

	MARICOPA COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES	
	Subject SAFE BED INTERVENTION	Policy Number DS-2
		Effective Date 06-05-24
Related Information CP-1, <i>Use of Force</i> CP-6, <i>Bloodborne Pathogens</i> DG-7, <i>Inmate Meal Distribution and Modified Diet</i> DS-1, <i>Safe Cell Placement</i> National Commission on Correctional Healthcare	Supersedes DS-2 (04-30-16)	

PURPOSE

The purpose of this Office Policy is to provide detention officers with guidelines and procedures on the authorized implementation and use of safe bed intervention.

POLICY

It is the policy of the Office to ensure that safe bed intervention is used when other reasonable means are deemed inadequate to prevent injury and manage risk. Safe bed intervention is a multi-faceted approach used to safely and humanely manage inmates who are a danger to themselves or others. Safe bed intervention combines command authorization, trained personnel, continuous observation, soft restraints, video documentation, and a medical assessment to validate the ongoing appropriateness of the intervention while ensuring the health, safety, and welfare of inmates and personnel.

DEFINITIONS

Contraindication: A condition or factor that serves as a reason to withhold a certain medical treatment.

Digital Recording Device: A device designed to record, transmit, or receive voice communications, sound, video, or photographic images, including but not limited to, cellular phones, digital audio recording devices, digital video recorders, and body-worn cameras. Personally owned digital recording devices are not authorized unless exigent circumstances exist and with prior approval of a supervisor.

Exigent Circumstances: The sum of the conditions and information available during any incident which, taken in their totality, dictate a need for immediate action.

Head Protection: A padded device placed on a restrained inmate's head to prevent injury.

Health Monitoring: Health monitoring consists of checks for circulation, nerve damage, airway obstruction, and psychological trauma.

Mechanical Restraints: Metal devices, such as handcuffs, used to restrict arms, legs, or body movement for transport or for short periods of time.

Soft Restraints: Leather or nylon devices used to restrict arms, legs, or body movement for extended periods of time.

Spit Mask: A fabric covering placed over the head of a restrained inmate which prevents or disrupts the inmate's ability to spit at others.

Supervisor: An employee to whom subordinates report.

- A. Commander: An employee with the rank of lieutenant or above, or its civilian equivalent and above.
- B. First-Line Supervisor: An employee with the rank of sergeant, or its civilian equivalent.

PROCEDURES

1. **Training:** The Training Division shall be responsible for training all detention officers in safe bed intervention during the initial Basic Detention Academy. Facility Training Officers (FTOs) may also be designated to assist with this training, or any future safe bed intervention continued training of detention officers. All detention officer safe bed intervention training shall be documented by the Training Division.
2. **Authorized Use of Safe Bed Intervention:** Safe bed intervention may be used to protect inmates whose behavior exhibits a danger to themselves or others, and only after other reasonable means are deemed inadequate to prevent injury and manage risk. Safe bed intervention shall only be implemented until such time it is determined that an inmate’s behavior no longer exhibits a danger to themselves or others.
3. **Detention Safe Bed Intervention Placement:** The following guidelines must be adhered to when implementing detention safe bed intervention:
 - A. A detention commander must authorize the use of safe bed intervention.
 - B. No fewer than five detention officers and a detention supervisor shall be present when safe bed intervention is initiated. Designated detention officers shall operate a digital recording device to video record and document the inmate’s behavior immediately prior to implementation of safe bed intervention, as well as during any application or removal of soft restraints. The remaining four detention officers shall be responsible for managing the limbs of the inmate. The detention supervisor shall supervise the safe bed placement and provide instructions and guidance as needed. Each situation that requires the application of soft restraints is unique; it is at the discretion of a detention supervisor to increase the number of detention officers for restraint application.
 - C. Soft restraints shall be used and shall be applied in the manner trained, or as established by operational orders, taking care to ensure that restraints are not excessively loose or overly tight-fitting.
 - D. Correctional Health Services (CHS) personnel shall be present, whenever possible, to assess the inmate during the initial application of soft restraints. If CHS personnel is not present, they shall be notified immediately to evaluate the inmate and the use of soft restraints. CHS personnel shall not participate in the actual physical placement of inmates into soft restraints, but are responsible for the following:
 1. Reviewing health records for any contraindications or accommodations required and, if present, immediately communicating them to detention officers;
 2. Immediately communicating concerns, if observed, to detention officers, when the use of a restraint may jeopardize the health of an inmate; and
 3. Contacting additional CHS personnel immediately, should a medical or mental health condition be observed, so that appropriate orders can be given.

