

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.10	Page 1 of 13
	Original Effective Date: 10/15/78	New Effective Date: 06/27/24
	Supersedes: 500.70.10	Dated: 08/31/23
	Administrator's Approval: Sarah Cooper, Administrator – 06/26/24	
	Required Posting or Restricted: <input type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

POLICY

The Division of Adult Institutions may use mechanical restraints to confine PIOC at risk of immediate physical injury to self or others and to protect property.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care Standards, 2014 – P-I-01 – Restraint and Seclusion

Wisconsin Statutes s. 146.38 – Health care services review; confidentiality of information

Wisconsin Administrative Code Ch. DOC 306 – Security

Wisconsin Administrative Code Ch. DOC 311 – Observation Status

DAI Policy 300.00.35 - Americans with Disability Act

DAI Policy 306.00.02 – Escorting and Transportation of Pregnant Inmates

DAI Policy 306.00.27 – Transportation of Inmates

DAI Policy 306.07.01 – Use of Force

DAI Policy 306.07.04 – Use of Force – Documentation and Video Recording

DAI 306.16.01 – Use of Body Cameras

DAI Policy 306.17.02 – Searches of Inmates

DAI Policy 500.10.01 – Medical Autonomy

DAI 500.70.24 – Clinical Observation

DAI Policy 500.70.30 – Behavior Management Plans

Principles of Subject Control (POSC) Training

Restraints – Health Assessment (Nursing Protocol)

DEFINITIONS, ACRONYMS AND FORMS

Administrative Peer Review – Multidisciplinary review of a restraint placement that takes place within 30 days of the conclusion of the placement and constitutes a health care services review as defined in Wisconsin Statutes s. 146.38.

ADO – Administrative Duty Officer

Ambulatory restraint – Commercially manufactured device that reduces the ability of the individual to freely move upper extremities. Examples include, but are not limited to: behavioral control suits, hand mitts, hand tubes, and protective arm sleeves.

Bed Restraints – Four, five or six point restraints applied to immobilize PIOC in a supine (face up) position either on a bed or a Transboard.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 2 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

Behavior Management Plan (BMP) – A non-punitive and multidisciplinary plan written on DOC-3642A to address PIOC behaviors that threaten the safety of PIOC or others, impair the safe and secure operation of the facility, or result in disciplinary action. The plan shall identify target behaviors, the appropriate staff responses to those behaviors, and guidance to PIOC regarding more constructive behaviors.

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-27B – Placement/Review of Offender Restraints

DOC-111 – Review of Placement of Offender in Restraints

DOC-112 – Observation of Offender

DOC-2466 – Incident Report

DOC-3338 – Health Assessment of Patient in Mechanical Restraints

DOC-3642A – Behavior Management Plan

DOC-3657 – Restraint Placement Administrative Review

Handcuffs – Two cuffing devices attached to each end of a short chain or hinged together, used for restricting the hand/arm movements.

HSU – Health Services Unit

HSU Staff – Physicians, Nurse Practitioners, Registered Nurses and Physician Assistants qualified to do an assessment.

Leg Restraints – Two large cuff devices attached to each end of a chain used to restrict the feet/leg movements during transportation, whether inside or outside the facility.

Mechanical Restraints – Commercially manufactured devices used according to the manufacturer directions in order to restrict or impede free movement of hands/arms, feet/legs and/or torso. Restraint materials may include leather, vinyl, nylon, canvas or rubber.

Mental Health Staff – PSU staff and Psychiatrists.

PIOC – Persons in Our Care

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 3 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

Psychological Services Unit (PSU) Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate A or B, Crisis Intervention Worker, Psychological Services Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

Restraint Bed – A flat device that secures PIOC in a supine (face up) fashion using mechanical restraints.

Restraint Chair – A device that secures PIOC in a seated fashion using a combination of restraining straps, handcuffs and leg restraints.

Restraint for Clinical Purposes – Restraint placement that is ordered by HSU or PSU staff, is used to immobilize PIOC for emergency behavior control related to a mental health problem, and simultaneously places the PIOC in clinical observation status.

Restraint for Medical Purposes – Restraint use to allow healing of an injury, provide safety during a medical procedure, or provide protection while a medical condition exists. These restraints are generally short-term in nature, but long-term use may be necessary for some chronic medical conditions. Approved restraints may include mechanical restraints, physical holds, or safety devices that patients cannot remove themselves.

Restraint for Security Purposes – Restraint placement ordered by a Security Supervisor.

