Massachusetts Department of Correction **STANDARD OPERATING PROCEDURE**	Effective Date 10/28/2025	Responsible Division Deputy Commissioner, Prisons
	Annual Review Date 10/28/2025	
Policy Name **STANDARD OPERATING PROCEDURE (SOP) TO 103 DOC 520, INSTRUMENTS OF RESTRAINT HUMANE RESTRAINT SYSTEM**	M.G.L. Reference: M.G.L. Chapter 124, § 1 (a), (b), and (q); M.G.L. Chapter 125, § 14 and M.G.L. Chapter 127, §§ 33 and 118.	
	DOC Policy Reference: 103 DOC 520; 103 DOC 650; 103 DOC 651;	
	ACA/PREA Standards: 5-ACI-3A-31	
Attachments Yes ☒ No ☐ / Library Yes ☒ No ☐	Applicability: Staff	
Public Access Yes ☒ No ☐	Location: Department Central Office Policy File Each Institution's Policy File	

PURPOSE:

This Standard Operating Procedure (SOP) establishes guidelines for the application and use of Humane Restraints, consistent with 103 DOC 520, *Instruments of Restraint*. It is impossible to plan for every incident that may occur within a correctional environment, but a standardized response helps employees to do their jobs in a professional and safe manner. This SOP applies to initially securing an incarcerated individual or civil commitment in Humane Restraints, as well as administering Intra-Muscular (IM) medication to an incarcerated individual or civil commitment already in Humane Restraints.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:

Deputy Commissioner, Prisons
Director of Operational Services
Superintendents
Directors of Security

CANCELLATION:

103 DOC 520 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding security equipment which are inconsistent with this policy.

SEVERABILITY CLAUSE:

If any article, section, subsection, sentence, clause, or phrase of 103 DOC 520 is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner, or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of these regulations.

TABLE OF CONTENTS

I.	Applicability	3
II.	Required Resources	3
III.	Team Assignment Roles/Responsibilities	3
IV.	Steps	4

I. APPLICABILITY

This SOP is applicable to all employees of the Department, and all Department institutions; however, shall not apply to the Bridgewater State Hospital (BSH) or BSH Units located at the Old Colony Correctional Center (OCCC), which shall be governed by 103 DOC 651, *Use of Seclusion and Restraint for Bridgewater State Hospital* and shall not apply to the Massachusetts Alcohol and Substance Abuse Center (MASAC) at Plymouth.

II. REQUIRED RESOURCES

This SOP requires an eight (8) person security team trained in the process and application of Humane Restraint equipment and a Qualified Healthcare Professional. The eight (8) person security team consists of:

- One (1) Team Leader;
- Two (2) Upper Extremity Officers (Left/Right);
- Two (2) Lower Extremity Officers (Left/Right);
- One (1) Restraint Officer;
- One (1) Shield Officer; and
- One (1) Video Operator

III. TEAM ASSIGNMENT ROLES/RESPONSIBILITIES

A. Team Leader: Receive prior authorization to place the incarcerated individual or civil commitment into Humane Restraints. Authorization is as follows:

1. Placement into the Humane Restraint System, when used for therapeutic purposes, shall be ordered by the contractual psychiatrist in accordance with 103 DOC 650, *Mental Health Services*.

2. The Superintendent retains the authority to take whatever steps necessary to ensure employee and incarcerated individual or civil commitment safety and can authorize the use of security Humane Restraints in accordance with 103 DOC 520, *Instruments of Restraint*.

3. The Shift Commander may authorize the use of a security Humane Restraints for up to two (2) hours, but must contact the Superintendent, or in the absence of the Superintendent, a designee, by normally acceptable means of communication as soon as possible to gain documented approval for continued use of Humane Restraints beyond the two (2) hours in accordance with 103 DOC 520, *Instruments of Restraint*.

4. Supervises the team and Humane Restraint application process to include assignment of team member roles; ensures all necessary personnel are available and necessary equipment is available and functioning properly; pre-inspection of the restraint bed and Humane Restraints; pre-

determination of when/where to apply transition restraint; controls actions of all team members through clear instructions; limits communication to that which is necessary between team members and the incarcerated individual or civil commitment; ensures a medical inspection of Humane Restraints is completed; and instructs team members on removal of Humane Restraints and/or exiting the cell/secure area when complete.