- E. The face-up position shall be used for safe bed intervention unless specifically ordered otherwise by CHS personnel. A sanitized mattress shall be used for safe bed intervention.
 - F. All activities concerning the placement of inmates into a Safe Bed shall be documented in SHIELD and on the *Safe Bed Intervention Form*, as specified in this Office Policy.
4. **Medical Safe Bed Intervention Placement:** Safe bed intervention may be required for medical or mental health reasons when the behavior of an inmate poses a danger to themselves or others.
- A. CHS personnel may authorize medical safe bed intervention when an inmate exhibits behavior dangerous to themselves or others as a result of a medical or mental illness and only after reaching the medical conclusion that no other less restrictive course of action is appropriate. A detention commander must confirm the CHS provider's order for medical safe bed intervention.
 - B. The National Commission on Correctional Health Care (NCCHC) standards state that when medically ordered, safe bed intervention is to be implemented for the shortest time possible. Generally, an order for medically ordered safe bed intervention is not to exceed 12 hours. Health monitoring consists of checks for circulation, nerve damage, airway obstruction, and psychological trauma.
 - C. Absent exigent circumstances, no fewer than five detention officers and a detention supervisor shall be present when a safe bed intervention is initiated. A designated detention officer shall operate a digital recording device to video record and document the inmate's behavior immediately prior to implementation of safe bed intervention, as well as during any application or removal of soft restraints. The remaining four detention officers shall be responsible for managing the limbs of the inmate. The detention supervisor shall supervise the safe bed placement and provide instructions and guidance, as needed. Each situation that requires the application of soft restraints is unique; it is at the discretion of a detention supervisor to increase the number of detention officers for restraint application.
 - D. Soft restraints shall be used and shall be applied in the manner trained, or as established by operational orders, taking care to ensure that restraints are not excessively loose or overly tight-fitting.
 - E. Correctional Health Services (CHS) personnel shall be present, whenever possible, to assess the inmate during the initial application of soft restraints. If CHS personnel is not present, they shall be notified immediately to evaluate the inmate and the use of soft restraints. CHS personnel shall not participate in the actual physical placement of inmates into soft restraints, but are responsible for the following:
 - 1. Reviewing health records for any contraindications or accommodations required and, if present, immediately communicating them to detention officers;
 - 2. Immediately communicating concerns, if observed, to detention officers, when the use of a restraint may jeopardize the health of an inmate; and
 - 3. Contacting additional CHS personnel immediately, should a medical or mental health condition be observed, so that appropriate orders can be given.
 - F. The face-up position shall be used for safe bed intervention unless specifically ordered otherwise by CHS personnel. A sanitized mattress shall be used for safe bed intervention.