ROM – Range of Motion

Security Staff – Correctional Officer or Correctional Sergeant

Security Supervisor – Lieutenant or Captain

Spit Mask – A disposable mask designed to prevent PIOC from spitting on others while not interfering with breathing.

Transboard – A commercially available mobile backboard/restraint device that can be used for transport and/or restraint of PIOC.

Working Days – All days except Saturdays, Sundays and legal holidays.

Wrap System – A commercially manufactured system utilized to temporarily stabilize or to transport PIOC.

PROCEDURE

I. General Guidelines

- A. Restraint equipment shall include only those devices that are commercially manufactured and may be used only in accordance with manufacturers' recommendations. Metal or hard plastic restraints shall not be used solely to immobilize PIOC unless specifically authorized by the Security Director.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 4 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

- B. Facilities shall only order approved restraint chairs listed below:
 - 1. Adec Pro-Straint Restraint Chair.
 - 2. Sureguard Correctional Safety Restraint Chair.
 - 3. Or similar product as approved by Security Chief.

- C. Metal and hard plastic restraints shall be used for transportation of PIOC or other temporary restraint purposes.

- D. Any excessively worn or defective restraint devices shall be removed from the supply.

- E. Security staff shall select restraint equipment based upon their knowledge of:
 - 1. Custody classification of PIOC.
 - 2. Anticipated contact with the public.
 - 3. Physical limitations of PIOC.
 - 4. PIOC history of violent or uncontrollable behavior.

- F. Prior to determining PIOC require mechanical restraints, staff shall, whenever possible, make efforts to:
 - 1. De-escalate dangerous behavior.
 - 2. Gain voluntary compliance.
 - 3. Use less restrictive options.
 - 4. Involve PSU and HSU staff in the decision for mechanical restraints.

- G. A Security Supervisor shall be present to personally supervise any placement or removal from bed or chair restraints.

- H. Once applied, mechanical restraints shall be considered temporary measures until behavior can be managed with less restrictive options.

- I. When a bed or chair restraint placement or removal is planned in advance, the event shall be recorded on video, unless extraordinary circumstances prevent it, a video recorder is not available or there is not enough time to assemble equipment. If a video is not recorded, staff shall document the reason on DOC-2466.

- J. When a bed or chair restraint placement is reactive in nature, videotaping should begin as soon as it can be safely done, recording as much of the incident as practical.

- K. Restraints shall not be used as a method of punishment.

- L. Staff shall make reasonable attempts to maintain PIOC privacy, unless to do so would create a substantial risk of harm to PIOC or others.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 5 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

- M. HSU and PSU staff shall not participate in the physical application of restraints.
- N. PIOC shall not be restrained in a manner that would jeopardize their health, e.g. face down.
- O. PIOC in bed restraints shall be kept physically separated from other PIOC, and only in areas designated for restraint placement within the facility.
- P. Security staff may place a commercially-approved spit mask on restrained PIOC who are spitting on others, threatening or attempting to spit on others or have a history of spitting on others.
 - 1. Staff shall monitor PIOC for signs of distress, breathing difficulties and possible aspiration of vomit.
 - 2. The spit mask shall be removed as soon as it is safe and appropriate to do so.
 - 3. Used spit masks shall be properly disposed of.

II. Clothing and Covering Items

- A. Security staff shall remove clothing from PIOC and perform a search prior to placement as directed in DAI Policy 306.17.02 to ensure there are no hidden objects that could be used as weapons, to inflict self-harm or to interfere with the restraints. When security staff of the same sex are available during a restraint placement, every effort shall be made for the same sex officers to remove PIOC clothing.
- B. Available clothing/covering items for PIOC in restraints include suicide resistant clothing, paper gown and/or suicide prevention blanket.
 - 1. Security Supervisors and/or PSU shall consider on a case by case basis which clothing/covering items are best suited for balancing PIOC dignity, PIOC comfort (appropriate to temperature) and PIOC/staff safety for any given restraint placement.
 - 2. A towel may be approved for temporary use as a covering until appropriate covering items are applied.
- C. Blankets, if utilized, shall be placed in such a manner that allows staff to visually observe any restraint devices that are on the wrists, ankles, thighs or chest.
- D. Decisions regarding clothing or covering items and the rationale for them shall be documented on the DOC-112.

