 <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 15
	Original Effective Date: 10/15/78	New Effective Date: 03/01/20
	Supersedes: 500.70.10	Dated: 06/18/18
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Mechanical Restraints		
Guidance Document <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Posting date		

POLICY

The Division of Adult Institutions may use mechanical restraints to confine inmates 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 306.00.02 – Escorting and Transportation of Pregnant Inmates

DAI Policy 306.00.27 – Transportation of Inmates (Restricted)

DAI Policy 306.07.01 – Use of Force (Restricted)

DAI Policy 306.07.04 – Use of Force – Documentation and Video Recording (Restricted)

DAI Policy 306.17.02 – Searches of Inmates (Restricted)

DAI Policy 500.10.01 – Medical Autonomy

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 an inmate in a supine (face up) position either on a bed or a Transboard.

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Behavior Management Plan – A non-punitive and multidisciplinary plan written on DOC-3642A – Behavior Management Plan to address inmate behaviors that threaten the safety of the inmate 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 the inmate regarding more constructive behaviors.

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 (WICS)

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 of an inmate.

Health Services Unit (HSU) Staff – Staff classified as HSU Manager, Psychiatrist, Physician, Physician Assistant, Pharmacist, Dentist, Nurse Practitioner, Optometrist, Registered Nurse, Licensed Practical Nurse, Physical Therapist, Radiologic Technician, or any other clinical classification that is directly supervised by Health Services.

Leg Restraints – Two large cuff devices attached to each end of a chain used to restrict the feet/leg movements of an inmate 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 the inmate's hands/arms, feet/legs, and/or torso. Restraint materials may include leather, vinyl, nylon, canvas, or rubber.

Mental Health Staff – PSU staff and Psychiatrists.

Psychological Services Unit (PSU) Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate A or B, Crisis Intervention

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Worker, Psychological Services Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

Qualified HSU Staff – Physicians, Nurse Practitioners, Registered Nurses and Physician Assistants.

Qualified PSU Staff – Psychologist Supervisors, Psychologists-Licensed and Psychological Associates.

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

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

Restraint for Clinical Purposes – Restraint placement that is ordered by qualified HSU or PSU staff, is used to immobilize an inmate for emergency behavior control related to a mental health problem, and simultaneously places the inmate 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 a Correctional Sergeant

Security Supervisor – Lieutenant or Captain

Spit Mask – A disposable mask designed to prevent an inmate 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 an inmate.

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

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'

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- recommendations. Metal or hard plastic restraints shall not be used solely to immobilize inmates unless specifically authorized by the Security Director.
- B. Metal and hard plastic restraints shall be used for transportation of inmates or other temporary restraint purposes.
 - C. Any excessively worn or defective restraint devices shall be removed from the supply.
 - D. Security staff shall select restraint equipment based upon their knowledge of:
 - 1. Custody classification of the inmate.
 - 2. Anticipated contact with the public.
 - 3. Physical limitations of the inmate.
 - 4. The inmate's history of violent or uncontrollable behavior.
 - E. Prior to determining that an inmate requires 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 Qualified PSU and HSU staff in the decision for mechanical restraints.
 - F. A Security Supervisor shall be present to personally supervise any placement or removal from bed or chair restraints.
 - G. Once applied, mechanical restraints shall be considered temporary measures until behavior can be managed with less restrictive options.
 - H. 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.
 - I. 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.
 - J. Restraints shall not be used as a method of punishment.
 - K. Staff shall make reasonable attempts to maintain the inmate's privacy, unless to do so would create a substantial risk of harm to the inmate or others.
 - L. HSU and PSU staff shall not participate in the physical application of restraints.

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- M. Inmates shall not be restrained in a manner that would jeopardize their health, such as face down.
- N. Inmates in bed restraints shall be kept physically separated from other inmates, and only in areas designated for restraint placement within the facility.
- O. Security staff may place a commercially-approved spit mask on restrained inmates who are spitting on others, threatening or attempting to spit on others, or have a history of spitting on others.
 - 1. Staff shall monitor the inmate 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 the inmate 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 the inmate's clothing.
- B. Available clothing/covering items for inmates in restraints include suicide smock, velcro waist covering, 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 inmate dignity, inmate comfort (appropriate to temperature) and inmate/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 DOC-112 – Observation of Offender.