- G. All activities concerning the placement of inmates into Safe Beds shall be documented in SHIELD and on the *Safe Bed Intervention Form* as specified in this Office Policy.
5. **Exigent Circumstances:**
- A. In the event that an inmate is able to remove their hands or feet from the soft restraints, a single standard handcuff may be applied on the inmate's extremity below the soft restraint, closer to the fingers or toes than the soft restraint. The single handcuff is to be placed keyhole out to allow easy access for detention officers. The single handcuff is to be double locked to ensure the safety of staff and the inmate.
 - B. In the event that an inmate is banging their head on the mattress or bed after the application of soft restraints, head protection should be applied to protect the inmate from possible injury.
 - C. In the event that an inmate is spitting, a spit mask may be applied either before or after placing the inmate into soft restraints.
6. **Monitoring Inmates During Safe Bed Intervention:** Detention officers or qualified CHS personnel shall be assigned to continuously observe the inmate and maintain a record of the observation on a *Safe Bed Intervention Form*, as specified in this Office Policy.
- A. Direct, continuous observation shall be conducted at a close proximity within the same area occupied by the inmate so detention officers or qualified CHS personnel can see the inmate, observe respirations, and be in a position to communicate with the inmate.
 - B. Health monitoring for all safe bed interventions shall occur every hour in psychiatric housing or the infirmary, every two hours at the Intake Transfer and Release (ITR) Facility, and the 4th Avenue Jail Facility.
 - C. CHS personnel shall be notified immediately and their assistance requested in the event of an observed medical emergency.
7. **Offerings and Breaks:** The inmate shall be provided the opportunity for fluids at least once every two hours and the opportunity to eat at regular mealtimes, as specified in Office Policy DG-2, *Inmate Meal Distribution and Modified Diets*. The procedures for soft restraint removal shall be followed, as specified in this Policy.
- A. If the inmate is behaviorally unstable and removing them from restraints poses a threat to employees, themselves, or other inmates, the fluid or meal offering may be denied at the discretion of the detention supervisor.
 - B. If an inmate's behavior safely permits a fluid or meal offering, the detention supervisor shall be notified, and upon their approval, the restraints shall be removed by releasing one of the inmate's soft wrist restraints, allowing the inmate an opportunity to turn their body and safely eat a meal or consume fluids.
 - C. Re-examination of an inmate by CHS personnel is required when soft restraints are re-applied. Detention officers shall immediately contact CHS personnel and request the assessment. This shall be documented on the *Safe Bed Intervention Form*.
8. **Restroom Breaks:** The inmate shall be asked at least once every two hours whether they need to use the restroom. The procedures for soft restraint removal shall be followed, as specified in this Office Policy.

- A. If the inmate is behaviorally unstable and removing them from restraints poses a threat to employees, themselves, or other inmates, the restroom break may be denied at the discretion of the detention supervisor.
 - B. If an inmate's behavior safely permits a restroom break, the detention supervisor shall be notified and, upon their approval, the soft restraints shall be fully removed. Continued use of safe bed intervention shall be re-evaluated by a detention commander. If continued need for safe bed intervention is established by a detention commander, then the re-application of soft restraints shall be implemented, as specified in this Office Policy.
 - C. Re-examination by CHS personnel is required when soft restraints are re-applied. Detention officers shall immediately contact CHS personnel and request the assessment. This shall be documented on the *Safe Bed Intervention Form*.
 - D. In the event that a male inmate, who was medically ordered into safe bed intervention in the face-down position, needs a restroom break and the inmate's behavior does not warrant a full removal from soft restraints, CHS personnel may provide a male inmate with a portable urinal. Detention officers shall not assist the inmate with the restroom process. The procedures for soft restraint removal shall be followed, as specified in this Office Policy. Detention officers shall release one of the inmate's hands from the soft restraint to allow him to lean onto his side to use the urinal.
9. **Range-of-Motion Breaks:** When an inmate is placed into soft restraints, exercising each limb for at least ten minutes every two hours is recommended. The procedures for soft restraint removal shall be followed, as specified in this Office Policy.
- A. If the inmate is behaviorally unstable and removing them from restraints poses a threat to employees, themselves, or other inmates, the range-of-motion break may be denied, at the discretion of the detention supervisor.
 - B. If an inmate's behavior safely permits a range-of-motion break, the detention supervisor shall be notified, and upon their approval, the restraints shall be removed by releasing one of the inmate's soft restraints, allowing the inmate the opportunity to exercise one of their limbs.
 - C. Re-examination of an inmate by CHS personnel is required when soft restraints are re-applied. Detention officers shall immediately contact CHS personnel and request the assessment. This shall be documented on the *Safe Bed Intervention Form*.
10. **Removing an Inmate from Soft Restraints:** Absent exigent circumstances, once a detention supervisor has determined that an inmate may be removed from soft restraints, at least five detention officers and a detention supervisor shall be present when the restraints are removed.
- A. A detention supervisor must authorize and supervise the removal of soft restraints.
 - B. A designated detention officer shall operate a digital recording device to video record and document the inmate's behavior during any removal of soft restraints. The remaining four detention officers shall be responsible for managing the limbs of the inmate. Each situation requiring the removal of soft restraints is unique; therefore, it is at the discretion of a detention supervisor to increase the number of detention officers for restraint removal.
 - C. Soft restraints shall be removed in the manner trained or as established by operational orders.
 - D. The removal of soft restraints shall be documented in SHIELD and on the *Safe Bed Intervention Form*, as specified in this Office Policy.