III. Restraint Bed

- A. PIOC shall be restrained on a restraint bed in a supine position.
 - 1. HSU staff may determine that the supine position is medically contraindicated and recommend an alternative restraint method.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 6 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

2. In such cases, HSU staff shall advise a Security Supervisor regarding alternate restraint bed positions.
- B. PIOC shall be in at least four-point restraints while in a restraint bed, except when less restraint or no restraint is deemed appropriate by a Security Supervisor in the provision of meals and toileting.
- C. PIOC shall be restrained on a standard mattress unless PSU or a Security Supervisor determines a high security mattress or removal of a mattress is necessary for security or safety reasons. PSU or Security Supervisors shall document modifications on the DOC-112.

IV. Restraint Chair

- A. Staff may use a restraint chair within the facility or to offsite locations in the following circumstances:
 1. To transport a highly assaultive or out-of-control PIOC.
 2. For temporary medical purposes or procedures (e.g., involuntary feedings or administration of court-ordered medication) when PIOC behavior poses a threat to the safety of PIOC or staff and upon approval of the BHS Director or Medical Director.
 3. As an alternative to a restraint bed if there are security or medical contraindications to placement in a restraint bed. These contraindications shall be documented on DOC-112.
 4. As a temporary measure (up to one hour) to relieve PIOC who has been confined to a bed restraint for an extended period of time.
- B. When PIOC are in a restraint chair for transportation within the facility, security staff shall keep them under constant observation.
- C. When PIOC are in a restraint chair for transportation to an offsite location:
 1. HSU staff, if on site, shall check the restraints prior to departure.
 2. Security Supervisor shall notify PSU staff regarding transportation if the restraint is for clinical purposes.
 3. HSU staff, if on site, shall check the restraints upon arrival to the institution from an offsite location.
 4. A Security Supervisor shall accompany off-site transportation for PIOC in a restraint chair.
- D. In the event PIOC are combative during an offsite trip and it is unsafe to perform ROM, transportation staff shall document the reason on a DOC-2466. Security staff shall continue constant observation of PIOC and reassess PIOC to complete ROM when it is safe to do so.
- E. If being transported in a restraint chair in excess of 2 hours, an attempt shall be made to stop at a correctional facility and complete a ROM at a secure location.

- F. When it's determined a restraint chair be used for an off-site transportation, a DOC-2466 shall be written, indicating the reason for the use of the restraint chair, actions during the transportation trip and if a ROM was completed or the reason for not completing.

IV. Placement

A. When HSU or PSU staff initiate placement:

1. When HSU or PSU staff determines PIOC requires mechanical restraints and the behavior may be related to medical or mental illness, they shall contact a Security Supervisor to order restraints for clinical purposes.
2. The Security Supervisor shall authorize and implement restraints for clinical purposes that are ordered by HSU or PSU staff.

B. When security staff initiate placement:

1. When security staff determine PIOC may require mechanical restraints, a Security Supervisor shall:
 - a. Contact PSU staff prior to the application of restraints to discuss the case and determine whether restraints are appropriate; and if so, whether the restraint will be approved as a clinical restraint. If PSU staff does not approve the restraint as a clinical restraint, and security staff determines restraint is necessary, it shall be a restraint for security purposes.
 - b. Contact HSU staff and request an immediate chart review to determine the presence or absence of medical contraindications to restraint placement, which, if present, shall be communicated to appropriate security staff.
2. In an emergency, a Security Supervisor may authorize and proceed with restraint placement prior to discussion with a PSU or HSU staff if the health or safety of PIOC or staff would be compromised by a delay.
3. As soon as possible after placement, if contact has not already been made, a Security Supervisor shall notify HSU and PSU staff to initiate health and psychological assessments and notify the Warden/Superintendent/designee.

C. Subsequent steps

1. A minimum of four security staff in addition to a Security Supervisor are required to make a bed or chair restraint placement.
2. A Security Supervisor shall personally supervise the placement or removal of PIOC from bed or chair restraints.
3. A Security Supervisor shall explain to PIOC why they are being placed in bed or chair restraints, what is being done during the restraint placement and what PIOC must do in order to be released from bed or chair restraints.
4. Security staff shall document bed or chair restraint placements on a DOC-2466 including the details and circumstances surrounding the restraint, reasons for PIOC being placed in restraints and any less restrictive measures that were considered or attempted.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 8 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

5. Staff shall utilize personal protective equipment as needed.

V. Initial Health and Psychological Assessments

A. Health Assessments

1. HSU staff shall conduct a health assessment using the nursing protocol for restraint assessment, including circulation checks.
2. This assessment shall occur as soon as possible, but no longer than one hour after receiving notification.
3. HSU staff shall document findings on DOC-3338, DOC-111 and DOC-112.

