outside of cell: (excluding dayroom time) 8-Maxcustody or D-Seg Inmate	████████████████████████████████████████ ████████████████████████████████████████
Outside of Housing Unit: 8-Maxcustody or D-Seg Inmate	████████████████████████████████████████

<p>Transports to and from correctional facilities: All inmates (with exception of the following) Pregnant inmate (1st & 2nd trimester) Pregnant inmates in 3rd trimester</p>	
<p>Transport to and from health care facilities: All inmates(with exception to the following) Pregnant inmates (1st & 2nd trimester) Pregnant inmates in 3rd trimester</p>	
<p>Transport to and from the courthouse: All inmates (with exception of the following) Pregnant inmate (1st & 2nd trimester) Pregnant inmates in 3rd trimester</p>	

**Must document the circumstances.*

SECTION D: FUNCTION OF RESTRAINTS

D-1. Deputies will put restraints on inmates before taking the inmates out of the secure perimeter of the jail, courthouse holding area, housing area or cell, as appropriate. The restraint should be the least restrictive one available. When in doubt, deputies will choose the more secure restraint. A deputy will consider these factors in deciding which restraint to apply:

- a. Classification of the inmate
- b. Segregation status
- c. Physical and behavioral health. The inmate’s demonstrated behavior, including pregnant females
- d. Purpose and destination of the transport or escort
- e. Current charges, bail amount and potential sentence
- f. Expected contact with the public
- g. Escape risk

D-2. When putting restraints on a combative inmate, the first responding deputy will apply the restraint that best addresses immediate safety and security concerns. Once the inmate is controlled, the restraint will be adjusted so it does not restrict blood flow or breathing. Deputies will avoid prolonged pressure on the inmate’s torso or airway while applying restraints. As soon as responders get the situation under control, a supervisor may decide the need for additional or different restraints.

D-3. When putting a restraint on a non-combative inmate, deputies will use care to have the restraint fit snugly, but not so tight that it restricts blood flow.

- a. **Position of Keyholes.** [REDACTED]
- b. **Position of Keyholes during Facility Escort.** [REDACTED]
- c. **Inspection of Restraints.** The deputy putting a restraint on must inspect it for fit and proper operation once it is on.
- d. **Humane Tether.** In the event additional control of an inmate is necessary, deputies may use of the Humane Tether to increase safety. [REDACTED]

D-4. Except on transport, at least once each waking hour, deputies will offer restrained inmates the chance to use a toilet and drink fluids, depending on the inmate’s behavior. At other times, they will honor good faith inmate requests to use a toilet or get a drink. Deputies will allow an inmate to wash hands after use of a toilet. If in restraints during normal times, deputies will offer the inmate a chance to eat, but may delay the meal because of the inmate’s behavior. Members may help the inmate eat. Deputies will contact a nurse if 14 hours have passed since the restrained inmate last ate.

D-5. A deputy will remove restraints on return to the AJ or as soon as the reason for restraints is no longer valid. Typically, a deputy may not remove or adjust a restraint if the inmate is outside the secure perimeter of the jail. [REDACTED]

D-6 Deputies will not leave restraints on inmates placed in holding or living area cells for extended periods of time without supervisor approval. The deputy will document the name of the approving supervisor and the reason in an incident report. The inmate shall be supervised per **Section F-2**, below.

SECTION E: DOCUMENTATION REQUIREMENTS

- E-1.** When a deputy uses restraints for a non-routine purpose, the deputy will submit an Incident Report in the Jail Management System (JMS) and a *Corrections Use of Force Report Form No. 409*, before going off duty unless delay is authorized by a supervisor.
- E-2.** Deputies will use an incident report to record injuries and restraint adjustments. The incident report will remain “active” for deputies to record other member actions and concerns while the inmate is restrained. The incident report is “closed” when deputies remove the restraints from the inmate.

- E-3.** A shift supervisor should be present to review and monitor the activities of an inmate placed into restraints ensuring policies and procedures are followed.

SECTION F: SUPERVISION OF INMATES IN RESTRAINTS

- F-1.** A deputy supervising an inmate in restraints for a routine purpose will check the restraint if the deputy suspects tampering or when the restraint has been on for an extended period. During longer than 2 hours of restraint, deputies will permit the inmate to flex and stretch leg muscles at least once per hour.
- F-2.** When an inmate is in a restraint for non-routine purposes, a deputy will check on the welfare of the inmate and the restraint at least every 15 minutes. The restraint must be secure and not be restricting blood flow. The deputy shall record each 15-minute check (round) on an *Inmate Round Record Form No. 402* and attach it to the Jail Incident Report. The deputies will note inmate activity, condition or behavior on the form.
- F-3.** The deputy applying a restraint on an inmate must inspect it for fit and proper operation once it is applied.

