Charleston County Sheriff's Office
Policy and Procedures Manual

Sheriff Carl Ritchie

7-09
Use of Restraints and Seclusion

☐ NEW
☒ REVISED
☒ REVIEWED

ACA Standards Reference:	5-ALDF-2B-02, 03, 07, 11; 2E-10, 14, 16; 4C-07; 4D-21
CALEA Standards Reference:	
NCCHC Standards Reference:	J-F-05, J-G-01
SCLEA Standards Reference:	
SC Minimum Standards:	1067, 1067(b)

This policy dated 1/28/2025 replaces prior policies cited above and supersedes all previously issued directives.

I. Purpose:

To establish guidelines for the Charleston County Sheriff's Office detention staff in regard to the restraint and/or seclusion of inmates.

II. Policy:

Detention staff shall use the necessary restraints and/or seclusion to prevent violent or unruly inmates from committing any offense and to protect the inmate, staff and/or others from injury when justified and legally appropriate. A restraint device shall never be applied as punishment and shall be removed at the earliest possible opportunity. (Ref: SC Min. 1067; 5-ALDF-2B-02)

III. Definitions:

A. For purposes of this procedure, the word "deputy" applies to all agency employees with a certification classification of Class I, Class II, Class III, or Reserve Deputy, as defined by the South Carolina Criminal Justice Academy.

The following terms are used interchangeably; however, they carry guidance to specific employees based on usage of the term:

1. Deputy, deputy sheriff, detention deputy, sworn employee, uniformed sworn employee, sworn administrative employee, and

2. civilian, non-sworn employee.

B. *Employee:* When used without further clarification, the term employee is inclusive of all agency members (sworn and non-sworn).

C. *Clinically Ordered Restraints/Seclusion:* A therapeutic intervention initiated by contracted medical or mental health staff to use devices or rooms designated to limit a person's mobility safely.

D. *Goal:* The short-term intent of the Treatment Plan to have the inmate safely removed from either therapeutic restraint or therapeutic seclusion as soon as possible.

E. *Qualified Professional/Provider:* Physicians, psychiatrists, nurses, psychologists, and psychiatric social workers who, by virtue of their education credentials and experience, are permitted by law to evaluate and care for the health needs of inmates.

IV. Procedure:

A. Type of Restraints:

The types of restraints used in the Sheriff Al Cannon Detention Center (SACDC) include handcuffs, handcuff retainers, waist chains, leg irons, flex cuffs, and the emergency restraint chair (ERC).

1. Handcuffs:

a. One pair of handcuffs is issued to every detention deputy and will be maintained in accordance with *Policy 2-13 Agency Dress Code*.

b. Inmates will always be cuffed behind the back unless the subject has a physical problem or condition that would pose a risk to the inmate.

c. The following procedure will be followed when handcuffing inmates:

i. Provided the inmate is cooperative, the inmate will be instructed to turn away from the detention deputy with their feet apart, place their arms behind their back with the palms facing up and away from the body, face forward, and lean forward at the waist. In the event the inmate is uncooperative, a detention deputy should not attempt to control the inmate alone and request the assistance of other detention deputies.

ii. Keeping in mind tactical positioning, the detention deputy will observe the inmate while preparing their handcuffs by maintaining a tight grip and facing the single strand towards the inmate.

iii. The detention deputy will approach the inmate and apply the single strand of the first handcuff to the outside of the inmate's wrist between the ulna bone and the hand while simultaneously gripping the inmate's thumb and pushing the hand into the handcuff. The detention deputy will maintain proper tactical positioning at all times.

iv. The detention deputy will use their grip on the inmate's

thumb to rotate the inmate's wrist to the outside so that the thumb is straight up and down.

v. The detention deputy will then release the thumb grip with the weak hand and grasp the fingertips of the inmate's other hand.

vi. The detention deputy will raise the inmate's first hand, pull the second hand towards the inmate's center and apply the second handcuff to the thumb side of the inmate's wrist between the ulna bone and hand.

vii. A small amount of space should exist between the inmate's skin and the handcuff to prevent injuries to the inmate. The handcuffs will be double locked to prevent tightening of the cuff later.