III. **Restraint Bed**

- A. Inmates shall be restrained on a restraint bed in a supine position.
 - 1. Qualified HSU staff may determine that the supine position is medically contraindicated and recommend an alternative restraint method.
 - 2. In such cases HSU staff shall advise a Security Supervisor regarding alternate restraint bed positions.

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- B. Inmates 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. Inmates 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 – Observation of Offender.

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 inmate.
 - 2. For temporary medical purposes or procedures (e.g., involuntary feedings or administration of court-ordered medication) when the inmate's behavior poses a threat to the safety of the inmate 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 an inmate who has been confined to a bed restraint for an extended period of time.
- B. When inmates are in a restraint chair for transportation within the facility, security staff shall keep them under constant observation.
- C. When inmates are in a restraint chair for clinical purposes and are transported to an offsite location:
 - 1. Qualified HSU staff shall check the restraints prior to departure.
 - 2. Transportation staff shall consult with PSU staff regarding any recommendations for transport.
 - 3. Transportation staff shall check restraints at least every hour during transport and provide ROM activities if safe to do so, with documentation on DOC-112.
 - a. Secured location (correctional facility sally port, or a local jail) to perform restraint checks or ROM shall be coordinated prior to departure.
 - b. Staff shall not perform restraint checks or ROM while vehicle is moving. This should be completed once at the secured location.

V. Placement

- A. When HSU or PSU staff initiate placement:
 - 1. When Qualified HSU or PSU Staff determines an inmate 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.

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2. The Security Supervisor shall authorize and implement restraints for clinical purposes that are ordered by Qualified HSU or PSU Staff.
- B. When security staff initiate placement:
1. When security staff determine an inmate may require mechanical restraints, a Security Supervisor shall:
 - a. Contact Qualified 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 Qualified 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 the inmate 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 Qualified 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 an inmate from bed or chair restraints.
 3. A Security Supervisor shall explain to the inmate why he or she is being placed in bed or chair restraints, what is being done during the restraint placement, and what the inmate must do in order to be released from bed or chair restraints.
 4. Security staff shall document bed or chair restraint placements on DOC-2466 – Incident Report (WICS) including the details and circumstances surrounding the restraint, reasons for the inmate being placed in restraints, and any less restrictive measures that were considered or attempted.
 5. Staff shall utilize Personal Protective Equipment as needed.
- VI. Initial Health and Psychological Assessments**
- A. Health Assessments
1. Qualified 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.

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3. HSU staff shall document findings on DOC-3338 – Health Assessment of Patient in Mechanical Restraints, DOC-111 – Review of Placement of Offender in Restraints and DOC-112 – Observation of Offender.

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 – Review of Placement of Offender in Restraints, DOC-112 – Observation of Offender and DOC-27B – Placement/Review of Offender Restraints.

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 inmate, 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 the inmate to allow for necessary treatment.
2. If the Security Supervisor disagrees with such recommendations, the Warden/designee shall immediately review the case.
3. If the Warden/designee disagrees with the recommendations, he/she shall then make a determination in collaboration with the Medical Director/designee.

VII. Monitoring of Restrained Inmates

- A. Inmates 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 an inmate be observed at more frequent intervals when necessary.
- B. The wrists, ankles and head of restrained inmates shall remain visible to staff during the period of restraint placement.
- C. A Security Supervisor shall personally evaluate the inmate's 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 or her observations and rationale for continued restraint on DOC-112 – Observation of Offender.
- D. Qualified HSU Staff shall conduct circulation checks and health assessments and provide instruction to the inmate to perform ROM activities at least every four hours (every two hours if in a restraint chair) and document on DOC-3338 – Health Assessment of Patient in Mechanical Restraints.
 1. Qualified HSU Staff shall conduct ROM activities, circulation checks and health assessments with at least two security staff present in the cell.
 2. When assisting Qualified 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

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limb may remain tethered to the bed or controlled by staff but loosened enough for movement of that limb.