B. Psychological Assessments

1. PSU staff shall conduct a psychological assessment as soon as possible but no longer than two hours after receiving notification.
2. PSU staff shall document findings on DOC-111, DOC-112 and DOC-27B.

C. If HSU or PSU staff determines there are medical or mental health contraindications to restraints or restraints are applied in a manner that jeopardizes the health of the PIOC, they shall communicate these concerns immediately to on-site security staff and the Security Supervisor.

1. The Security Supervisor shall authorize the removal of mechanical restraints and/or transportation of PIOC to allow for necessary treatment.
2. If the Security Supervisor disagrees with such recommendations, the Warden/Superintendent/designee shall immediately review the case.
3. If the Warden/Superintendent/designee disagrees with the recommendations, they shall then make a determination in collaboration with the Medical Director/designee.

VI. Monitoring of Restrained PIOC

A. PIOC in restraints shall be observed by a staff member who is at or near the cell at staggered intervals not to exceed 15 minutes. PSU staff, HSU staff or a Security Supervisor may direct PIOC be observed at more frequent intervals when necessary.

B. The wrists, ankles and head of restrained PIOC shall remain visible to staff during the period of restraint placement.

C. A Security Supervisor shall personally evaluate PIOC general physical and behavioral status at the beginning of his or her shift and at least once every two hours during the shift, and shall record his/her observations and rationale for continued restraint on DOC-112.

D. HSU staff shall conduct circulation checks and health assessments and provide instruction to PIOC to perform ROM activities at least every four hours (every two hours if in a restraint chair) and document on DOC-3338.

1. HSU staff shall conduct ROM activities, circulation checks and health assessments with at least two security staff present in the cell.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 9 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

2. When assisting HSU staff with ROM activities, security staff shall release only one limb at a time and replace the mechanical restraints prior to the next limb being released. If required for security reasons, the limb may remain tethered to the bed or controlled by staff but loosened enough for movement of that limb.
 3. In the event PIOC are combative and it is unsafe to perform a specific portion of the health assessment, HSU staff shall document the reason on DOC-3338. HSU staff shall reassess PIOC at appropriate intervals to determine when a full health assessment can be done.
- E. PSU staff shall perform assessments at least every 12 hours (or more frequently if clinically indicated) and document on DOC-27B. Assessments shall be conducted with at least two security staff present in the cell.
- F. Time limits
1. An initial placement in mechanical restraints shall last no longer than 12 hours.
 2. The restraint placement may be extended if an interview and examination are conducted by PSU staff, HSU staff and a Security Supervisor at least every 12 hours and staff find there are no mental health or medical recommendations against continued restraint placement.
 3. Each 12-hour extension shall be approved by the Warden/Superintendent/designee or ADO. The Warden/Superintendent/designee or ADO shall notify the DAI Administrator or DAI on-call staff of each extension.
- G. Personal functions
1. Security staff shall release PIOC from mechanical restraints sufficiently to perform bodily functions, when possible.
 - a. If PIOC is out of control and cannot be released, alternative devices such as a urinal or bedpan may be used.
 - b. At least three staff shall be present during release, one of whom shall be a Security Supervisor.
 - c. Security staff shall offer a bed pan or urinal every two hours.
 2. Security staff shall offer restrained PIOC water at least every two hours and meals on a schedule consistent with the usual meal pattern, unless more frequent nourishment or hydration is recommended by HSU staff.
 - a. One arm may be released for meal or fluid consumption as soon as control is evident.
 - b. PIOC head and shoulders shall be elevated when eating or drinking, when possible.
 3. Staff shall document hydration, feeding, toileting, showering and ROM activities on DOC-112, reflecting the time offered and accepted or refused, PIOC reaction and PIOC condition.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 10 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

VII. Removal

- A. A Security Supervisor shall consult with PSU or HSU staff prior to removal of restraints for mental health or medical purposes, respectively.
- B. A Security Supervisor shall authorize removal of mechanical restraints. At least three staff members, one of whom is a Security Supervisor, shall be present when mechanical restraints are removed.

VIII. Administrative Peer Review

- A. Within 30 working days of the conclusion of a bed or chair restraint episode, the Warden/Superintendent/designee shall convene an administrative peer review of the restraint placement.
- B. The administrative peer review shall be attended by the Warden/Superintendent/designee, Security Director, HSU Manager and PSU Supervisor (or designees).
- C. The administrative peer review shall include an assessment of the rationale for bed or chair restraint placement and/or extensions, availability of alternatives to mechanical restraints and adequacy of monitoring and documentation.
- D. Staff shall document the administrative peer review on DOC-3657.

