



Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: 19-14 Use of Restraints

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD 18-05

APPROVED: _____ Signature on File

EFFECTIVE: July 1, 2019

- I. **APPLICABILITY.** Arkansas Community Correction employees.
- II. **POLICY.** Restraints will only be used when appropriate and by trained employees as prescribed in this directive and in accordance with “Use of Force” policy. (4-ACRS-6A-03)
- III. **GUIDANCE.**
 - A. **Situations when Restraints may be appropriate.** Appropriate circumstances for using restraints include protection of self or others, deterrence from escape, control of significant behavioral problems or for medical reasons at the direction of a physician or psychiatrist. Following are examples of situations where restraints may be appropriate:
 1. When an offender is being arrested
 2. When an offender is being transported. Exceptions may be made when transporting for work crew/detail, work study, medical appointment of residents and other situations specified by Residential Center Supervisors

3. When an offender has threatened violence or shown a propensity for violence or self injury
4. When a judge or the Parole Board requires the offender to wear restraints while in court, at a hearing or otherwise
5. When necessary to protect staff, offenders or others from harm or to deter the possibility of escape, or
6. When necessary to render medical or mental health care.

B. Use of Restraint Equipment.

1. Mechanical Restraints must only be applied by employees trained to use restraints and in accordance with the Use of Force policy. Mechanical restraints include: flex cuffs, soft restraints, hard metal handcuffs, a black box, chubb cuffs, leg iron, belly chain, a security tether or chain, a convex shield, and / or restraints connecting more than one resident or offender
2. Unless circumstances indicate removal is appropriate, restraints should not be removed until the offender is placed in a secure area or delivered to the receiving authority.
3. Use of restraints in a cell must be determined by the Center Supervisor in consultation with medical/mental health authority.
4. Restraints must not be used as punishment and must not be used longer than necessary.
5. Pregnant Residents. Reasonable and prudent correctional practices must be applied to pregnant residents.

The use of security restraints, such as flex cuffs, soft restraints, hard metal handcuffs, a black box, chubb cuffs, leg iron, belly chain, a security tether or chain, a convex shield, and / or restraints connecting more than one resident or offender shall be in accordance with this policy.

Restraints shall not be applied to a resident or offender verified to be pregnant, in labor, or in post-partum recovery unless:

- a. A reasonable and individual determination has been made that the resident or offender presents a substantial flight risk
- b. An extraordinary medical or security circumstance dictates that the resident or offender be restrained to:
 - (i) ensure the safety and security of the resident, offender, or child;
 - (ii) ensure the safety and security of the staff of the correctional facility or medical facility;
 - (iii) ensure the safety and security of other residents or offenders, or the public.
- c. Prevent the risk of escape by the resident or offender that cannot be reasonably minimized through a safer method than restraints

If it has been determined that the resident or offender is required to be restrained, the restraints shall be removed if a physician, nurse, or other health professional requests that the resident or offender not be restrained. The physician, nurse, or other health professional providing resident or offender obstetric care shall have final decision-making authority on the use of restraints while the resident or offender is in labor or delivery.

If restraints are used on a pregnant resident or offender:

- a. the type of restraint shall be the least restrictive type necessary, and the restraints shall be applied in the least restrictive manner necessary.
- b. leg or waist restraints shall not be used on any resident or offender who is in labor.
- c. leg restraints shall not be used on a pregnant resident or offender who is not in a wheelchair, bed, or gurney.
- d. the restraints shall always be forward-facing, designed to restrain the person's hands in front of the person to protect the person and others.
- e. only soft restraints may be used.

The Center Supervisor shall make written report and findings within 10 days regarding the substantial flight risk of that resident or offender, or other extraordinary medical or security circumstances that dictated the resident or offender to be restrained to ensure the safety and security of the resident or offender, the child, staff, or medical facility, other residents or offenders, or the public. Written findings shall be maintained for at least five years and made available for public inspection, except that information identifying any Resident or offender or they could be lead to the identifying of the resident or offender should not be made to the public.

Use of restraints during labor will be reported to the Board of Corrections and the Attorney General.

In situations where there exists a valid concern as to the appropriate level of degree of security restraint devices to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

6. Use of Restraint Chair. The Restraint Chair must be used as described in the form titled "Checklist for Restraint Chair Use."

C. Transporting or Escorting Restrained Offenders.

1. If restraints are used, employees must ensure security procedures and safety precautions are followed while escorting or transporting offenders (e.g. appropriate restraints properly applied, isolation from others during arrest, proper wearing of identification and weapons, use of well-maintained vehicle for transport) while escorting or transporting offenders.
2. When possible, at least one employee of the same gender as the offender should be present when transporting a restrained offender.
3. To avoid a security breach, restrained offenders are not permitted visits when being transported or escorted.

