
Use of Restraints

512.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight, and restrictions on the use of restraints on persons incarcerated in this facility.

This policy shall apply to the use of specific types of restraints, such as four/five-point restraints, restraint chairs, ambulatory restraints, and similar restraint systems, as well as all other restraints, including handcuffs, waist chains, and leg irons when such restraints are used to restrain any inmate for prolonged periods.

512.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical restraints - Restraints applied when an inmate's disruptive, assaultive and/or self-injurious behavior is related to a medical or mental illness. Clinical restraints can include leather, rubber or canvas hand and leg restraints with contact points on a specialized bed (four/five-point restraints) or a portable restraint chair.

Therapeutic seclusion - Segregated confinement of an agitated, vulnerable and/or severely anxious inmate with a serious mental illness as part of his/her treatment when clinically indicated for preventive therapeutic purposes.

Restraint Chair - Shall mean a chair with equipment designed to restrain or limit the movement of inmates who require extreme measures of control.

Restraints - Shall mean physical devices that immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.

Use of Restraints - Shall mean a sustained and prolonged intervention to prevent an inmate from harming himself/herself, employees, staff, or property.

Facility Manager - The Jail Commander or other comparable employee who has been delegated the responsibility for operating a local detention facility by a facility administrator as defined by Title 15. At the Nevada County Sheriff's Office this could be the Jail Commander, Lieutenant, Sergeant or Officer In Charge.

512.2 POLICY

It is the policy of this office that restraints shall be used only to prevent self-injury, injury to others or property damage. Restraints may also be applied according to inmate classification, such as maximum security, to control the behavior of a high-risk inmate while he/she is being moved outside the cell or housing unit.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be utilized any longer than is reasonably necessary to control the inmate. Restraints are to be applied only when

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less restrictive methods of controlling the dangerous behavior of an inmate have failed or appear likely to fail (15 CCR 1029(a)(4); 15 CCR 1058). Each incident where restraints are used shall be documented in an incident report by the handling staff member and placed in the appropriate file prior to the end of the staff member's shift.

This policy does not apply to the temporary use of restraints, such as handcuffing or the use of leg irons to control an inmate during movement and transportation inside or outside the facility.

512.3 USE OF RESTRAINTS - CONTROL

Supervisors shall proactively oversee the use of restraints on any inmate. Whenever feasible, the use of restraints, other than routine use during transfer, shall require the approval of the Sergeant or Officer in Charge prior to application. In instances where prior approval is not feasible, the Sergeant or Officer in Charge shall be apprised of the use of restraints as soon as practicable.

Restraint devices, such as restraint chairs, should only be used on an inmate when it reasonably appears necessary to overcome resistance, prevent escape, to bring an incident under control or for forced blood draws, thereby preventing injury to the inmate or others, or eliminating the possibility of property damage. Restraints shall not be utilized any longer than is reasonably necessary to achieve the above goals.

Excluding short-term use to gain immediate control, placing an inmate in a restraint chair or other restraints for extended periods requires approval from the Jail Commander or the authorized designee prior to taking action. The medical staff shall be called to observe the application of the restraints, when feasible, prior to the application or as soon as practicable after the application, and to check the inmate for adequate circulation.

[See attachment: Restraint Chair Log.pdf](#)

The use of restraints for purposes other than for the controlled movement or transportation of an inmate shall be documented on appropriate logs and incident report to include, at a minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed, and when it was removed (15 CCR 1058).

The following provisions shall be followed when utilizing restraints to control an inmate (15 CCR 1058):

- (a) Restraints shall not be used as punishment, placed around a person's neck, or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying).
- (b) Restrained inmates shall not be placed face down or in a position that inhibits breathing other than for short periods of time to complete a search of their person, to allow staff to exit a cell, to place or remove alternate restraint devices on an inmate, or as otherwise necessary to prevent injury to staff or the inmate.
- (c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any

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manner to any part of the transporting vehicle except for items installed for passenger safety, such as seat belts.