IX. Special Circumstances

- A. Ambulatory Restraints
 1. Ambulatory restraints are intended for use as a less restrictive alternative to bed and chair restraints.
 2. Staff shall develop a BMP on DOC-3642A as described in DAI Policy 500.70.30 prior to using ambulatory restraints. In exceptional circumstances, PSU staff, in collaboration with the Security Director/designee, may direct ambulatory restraints be used, provided a BMP on a DOC-3642A is developed within two working days.
 3. A minimum of two security staff in addition to a Security Supervisor is required to place PIOC in ambulatory restraints.
 4. PIOC in ambulatory restraints shall be observed by a staff member at staggered intervals not to exceed 30 minutes, unless the PIOC is in a status that requires more frequent checks (e.g., 15-minute checks for clinical observation). Observations shall be recorded on DOC-112.
 5. A Security Supervisor shall observe and evaluate the PIOC general physical and behavioral status at the beginning of their shift and at least once every four hours during the shift. Observations shall be recorded on DOC-112.
 6. HSU and PSU assessments
 - a. Upon placement of PIOC into ambulatory restraints, HSU and PSU staff shall perform initial assessments as described in Section V. However, if the PIOC is transitioning from bed or chair restraints to

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 11 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

ambulatory restraints, an initial HSU or PSU assessment is not needed unless clinically indicated.

- b. HSU staff shall conduct circulation checks and health assessments at least once every shift and shall record observations on DOC-3338 and on DOC-112.
 - c. PSU staff shall perform assessments at least once per working day and document on DOC-27B.
7. Time limits for ambulatory restraints shall be governed by a BMP on a DOC-3642A.
 8. Hydration and toileting opportunities shall be offered every two hours. After reapplication of ambulatory restraints, either HSU staff or a Security Supervisor shall check for proper fit.
- B. Pregnant PIOC**
1. Pregnant PIOC shall be restrained in accordance with DAI policy 306.00.02.
 2. Transportation staffing for off-site trips (whether the PIOC is restrained or not), will be a minimum of:
 - a. Three staff for maximum security.
 - b. Two staff for medium security.
 - c. One staff for minimum security.
- C. PIOC at off-site hospitals**
1. The use of restraints for clinical purposes on PIOC in off-site hospitals shall be in accordance with hospital policies and procedures.
 2. The use of restraints for security purposes on PIOC in off-site hospitals shall be in accordance with DOC policies and procedures.
- D. Deaf or hard of hearing PIOC**
- Unless legitimate safety concerns dictate otherwise, deaf or hard of hearing PIOC placed in handcuffs or mechanical restraints shall be restrained in a manner that permits effective communication. For example, application of handcuff in the front of the body to allow the ability to sign or one hand free in order to write.

X. Cleaning and Disinfection

- A. Restraint equipment shall be cleaned on a periodic basis to help ensure it remains in good working order.
- B. Any restraint equipment that has been contaminated with blood or other bodily fluids shall not be reused until it is cleaned and disinfected.
- C. A DOC-2466 shall be completed for any incidents of contamination of restraints.
- D. Staff shall utilize universal precautions when handling contaminated restraints, including the use of disposable gloves.

DAI Policy #: 500.70.10	New Effective Date: 06/27/24	Page 12 of 13
Chapter: 500 Health Services		
Subject: Mechanical Restraints		

- E. Contaminated restraints shall be placed in a yellow biohazard bag labeled with the area of origin and marked as “Contaminated Restraints.”

- F. Metal restraints that are contaminated shall be cleaned and disinfected by the following process:
 - 1. Wash in detergent and water to remove organic material.
 - 2. Soak in 10% chlorine bleach for at least 20 minutes.
 - 3. Allow to thoroughly dry.
 - 4. Lubricate according to manufacturers’ recommendations.

- G. Leather, polyurethane and web restraints that are contaminated shall be cleaned according to the following process:
 - 1. For small amounts of contamination (spots of blood or other bodily fluids), wipe with a cloth or paper towel and bleach solution per instructions on the Blood and Body Fluid Spill Kit. Let air dry.
 - 2. For larger amounts of contamination, all organic material shall be removed using a solution of water and antibacterial detergent. The items shall be allowed to dry completely before reuse.
 - 3. If restraints are completely saturated with blood or body fluid, they shall be disposed of and removed from the restraint inventory.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.70.10	Page 13 of 13
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Mechanical Restraints		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. PIOC

III. Other