



General Order 71.3 - Prisoner Transportation

PURPOSE: Define general restraint methods and restraining devices for the mentally ill; Procedures to minimize the possibility of sudden custodial death occurring to suspects who have been placed into restraints.

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DEFINITIONS:

- A. Cocaine Psychosis: Excited delirium induced by cocaine ingestion.
- B. Excited Delirium: Acute mental disorder characterized by distorted thinking, disorientation, visual hallucinations and illusions.
- C. Hogtie: To connect a suspect's restrained hands with the suspect's feet behind the back.
- D. Neuroleptic Malignant Syndrome: A recognized cause of sudden death in psychiatric patients, similar to excited delirium. Normally occurs in individuals who are taking antipsychotic medication, although it can occur in those individuals not taking antipsychotic medication.

- E. Positional Asphyxia: Asphyxiation (suffocation) that occurs when the position of the body interferes with respiration.
- F. Restraint Stress: Unexpected respiratory collapse as a result of physical exhaustion during restraint of a combative subject who is overwhelmed by the stressful situation.
- G. Sudden Custodial Death: An unintentional sudden death occurring to a suspect while in law enforcement custody. The death occurs while, or shortly after a person is placed into custody.

71.3.1 RESTRAINT METHODS

- A. All persons arrested or detained should be handcuffed behind the back, or in front with a restraining belt or chain, except as stated below. They should be seat belted in the vehicle and the door locked. Absent extenuating circumstances, no one should be handcuffed to any portion of a vehicle.
- B. In order to ensure the safety of the transporting deputy, all deputies will transport as specified in [general order 71.1.4](#). Exceptions to handcuffing behind the back may include:
 - 1. Elderly or ill persons arrested for minor offenses; and
 - 2. Persons suffering from a medical or physical condition in which handcuffing behind the back would either aggravate the condition or would be physically impossible due to the condition.
 - 3. Restraints should not be applied which would unreasonably limit treatment rendered by medical personnel.
- C. Once the person is restrained the deputy may place the individual in a seated position or on their side, but should avoid placing the person intentionally in a prone position as the prone restrained position has been associated with sudden custodial death.
 - 1. If needed, the individual's feet may be secured together to restrict movement.
 - 2. As much as circumstances reasonably permit, deputies will monitor the position of restrained persons to assure that a prone position is not assumed by their own efforts.
- D. Deputies will not hogtie persons in custody.
- E. All persons arrested will be searched. All arrested persons received from another deputy or another agency shall be searched, even if the other deputy states the person has been searched.

71.3.2 RESTRAINING DEVICES FOR SPECIAL CIRCUMSTANCES

- A. The need for securing a prisoner in a security jacket will be determined by the transporting deputy and will be evaluated by the prisoner's potential for causing harm to himself/herself or others during transport.

- B. The Sedgwick County Detention Facility maintains one (1) or more security jackets and restraint chairs for use on prisoners who are mentally ill or for those persons who may attempt to injure themselves or others.
- C. In the case of prisoners being transported by an EMS unit, the straps available with that unit should be used to secure the prisoner in such a manner as to obtain maximum security on the prisoner without aggravating existing injuries or causing additional injuries to the prisoner.
- D. Prisoners detained at hospital facilities may be restrained by the use of soft restraints or gurney straps that are available at the facility.

71.3.3 SUDDEN CUSTODIAL DEATH

- A. Deputies should remain cognizant of the possibility that anytime someone is restrained, a sudden custodial death may occur. Deputies should familiarize themselves with the risk factors, signs, and symptoms that have been associated with sudden custodial death and exercise reasonable care that proper measures are taken to avoid a sudden custodial death situation occurring.
- B. Extreme levels of agitation, fear, or panic may trigger an irregular heartbeat, bringing about the onset of sudden custodial death. Violent and/or bizarre behavior has often been exhibited by the suspect prior to death. Sudden custodial death may be categorized into five primary groups:
 - 1. Positional asphyxia;
 - 2. Excited delirium;
 - 3. Restraint stress;
 - 4. Cocaine and/or alcohol intoxication; and
 - 5. Neuroleptic malignant syndrome.

Or a combination of any of these.

