

Restraints and Emergency Response

1800.1 SECURITY RESTRAINTS

For information regarding Use of Force, refer to [OCSD Policy Manual \(Lexipol\) Section 300 – Use of Force](#).

(a) Approved Restraint Devices

1. Only restraint devices approved by the Sheriff may be used in Custody Operations, including:
 - i. Handcuffs - All Deputies shall, while on duty, carry on their person or have immediately available, at least one (1) pair of handcuffs meeting the specifications of standard Department issue.
 - ii. Waist restraint with handcuffs.
 - iii. Leg restraints.
 - iv. Plastic flex cuffs – Should be used only when there is access to an appropriate tool for the immediate removal of the flex cuffs.
 - v. Restraint chair.
 - vi. Hobble Restraint for vehicle transportation purposes – [Refer to OCSD Policy Manual \(Lexipol\) Section 306 – Hobble Restraint](#).

(b) Use of Restraints

1. Inmates will not be permitted to handle restraint devices or any other security equipment.
2. Restraints will not be used as a punishment or a substitute for treatment.
3. Approved restraint devices shall be used under the following circumstances:
 - i. As a precaution to prevent an escape, violent actions, or property damage.
 - ii. In accordance with the security procedures by Classification Level. For more information about security procedures, refer to [CCOM Section 1203.1 – Inmate Security Procedures](#).
 - iii. Any time an inmate is transported to or from any of the Department's jail or court facilities. For more information about transporting inmates, refer to [CCOM Section 9000.2 - Transportation of Inmates](#).
 - iv. The provisions of this section do not apply to inmates on the Community Work Program (CWP).
 - v. The use of the restraint chair will be in accordance with [CCOM Section 1800.2 - Restraint Chair](#).

(c) Additional Requirements and Restrictions

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1. At no time will a chain or other mechanical restraint device be placed around the neck of an inmate for any purpose (CPC 2652.5).
 2. No inmate will be left in restraints longer than necessary.
 3. While in a jail facility, leg restraints should be removed if an inmate must walk up or down stairs or an escalator.
 - i. Inmates wearing waist restraints, who are going to or returning from court, may use escalators if escorted by a Deputy.
 4. When an inmate requiring restraints is moved between floors within a building, or must go up or down stairs and/or escalators for any reason, the following should apply:
 - i. Elevators should be the primary method of transporting a restrained inmate while in a jail facility.
 - ii. In the event there is no elevator reasonably available in the jail facility, the leg restraints should be removed, and the inmate shall be escorted on the stairs/escalator by a Deputy.
 - iii. In the event of any emergency, the rules set forth for escorting inmates who are in restraints may be modified on a case-by-case basis in order to maintain the safety and security of the facility.
 5. While at any of the Orange County Court Centers (CJC, NJC, WJC, LJC, HJC), inmates may use stairs while restrained with waist and/or legs restraints as long as restraints do not prevent the inmate from using hand railings along the stairs.
 6. Restraint devices will not be used to intentionally inflict pain.
 7. No arrestee will be brought inside any facility restrained under a condition commonly known as "hog-tied." This method of restraint generally includes any type or combination of types of restraints that bind a person's legs and hands together.
 8. In some rare circumstances, and only with the facility Watch Commander's approval, it may be determined that restraint of an inmate requires more than the approved restraint devices listed in this section. In such circumstances, the additional restraint will only be used for the shortest amount of time necessary.
- (d) Pregnant Inmates
1. An inmate known to be pregnant and at the hospital for reasons other than labor, delivery or recovery after delivery or termination of pregnancy shall be restrained in the least restrictive way possible (i.e., a wrist handcuffed to a fixed point on the hospital bed) and in accordance with this policy and CPC 3407.
 2. An inmate known to be pregnant, or in recovery after delivery, shall not be restrained by the use of leg restraints, waist restraints, or handcuffs behind the body. (CPC 3407(a)).
 3. A pregnant inmate in labor or presumed to be in labor shall be taken to a hospital for the purpose of giving childbirth and shall be transported in the least restrictive

