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Force, Use of  
Restraint Chair  
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Spit Shield

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USE OF FORCE AND RESTRAINTS

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I. PURPOSE

- A. The purpose of this policy and procedure is to establish guidelines for the use of force and approved restraints, to control an inmate who displays a violent or threatening behavior with intent to cause physical harm to self or others or the destruction of jail property.

II. DEFINITIONS

- A. FORCE - Overcoming resistance by the exertion of strength, weight, or power.
- B. RESTRAINT CHAIR - A chair with equipment designed to restrain or limit the movement of inmates who require extreme measures of control.
- C. RESTRAINTS - Sheriff's Office approved handcuffs, leg shackles, waist chain with handcuffs, restraint chair, and the locking leg restraint
- D. SPIT SHIELD - An approved and provided apparatus that is placed over the head of an individual that is specifically designed to curtail the person from spitting on others.
- E. EXCITED DELIRIUM - A condition that is typically characterized by: Elevated respiration and heart rate, hyperthermia (elevated body temperature) and/or profuse sweating, paranoia, disorientation, agitation, violence, inexplicable behavior, hallucination, incoherent speech or shouting, incredible strength or endurance, insensitivity to pain.

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III. POLICY

- A. This policy concerns only those inmates who display violent, threatening, or destructive behavior; it is not intended as policy or procedure for routine transport and movement of inmates.
- B. A Sergeant or higher authority shall be present and directly supervise the placement of an inmate in a restraint chair.
- C. It is the policy of this department that Corrections Division personnel shall use only that amount of force that reasonably appears necessary, given the facts and circumstances perceived by the deputy at the time of the event, to effectively bring an incident under control. "Reasonableness" of the force used must be judged from the perspective of a reasonable deputy on the scene at the time of the incident. Any interpretation of reasonableness must allow for the fact that corrections deputies are often forced to make split-second decisions in circumstances that are tense, uncertain and rapidly evolving about the amount of force that is necessary in a particular situation.
  - 1. Corrections Division personnel shall receive training in the use of force and restraints during their jail training period and during regular updated training conducted by the Sheriff's Office.
- D. Only Sheriff's Office approved restraints shall be used.
- E. Corrections Division sworn personnel may only use the provided Spit Shield to prevent an inmate exhibiting spitting behavior from continuing to endanger others by spitting.
- F. Only personnel trained in the use of the restraint chair and using approved restraint equipment shall place an inmate in a restraint chair.

IV. USE OF FORCE

- A. Only that force necessary to gain and maintain control of a situation is authorized. In no event is physical force justifiable as a form of punishment.
- B. Corrections Division personnel using force upon an arrestee or inmate shall document the following in their incident report:
  - 1. What threat was perceived; what was the state of mind the deputy was in;

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2. Was there a need for the use of force; what was the immediate risk; or was it used in an effort to maintain and restore order;
  3. What was the amount of force used in relation to the need of force;
  4. Were efforts made to temper forceful response; and
  5. What was the extent of any injuries caused by the use of force.
- C. Staff will not use “distraction blows” in order to compel compliance from an inmate or arrestee. The intent is not to strike an arrestee or inmate in order to gain the control of limbs while actively subduing them.
1. Staff will utilize pressure points and joint manipulation techniques in order to gain control and/or compliance.
  2. Punches, kicks or other strike techniques shall only be used when a staff member is actively being physically attacked by an inmate.
- D. Whenever physical force is used against an inmate, the Facility Supervisor shall ensure all reports are completed prior to staff going off duty.
- E. Persons who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics and imperviousness to pain (sometimes called Excited Delirium), or who require a protracted physical encounter of five minutes, with multiple deputies to be brought under control, may be at an increased risk of sudden death.
1. When these behaviors are present, an ambulance will be called.
- F. If physical force is used and the person is on the ground, every precaution will be taken in order to avoid putting body weight directly onto the torso. If weight does need to be applied, staff shall immediately transfer their weight off the torso in order to allow for proper breathing. Control measures will focus on the person’s extremities.
- V. USE OF RESTRAINTS
- A. The only authorized restraint devices to be used in these facilities are handcuffs, leg shackles, and waist chain devices (with either built-in or separate handcuffs) and the restraint chair. Only such devices that are supplied by the Sheriff's Office, or are of the same type as supplied by the Sheriff's Office, shall be utilized.