- (d) Inmates in restraints shall be housed alone.
- (e) Restraints shall be applied for no longer than is reasonably necessary to protect the inmate or others from harm.
- (f) Staff members shall conduct direct face-to-face observation at least twice every 30 minutes to check the inmate's physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation, along with a description of the inmate's behavior. Any actions taken should also be noted in the log.
- (g) The specific reasons for the continued need for restraints shall be reviewed, documented, and approved by the Jail Commander, Sergeant or Officer in Charge at least every hour.
- (h) Within one hour of placement in restraints, a qualified health care professional shall document an opinion regarding the placement and retention of the restraints.
- (i) As soon as practicable, but within four hours of placement in restraints, the inmate shall be medically assessed to determine whether he/she has a serious medical condition that is being masked by the aggressive behavior. The medical assessment shall be a face-to-face evaluation by a qualified health care professional.
- (j) As soon as practicable, but within eight hours of placement in restraints, the inmate must be evaluated by a mental health professional to assess whether the inmate needs immediate and/or long-term mental health treatment. If the Jail Commander, or the authorized designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.

512.3.1 COURT APPROVAL

Prior judicial approval should be obtained for the use of restraints when the inmate is in court if the restraints will be visible to a jury.

512.4 CLINICAL RESTRAINTS

Inmates may be considered for clinically ordered restraints or seclusion when exhibiting dangerous behavior that is believed to be a product of a medical or mental illness and that puts the inmate or others at risk of physical harm, or when medical care is urgently required and the inmate is not considered competent to give or withhold consent.

Clinical restraints and/or therapeutic seclusion shall only be used when an inmate's safety or the safety of others cannot be protected by less restrictive means, and only upon the direct order of a qualified health care professional and notification of the Jail Commander or the authorized designee prior to taking action. Restraints shall be used no longer than is reasonably necessary to provide for the legitimate safety concerns of the inmate, staff, or others.

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The following provisions shall be used any time clinical restraints or therapeutic seclusion is authorized:

- (a) Excluding short-term use to gain immediate control of an inmate exhibiting dangerous or destructive behavior, an inmate may be placed in clinical restraints or therapeutic seclusion only on the orders of a qualified health care professional and only after making a determination that less restrictive interventions are ineffective to prevent the inmate from causing property damage or serious injury to him/herself or others.
- (b) Clinical restraints or therapeutic seclusion shall never be ordered or otherwise applied as a means of coercion, discipline, punishment, convenience, or retaliation.
- (c) The qualified health care professional's order may only be in effect for up to 12 hours for adult inmates and up to two hours for inmates age 17 or younger.
- (d) Within one hour of the application of restraints or therapeutic seclusion, a face-to-face observation of the inmate to evaluate the need for continued restraint or therapeutic seclusion shall be conducted by a qualified health care professional.
- (e) If deemed clinically necessary, the qualified health care professional who gave the initial order for restraints or therapeutic seclusion may renew the original order for an additional four hours for an adult or up to two hours for a person who is age 17 or younger.
- (f) Inmates placed in clinical restraints shall be placed in designated cells within the medical unit. The restraints shall be applied in the least restrictive manner possible, based on the qualified health care professional's evaluation and order.
- (g) Inmates placed in restraints shall only be placed in a face-up position.
- (h) Following the first face-to-face observation, a qualified health care professional shall conduct face-to-face checks at least twice every 30 minutes to assess the inmate's condition and behavior. The restraints shall be checked for proper application and to ensure that circulation is not compromised. Checks shall be documented in the inmate's medical file.
- (i) Except in the event of a medical emergency for the inmate, only a qualified health care professional shall determine when an inmate shall be released from clinical restraints or therapeutic seclusion.

512.5 RANGE OF MOTION

Inmates placed in restraints for longer than two hours should receive a range-of-motion procedure that will allow for the movement of the extremities. Range-of-motion exercise will consist of alternate movement of the extremities (i.e., right arm and left leg) for a minimum of 10 minutes every two hours.

512.6 FOOD, HYDRATION, AND SANITATION

Inmates who are confined in restraints shall be given food and fluids. Provisions should be made to accommodate any toileting needs at least once every hour. Food shall be provided during normal

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meal periods. Hydration (water or juices) will be provided no less than once every hour or when requested by the inmate.

Offering food and hydration to inmates will be documented to include the time, the name of the person offering the food or water/juices, and the inmate's response (receptive, rejected).