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way possible and in accordance with this policy and CPC 3407. A pregnant inmate shall not be shackled to anyone else during transport. A pregnant inmate in labor or presumed to be in labor shall be treated as an emergency and shall be transported to the hospital, accompanied by a Deputy. (CPC 4023.8(l))

4. An inmate in labor, during delivery, in recovery after delivery, or during recovery after termination of pregnancy shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the inmate, the staff, or the public. (CPC 3407(b) and 6030(f))
 - i. If it becomes necessary to apply a restraint device to an inmate during labor, during delivery, or in recovery the Deputy will do so using the least restrictive way for the given situation and will notify their Sergeant as soon as practical. The Deputy will document the circumstances and restraints used in the activity log for all circumstances other than those where a Jail Incident Report or DR is required.
5. Staff shall remove the restraints from a pregnant inmate during a medical emergency, labor, delivery, or while the inmate is in recovery after delivery or termination of pregnancy, when a medical professional who is currently responsible for the inmate's medical care determines that the removal of the restraints is medically necessary. (CPC 3407(c))

1800.2 RESTRAINT CHAIR

The restraint chair is designed to provide containment of a violent, combative, aggressive, destructive, or self-destructive inmate in a humane, dignified, and non-humiliating, manner. The restraint chair may only be used when it appears less restrictive alternatives would be ineffective in preventing the inmate from injuring themselves, injuring others, or damaging property. The restraint chair will never be used for discipline or as a substitute for treatment.

- (a) The Watch Commander, in collaboration with Correctional Health Services (CHS) medical personnel, will evaluate the placement of an inmate in the restraint chair.
- (b) Required Authorization
 1. If exigent circumstances exist, the Watch Commander may approve placement of an inmate in the restraint chair without a written authorization from CHS.
 2. A written authorization signed by CHS is required prior to placing an inmate in the restraint chair.
 3. Only staff trained in the use of the restraint chair will place an inmate in the restraint chair.
- (c) Additional Requirements
 1. Absent exigent circumstances, a supervisor will be present prior to placing the inmate in the restraint chair and will remain until the inmate is properly secured.
 2. CHS will assess the inmate's medical and mental condition prior to placement in the restraint chair. If CHS is unable to assess the inmate prior to placement in

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the restraint chair, CHS will assess the inmate's medical and mental condition within one hour of placement in the restraint chair.

3. A video camera will be used to record the inmate being placed and secured in the restraint chair. All additional interactions requiring entry into the cell will also be recorded, including CHS assessments and evaluations.
4. Any inmate in a restraint chair shall be secured separately from all other inmates.
5. The restraint chair may be used in conjunction with a padded safety cell if all policies and procedures regarding the use of the safety cell and restraint chair are followed and CHS specifically requests the use of the restraint chair [REDACTED]
6. The restraint chair will be placed in the center of a cell equipped with a fixed security camera. There must be no obstruction to the camera's view of the inmate. The camera's view will be displayed on a monitor to provide a constant view of the inmate.
7. Cardiopulmonary resuscitation equipment and an automated external defibrillator (AED) shall be readily available.

(d) Required Documentation

1. A Deputy placing an inmate in a restraint chair shall document the use of the restraint chair in the appropriate Jail Incident, Medical Aid, or Initial Crime Report. The report will include:
 - i. The name and title of the person requesting the use of the restraint chair.
 - ii. The name and title of the person authorizing its use.
 - iii. The specific behaviors which produced the judgment that the inmate was a danger to self, others, or property.
 - iv. All security and CHS staff involved or present.
 - v. The date/time the inmate was placed in the chair and the date/time taken out.
 - vi. Where the inmate was taken after being removed from the restraint chair.
2. A Deputy will be assigned to maintain the inmate personal safety monitoring form. The form will include:
 - i. The date and time of all observations required in section 1800.2(e) below, including the name and title of the person conducting the observation.
 - ii. All hydration and sanitation opportunities required in section 1800.2(f) below, including the name and title of all staff (OCSD and CHS) present.
 - iii. All opportunities for range of motion exercises as required in section 1800.2(g) below, including the name and title of all staff (OCSD and CHS) present.
3. A copy of the completed inmate personal safety monitoring form will be included with the Jail Incident, Medical Aid, or Initial Crime Report.