SECTION G: RESTRAINT AND SUPERVISION OF PREGNANT INMATES

- G-1.** A pregnant inmate should be restrained solely with handcuffs in front unless further restraint is required to protect the inmate or other inmates.
- G-2.** While in restraints, a deputy will directly observe a pregnant inmate at all times.
- G-3.** Information packets detailing requirements required by policy shall be provided to the transporting deputy of pregnant inmates, medical providers attending to the pregnant inmates and to the inmate who has recently given birth.
- G-4.** Except in extraordinary circumstances, an inmate who is known to be pregnant may not be restrained during labor, during transport to a medical center or birthing center for delivery, or during postpartum recovery. “Extraordinary circumstance” means that reasonable grounds exist to believe the inmate presents an immediate and credible:
- a. Serious threat of hurting self, member or others
 - b. Risk of escape that cannot be reasonably minimized through any method other than restraints.

SECTION H: MEDICAL EXAMINATION AND TREATMENT

- H-1.** When restrained for non-routine purposes, a nurse must examine the inmate shortly after the inmate is restrained, at 2-hour intervals while the inmate remains restrained and after the restraints are removed.

Deputies will note the exams took place on the *Corrections Use of Force Report Form No. 409*. Nurses will make notes of the exam in the inmate's Electronic Health Record (EHR).

SECTION I: CRISIS INTERVENTION

- I-1.** Inmates whose actions require the use of restraint devices may be acting out as a result of behavioral health issues, personality disorders, or other emotional problems that may require behavioral health intervention. Others may act out in an attempt to manipulate members or their environment, as a result of low impulse control, or a belief they can act out with relatively minor consequences.

When it appears an inmate may need behavioral health assistance, deputies will determine if an emergency exists and if so, contact a Behavioral Health Specialist (BHS). When BHS is not available, contact the Mobile Crisis Assessment Team (MCAT).

SECTION J: EMERGENCY RESTRAINT CHAIR USE

- J-1.** Emergency Restraint Chairs will be stored in Prebooking, AJ South, Work Center (WC) and Courthouse. Deputies will inspect the Emergency Restraint Chairs once per shift, assuring they are clean and ready to use at all times.
- J-2.** Deputies should use restraint chairs only when other restraints or methods have been or are likely to be ineffective. If possible, a supervisor will make the determination whether the restraint chair is appropriate for the situation; approve the use of a restraint chair; be present when deputies put the inmate in the chair; and ensure proper documentation.
- J-3.** The restraint chair is prohibited as a form of punishment. Inmates will remain in the chair only for as long as necessary to control their behavior.
- J-4.** Deputies may utilize the soft helmet to protect the head of inmates placed into the Emergency Restraint Chair.
- J-5.** The Emergency Restraint Chair may be used to ensure an inmate's safety for the following reasons:
- a. To restrict violent movements
 - b. To prevent an inmate from hitting their head on the floor, walls or other surfaces.
 - c. To confine an inmate to a stable fixture
 - d. To reduce the potential for serious self-inflicted harm
 - e. To allow deputies to move and handle the inmate, limiting risk of harm to the deputy, inmate or other person.
- J-6.** Deputies must do the following when putting an inmate in a restraint chair.