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- B. Arrestees/inmates who display violent, threatening, or destructive behavior will not be left unattended in holding, sobering or safety cells while in handcuffs, leg shackles or belly chains. If the Facility Supervisor deems it necessary that the inmate/arrestee remains restrained, the policy regarding the restraint chair shall be followed, also refer to [Policy and Procedure 503.20 - Safety Cell](#).
- C. Restraint devices will not be used in any manner likely to result in an injury to an inmate.
1. Corrections personnel are not allowed to "hog tie" inmates.
    - a) Arrestees that are "hog tied" by the arresting agency shall be seen by medical staff immediately and untied.
    - b) "Hog Tie" means to attach the legs of an inmate to the handcuffs via a tether, handcuffs or leg shackles behind their back.
  2. Pregnant females will not be belly chained or leg shackled. They will be handcuffed with their hands in front. (Penal Code 3407 a-f)
    - a) Pregnant females will be transported to the hospital in the least restrictive means possible based on the legitimate security needs of the inmate.
    - b) At no time shall an inmate who is in labor be shackled by the wrists, ankles, or both including during transport to a hospital, during delivery, and while recovery after giving birth, unless deemed necessary for the safety and security of the inmate, the staff and the public. (Penal Code 6030(f) and 3407 b)
    - c) If a physician who is responsible for the medical care of the inmate during a medical emergency, labor, delivery, or recovery after delivery determines the removal of restraints is medically necessary, the restraints will be removed. (3407 c)
    - d) When an inmate's pregnancy is confirmed, medical staff will advise her of Penal Code Section 3407 a-f in writing and verbally. Copies of the signed form are kept in the inmate's medical file.
      - (1) Medical staff will notify Classification who will then notify all staff of the restraint needs of the specific inmate.

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3. Restraint devices shall not be used as punishment or a replacement for treatment.

D. Application of Restraints

1. When applying handcuffs, either regular style or on waist chains, they shall be applied to the wrists, between the bottom of the hand and the wrist bone, with enough space to permit two fingers to be slipped into the space between the cuffs and the wrist at the underside of the wrist. When only handcuffs are applied, they shall be placed with the inmate's hands behind the back.
2. When leg shackles are deemed necessary, they shall be placed just above the anklebones, with a space of two fingers between the cuff portion and the inmate's skin. Leg shackles shall not be placed on the inmate's legs over clothing other than socks.

VI. Medical Attention for Use of Force and Use of Restraints on Violent Arrestees or Inmates

1. Medical staff will be immediately notified and be required to respond to a use of force and/or application of restraint devices involving a violent arrestee or inmate. The medical staff will be responsible for proper examination, treatment of any inmate or arrestee after they are subdued and the struggle is over. The Facility Supervisor shall ensure the examination has been completed prior to the conclusion of the event. The Facility Supervisor will be responsible for reporting and documenting of any injuries.
2. After the conclusion of the incident, the corrections sergeant and medical staff shall observe and jointly make a determination if sending the person to the Emergency Room is necessary.
3. The observation will be for a sufficient period of time to ensure the person is able to communicate and move appropriately. Staff will listen for the person to verbalize symptoms of injury and look for visual signs of injury, then document these observations in the incident report.
4. If the person is unable to communicate, or move appropriately, or to verbalize symptoms of injury or has visual signs of injury; an ambulance will be called.

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VII. USE OF HANDCUFF TETHER

- A. The handcuff tether will be used to control an individual when removing handcuffs through a pass-through.
- B. The tether will be attached to the chain portion of the handcuffs.
- C. With the door open, the tether will be passed through the pass-through and controlled by a Corrections Deputy on the outside of the cell.
- D. When the door is shut, the controlling deputy will use the tether to control and guide the inmate/arrestee's hands out the pass-through.
  - 1. Deputies shall use only the force necessary to maintain control of the hands while using the tether.

VIII. USE OF RESTRAINT CHAIR

- A. All applicable procedures and information contained in Policy and Procedure [503.20 - Use of Safety Cell](#) shall be followed when using the restraint chair.
- B. The restraint chair shall not be used to punish or as a substitute for treatment.
- C. An inmate placed in a restraint chair will be kept physically separated from other inmates.
- D. The Sergeant will approve all restraint chair placements and will be responsible for ensuring those involved write incident reports. All reports are mandatory prior to staff going off duty. They will also ensure monitoring logs are completed and updated as required.
- E. Restraint chairs shall only be used to temporarily hold inmates who:
  - 1. Display behavior that presents an obvious intent to cause physical harm to themselves or others, or
  - 2. In the case of pregnant females, the intent to cause harm to their unborn child; or
  - 3. Display behavior that results in the significant destruction of county property i.e. breaking fire sprinkler heads, doors, windows, etc.