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(e) Required Observation

1. Staff will check the condition of each inmate in a restraint chair by direct visual observation within fifteen minutes of the beginning time of the previous check. Staff will check the person for any signs of distress and will ensure the restraints remain properly applied to protect the person's safety and well-being. Staff will notify CHS immediately if any of the following conditions are observed:
 - i. Swelling
 - ii. Skin discoloration
 - iii. Altered respirations or labored breathing
 - iv. Unconsciousness or reduced consciousness
 - v. Complaint of injury or illness
 - vi. Any indication of distress
2. A Sergeant shall check the condition of the restrained inmate by direct visual observation within sixty minutes of the beginning time of the last Sergeant's check.
3. CHS staff shall begin an assessment of the inmate within sixty minutes of the beginning time of the previous assessment.

(f) Hydration and Sanitation

1. An inmate in the restraint chair will be offered water (or other fluids as determined appropriate by CHS) a minimum of every two hours, or more frequently if they appear to be dehydrated or in need of fluids.
2. Without compromise to safety and security an inmate should be released from the restraint chair and allowed to use the restroom as needed. A Sergeant or above will be present any time the inmate is released from the chair.

(g) Range of Motion Opportunities

1. The restrained inmate will be given the opportunity to exercise the range of motion of their arms and legs for at least five minutes every hour to meet the standard of providing at least ten minutes every two hours. Deputies will release one limb at a time and re-secure each limb before releasing the next. A Sergeant or above will be present when Deputies release the inmate's limbs. These opportunities will be recorded on a video camera.
2. If range-of-motion exercises cannot be completed (e.g., inmate is too combative), the reason will be documented on the cell log. During the following hour, ten minutes of motion must be provided and noted on the cell log.

(h) Continued Restraint

1. The facility Watch Commander and CHS staff will review the inmate for continued restraint or removal a minimum of every hour.

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2. The following criteria are used to assess appropriateness for continued restraint or removal. The inmate need not meet all criteria before being released from restraints.
 - i. Calmness – The inmate is no longer agitated, yelling, or struggling against the restraints; their speech displays normal tone of voice, volume, and pressure.
 - ii. Cooperation – The inmate interacts appropriately with staff and is able to communicate that they will not continue to be a danger to themselves or others if released.
 - iii. Insight – The inmate recognizes the reason they were placed in restraints and/or can communicate alternative ways of handling the original situation which would not result in restraints.
- (i) Removal from the Restraint Chair
 1. An inmate will be removed from the restraint chair as soon as is reasonable. A Sergeant or above must be present when the inmate is removed from the restraint chair.
 2. CHS will assess the inmate's medical condition upon removal from the restraint chair.
 3. No inmate will remain in the restraint chair for more than four (4) hours. This is within our current chair manufacturer's guidelines as mandated by Title 15, Section 1058(b)(10). Prior to the expiration of the four (4) hours, one of the following remedies will be implemented:
 - i. Complete the booking process as either an incomplete, expedited, or normal booking.
 - ii. Place the inmate in appropriate housing as determined by CHS and/or by Classification Staff. This may include a safety cell, cell confinement, or regular housing.
 - iii. Transport the inmate to the hospital for a comprehensive medical evaluation.
 4. If an inmate has missed a meal due to being in a restraint chair, they will be provided a meal as soon as possible after being removed from the chair.

1800.3 GURNEY/STOKES STRETCHER PROCEDURES

The purpose of this policy is to address the use of a gurney or Stokes stretcher (hereinafter "Stokes") by OCSD security staff to restore order and maintain security, in conjunction with a specific incident such as an ERT response, cell extraction, use of force etc. Nothing in this policy is intended to address gurney/Stokes usage for medical purposes under the direction and supervision of CHS personnel.