- a. Make sure handcuffs are on each hand and leg irons are on both legs of the inmate in the chair.
 - b. Snugly secure all chair straps.
 - c. Make sure chair restraints do not restrict blood flow or the ability to breathe.
 - d. Isolate the inmate from other inmates.
 - e. Place the inmate facing the cell door.
 - f. Once the inmate is secured, contact a nurse to examine the inmate.
- J-7.** Deputies must be very safety conscious in supervising, observing, and managing an inmate who is secured in the restraint chair.
- a. A shift supervisor will assign a deputy to continuously watch an inmate during the first 15 minutes the inmate is in the chair. (**This is especially important when restraining drug or alcohol intoxicated inmates as they may occasionally have breathing problems.**) Refer to DCSO Policy *Dealing with the Mentally Ill and Excited Delirium No. 5.42*.
 - b. After the first 15 minutes, the deputy will begin doing 15-minute checks on the inmate and proper application of the restraint. When an inmate is in the restraint chair the deputy will check on the welfare of the inmate and the handcuffs at least every 15 minutes and log these actions on *Inmate Round Record Form No. 402*. Caution will be used to insure circulation is not restricted and that the restraints are still secure. The deputy will document inmate activity, condition, or behavior in their Incident/Use of Force Report.
 - c. A shift supervisor may extend the continuous watch period if the inmate is actively resisting the restraint or for any reason they deem necessary. A nurse may ask for an extension for health reasons.
 - d. If an inmate is in the restraint chair over a shift change, the outgoing and incoming shift supervisors will jointly check the inmate and evaluate the need to continue the restraint chair. The shift supervisor will record the decision on the *Corrections Use of Force Report Form No. 409*.
 - e. If the inmate is in the restraint chair for more than 2 hours, a nurse must examine the inmate. If available, a BHS will examine the inmate as well. At no more than 2 hours, the supervising deputy will give the inmate an opportunity to regularly stretch and exercise range of motion limb by limb. The deputy will free one limb at a time. These stretch breaks will be hourly until the inmate is out of the chair. Deputies will record these stretch breaks or the inmate's refusal to do them on the *Corrections Use of Force Report Form No. 409* and *Inmate Round Record Form No. 402*. If the inmate is actively resisting to the point where stretching and exercising range of motion is not possible, it should be documented.
 - f. The deputy will immediately contact a nurse to examine the inmate if the inmate is injured or complains of pain. The deputy will record the exam actions on the *Corrections Use of Force Report Form No. 409* and *Inmate Round Record Form No. 402*.

g. If an inmate is in the restraint chair longer than 4 hours, and every 4 hours after that, the shift supervisor must contact the chain of command to gain authorization for continued restraint. The shift supervisor will record the chain of command contact and the reasons confirmed restraint is necessary on the *Corrections Use of Force Report Form No. 409 and Inmate Round Record Form No. 402*.

J-8. Deputies will take the inmate out of the chair as soon as the inmate's behavior is under control. They will notify the supervisor of the decision. The deputies taking the inmate out of the restraint chair will arrange for a nurse to examine the inmate as soon as possible. The deputy will record this exam on the *Corrections Use of Force Report Form No. 409 and Inmate Round Record Form No. 402*.

SECTION K: THE WRAP

K-1. The WRAP shall be treated similarly to the Emergency Restraint Chair. The Wrap will be stored in the Booking Restraint Closet, WC, South West Exit Corridor and Courthouse. Deputies will inspect the WRAP once per shift, assuring they are clean and ready to use at all times.

K-2. Deputies should use the WRAP only when other restraints or methods have been or are likely to be ineffective. If possible, a supervisor will make the determination whether the WRAP is appropriate for the situation; approve the use of the WRAP; be present when deputies put the inmate in the WRAP; and ensure proper documentation.

K-3. The WRAP is prohibited as a form of punishment. Inmates will remain in the WRAP only for as long as necessary to control their behavior.

K-4: Deputies may utilize the soft helmet to protect an inmate's head when placed into the WRAP.

K-5: The WRAP may be used to ensure an inmate's safety for the following reasons:

- a. To restrict violent movements.
- b. To prevent an inmate from hitting his head on the floor, walls or other surfaces.
- c. To reduce the potential for serious self-inflicted harm.
- d. To allow members to move and handle the inmate, limiting risk of harm to the deputy, inmate or other person.

K-6. Deputies must do the following when putting an inmate in the WRAP.

- a. Make sure the handcuffs on each hand are properly secured behind the inmate's back and are properly fastened to the upper harness carabineer.
- b. Secure the upper harness; ensuring cam buckles are properly fastened.
- c. Secure the upper leg restraint; ensuring cam buckles are properly fastened.

- d. Secure the ankle restraint strap.
- e. Make sure all WRAP restraints do not restrict blood flow or the ability to breathe.
- f. Isolate the inmate from other inmates.
- g. Once the inmate is secure, contact a nurse to examine the inmate.

K-7. Deputies must be very safety conscious in supervising, observing and managing an inmate who is secured in the WRAP.