B. Upper Extremity Officers (Left/Right): Controls upper extremities throughout the Humane Restraint application and removal process.

C. Lower Extremity Officers (Left/Right): Controls lower extremities throughout Humane Restraint application and removal process.

D. Restraint Officer: Prepares the Humane Restraint Bed with Humane Restraints. Applies and removes all hard and soft restraints throughout the Humane Restraint process.

E. Shield Officer: Controls the Poly Captor shield to provide a safety barrier between the incarcerated individual or civil commitment and employees.

F. Video Operator: Video records the entire Humane Restraint process, beginning with the Team Leader briefing, and ending only after:

1. The incarcerated individual or civil commitment is properly secured in Humane Restraints;

2. All team members have exited the cell;

3. The Team Leader and medical inspection of Humane Restraints has been completed; and

4. When Intra-Muscular (IM) medication has been ordered, only after the IM procedure is complete.

G. Qualified Healthcare Professional: Observes the entire Humane Restraint application process; conducts a physical inspection of all Humane Restraints; conducts a medical examination; and, when IM medication has been ordered, administers IM medication.

IV. STEPS

A. The Team Leader shall receive prior authorization to secure the incarcerated individual or civil commitment in Humane Restraints.

1. The Video Operator shall record the Humane Restraint procedure from this point forward, starting with a briefing from the Team Leader, which shall include, at a minimum:

a. Team Leader self-introduction (name/rank);
b. Date, time, and location;
c. Incarcerated individual or civil commitment name and commitment number;
d. Who authorized the placement of the incarcerated individual or civil commitment into Humane Restraints;
e. Reason for placement into Humane Restraints;
    i. If for IM procedure, ensure the Qualified Healthcare Professional provides a briefing to the team of what medication has been ordered and by whom.
f. Instruct Team Members to introduce themselves and their assignments; and
g. Brief the Team Members as to where and how the incarcerated individual or civil commitment will be transitioned into Humane Restraints.

B. Instruct the Restraint Officer to prepare the Humane Restraint System (mattress and soft restraints). The Restraint Officer shall:

1. Prepare the Humane Restraint Bed with soft restraints (anklets closest to the observation window/door). This may be reversed based on an incarcerated individual or civil commitment's gender identity and/or history of trauma, in which case the positioning of the anklets and wristlets may be reversed with the wristlets closest to the observation window/door.

2. Inspect and prepare all Humane Restraint equipment (Transition Restraint and leg irons).

C. The Restraint Officer shall apply hard restraints to the incarcerated individual or civil commitment in a cell or other pre-determined secure area as designated by the Team Leader. The hard restraints shall be applied to ensure the key holes for both the handcuffs and leg irons are facing down.

D. The Upper Extremity Officers shall then remove the incarcerated individual or civil commitment from the cell/secure area while the Restraint Officer applies the Transition Restraint. The Transition Restraint shall be applied above the handcuffs with the key holes facing up/away from the handcuffs. Once the Transition Restraint has been applied, the Restraint Officer shall remove the handcuffs. The Upper Extremity Officers shall maintain control of the incarcerated individual or civil commitment's upper extremities throughout this process.

E. The Upper Extremity Officers, while maintaining control of the incarcerated individual or civil commitment's upper extremities, shall escort the incarcerated individual or civil commitment to the foot of the Humane Restraint Bed.

1. The Restraint Officer, Lower Extremity Officers, and Shield Officer shall follow and respond if necessary.

2. The Team Leader shall be positioned to provide the best vantage point and instruction to the team.

3. The Video Operator shall be positioned in a manner to record events without interfering with the restraint application throughout the entirety of the process.

4. The Qualified Healthcare Professional shall be positioned at the best possible vantage point to observe the entire Humane Restraint process without interfering with the restraint application.

F. The Team Leader shall direct the Upper Extremity and Lower Extremity Officers to lift and place the incarcerated individual or civil commitment on the bed laying down in a face-up position and make adjustments as needed for proper application of restraints.

1. Upper Extremity Officers shall then secure the incarcerated individual or civil commitment's upper extremities by placing one hand on their wrist and the other on their upper bicep. Lower Extremity Officers shall simultaneously secure the incarcerated individual or civil commitment's lower extremities by placing one hand above their ankle on their shin and the other hand on their upper thigh.