IV. FORMS.

AD 19-14 Form 1 Checklist for Restraint Chair Use

**Arkansas Community Correction
CHECKLIST FOR RESTRAINT CHAIR USE**

Instructions. The Restraint Chair must only be used to prevent or intervene in high-risk situations such as to help control combative, self-destructive or potentially violent residents. Violent behavior may mask serious medical conditions; therefore, restrained residents must be monitored and provided with medical and/or mental health treatment when needed.

When use of the Restraint Chair is appropriate this checklist must be followed.

	Involved Employee(s):	
1	Call for assistance when necessary	
2	When possible, before using the Restraint Chair get approval from the Center Supervisor or Assistant Center Supervisor	
3	Before using the Restraint Chair, inform medical of the intent to use the Restraint Chair. However, if delay would add to the risk of injury, notify Medical Services as soon as the resident/scene is secured	
4	The resident will be placed in the Restraint Chair by staff, at least one of whom has been trained in Restraint Chair use	
5	Ensure aid is given to any injured person	
6	Have a person who is trained in Restraint Chair use – who is NOT the person who applied the restraints – check each restraint to ensure the restraints are sufficiently tight for safety, but do not impair blood circulation	
7	If not already done, obtain approval from the Center Supervisor or Assistant Center Supervisor	
8	If not already done, inform Medical Services	
9	If not already done, inform the Shift Supervisor	
	Employees Standing by:	
10	If there are employees who are not directly involved in subduing the resident, one of them should get the video camera & record the incident to include placement in the Restraint Chair	
	The Shift Supervisor must:	
11	Ensure the above checklist items have been completed	
12	Make a note of the time and assign a staff member who has been trained in Restraint Chair use to begin monitoring the resident	
13	Ensure the staff person monitoring the resident understands and is following procedures	
14	Work with the staff person who is monitoring the resident in the Restraint Chair and other staff to ensure procedures are followed. In particular, make a timely decision on when to release the resident from the Restraint Chair	
15	The Shift Supervisor must ensure an incident report and security log is completed on all uses of the Restraint Chair that includes the following information: <ul style="list-style-type: none"> • Behavior leading to the use of the Restraint Chair • Name of person authorizing use of the Restraint Chair • Time the resident was placed in the Restraint Chair • Names of staff involved in securing and managing the resident in the Restraint Chair • Description of the resident’s behavior and status at fifteen-minute intervals 	

**Arkansas Community Correction
CHECKLIST FOR RESTRAINT CHAIR USE**

	<ul style="list-style-type: none"> • Actions of medical and/or mental health providers • Relief breaks and other significant incidents • Time of release from the Restraint Chair 	
	The staff person assigned to monitor the restrained resident must:	
16	If Medical Services states that the Restraint Chair places the resident at risk due to a medical condition, place the Restraint Chair in the medical area and ask medical staff to monitor and document the health condition of the resident. If this is not prudent, consider alternatives. If placed in the medical area, residential staff must continue to monitor	
17	<p>If the Restraint Chair is not placed in the Medical Services area, to the extent possible, ensure it is in a place that is:</p> <ul style="list-style-type: none"> • Placed away from contact with other residents and in an area secured from unauthorized entry • In clear view of a security post or under continuous video monitoring or a member of staff must be assigned to supervise the resident in the Restraint Chair 	
18	Observe the restrained resident at a minimum every 15 minutes to ensure the restraints are sufficiently tight for safety, and they are not impairing blood circulation. Make a record of each observation to include the time. This check must be done even when Medical Services staff is observing the resident	
19	With each 15-minute observation consider whether the resident should be released from the Restraint Chair. The Restraint Chair must NOT be used any longer than necessary to ensure that the resident has regained the ability to control the violent or destructive behavior	
20	<p>Every two hours:</p> <ul style="list-style-type: none"> • Obtain approval from the Center Supervisor to authorize continued use of the Restraint Chair • Ensure Medical Services conducts a physical assessment every two hours; this assessment must include: <ul style="list-style-type: none"> ○ vital signs ○ mental status ○ circulation status/conditions • Provide for access to toilets facilities using appropriate alternative restraints. If the resident continues to be so violent that this cannot be safely done, a urinal or bedpan may be obtained from medical services • Give the restrained resident the opportunity for unrestrained movement/exercise of hands and feet. This may be done in the Restraint Chair, one limb at a time, if the resident is violent or threatening. Other appropriate restraints such as handcuffs and leg irons may be used during this time • Provide food and drink as the behavior of the resident allows • Consider asking Center treatment staff and/or the Chaplain to meet with the restrained resident 	
	Staff involved in the incident:	
21	Staff involved in the incident must follow policy guidance for “Reporting and Investigating Incidents, Hazards and Maltreatment	