512.7 AVAILABILITY OF CPR EQUIPMENT

CPR equipment, such as barrier masks, shall be provided by the facility and located in proximity to the location where inmates in restraints are held.

512.8 RESTRAINED INMATE HOLDING

Restrained inmates should be protected from abuse by other inmates. Under no circumstances will restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone or in an area designated for restrained inmates (15 CCR 1058).

512.9 PREGNANT INMATES

Restraints will not be used on inmates who are known to be pregnant unless based on an individualized determination that restraints are reasonably necessary for the legitimate safety and security needs of the inmate, the staff, or the public. Should restraints be necessary, the restraints shall be the least restrictive available and the most reasonable under the circumstances.

Inmates who are known to be pregnant or in recovery after delivery, will not be handcuffed behind their backs or placed in waist restraints or leg irons. The use of a restraint chair on an inmate known to be pregnant is prohibited.

Once pregnancy has been confirmed, a pregnant inmate should be advised of the policies and procedures regarding the restraint of pregnant inmates (Penal Code § 3407; 15 CCR 1058.5).

[See attachment: Advisement for Pregnant Inmates.pdf](#)

512.9.1 INMATES IN LABOR

No inmate who is in labor, delivery, or recovery from a birth shall be restrained by the use of leg restraints/irons, waist restraints/chains, or handcuffs behind the body (Penal Code § 3407; 15 CCR 1058.5).

No inmate who is in labor, delivering, or recovering from a birth shall be otherwise restrained except when all of the following exist (Penal Code § 3407; 15 CCR 1058.5):

- (a) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the inmate, the staff of this or the medical facility, other inmates, or the public.
- (b) A supervisor has made an individualized determination that such restraints are necessary to prevent escape or injury.
- (c) There is no objection from the treating medical care provider.

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- (d) The restraints used are the least restrictive type and are used in the least restrictive manner.

Restraints shall be removed when medical staff responsible for the medical care of the pregnant inmate determines that the removal of restraints is medically necessary (Penal Code § 3407).

If a pregnant inmate is subject to mechanical restraint, the incident will be documented in an incident report and the Facility Manager shall be notified.

Attachments

Restraint Chair Log.pdf

INMATE NAME: _____

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BOOKING NUMBER: _____

DATE: _____

CONTINUED RESTRAINT JUSTIFICATION & CONDITION OF INMATE

START HOUR 1 (List reasons for placement & Medical Evaluation)	Supervisor/Officer in Charge:		OSN:	Medical	Yes	No	
	Date:		Time:	Assessment			
					Circulation Check	Yes	No
					Breathing Check	Yes	No
	Medical Personnel Name:		ID#:	Offered Water	Yes	No	
	Date:		Time:	Drank Water	Yes	No	
					Exercise	Yes	No
					Extremities		
					Used Toilet	Yes	No
					Spit Mask	Yes	No

15 minute checks	15 Minutes	Officer Name:		OSN:	Circulation Check	Yes	No	
		Date:		Time:				
						Breathing Check	Yes	No
						Used Toilet	Yes	No
						Spit Mask	Yes	No
	30 minutes: Supervisor or OIC and Medical to Check	Supervisor/Officer in Charge:		OSN:	Circulation Check	Yes	No	
		Date:		Time:				
						Breathing Check	Yes	No
		Medical Personnel Name:		ID#:	Used Toilet	Yes	No	
		Date:		Time:	Spit Mask	Yes	No	
	45 Minutes	Officer Name:		OSN:	Circulation Check	Yes	No	
		Date:		Time:				
						Breathing Check	Yes	No
						Used Toilet	Yes	No
						Spit Mask	Yes	No

*** Supervisor/ Officer in Charge: Upon inmates removal from restraints complete page 8 ***

INMATE NAME: _____

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BOOKING NUMBER: _____

DATE: _____

CONTINUED RESTRAINT JUSTIFICATION & CONDITION OF INMATE

START HOUR 2 (List reasons for continued retention)	Supervisor/Officer in Charge:		OSN:	Medical	Yes	No	
	Date:		Time:	Assessment			
				Circulation Check	Yes	No	
				Breathing Check	Yes	No	
	Medical Personnel Name:		ID#:	Result of Attempt to Exercise Extremities	List results on table		
	Date:		Time:	Response to Offer of Water	Accept	Decline	
				Drank Water	Yes	No	
				Used Toilet	Yes	No	
	Length of Time:		Rt. Arm:	Left Arm:	Spit Mask	Yes	No
	10 minutes minimum		Rt. Leg:	Left Leg:			