3. In the event that an inmate is combative and it is unsafe to perform a specific portion of the health assessment, Qualified HSU Staff shall document the reason on DOC-3338 – Health Assessment of Patient in Mechanical Restraints and the Nursing Progress Notes. Qualified HSU Staff shall reassess the inmate at appropriate intervals to determine when a full health assessment can be done.
- E. Mental health staff shall perform assessments at least every 12 hours (or more frequently if clinically indicated) and document on DOC-27B – Placement/Review of Offender Restraints. Such assessments shall be conducted with at least two security staff present in the cell.
- F. Time limits
1. An initial placement in mechanical restraints may 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 or ADO. The Warden or ADO shall notify the DAI Administrator or DAI on-call staff of each extension.
- G. Personal functions
1. Security staff shall release inmates from mechanical restraints sufficiently to perform bodily functions, when possible.
 - a. If an inmate 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 must be a Security Supervisor.
 - c. Security staff shall offer a bed pan or urinal every two hours.
 2. Security staff shall offer restrained inmates' 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. Inmate's head and shoulders shall be elevated when eating or drinking, when possible.
 3. Staff shall document hydration, feeding, toileting, showering, and range of motion activities on DOC-112 – Observation of Offender, reflecting the time offered and accepted or refused, inmate reaction and inmate condition.

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VIII. 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.

IX. Administrative Peer Review

- A. Within 30 working days of the conclusion of a bed or chair restraint episode, the Warden shall convene an administrative peer review of the restraint placement.
- B. The administrative peer review shall be attended by the Warden, 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 review on DOC-3657 – Restraint Placement Administrative Review.

X. Special Circumstances

- A. Ambulatory Restraints
 - 1. Ambulatory restraints are intended for use as a less restrictive alternative to bed and chair restraints.
 - 2. In general, staff shall develop a Behavior Management Plan on DOC-3642A – Behavior Management Plan as described in DAI Policy 500.70.30 prior to using ambulatory restraints. However, in exceptional circumstances, PSU staff, in collaboration with the Security Director/designee, may direct that ambulatory restraints be used, provided that a Behavior Management Plan on DOC-3642A – Behavior Management Plan is developed within two working days.
 - 3. A minimum of two security staff in addition to a Security Supervisor is required to place an inmate in ambulatory restraints.
 - 4. Inmates in ambulatory restraints shall be observed by a staff member at staggered intervals not to exceed 30 minutes, unless the inmate is in a status that requires more frequent checks (e.g., 15 minute checks for clinical observation). Observations shall be recorded on DOC-112 – Observation of Offender.
 - 5. A Security Supervisor shall personally evaluate the inmate's general physical and behavioral status at the beginning of his/her shift and at least once every four hours during the shift. Observations shall be recorded on DOC-112 – Observation of Offender.
 - 6. HSU and PSU Assessments

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- a. Upon placement of an inmate into ambulatory restraints, HSU and PSU staff shall perform initial assessments as described in Section VI. However, if the inmate is transitioning from bed or chair restraints to ambulatory restraints, an initial HSU or PSU assessment is not needed unless clinically indicated.
 - b. Qualified HSU Staff shall conduct circulation checks and health assessments at least once every shift and shall record observations on DOC-3338 – Health Assessment of Patient in Mechanical Restraints and on DOC-112 – Observation of Offender.
 - c. PSU staff shall perform assessments at least once per working day and document on DOC-27B – Placement/Review of Offender Restraints.
7. Time limits for ambulatory restraints shall be governed by a Behavior Management Plan on DOC-3642A – Behavior Management Plan.
 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 females
1. Pregnant inmates shall be restrained in accordance with DAI policy 306.00.02.
 2. Transportation staffing for off-site trips (whether the inmate 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. Inmates at off-site hospitals
1. The use of restraints for clinical purposes on inmates in off-site hospitals shall be in accordance with hospital policies and procedures.
 2. The use of restraints for security purposes on inmates in off-site hospitals shall be in accordance with DOC policies and procedures.
- XI. 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. DOC-2466 – Incident Report (WICS) 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.

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- 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.