2. Leg Irons:

a. Leg irons are applied to the ankles for restraint. They must allow walking but prevent running or kicking.

b. Leg irons will be applied after the handcuffs.

c. The inmate will be instructed to face away from the detention deputy and bend their knee, bringing their foot towards the detention deputy.

d. The detention deputy will apply one cuff at a time with the key holes facing down towards the floor and the double strand towards the rear of the leg.

e. While escorting an inmate up or down a flight of stairs with leg irons the detention deputy will safely escort the inmate by holding onto their arm until they have reached the top or bottom of the stairs.

3. Waist Chains:

a. Waist chains are a long chain with a handcuff on each side used to keep an inmate's hands secure towards the front during transportation.

b. Waist chains are applied by:

i. placing the chain around the inmate's waist with the large ring towards the right and bring the small ring back through the large ring, tightening the chain comfortably around the inmate;

ii. the small ring on the chain will be placed over the single strand of the cuff to secure the loose chain; and

iii. the cuff is secured around the inmate's wrist and the waist chain so that movement is restricted.

iv. If multiple inmates are escorted/transported in waist chains, a running chain will be used to connect the inmates to each other. Each SACDC van has a capacity to transport twelve (12) inmates. A six (6), four (4), and two (2) man chain are utilized.

4. Emergency Restraint Chair (ERC):

A mobile padded chair with restraining straps for arms, legs, waist, and upper body, which is intended to control a combative, self-destructive, or potentially violent inmate (see *Policy 7-10 Emergency Restraint Chair* for procedure). (Ref: 5-ALDF-2B-07)

5. Flex-Cuffs:

a. Flex-cuffs are flexible handcuffs that are used during mass arrests and/or when large numbers of inmates are restrained.

b. Flex-cuffs may be applied to either wrists or ankles.

c. Only Emergency Response Team operators and Transportation detention deputies utilize flex-cuffs

6. Soft Restraints:

Health care staff has access to soft restraints.

B. Restraints for Security Purposes:

1. An observation log will be initiated by the Unit detention deputy as soon as an inmate is placed into restraints or seclusion, using the Handheld Monitoring Device. The inmate will be checked at random intervals, not exceeding every fifteen (15) minutes. At these checks,

the detention deputy will make visual contact, observing the inmate's activity and document such on the Handheld Monitoring Device. When an inmate has completed their time on observation, the Observation Log is completed in its entirety and given to the Housing Administrative Assistant. The Housing Administrative Assistant will scan and email the form to the Contracts Manager.
(Ref: 5-ALDF-2B-07)

2. The Detention Director has pre-approved the use of restraints in the following nonexclusive situations:

   a. prevent injury to inmates;

   b. prevent escapes;

   c. prevent injury to staff;

   d. transportation outside of SACDC (except for work details);

   e. prevent damage to property, or

   f. any situation requiring immediate action.
   (Ref: SC Min. 1067; 5-ALDF-2B-02)

3. Restraints may be applied at the discretion and direction of a supervisor. When staff uses the ERC for security reasons, the supervisor will immediately notify health services. Health care staff will:

   a. review the health record for any contraindications or accommodations required which, if present, are communicated to the Housing/Processing Lieutenant through the chain-of-command; and

   b. initial health monitoring documented by the contracted medical provider, which continues every two (2) hours as long as the inmate is restrained. (Ref: NCCHC J-G-01)

4. If any detention deputy or health care staff observes what they consider improper use of security restraints, or actions jeopardizing the health of an individual, they will communicate their concerns as soon as possible to the Housing/Processing Lieutenant and the Health Services Administrator (HSA).

5. Pregnant females who are being transported for medical appointments will be handcuffed in the front only, and leg irons will not be used. The hospital will provide guidance and direction when restraints are required. Detention deputies will follow hospital rules and regulations as long as no rule or regulation violates state law or agency policy. Pregnant females will not be in restraints during active labor. (Ref: 4-ALDF-2B-03; NCCHC J-F-05)

6. Whenever a detention deputy uses physical force against an inmate, they will notify a supervisor immediately following the incident. The supervisor will evaluate the information and respond to the scene of all significant use of force incidents. The detention deputy shall document the incident on the Use of Force Report Form and complete an Incident Report in the Jail Management System before the end of their tour of duty (see *Policy 7-01 Use of Force*). (Ref: 4-ALDF-2B-11)

