



## Ohio Administrative Code

### Rule 5120-9-05 Immobilizing restraints for security or administrative purposes.

Effective: May 31, 2024

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(A) Immobilizing security restraints may be used for the safety of persons and the security and good order of the institution. Immobilizing security restraints shall never be used as punishment. The use of immobilizing security restraints shall be governed by this rule and rule 5120-9-01 of the Administrative Code, except. the requirements of this policy will not govern nor have application in mental health housing or in any use of therapeutic restraints on a seriously mentally ill inmate under the supervision of healthcare treatment staff.

(B) Reports. The use of immobilizing security restraints will be considered an application of force.

(1) Staff involved in placing an inmate in immobilizing security restraints will document the placement as a use of force. The use of force incident reports and all related documents shall be delivered to the shift commander prior to the end of the shift in which the restraints were applied.

(2) Institution staff who recommend or authorize placement of an inmate in immobilizing security restraints will document the factors related to that decision in an incident report, explaining the events leading up to the application of the immobilizing restraints.

(3) The application of immobilizing security restraints under this policy will be recorded on videotape.

(C) The following terms are defined as indicated.

(1) "Immobilizing security restraint" means any appliance that secures the inmate in such a way that the inmate is prevented from rising, using toilet facilities, or eating. "Immobilizing security restraint" includes, but is not limited to, what is known as "four-way" or "five-point" restraints. This does not include the use of handcuffs, leg irons or belly chain in the transport or movement of the inmate.

(a) Inmates will be restrained in the face-up position (supine), with face towards the ceiling, arms at



the sides, and with feet approximately shoulder-width apart, unless otherwise ordered by the institution medical director.

(b) Inmates will not be restrained by linking the hands and feet behind the back, sometimes called "hog-tying."

(2) "Initial Period of Restraint" means the first authorized period of immobilizing security restraint that may be up to two hours in duration. This period of restraint may be initiated by either the highest-ranking supervisor on site, the shift supervisor, or other person designated by the managing officer.

(3) "Continued Period of Restraint" refers to a period of immobilizing security restraint following the initial period of restraint. The continued period of restraint may be up to six hours in duration. This period of restraint may only commence with the approval of a physician following an examination of the inmate by a qualified medical professional.

(4) "Mental health housing" is a residential treatment unit ("RTU"), mental health crisis cell, infirmary cell or any other housing designated for treatment of inmates for serious mental illness.

(5) "Qualified medical professional" is a registered nurse, a nurse practitioner, a physician or a physician assistant.

(D) Authorization. The highest ranking supervisor on site, the shift supervisor, or other person designated by the managing officer will authorize the placement of an inmate in immobilizing security restraints when he or she determines that:

(1) The inmate is engaging in violent, threatening, destructive or self-destructive behavior that poses an imminent risk of physical harm to himself or another, or;

(2) The inmate persists in disruptive behavior or behavior that threatens the security of the institution, and,

(3) Will not respond to orders to cease and other means of restraint do not appear to be an effective



alternative, and,

(4) The imposition of immobilizing security restraints is necessary to gain control of the inmate.

(E) Duration and release. An inmate placed in immobilizing security restraints will be restrained for limited, authorized periods or until the reason for the restraint no longer exists, whichever comes first. An inmate in immobilizing security restraints will be permitted to take liquids every two hours, eat meals and use toilet facilities, as the inmate's behavior allows it. The inmate should be released to the degree and for the time necessary to perform these functions.

(1) "Initial Period of Restraint." The first authorized period of immobilizing security restraint may be initiated as indicated in paragraph (D) of this rule. This period may be up to two hours in duration.

(a) Medical exam. A qualified medical professional will immediately review the inmate's medical file and personally examine the inmate. The inmate will be continually observed until the qualified medical professional evaluation and approval occurs. The qualified medical professional's review will be documented in the inmate's medical chart.

(2) "Continued Period of Restraint" refers to a period of immobilizing security restraint following the initial period of restraint. If during the initial period of restraint the inmate continues to demonstrate violent, turbulent, threatening, or self-destructive behavior, a continued period of restraints may be authorized. This period may last for up to six hours.

(a) To authorize this period of restraint, the shift supervisor or other official identified in paragraph (D) of this rule, will determine that the reasons for the application of restraints still exist; and,

(b) A physician will approve the continued period of restraint. In order to approve the continued period of restraint, a physician or a qualified medical professional will first examine the inmate and record the examination in the medical file. If the qualified medical professional, conducts the examination, he or she will also speak to a physician whose approval will be necessary for continued restraint. The physician's approval will be documented in the medical file, and may be provided by telephone.



(3) The shift supervisor will consult with the mental health staff at the time of release to evaluate the inmate's present needs. If continued restraint may appear to be necessary after eight hours of restraint, the medical director and the bureau of behavioral health services staff will evaluate the inmate personally and recommend appropriate action.

(4) Release from immobilizing security restraints can be ordered at any time by the shift supervisor, the physician, the managing officer or the managing officer's designee when the inmate is no longer disruptive, threatening or engaging in self-destructive behavior, or creating a security risk.

(5) If the examining qualified medical professional concludes at any time that the inmate is likely to suffer imminent and serious physical harm as a result of the restraints, the qualified medical professional will immediately communicate this information to the shift supervisor. The shift supervisor will then take action to diminish the risk of harm to a medically acceptable level, up to and including the release of the inmate from the restraint.

(F) Health care notifications. As soon as possible after an inmate has been placed in immobilizing restraints, the shift supervisor will notify the institution's mental health staff, or medical staff if mental health staff is not available on site. When the incident is to be handled as a planned use of force, the medical staff will be notified prior to the incident and will be in attendance during the incident whenever possible.

(1) The health care staff contacted will check to determine whether the inmate is on the mental health caseload.

(2) If the inmate is on the caseload or is behaving in an unusual manner, the health care staff will contact the appropriate on-duty psychiatrist, psychologist, licensed independent social worker or the psychiatrist on-call for an appropriate consultation.

(3) Documentation of the health care evaluation and any subsequent actions will be entered into the mental health record if completed by mental health staff, or into the medical record if completed by medical staff.

(G) Monitoring. Staff will periodically check on the condition of any inmate in restraints.



(1) After the initial qualified medical professional's evaluation and approval referenced in paragraph (E)(1)(a) of this rule, security staff will check an inmate in immobilizing security restraints on an irregular basis, not to exceed fifteen minutes apart. Each check will be documented in an appropriate restraint log indicating the time of the check, the inmate's behavior, and any observations made by staff and the staff member's initials.

(2) A qualified medical professional will check on the condition of any inmate in immobilizing security restraints no less than every two hours. The medical staff is responsible for documenting these checks in the medical file and in the appropriate restraint log.

(3) "Restraint Log." Whenever an inmate is placed in immobilizing security restraints, staff responsible for the supervision of the area in which the inmate is held will maintain a restraint log noting the reasons for the restraints and the time and date of restraint, authorizations, staff contacts with the inmate, medical contacts with the inmate, and other appropriate information.