15 minute checks	15 Minutes	Officer Name:		OSN:	Circulation Check	Yes	No
		Date:		Time:			
					Breathing Check	Yes	No
					Used Toilet	Yes	No
					Spit Mask	Yes	No
	30 minutes: Supervisor or OIC and Medical to Check	Supervisor/Officer in Charge:		OSN:	Circulation Check	Yes	No
		Date:		Time:			
					Breathing Check	Yes	No
		Medical Personnel Name:		ID#:	Used Toilet	Yes	No
		Date:		Time:	Spit Mask	Yes	No
	45 Minutes	Officer Name:		OSN:	Circulation Check	Yes	No
		Date:		Time:			
					Breathing Check	Yes	No
					Used Toilet	Yes	No
					Spit Mask	Yes	No

***** Supervisor/ Officer in Charge: Upon inmates removal from restraints complete page 8 *****

INMATE NAME: _____

BOOKING NUMBER: _____

DATE: _____

CONTINUED RESTRAINT JUSTIFICATION & CONDITION OF INMATE

START HOUR 3 (List reasons for continued retention)	Supervisor/Officer in Charge:		OSN:	Medical	Yes	No	
	Date:		Time:	Assessment			
					Circulation Check	Yes	No
					Breathing Check	Yes	No
					Result of Attempt to Exercise Extremities	List results on table	
	Medical Personnel Name:		ID#:		Response to Offer of Water	Accept	Decline
	Date:		Time:		Drank Water	Yes	No
					Used Toilet	Yes	No
	Length of Time:		Rt. Arm:	Left Arm:	Spit Mask	Yes	No
	10 minutes minimum		Rt. Leg:	Left Leg:			

15 minute checks	15 Minutes	Officer Name:		OSN:	Circulation Check	Yes	No	
		Date:		Time:				
						Breathing Check	Yes	No
						Used Toilet	Yes	No
						Spit Mask	Yes	No
		Supervisor/Officer in Charge:		OSN:		Circulation Check	Yes	No
	Date:		Time:		Breathing Check	Yes	No	
	Medical Personnel Name:		ID#:		Used Toilet	Yes	No	
	Date:		Time:		Spit Mask	Yes	No	
	30 minutes: Supervisor or OIC and Medical to Check	Officer Name:		OSN:	Circulation Check	Yes	No	
		Date:		Time:				
						Breathing Check	Yes	No
						Used Toilet	Yes	No
						Spit Mask	Yes	No
		Supervisor/Officer in Charge:		OSN:		Circulation Check	Yes	No
	Date:		Time:		Breathing Check	Yes	No	
	Medical Personnel Name:		ID#:		Used Toilet	Yes	No	
	Date:		Time:		Spit Mask	Yes	No	
45 Minutes	Officer Name:		OSN:	Circulation Check	Yes	No		
	Date:		Time:					
					Breathing Check	Yes	No	
					Used Toilet	Yes	No	
					Spit Mask	Yes	No	

***** Supervisor/ Officer in Charge: Upon inmates removal from restraints complete page 8 *****

INMATE NAME: _____

BOOKING NUMBER: _____

DATE: _____

CONTINUED RESTRAINT JUSTIFICATION & CONDITION OF INMATE

START HOUR 4 (List reasons for continued retention)	Supervisor/Officer in Charge:		OSN:	Medical	Yes	No	
	Date:		Time:	Assessment			
					Circulation Check	Yes	No
					Breathing Check	Yes	No
	Medical Personnel Name:		ID#:	Result of Attempt to Exercise Extremities	List results on table		
	Date:		Time:	Response to Offer of Water	Accept	Decline	
					Drank Water	Yes	No
					Used Toilet	Yes	No
	Length of Time:		Rt. Arm:	Left Arm:	Spit Mask	Yes	No
	10 minutes minimum		Rt. Leg:	Left Leg:			