- a. A shift supervisor will assign a deputy to continuously watch an inmate during the first 15 minutes the inmate is in the WRAP. **(This is especially important when restraining drug or alcohol intoxicated inmates as they may occasionally have breathing problems.)** Refer to DCSO Policy *Dealing with the Mentally Ill and Excited Delirium No. 5.42*.
- b. After the first 15 minutes, the deputy will begin doing 15-minute checks on the inmate and proper application of the restraint. When an inmate is in the WRAP the deputy will check on the welfare of the inmate and the handcuffs at least every 15 minutes and log these actions on *Inmate Round Record Form No. 402*. Caution will be used to ensure circulation is not restricted and the restraints are still secure. The deputy will document inmate activity, condition, or behavior in their Incident/Use of Force Report.
- c. A supervisor may extend the continuous watch period if the inmate is actively resisting the restraint or for any reason they deem necessary. A nurse may ask for an extension for health reasons.
- d. If an inmate is in the WRAP over a shift change, the outgoing and incoming shift supervisors will jointly check the inmate and evaluate the need to continue the WRAP. The shift supervisor will record the decision on the *Corrections Use of Force Report Form No. 409*.
- e. If the inmate is in the WRAP for more than 2 hours, a nurse must examine the inmate. If available, behavioral health staff will examine the inmate as well. At no more than 2 hours, the supervising deputy will give the inmate an opportunity to regularly stretch and exercise range of motion limb by limb. The deputy will free one limb at a time. These stretch breaks will be hourly until the inmate is out of the WRAP. Deputies will record these stretch breaks or the inmate's refusal to do them on the *Corrections Use of Force Report Form No. 409 and Inmate Round Record Form No. 402*. Document statements and behaviors when an inmate is actively resisting to the point where stretching and exercising range of motion is not possible.
- f. The deputy will immediately contact a nurse to examine the inmate if the inmate is injured or complains of pain. The deputy will record the exam actions on the *Corrections Use of Force Report Form No. 409 and Inmate Round Record Form No. 402*.
- g. If an inmate is in the WRAP longer than 4 hours, and every 4 hours after that, the shift supervisors must contact the chain of command to gain authorization for

- continued restraint. The shift supervisor will record the chain of command contact and the reasons confirmed restraint is necessary on the *Corrections Use of Force Report Form No. 409 and Inmate Round Record Form No. 402*.
- K-8.** The inmate may be placed on their side or placed in an upright sitting position to allow for respiratory recovery. This position will increase the oxygen recovery rate and reduce the incidence of respiratory fatigue.
- K-10.** The WRAP can be applied by two deputies if the subject is passive, but for violent/combative subjects, three to four people should be used. Only deputies who have received training in the use of the WRAP should use this restraint device.
- K-11.** Moving the subject can be accomplished in multiple ways depending on their level of cooperation. The subject can be carried, placed in a wheelchair, stair chair, or be allowed to stand and shuffle step.
- a. To carry the subject, it is recommended between two and four deputies be used depending on the size and weight of the subject. Lift the subject under their arms, supporting the shoulders, and use the ankle strap carry handle. Proper lifting technique should be followed to prevent unnecessary injury to the inmate or deputies.
 - b. As an option to lifting, the subject may be moved by means of shuffle stepping. If the subject has calmed down and is cooperative, the ankle strap can be removed and the two lower WRAP leg bands loosened to allow some leg movement below the knees without compromising safety and security. By loosening the strap from the shoulder harness to the upper leg restraint, the subject can be brought to a standing position. With deputy assistance, the inmate can shuffle to or from the destination. If this method is used, deputies will maintain a hold on the inmate to prevent falling and possible injury.
- K-12.** When transporting in a vehicle, recheck all belts to ensure that they are securely fastened, prior to entering the vehicle. The inmate shall be seated in an upright position and secured with a seatbelt. The seated and seat belted position is to limit movement and reduce the risk of injury to the inmate. When using a transport van, a deputy shall ride in the back as an observer with the subject to ensure all straps remain tight; the subject remains in the upright position and has no medical problems. If a subject is transported via ambulance, a minimum of two deputies shall be assigned to the transport.
- K-13.** Deputies will take the inmate out of the WRAP as soon as the inmate's behavior is under control. They will notify the shift supervisor of the decision. The deputy taking the inmate out of the WRAP will arrange for a nurse to examine the inmate as soon as possible. The deputy will record this exam on the *Corrections Use of Force Report Form No. 409 and Inmate Round Record Form No. 402*.