C. Clinically Ordered Seclusion/Restraints:

1. Alternatives to Clinically Ordered Seclusion/Restraints:

a. When developing and refining an inmate's mental health treatment plan, the provider will consider any history of aggressive, out-of-control behavior, and/or suicidal attempts to develop contingency strategies to prevent the escalation of violent behavior. (Ref: 5-ALDF-4C-07)

b. When, due to serious mental disorder/illness, an inmate becomes agitated and aggressive, intervention of less restrictive means than restraints/seclusion should be used to calm the disturbed inmate.

c. For restrained or secluded inmates, the treatment plan established by the contracted physician, psychiatrist, or psychologist will address the goal of removing the inmate from restraint or seclusion as soon as possible. Title 44 of the SC Code of Laws allows the use of restraints for up to twenty-four hours with interval checks every fifteen (15) minutes. If restraint is needed beyond twenty-four (24) hours, the restrained individual must be interviewed and evaluated on a personal basis. (Ref: 5-ALDF-4D-21; NCCHC J-G-01)

2. Clinically Ordered Restraints:

a. Health care staff will not participate in the restraining of

inmates. A sufficient number of detention deputies will control the inmate to ensure that the restraints are safely applied.

b. Prior approval from the Housing/Processing Lieutenant or the on-duty supervisor will be obtained in advance of placing an inmate into the ERC/restraints. When the ERC/restraints are used for emergency purposes, notification will be made immediately after the inmate is secured to the Housing/Processing Lieutenant.

c. The Medical Director may authorize clinically ordered restraints after they reach the conclusion that no other less restrictive treatment is appropriate. Mental health counselors will not order restraints.

(Ref: SC Min. 1067(b); 5-ALDF-4D-21; NCCHC J-G-01)

d. In a life-threatening emergency, the charge nurse may, in consultation with the Housing/Processing Lieutenant, order an inmate placed into clinical restraints. This order shall not last longer than two (2) hours without receiving a doctor's order. If approval is not obtainable within the two (2) hours, the inmate will be transported to a hospital.

e. The use of clinically ordered restraints requires a physician, psychiatrist, or psychologist's order. The initial order will contain:

i. the type of medical restraint to be used;

ii. the duration of use, including when restraints are to be removed; and

iii. in what position the inmate is to be restrained.

(Ref: SC Min. 1067(b))

f. The physician will document the following in the inmate's health record:

i. counter-signature of the telephone order; and

ii. plan of care, including plans to remove the inmate from restraints as soon as possible.

(Ref: 5-ALDF-4D-21)

g. The same types of restraints that would be appropriate for inmates treated in a community mental health facility or community hospital setting are used for medically restraining incarcerated inmates. Such restraints are limited to fleece-lined leather, rubber, or canvas hand and leg restraints, straitjackets and/or restraint chair. Metal or hard plastic devices (such as handcuffs and leg shackles) are not used for clinically ordered restraints.

(Ref: 5-ALDF-4D-21; NCCHC J-G-01)

h. The period of restraint use will be limited to those times when the inmate is acting out dangerously and cannot be controlled in any other way. During this time, they will be housed in the medical unit and the medical deputy will assist with inmate management. If necessary, the Housing/Processing Lieutenant may assign another detention deputy to this post.

i. The inmate should be restrained on an appropriate surface in a protective gown and be positioned face-up or in a position that allows for easy chest expansion and clear airway. Inmates will not be medically restrained in an unnatural position such as hog-tied, facedown, or spread-eagle. As necessary, the inmate's head shall be protected using secure padding under the back of the head. Restraints should be evaluated following any complaint of pain by the inmate.

j. Combative inmates will not be removed from the ERC but will have their limbs exercised to ensure proper circulation. Detention deputies will log all movement or refusal thereof utilizing the Handheld Monitoring Device and any other significant issues will be noted.