11. **Documentation:** In all incidents where safe bed intervention is implemented, the following reporting procedures shall be adhered to:
 - A. An entry in SHIELD shall be made under Shift Log, Shift Events for any application or removal of soft restraints.
 - B. A *Safe Bed Intervention Form* shall be initiated when safe bed intervention is implemented.
 - C. Continuous observation comments noted on the *Safe Bed Intervention Form* shall include the following:
 1. Continuous Observation: The last names and serial numbers of all detention officers or qualified CHS personnel conducting continuous observations.
 2. Medical Checks: The last names and serial numbers of CHS personnel who are conducting health monitoring checks to include the times of each assessment.
 3. Removal and Re-Application of Restraint Devices: The names and serial numbers of those detention officers present, and any detention supervisory denial when removing or reapplying restraint devices. The detention supervisor shall provide articulable facts for any denial.
 - a. Meals Offered: The time a meal is offered, provided, refused, or denied, including the reason why.
 - b. Fluids Offered: The time fluids are offered, provided, refused, or denied, including the reason why.
 - c. Restroom Breaks: The time restroom breaks are offered, provided, refused, or denied, including the reason why.
 - d. Range-of-Motion Breaks: The time range-of-motion breaks are offered, provided, refused, or denied, including the reason why.
 - D. Observed Medical Emergency: In the event of an observed medical emergency, detention officers shall immediately notify CHS personnel. Notification shall be documented in SHIELD under Shift Log, Shift Events and on the *Safe Bed Intervention Form*, to include the time of notification, persons notified, and the response time of CHS personnel.
 - E. A digital recording shall be made to document the inmate's behavior immediately prior to implementation of safe bed intervention. During application or removal of soft restraints, such as during a restroom break, video documentation shall occur.
 1. The video recording shall also be submitted with the *Safe Bed Intervention Form* through the chain of command to the division commander or designee.
 2. The video shall be retained for no less than three years. All hand-held safe bed video recordings shall be stored at each division for a period of three years from the date of the safe bed placement.
 - F. For all custody initiated safe bed interventions, an *Incident Report (IR)* shall be generated and titled "Safe Bed Intervention." The IR shall include all relevant information justifying the need to use

safe bed intervention. The IR shall also include, but not be limited to, the detention commander who authorized safe bed intervention, those involved in the implementation, the actions of the inmate, the CHS personnel present, the CHS personnel that checked the restraints, and the detention officer or qualified CHS personnel who conducted the continuous observation of the inmate.

1. An IR shall not be generated for a medical safe bed intervention.
 2. If criminal charges are initiated against an inmate, a separate criminal IR shall be required.
- G. Certain situations may dictate the use of other forms such as *Disciplinary Action Reports* (DARs), and *Jail Commander Notification Forms* (JCNFs). These forms shall be completed as needed and forwarded to the detention supervisor. It is recommended that a DAR be completed for any situation which requires a criminal IR to be written. The IR number shall not be written on the DAR. For all situations where the completion of a Use of Force Blue Team entry is necessary, documentation requirements shall be followed, as specified in Office Policy CP-1, *Use of Force*
- H. A detention commander shall review the detention officer's reports and forward copies through the chain of command to the Inmate Medical Services Commander or designee.
- I. A *Safe Bed Intervention Form* from a medically initiated incident is a protected document under Health Insurance Portability and Accountability Act (HIPAA) of 1996; a *Safe Bed Intervention Form* from a custody-initiated incident is not a protected document under HIPAA.
12. **Equipment:** All restraint equipment used in safe bed intervention shall be accounted for and prepared for use at the beginning of each shift. An appropriate area to implement safe bed intervention shall be established by the jail facility commander.
- A. Soft Restraints: Soft restraints authorized for use in conjunction with safe bed intervention include, but are not limited to, the following:
 1. Soft leather hand and leg restraints;
 2. Canvas hand and leg restraints;
 3. Soft polymer hand and leg restraints; and
 4. Nylon/Velcro hand and leg restraints.
 - B. Mechanical Restraints: Mechanical restraints are not to be used as primary restraints.
 - C. Equipment Care: All restraints are to be cleaned and sanitized, as specified in Office Policy CP-6, *Bloodborne Pathogens*.