- (a) A gurney/Stokes may be used when determined necessary to transport an uncooperative/resistant inmate who continues to resist less constricting control

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options and continues to disobey commands of the security staff. The gurney/Stokes shall not be used if the inmate complies with commands and stops resisting when a lower level of restraint is used, i.e., handcuffs, leg restraints, or waist restraints. The following applies to transporting uncooperative/resistant inmates by the use of a gurney/Stokes:

1. The gurney/Stokes may be used to transport an uncooperative/resistant inmate from one location to the other.
2. If a supervisor is not present during the incident and the inmate is placed on the gurney or Stokes, a supervisor shall be notified immediately.
3. The incident shall be documented via a handheld camera.
 - i. The incident shall be recorded from the time the inmate is placed on the gurney/Stokes, up until the inmate is taken off the gurney/Stokes and placed in a secure location.
4. No inmate shall be transported in the prone (face down) position on the gurney/Stokes. The inmate shall be face up on their back, or on their side while secured on the gurney/Stokes. A pregnant inmate shall not be restrained to a gurney/Stokes.
5. A Deputy will accompany the inmate on the gurney/Stokes at all times and at no time shall an inmate be left unattended.
 - i. The Deputy will monitor the inmate's condition, including breathing and responsiveness, and this information will be communicated to medical staff if they are not already present.
6. When transporting an inmate on a gurney/Stokes, medical staff will be present as soon as practical to evaluate and monitor the inmate for the duration of the time on the gurney/Stokes.
7. Once the inmate is transported to the desired destination (i.e., medical triage, safety cell, or secured unoccupied cell), and begins to obey commands made by security staff, the inmate shall be taken off the gurney or Stokes and placed within the desired destination.
8. Approved restraint devices may be utilized to prevent the inmate from injuring themselves, injuring others, or damaging property during transport.
9. While using the Stokes a minimum of two Deputies will be assigned to carry, and two Deputies on standby to assist.
10. Deputies may place an inmate still on the Stokes directly onto a gurney for further transport in the facility.
 - i. Approved restraint devices may be used to temporarily restrain a combative and/or uncooperative inmate to the gurney/Stokes, when deemed necessary for the safety and security of the inmate, staff, or the public.
 - ii. The provisions do not apply to the use of safety straps, when used to secure an inmate to the gurney/Stokes to prevent them from falling.

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- iii. An inmate will be removed from the gurney/Stokes as soon as possible. An inmate shall not be secured to a gurney/Stokes longer than is reasonably necessary to restore order and maintain security in the jail.
- iv. Also, the provisions do not apply when approved restraint devices are used to secure an inmate to a gurney/Stokes for general security reasons (e.g., prevent escape, transport to hospital, and/or securing inmate at hospital).

1800.4 CORRECTIONAL HEALTH SERVICES (CHS)-ORDERED RESTRAINTS (INCLUDING RESTRAINT BED) IN THE LANTERMAN-PETRIS SHORT (LPS) UNIT

The purpose of this policy is to provide guidelines regarding the use of CHS-ordered seclusion and/or restraints, including a restraint bed, in conjunction with the Lanterman-Petris-Short (LPS) Unit protocols developed by CHS. This policy does not apply to the use of any security restraints by OCSD in accordance with CCOM Section 1800.1 through 1800.3. CHS Policy 7490 outlines the subject of CHS-ordered seclusion and/or restraints in the LPS. LPS seclusion and/or restraints are to be used only as determined by LPS Mental Health Clinical Staff for mental health treatment purposes, when deemed necessary to ensure the safety of an inmate or the safety of those around them and only after less restrictive interventions have been proven ineffective. The use is to be discontinued as soon as the behavior is controlled. CHS Staff and Deputies working in LPS shall receive annual training to ensure proper compliance with seclusion and/or restraint procedures.

- (a) A restraint bed is located at the Intake and Release Center, Module L, in Safety Cell #2. The restraint bed is to be utilized in conjunction with the LPS Seclusion and/or Restraint protocols.
- (b) Required Authorization and Notification.
 - 1. LPS Mental Health Clinical Staff can recommend to the CHS psychiatrist the placement of an inmate into seclusion and/or restraints if the inmate displays behavior which results in destruction of property or reveals an intent to cause danger to self or others.
 - 2. The initial order and face-to-face assessment for the use of seclusion and/or restraint shall be obtained within one hour from a CHS psychiatrist and entered into the inmate's health record by LPS Mental Health Clinical Staff.
 - i. Temporary placement into seclusion and/or restraint can be initiated by LPS Mental Health Clinical Staff under emergency conditions prior to receiving the actual order from a CHS psychiatrist on site or on-call.
 - ii. The psychiatrist's order must be received within 15 minutes when an inmate is temporarily ordered placed by LPS Mental Health Clinical Staff.
 - iii. If the psychiatrist disagrees with the decision, the inmate will be removed from seclusion and/or restraint.
 - 3. The psychiatrist's order for restraints shall include the extent of restraint, type of restraint, reason for restraint, and time limit of the order.
 - 4. If LPS Mental Health Clinical Staff determine that an inmate will be placed in seclusion and/or restraints, including the restraint bed, the area Sergeant and