15 minute checks	15 Minutes	Officer Name:	OSN:	Circulation Check	Yes	No		
		Date:	Time:					
						Breathing Check	Yes	No
						Used Toilet	Yes	No
						Spit Mask	Yes	No
		Supervisor/Officer in Charge:		OSN:	Circulation Check	Yes	No	
	Date:		Time:	Breathing Check	Yes	No		
	Medical Personnel Name:		ID#	Used Toilet	Yes	No		
	Date:		Time:	Spit Mask	Yes	No		
	Officer Name:		OSN:	Circulation Check	Yes	No		
	Date:		Time:	Breathing Check	Yes	No		
				Used Toilet	Yes	No		
				Spit Mask	Yes	No		

***** Supervisor/ Officer in Charge: Upon inmates removal from restraints complete page 8 *****

INMATE NAME: _____

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CONTINUED RESTRAINT JUSTIFICATION & CONDITION OF INMATE

START HOUR 5 (List reasons for continued retention)	Supervisor/Officer in Charge:		OSN:	Medical	Yes	No
	Date:		Time:	Assessment		
				Circulation Check	Yes	No
				Breathing Check	Yes	No
	Medical Personnel Name:		ID#:	Result of Attempt to Exercise Extremities	List results on table	
	Date:		Time:	Response to Offer of Water	Accept	Decline
				Drank Water	Yes	No
				Used Toilet	Yes	No
	Length of Time:		Rt. Arm:	Left Arm:	Yes	No
	10 minutes minimum		Rt. Leg:	Left Leg:		
				Spit Mask		

15 minute checks	15 Minutes	Officer Name:	OSN:	Circulation Check	Yes	No
		Date:	Time:			
				Breathing Check	Yes	No
				Used Toilet	Yes	No
				Spit Mask	Yes	No
	30 minutes: Supervisor or OIC and Medical to Check	Supervisor/Officer in Charge:	OSN:	Circulation Check	Yes	No
		Date:	Time:			
				Breathing Check	Yes	No
		Medical Personnel Name:	ID#:	Used Toilet	Yes	No
		Date:	Time:			
				Spit Mask	Yes	No
	45 Minutes	Officer Name:	OSN:	Circulation Check	Yes	No
		Date:	Time:			
				Breathing Check	Yes	No
				Used Toilet	Yes	No
				Spit Mask	Yes	No

***** Supervisor/ Officer in Charge: Upon inmates removal from restraints complete page 8 *****

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CONTINUED RESTRAINT JUSTIFICATION & CONDITION OF INMATE

START HOUR 6 (List reasons for continued retention)	Supervisor/Officer in Charge: _____ OSN: _____		Medical Assessment	Yes	No
	Date: _____ Time: _____		Circulation Check	Yes	No
			Breathing Check	Yes	No
	Medical Personnel Name: _____ ID#: _____		Result of Attempt to Exercise Extremities	List results on table	
	Date: _____ Time: _____		Response to Offer of Water	Accept	Decline
			Drank Water	Yes	No
			Used Toilet	Yes	No
	Length of Time: _____ Rt. Arm: _____ Left Arm: _____		Spit Mask	Yes	No
	10 minutes minimum		Rt. Leg: _____ Left Leg: _____		

15 minute checks	15 Minutes	Officer Name: _____ OSN: _____	Circulation Check	Yes	No
		Date: _____ Time: _____	Breathing Check	Yes	No
			Used Toilet	Yes	No
			Spit Mask	Yes	No
	30 minutes: Supervisor or OIC and Medical to Check	Supervisor/Officer in Charge: _____ OSN: _____	Circulation Check	Yes	No
		Date: _____ Time: _____	Breathing Check	Yes	No
		Medical Personnel Name: _____ ID#: _____	Used Toilet	Yes	No
		Date: _____ Time: _____	Spit Mask	Yes	No
	45 Minutes	Officer Name: _____ OSN: _____	Circulation Check	Yes	No
		Date: _____ Time: _____	Breathing Check	Yes	No
			Used Toilet	Yes	No
			Spit Mask	Yes	No