- K-14. Care and Maintenance:** If any damage is discovered, forward the WRAP to the Training Unit for repair or replacement. Cleaning is necessary after each use. Use a mild soapy solution or disinfectant approved for use on vinyl and nylon materials. Thoroughly rinse all disinfectant from the unit prior to drying. After cleaning the WRAP, allow it to thoroughly air dry before returned to its carrying bag. If any part of the WRAP cannot be cleaned, replacement of that part should be considered.
- K-15. Storage:** The WRAP shall be stored, prepared and ready for immediate use:
- a. Place the body of the WRAP on a flat surface with the leg bands on top (outside facing upward). Have the harness detached from the WRAP. Extend each of the three leg straps. This prepares for the next application and saves time.
 - b. Fold the leg bands in alignment with the bands located on the outside body of the WRAP.
 - c. Be sure the “D” rings (carabineers) are unlocked and ready for use.
 - d. With the bands folded in place, roll up the WRAP tightly (bands on inside) and secure with the ankle strap. Now place the WRAP into the WRAP bag.
 - e. Lastly fold the harness together in a compact manner, making sure the buckles are fully extended and undone. Place the harness into the pouch sewn inside the bag. This separates it from the WRAP to avoid confusion.

SECTION L: SPIT HOOD

- L-1.** A deputy may determine when it is necessary to use the spit hood to prevent an inmate from spitting. When a spit hood is used, the inmate's hands must be cuffed behind the back or the inmate must be in a restraint chair or The WRAP. Deputies will do at least 15-minute checks on the inmate and record the checks on the *Inmate Round Record Form No. 402* and complete an Incident Report.
- a. The spit hood will be placed over the inmate's head. The fabric of the hood should rest just under the nose of the inmate, with the mesh covering the nose and eyes. The top of the hood should be fitted snugly to the head.

SECTION M: RESTRAINT USE DURING COURT

- M-1.** The use and type of restraints for inmates in court may vary depending on whether a jury is present. To avoid possible adverse influence, a jury should never see an inmate in restraints.
- a. Inmates will be transported to and from the courthouse in restraints. Inmates will be unrestrained during court appearances unless restraints are authorized by the court. Inmates will be restrained while in holding areas of the courthouse.
 - b. Deputies should coordinate all movements to and from court with the jury trial coordinator to make sure a jury does not see the inmate in restraints.

- c. For jury trials, all inmates will be reviewed by the Court Security/Transports sergeant to determine if restraints will be used during trial. The *Use of Restraints during Trial Form No.432* will be completed and given to the assigned judge and deputy district attorney prior to the trial. A supervisor will notify the assigned deputy if restraints will be used. Deputies will remove all visible restraints prior to the inmate entering the courtroom. The inmate will be seated at the counsel's table.
- d. [REDACTED]

SECTION N: RESTRAINT CARE AND INVENTORY CONTROL

- N-1.** After removing a restraint, the deputy will inspect it for damage before returning it to its storage location. The deputy will immediately turn in defective or broken restraints to the shift supervisor for repair or disposal. Deputies must clean or dispose of restraints contaminated with saliva, urine, feces, blood, or other bodily fluids in accordance with biohazard disposal procedures. They will do so as soon as possible after taking the restraints off the inmate.
- N-2.** Supervisors will oversee a standard system of inventory control for restraints. Supervisors will make sure the proper number and types of usable restraints are available to deputies.

SECTION O: TRAINING

- O-1.** Restraints will only be used by deputies who have completed an approved training program.
- O-2.** Ongoing training will address:
 - a. Types of restraints and the criteria for determining what restraint device is appropriate for a given situation.
 - b. Who has the authority to approve use of restraints to control violent inmates.
 - c. How to use and/or apply various restraint devices.
 - d. The observation, supervision and management needed to address safety issues of restrained inmates.
 - e. Any follow-up and after-action requirements that may be necessary for use of some restraint devices.
 - f. Situations involving any crisis intervention.
 - g. Documentation of actions.
- O-3.** The Administrative Lieutenant will coordinate with the Training Unit to ensure members receive required training.

SECTION P: AFTER-ACTION FOLLOW-UP

- P-1.** Medical examination should be provided for inmates involved in a Use of Force incident as soon as reasonably feasible. Deputies will document the examination on the *Use of Force Form No. 409 and Jail Incident Report*. Documentation will include:
- a. Identify obvious injuries requiring treatment;
 - b. Examine and treat inmate for any undetected injuries; and
 - c. Document the absence of injuries.

FORMS USED:

- Jail Incident Report (JMS)
- AJ Form No. 402, Inmate Round Record
- [AJ Form No. 409, Corrections Use of Force Report](#)
- AJ Form No. 432, Corrections Use of Restraints for Trial