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- F. If an individual is still in a restraint chair after 4 hours, the Corrections Lieutenant and/or the Corrections Division Commander will be notified.
1. If after 4 hours, an inmate/arrestee remains in the restraint chair with no sign of improvement in their condition, they will be taken to a local hospital for an evaluation.
  2. Upon the inmate/arrestee's return from the hospital, the Lieutenant or the Captain will consult with the on-duty Sergeant and medical manager to come to a consensus on how to proceed.
- G. REVIEW BY MEDICAL: A review by medical staff shall be completed immediately following placement into the restraint chair.
1. A review and assessment by medical staff must be completed every hour for continued retention in the restraint chair.
- H. REVIEW BY MENTAL HEALTH STAFF: A review by mental health staff will be completed as soon as possible - but in no case more than eight hours - to assess the need for mental health treatment.
- I. SAFETY CELL
1. Procedures for placing an inmate into a Safety Cell are outlined in [Policy and Procedure 503.20 - Use of Safety Cell](#).
  2. When an inmate is in a Safety Cell and in restraints, the inmate must be in a restraint chair.
  3. Hard restraints will not be used on an inmate while in a Safety Cell in lieu of the restraint chair.
- J. MEDICAL ISSUES: Corrections staff shall closely monitor any inmate placed in a restraint chair and work with medical staff to ensure the inmate's health does not deteriorate.
1. All personnel shall carry a CPR Microshield. Ambu-bags and Automated External Defibrillators are located in the Building One Medical Room and the Building Two Medical Room.
  2. Each time fluid or food is given or offered; staff shall note it on the Inmate Monitoring Log. (Refer to [Policy and Procedure 503.20 - Use of Safety Cell](#).)

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3. Inmates in Safety Cells can become dehydrated. To prevent this, they shall be offered at least two cups of water per hour and shall be allowed more water if the need is evident. Medical staff shall be notified if an inordinate amount of water seems to be needed by the inmate.
4. Document all refusals or acceptance of water on the monitoring log.
5. Notify medical staff when inmate repeatedly refuses water or if an inmate begins to show signs of distress. (For example any one of the following symptoms, but not limited to: seizures, loss of conscience, complains of chest pains, shortness of breath, skin is pale and clammy, bleeding from any orifice, or is vomiting; and/or the inmate begins to have major swings in either mood or personality)
6. In order to guard against excited delirium, if after an hour, the inmate continues to actively resist the restraint chair, or suddenly becomes sluggish, lethargic or subdued, immediately transport the individual to the Ukiah Valley Medical Center Emergency Room by ambulance.

K. PLACEMENT OF INMATES IN RESTRAINT CHAIR

1. For safety reasons, the Facility Supervisor and three Corrections Deputies will participate in placing an inmate in a restraint chair.
2. Inmates placed in the restraint chair, while in a corrections facility, shall be housed in a Safety Cell.
  - a) Inmates in the safety restraint chair in locations other than the corrections facilities will be located separate from other inmates and the public.
3. Whenever possible, an inmate will be fully clothed when placed in a restraint chair.
4. When placement into the restraint chair has been authorized, a Corrections Deputy will start a *Restraint Chair Observation Log*.
5. Direct physical and visual observation shall be conducted three times per half hour to ensure that the restraints are properly employed, and to ensure the safety and well being of the inmate.