***** Supervisor/ Officer in Charge: Upon inmates removal from restraints complete page 8 *****

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CONTINUED RESTRAINT JUSTIFICATION & CONDITION OF INMATE

START HOUR 7 (List reasons for continued retention)	Supervisor/Officer in Charge: _____ OSN: _____		Medical Assessment	Yes	No
	Date: _____ Time: _____		Circulation Check	Yes	No
			Breathing Check	Yes	No
	Medical Personnel Name: _____ ID#: _____		Result of Attempt to Exercise Extremities	List results on table	
	Date: _____ Time: _____		Response to Offer of Water	Accept	Decline
			Drank Water	Yes	No
			Used Toilet	Yes	No
	Length of Time: _____ Rt. Arm: _____ Left Arm: _____		Spit Mask	Yes	No
	10 minutes minimum		Rt. Leg: _____ Left Leg: _____		

15 minute checks	15 Minutes	Officer Name: _____ OSN: _____	Circulation Check	Yes	No
		Date: _____ Time: _____	Breathing Check	Yes	No
			Used Toilet	Yes	No
			Spit Mask	Yes	No
	30 minutes: Supervisor or OIC and Medical to Check	Supervisor/Officer in Charge: _____ OSN: _____	Circulation Check	Yes	No
		Date: _____ Time: _____	Breathing Check	Yes	No
		Medical Personnel Name: _____ ID#: _____	Used Toilet	Yes	No
		Date: _____ Time: _____	Spit Mask	Yes	No
	45 Minutes	Officer Name: _____ OSN: _____	Circulation Check	Yes	No
		Date: _____ Time: _____	Breathing Check	Yes	No
			Used Toilet	Yes	No
			Spit Mask	Yes	No

***** Supervisor/ Officer in Charge: Upon inmates removal from restraints complete page 8 *****

INMATE NAME: _____

BOOKING NUMBER: _____

DATE: _____

STOP!

RETENTION IN THE CHAIR IS NOT ALLOWED UNLESS THE INMATE IS BEING TRANSPORTED TO THE HOSPITAL OR A MENTAL HEALTH FACILITY.

Hour 8: Transfer Information/ Removal Information

Water/Exercise needs to be addressed

Supervisor/Officer in Charge:	OSN:	Medical Assessment	Yes	No
Date:	Time:			
		Circulation Check	Yes	No
		Breathing Check	Yes	No
Medical Personnel Name:	ID#:	Result of Attempt to Exercise Extremities	List results on table	
Date:	Time:			
		Response to Offer of Water	Accept	Decline
		Drank Water	Yes	No
Results of Attempt to Exercise Extremities:		Used Toilet	Yes	No
Length of Time:	Rt. Arm:	Left Arm:		
10 minutes minimum	Rt. Leg:	Left Leg:	Yes	No
		Spit Mask		

Supervisor or Officer in Charge:	OSN:			
Removed From Restraints	Date	Time	Yes	No
Transported to a Mental Health Facility	Date	Time	Yes	No
Transported to Sierra Nevada Memorial Hospital	Date	Time	Yes	No
Operations Lieutenant Notified	Date	Time	Yes	No
Facility Commander Notified	Date	Time	Yes	No

Supervisor or Officer in Charge Checklist:

Total Time In Restraints:	
Jail incident report, crime report (if available) and monitoring logs distributed to:	
	Facility Commander
	Operations Lieutenant
	Classification
	Inmate Hard Card
	Original video recording to evidence storage

Advisement for pregnant inmates.pdf

WAYNE BROWN CORRECTIONAL FACILITY ADVISEMENT FOR PREGNANT INMATES

Per Penal Code Section 3407:

1. Inmates known to be pregnant **shall not** be restrained by the use of leg irons, waist chains, or handcuffs behind the body.
2. Inmates in recovery after delivery **shall not** be restrained by the use of leg irons, waist restraints, or handcuffs behind the body.
3. A pregnant inmate in labor, during delivery, or in recovery after delivery, **shall not** be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, staff, or the public.
4. Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.

I, _____, acknowledge that I have received and understand the information provided to me regarding the use of mechanical restraints while pregnant, in labor, during delivery, and in recovery after delivery.

Inmate Signature

Date

Officer Signature

Date