Bureau of Health Services: _____ **Date Signed:** _____
Paul Bekx, MD, Director

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

_____ **Date Signed:** _____
Dr. Kevin Kallas, Mental Health Director

Administrator's Approval: _____ **Date Signed:** 02/14/2020

Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Wisconsin Secure Program Facility		
Original Effective Date: 10/15/78	DAI Policy Number: 500.70.10	Page 13 of 15
New Effective Date: 08/21/20	Supersedes Number: 500.70.10	Dated: 06/18/18
Chapter: 500 Health Services		
Subject: Mechanical Restraints		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Warden Gary Boughton		

FACILITY PROCEDURE**I. Inspection of Bed Restraints**

- A. Each restraining device shall be checked daily by third shift staff for safety and functioning.
- B. Each restraining device shall be checked by the Shift Supervisor immediately before and after any use.
- C. Any excessively worn or defective restraining device(s) shall be removed from use, documented on an Incident Report and reported immediately to the Armory Sergeant and Armory Supervisor.
- D. The Armory Sergeant and Armory Supervisor shall ensure an appropriate inventory of restraining devices is available at all times.

II. Initial Health and Psychological Assessments

- A. As noted in the policy, Security Supervisors shall alert appropriate onsite or on-call HSU and PSU staff of any inmate placement in mechanical bed restraints. Such notification, including time and person notified shall be recorded in the security shift report.
- B. If HSU is not on grounds the Security Supervisor shall check for contraindications by accessing WICS and reviewing the inmate's most recent Medical Classification for evidence of any contraindications. This can be found under the 'Health' tab at the top of the header and then the 'Medical' menu item on the left side of the page. Security Supervisors are to follow up with medical staff when notification is made and the initial medical evaluation is conducted.
- C. During business hours, if time allows, the Security Supervisor shall notify the Warden/designee before placing an inmate in mechanical bed restraints.
- D. After business hours, the Administrative Duty Officer and Warden shall be notified when placing an inmate in mechanical bed restraints.
- E. The DOC Doctor on-call listing shall be maintained in the Administrative Duty Officer Binder in the event a coordinated decision needs to be reached in

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regards to continued placement in mechanical bed restraints as noted in VI.
(C) 3.

III. Placement / Observation / Removal

- A. A clear shield may be utilized for additional protection from potential body fluids (spitting).
- B. A staff member shall maintain constant visual observation of the inmate immediately after the restraints are applied until medical staff conducts a medical assessment.
- C. All required observations shall be recorded on the DOC-112 Observation of Offender Form.
 - 1. Entries shall be chronological.
 - 2. Entries shall be made at the time of the observation, not in advance.
- D. All entries into the cell for HSU / PSU assessments, range of motion exercises, offering of water / meals or assistance with bodily functions shall utilize a minimum of 3 security staff, one of whom shall be a supervisor.
- E. If the inmate accepts the offer of a meal, a bag lunch shall be provided for the inmate to consume while staff closely monitors him.
- F. When it has been determined the inmate is to be removed from mechanical bed restraints WSPF requires a minimum of 4 security staff, one of whom shall be a supervisor, to be present.

IV. Administrative Peer Review

- A. These reviews shall be accomplished no later than two weeks after the conclusion of the placement in mechanical bed restraints. The review shall take place at the next regularly scheduled M-Team Meeting following the conclusion of the placement.
 - 1. The PSU OPA shall ensure notice of an Administrative Peer Review is sent to the required attendees: Warden, Security Director, PSU Supervisor and Health Service Manager. These staff shall ensure their attendance or the attendance of a designee at the M-Team meeting.
 - 2. Staff from their respective areas shall ensure all forms and documentation relevant to the placement are present at the review.

V. Cleaning and Disinfecting

- A. Unit staff shall periodically clean restraint equipment to help ensure it remains in good working order.
- B. Contaminated restraint equipment shall be placed in a yellow biohazard bag labeled with the area of origin and marked as "Contaminated Restraints."

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1. The biohazard bag containing the contaminated restraints shall be stored in the Security Suite.
2. An incident report shall be written and the Security Director/designee shall copy the Armory Sergeant.
3. The Armory Sergeant shall collect the contaminated restraints from the Security Suite disinfect the restraints, repaired if needed, lubricate and return to service.