- C. Risk factors that may be readily apparent to deputies that increase the chances of a sudden custodial death occurring include:
 - 1. Drug and/or alcohol use;
 - 2. Obesity;
 - 3. Restricted body position; and
 - 4. Seizures.
- D. Risk factors that the deputy may become aware of through a third party or statements made by the suspect include:
 - 1. Heart disease, lung disease e.g. asthma, or underlying respiratory disorders;
 - 2. Heredity and/or family history; and

3. Sickle cell disease.
- E. Signs & symptoms that a sudden custodial death situation may be imminent include:
1. The suspect appears fatigued, or becomes physically exhausted while restrained.
 2. Complaints of chest pain, or is having palpitations (perception of rapid heart beat) and/or shortness of breath; profuse sweating or uncontrolled shaking, skin and color appear unhealthy, or the subject is foaming at the mouth;
 3. Combative or violent struggle during control and/or restraint, especially when coupled with observed passivity after control is achieved. Sometime mistaken for "sleeping it off";
 4. Perception on the part of the suspect of being in an "overwhelmingly" stressful situation;
 5. Vigorous exertion during a severely emotional and/or physically stressful encounter;
 6. Physical injuries, especially to the head and spine, or conditions including hyperthermia, hypothermia (elevated or depressed body temperatures), hypoglycemia and hyperglycemia (reduced or elevated blood sugar);
 7. The suspect exhibits extremes of stupor (dull, lethargic, hypoactive, mute, apathetic) or excitability (thrashing, shouting, panic, fearful, violent, hyperactivity);
 8. The suspect displays bizarre behavior, examples of which includes but is not limited to: self-inflicted injuries, hallucinations/illusions, hearing voices, aggression towards inanimate objects, etc.
- F. A sudden custodial death may occur in an individual who displays none of the signs or symptoms outlined in this section. Personnel should not assume that an absence of indicators observed in a restrained individual means there is no danger of death occurring. Personnel should as much as reasonably possible maintain continuous and/or frequent observation of persons that are restrained.

71.3.4 ASSESSMENT OF DETAINED OR ARRESTED PERSONS

- A. Deputies will assess all persons in their custody for the danger signs of a potential sudden custodial death situation, as outlined in [section 71.3.3](#).
- B. When a deputy is faced with an individual exhibiting conditions as set forth in [71.3.3](#), the deputy's use of force shall still adhere to general order 1.3; but the deputy should also:
1. Attempt to limit the duration of the confrontation if feasible; and
 2. Attempt to calm the individual.
- C. Once the individual is in custody, monitor the individual's overall condition as circumstances permit. Monitor the individual's "functional consciousness" level (voluntary breathing, movement, speech, and skin color). Individuals shall be transported according to policies as outlined in [sections 71.1.4](#). and [71.3.1](#).

- D. If signs or symptoms indicate a potential sudden custodial death, personnel will summon medical assistance as soon as reasonably possible.
 - 1. In all cases where medical personnel are examining individuals in custody, deputies should follow the advice given in regards to the treatment of the suspect unless specific justifiable reasons of safety can be articulated that would override medical considerations.
- E. Observation of subjects in custody will continue as much as is reasonably possible during transport. Deputies will remain cognizant of the potential for subjects to place themselves in a position which could lead to sudden custodial death or related conditions.
- F. Transporting deputies will inform the detention deputies operating the booking desk of the assessment and outline circumstances surrounding the initial arrest that may affect how the individual is restrained and/or monitored while in the custody of the Sedgwick County Adult Local Detention Facility, or any other facility to which the subject is remanded.
 - 1. Transporting deputies will notify the booking sergeant of any medical problem requiring further observation.

71.3.4 IMPROPER RELEASE OF AN INMATE

- A. **(R)** Anytime a deputy discovers an inmate was improperly released they will immediately notify a sergeant. The sergeant or other supervisor will notify the on-call Detention & Law Enforcement staff duty.
- B. **(R)** Detention staff will conduct a preliminary investigation to determine why the inmate was released.
- C. **(R)** The warrants section will be notified and conduct a reasonable search for the inmate. If located the inmate will be returned to the facility. A new property sheet will be completed when the inmate is returned. No booking form will be required.
- D. **(R)** Detention Staff will notify the appropriate Judge of the release.
- E. **(R)** A case will be generated and Records will place the information on the “hot sheet.”