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- L. EXERCISING EXTREMITIES: To ensure that circulatory problems (e.g. blood clots) do not develop in the extremities of any inmate placed in a restraint chair, the inmate will exercise extremities no less than once every half hour.
1. Each time the inmate's extremities are exercised; Corrections staff shall note it on the Inmate Monitoring Log.
  2. Corrections staff member will exercise the inmate's extremities in the following manner:
    - a) LEGS: Release one leg at a time, controlling it with the restraint device. Have the inmate extend the leg from the knee so it is as straight as possible. Have the inmate exercise each leg in this manner ten times.
    - b) ARMS: Release one wrist at a time, controlling it with the restraint device. Have the inmate straighten the arm from the elbow as much as possible. Have the inmate exercise each arm in this matter ten times.
  3. If it is not possible to safely have the inmate exercise the inmate's arms; staff must consult with medical staff to discuss whether or not there are any other available options, and must document the attempt and the reason it was not completed.
- M. OBSERVATIONS: When an arrestee/inmate is placed into the restraint chair, a Restraint Chair Observation Log will be posted in Booking or any location occupied by an inmate in a restraint chair.
1. The Facility Supervisor will review continued retention in the restraint chair a minimum of every half hour and will document the review on the observation sheet.
  2. Medical and/or mental health staff will review the continued retention in the restraint chair and medical staff will physically check the restraints a minimum of every half hour or upon the request of The Facility Supervisor.
  3. An inmate placed in a restraint chair shall have the restraints physically checked for tightness. This check will be made by entering the Safety Cell and doing a hands-on inspection.

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N. REMOVAL:

1. An inmate may be removed from the restraint chair only under the direction of the Sergeant or higher authority, after a review of the original circumstances and inmate's current condition has been with medical and mental health staff, whichever is applicable.
  - a) The Sergeant will approve and directly supervise the removal of the inmate from the restraint chair.
  - b) The Facility Supervisor shall ensure a supplemental incident report is completed documenting the removal of the restraints and/or the removal of the inmate from this restraint chair. The date and time the restraints and/or inmate were removed must be included, as well as the name of the approving Facility Supervisor.
2. After the inmate/arrestee is removed from the Restraint Chair, the Facility Supervisor will create a packet containing the Restraint Chair Observation Log and all jail incident reports. The packet will then be forwarded to jail administration for review.

O. SANITATION

1. Sanitation needs of an inmate in the Restraint Chair poses a difficult challenge. If the inmate requests to use the toilet, the following procedure will be used:
  - a) The Facility Supervisor shall be notified and supervise the removal of the inmate from the restraint chair.
  - b) For safety reasons, the Facility Supervisor and three Corrections Deputies will participate in removing an inmate in a restraint chair.
  - c) The inmate will be systematically removed from the restraint chair. The inmate will be handcuffed in front and shackled during the removal process.
  - d) The inmate will be escorted to a cell or cubical with a toilet. A deputy of the same gender shall maintain observation while the inmate is using the toilet.
  - e) If the inmate attempts to injure the staff or their self, the inmate will be restrained and placed back into the restraint chair until the

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Facility Supervisor determines the inmate will cooperate with the toilet procedure. The Facility Supervisor shall write an incident report.

- f) If the inmate is cooperative during the movement, the Facility Supervisor will reassess the continued use of the restraint chair. If appropriate, the inmate will be removed from the chair.

IX. SPIT SHIELDS:

A. USE OF SPIT SHIELDS

1. The Spit Shields will only be used for those inmates who refuse to quit spitting, thus endangering others by the possible spread of disease.
2. Corrections staff **will not** under **any** circumstance use OC on an inmate/arrestee who is in a Spit Shield.
3. A Spit Shield shall not be used in such a manner likely to result in injury to an inmate.
4. A Spit Shield shall not be used as a means of inflicting discipline on an inmate.
5. An inmate who is wearing a Spit Shield shall be under direct observation and control at all times; i.e. in a transportation vehicle or being escorted.
6. The Spit Shield will only be used once and then discarded. Policy and procedures for disposal of biohazard waste shall be followed. These shields will not be washed and reused.

B. SAFETY ISSUES:

1. Corrections Division sworn personnel will wear protective equipment; i.e. face mask and gloves, when placing a Spit Shield on an inmate.
2. The inmate shall be under close observation to ensure that no medical problems arise as a result of wearing the Spit Shield.
3. If an inmate is able to remove the Spit Shield, a new Spit Shield shall be put on and the old shield shall be disposed of properly.

C. MEDICAL ISSUES:

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1. Medical staff will be immediately notified should an inmate be placed in a Spit Shield. Medical staff shall provide the same medical examinations as required for inmates placed in other restraints.
2. If an inmate should vomit while wearing a Spit Shield, it will be removed immediately to help prevent choking. After the crisis is over and it is deemed necessary to replace the shield, a new shield will be applied and the old shield discarded.

D. TRAINING:

1. All Corrections Division sworn personnel shall receive in-house training on the application and use of the Spit Shield prior to any use of such devices.
2. Corrections Division sworn personnel who have not received documented training in the use of the Spit Shields shall not be involved in their use until such training is completed.

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