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Watch Commander will be notified. [REDACTED] will be generated by LPS Mental Health Clinical Staff and given to the Deputy in the LPS indicating need of placement in seclusion and/or restraint and any restrictions. Deputies will place the inmate in the restraint device or restraint bed while LPS Mental Health Clinical Staff are present. Only Deputies trained in the use of the restraint device or restraint bed will place an inmate in the restraint device or restraint bed.

5. The least amount of restraint points shall be ordered by a CHS psychiatrist to allow the maximum freedom of movement, while ensuring the physical safety of the inmate and staff. Deputies should apply the restraints to secure extremities and waist, but not so tightly as to restrict circulation.

(c) Additional Requirements

1. Absent exigent circumstances, a supervisor will be present prior to Deputies placing the inmate in the CHS-ordered seclusion and/or restraint device or the restraint bed and will remain until the inmate is properly secured.
2. A video camera will be used to record the inmate being placed and secured in restraints or the restraint bed. All additional interactions requiring entry into the cell will also be recorded, including CHS assessments and evaluations.
3. Any inmate in restraints and/or the restraint bed shall be secured separately from all other inmates.
4. The restraint bed is in a cell equipped with a fixed security camera. There must be no obstruction to the camera's view of the inmate. The camera's view will be displayed on a monitor to provide a constant view of the inmate.
5. Cardiopulmonary resuscitation equipment and an automated external defibrillator (AED) shall be readily available.

(d) Required Documentation

1. A Deputy placing an inmate in a CHS-ordered restraint device, including the restraint bed, will be assigned to document the use of the device or bed in the appropriate Jail Incident, Medical Aid, or Initial Crime Report. The report will include:
 - i. The name and title of the CHS personnel requesting the use of the device or bed.
 - ii. The name and title of the CHS personnel authorizing its use.
 - iii. The specific behaviors which produced the CHS personnel's judgment that the inmate/detainee was a danger to self, others, or property, if known by the Deputy.
 - iv. All OCSD and CHS staff involved or present.
 - v. The date/time the inmate was placed in the device or bed and the date/time taken out.
 - vi. Where the inmate was taken after being removed from the device or bed.

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2. A Deputy will be assigned to maintain the inmate personal safety monitoring form. The form will include:
 - i. The date and time of all observations required in Section 1800.8.5 below, including the name and title of the person conducting the observation.
 - ii. All hydration and sanitation opportunities required in section 1800.8.7 below, including the name and title of all staff (OCSD and CHS) present.
 - iii. All opportunities for range of motion exercises as required in section 1800.8.8 below, including the name and title of all staff (OCSD and CHS) present.
 3. A copy of the completed inmate personal safety monitoring form will be included with the Jail Incident, Medical Aid, or Initial Crime Report.
- (e) Required Observation
1. Per CHS Policy 7490, a designated LPS Mental Health Clinical staff member will constantly attend to and monitor the inmate on a one-to-one, face-to-face basis. CHS staff will check the person for any signs of distress and will ensure the restraints remain properly applied to protect the person's safety and wellbeing.
 2. If the inmate is placed in a restraint bed within a safety cell, the safety cell door shall remain open to allow for an unobstructed view and immediate intervention by CHS staff or custody personnel if necessary.
- (f) Continued Restraint
1. Inmates ordered placed in seclusion/restraints by CHS staff will remain there for at least 15 minutes. This period of time is considered the minimal amount of time for CHS staff to observe and assess the inmate's behavior to determine whether a danger by or to the inmate still exists. The inmate will be evaluated at 15-minute intervals by CHS staff to determine if the inmate has been able to regain control and can be released from the restraint. CHS orders for seclusion and/or restraint shall not exceed four hours.
 - i. There must be a second face-to-face evaluation by a psychiatrist and a new order entered into the inmate's health record when an inmate has been released from seclusion and/or restraints and requires entry again.
- (g) Hydration and Sanitation
1. An inmate in a restraint device or the restraint bed will be offered water (or other fluids as determined appropriate by CHS) a minimum of every two hours, or more frequently if they appear to be dehydrated or in need of fluids.
 2. Without compromise to safety and security, an inmate should be released from the restraint device or restraint bed and allowed to use the restroom as needed. A Sergeant or above will be present any time the inmate is released from the device or bed.
- (h) Range of Motion Opportunities