(Ref: 5-ALDF-2B-02, 2B-11; NCCHC J-G-01)

k. Detention deputies will be present any time a nurse needs to inspect restraints. The detention deputy will move or reposition the inmate and/or remove restraints, if necessary.

l. The Medical deputy will attend to the following inmate's personal needs:

i. fluids will be offered at least hourly while awake;

ii. appropriate meals (finger food or other as ordered by the provider) shall be offered at regular meal times. All

precautions are to be taken to avoid aspiration;

iii. access to urinal or toilet facilities shall be offered every two (2) hours;

iv. inmate will be offered time for flexing and stretching of extremities at least every two (2) hours. Stretching may occur by moving extremities individually; and

v. all necessary sanitary measures will be provided.

m. Medical restraints will be removed at the earliest possible time based on behavior and medical condition and may be removed without the order of a physician, provided it is not in conflict with the physician's order and the desired effect has been achieved. The determination to remove medical restraints should be based on consultation between health care staff, the responsible provider, and the charge nurse if available.

n. A nursing clinical restraint log entry will be completed at least every thirty (30) minutes by health care staff, noting the inmate has been observed by health care personnel. Health care staff will inspect, note, and document the behavior of the inmate and the inmate's response to the medical restraint at each inspection in the inmate medical file. An inspection will include:

i. an evaluation of the position of each restraint;

ii. an evaluation of movement, sensation, and circulation of each extremity and an evaluation at each point where a restraint contacts the skin;

iii. an evaluation of the inmate's airway, chest movement, general color, and hydration status; and

iv. the inmate's need for toileting, oral fluid, or food.

o. Health care staff will document the following every two (2) hours:

i. specific inquiry into the inmate's mental status and awareness of surroundings, to include risk of harm;

ii. human verbal interaction, including inquiry into the inmate's welfare; and/or

iii. progress towards the goal of removing the medical restraint. (Ref: 5-ALDF-2B-07, 4D-21; NCCHC J-G-01)

3. Clinically Ordered Seclusion:

a. The use of clinically ordered seclusion shall be limited to those inmates who cannot be safely managed without the use of it or when, in the estimation of a provider, an inmate would benefit from it. Inmates to be placed into seclusion will be controlled by a sufficient number of detention deputies to ensure the safety of everyone.

b. Seclusion requires the order of a qualified provider, which contains the type, duration, and any additional orders or interventions. This order shall not exceed twelve (12) hours. The provider will evaluate the need for seclusion at a maximum of every twelve (12) hours and obtain additional orders if continued seclusion is necessary. The provider will document the following in the inmate's health record:

i. justification for the use of seclusion;

ii. counter-signature of the telephone order; and

iii. a treatment plan, to include removal from seclusion as soon as possible. (Ref: 5-ALDF-4C-07, 4D-21)

c. Inmates in seclusion must be personally observed by a detention deputy at least once every fifteen (15) minutes on an irregular schedule. Inmates who are violent or mentally disordered, or who demonstrate unusual or bizarre behavior, receive observation that is more frequent. The observations are recorded utilizing the Handheld Monitoring Device. (Ref: 5-ALDF-2E-10)

d. Health care staff will make both visual and verbal contact with the inmate at least every two (2) hours and document it in the inmate's health record. They will make specific inquiry into, assess for, and document the results of:

i. the need for medical assistance;

ii. evaluation of the inmate's general color and hydration status;

iii. observation of behavior, including assessment of activity and speech patterns;

iv. inquiry into the inmate's mental status, orientation and awareness of surroundings;

v. the inmate's response to the seclusion and progress towards the goal of removal from seclusion; and

vi. the inmate's need for toileting, oral fluid, or food.

e. The period of seclusion should be limited to when the inmate is acting out dangerously and cannot be controlled in another way. During this time, the inmate will be housed in a bare cell in the segregation unit. Any potentially harmful materials will be removed from the room and external stimuli will be limited as much as possible. This is to be judged on a case-by-case basis by health care staff. Any time an inmate is deprived of any usual authorized items and activities, an incident report will be completed and forwarded through the chain-of-command to the Detention Chief. (Ref: 5-ALDF-2E-14, 2E-16)

Note: The inmate will be clothed as appropriate to the situation. For example, a suicidal inmate would be placed in a protective gown, whereas a non-suicidal inmate may be allowed to remain in uniform.

f. Deputies will be present any time a nurse moves into a cell or room being used for the seclusion.

g. The inmate will be removed from seclusion at the earliest time based on behavior and medical/mental health condition. The inmate may be removed from seclusion without the order of the provider, provided it is not in conflict with the Provider's Order and the desired effect has been achieved. The determination to remove an inmate from seclusion should be based on consultation between mental health staff (if on-site), the responsible provider (if on-site), and the infirmary nurse.