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1. The restrained inmate will be given the opportunity to exercise the range of motion of their arms and legs for at least five minutes every hour to meet the standard of providing at least ten minutes every two hours. Deputies will release one limb at a time and re-secure each limb before releasing the next. A Sergeant or above will be present when Deputies release the inmate's limbs. These opportunities will be recorded on a video camera.
 2. If range-of-motion exercises cannot be completed (e.g., inmate is too combative), the reason will be documented on the cell log. During the following hour, ten minutes of motion must be provided and noted on the cell log.
- (i) Release from the Restraint Device or Restraint Bed
1. LPS Mental Health Clinical Staff will determine the inmate's readiness to be released from the restraint device or restraint bed.
 - i. The attending LPS Mental Health Clinical Staff may determine the inmate may be released without an additional order from the psychiatrist when the behavior has subsided, or the four-hour time limit has expired.
 2. Upon determination by LPS Mental Health Clinical Staff that an inmate should be released from the restraint device or restraint bed, Deputies will release the inmate as soon as a Sergeant or above can reasonably respond. A Sergeant or above, and LPS Mental Health Clinical Staff must be present when the inmate is released from the device or bed. The release of the inmate from the device or bed will be video recorded.
 3. If an inmate has missed a meal due to being in a restraint bed, they will be provided a meal as soon as possible after being removed from the restraint bed.

1800.5 DETENTION BENCH

The purpose of this policy is to provide guidelines regarding the use of a detention bench pending movement of an inmate to a new location.

- (a) The Housing Sergeant shall be notified prior to, or immediately after, an inmate being secured to the detention bench.
- (b) The detention bench will not be used in a manner that will punish or coerce the inmate.
- (c) Securing an inmate to the detention bench requires a valid safety or security need. Prior to securing the inmate to the detention bench, the Deputy will consider the inmate's behavior and any injury to, or medical condition of, the inmate known by the Deputy.
- (d) When securing the inmate to the detention bench, the Deputy will secure one cuff of a set of handcuffs to the fixed eyelet attached to the bench. Once the handcuffs are secured to the eyelet, the Deputy will handcuff the available cuff of the fixed handcuffs to the inmate's handcuff chain. At no time during this process will the inmate's handcuffs be removed.
- (e) No inmate will be secured to the bench longer than necessary.

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- (f) After one hour, the Housing Sergeant may authorize one additional hour pending the availability of a more permanent detention location.
- (g) Inmates secured to the detention bench will be given the opportunity to eat their jail-issued meals according to the established schedule as outlined in the Custody and Court Operations Manual, Housing Operations Section.
- (h) An inmate secured to a detention bench will be visually monitored by the security staff, or via the use of the CCTV monitor located in the Guard Station. A safety check of the inmate shall be conducted at least every 15 minutes.
- (i) The Guard Station Staff assigned to the floor where the detention bench is in use, will record the following into their Guard Station Workstation Log:
 - 1. The date and time the inmate is secured to the bench,
 - 2. The Sergeant notified and approving the placement,
 - 3. The inmate's name and booking number,
 - 4. The safety or security need for securing the inmate to the bench, and
 - 5. The date and time the inmate was removed from the bench.
- (j) The floor's Guard Station Staff will coordinate the 15-minute safety checks on each inmate secured to the detention bench. The 15-minute checks will be documented on the floor's Guard Station Workstation Log.