2. Upper and Lower Extremity Officers shall maintain control of their respective extremities until the Humane Restraint process is completed and the Team Leader gives the order to exit the cell/secure area.

3. The Shield Officer shall place the Poly Captor shield above the incarcerated individual or civil commitment's upper body and head. Except to temporarily gain, regain, or maintain control of an incarcerated individual or civil commitment who is resisting the application of restraints, do not intentionally apply downward pressure with the Poly Captor shield during the application of Humane Restraints.

4. Except to temporarily gain, regain, or maintain control of an incarcerated individual or civil commitment who is resisting the application of restraints, do not intentionally sit the incarcerated individual or civil commitment up, and never intentionally sit on, or apply pressure to, the back, chest, or abdomen during the application of Humane Restraints. This is to prevent positional asphyxia.

G. The Team Leader shall direct the Restraint Officer to begin transitioning the incarcerated individual or civil commitment into Humane Restraints.

1. The Restraint Officer shall apply the Soft Restraint Anklets (green) above the leg irons.

2. The Restraint Officer shall then apply the Soft Restraint Wristlets (blue) above the Transition Restraints.

3. The Restraint Officer shall then remove the leg irons, followed by the Transition Restraint, from the incarcerated individual or civil commitment and re-inspect all restraints.

4. The Team Leader has the discretion to determine if/when a fifth-point of restraint is to be utilized (e.g., wristlet/anklet restraints are not adequate in restricting the incarcerated individual or civil commitment's body from violently thrashing or possible self-injury).

   The fifth-point chest strap restraint shall be required for all IM procedures.

   a. The Restraint Officer shall apply the fifth-point restraint chest strap (always for IM procedures) over the chest, but under the arms, OR the leg strap above the knees at the direction of the Team Leader.
   b. Loop the tail of the strap under and around the bedframe.
   c. Feed the tail through the roller buckle; and
   d. Position the tongue of the roller buckle in the appropriate size adjustment for both sides.
   e. Inspect the fifth-point restraint and adjust as needed.

H. The Team Leader shall then inspect all Humane Restraints to ensure proper application. If IM medication has been ordered:

1. The Team Leader shall then instruct the Restraint Officer to apply the temporary immobilization strap (thigh area) and issue two (2) paddles to the Lower Extremity Officers for administration of the IM.

2. The Lower Extremity Officers shall place the paddles around the injection area to limit mobility.

3. The Qualified Healthcare Professional shall prepare the injection site by pulling down the incarcerated individual or civil commitment's pants or folding up the bottom of the security smock (ensure genitals are covered as best as able).

4. The Qualified Healthcare Professional shall administer the IM injection and dispose of any used sharps into an appropriate container.

5. As soon as the IM procedure is completed, the Restraint Officer shall retrieve the paddles from the Lower Extremity Officers, who shall immediately resume controlling the incarcerated individual or civil commitment's lower extremities. The Restraint Officer shall then remove the temporary immobilization strap.

I. The Qualified Healthcare Professional shall physically inspect all restraints and assess for proper circulation.

J. If the incarcerated individual or civil commitment is to remain in Humane Restraints, the Team Leader shall begin to order team members to exit the cell/secure area. The Shield Officer shall be the last to exit the cell/secure area. Once all team members have exited and the cell/area is secured, the Team Leader shall state the Humane Restraint process has been completed and the Video Operator shall stop recording.

1. It shall be the responsibility of the Team Leader to ensure all medical examinations of the Humane Restraints, vital signs assessments, exercise periods, etc. are conducted in accordance with 103 DOC 520, *Instruments of Restraint*, and 103 DOC 650, *Mental Health Services*.

2. The Video Operator shall record all events identified above, starting with a briefing when the video camera is turned on, which shall include, at a minimum:

    a. Video Operator self-introduction (name/rank);
    b. Date, time, and location;
    c. Incarcerated individual or civil commitment name and commitment number;
    d. Statement regarding the continued use of Humane Restraints and the current event (e.g., vital signs assessment).

3. In the event of a change of shift, the outgoing Team Leader shall brief the incoming Team Leader of all relevant information, to include but not limited to:

    a. Incarcerated individual or civil commitment name and commitment number;
    b. Location;
    c. Who authorized the placement of the incarcerated individual or civil commitment into Humane Restraints;
    d. Reason for placement into Humane Restraints;
    e. Last event and time (e.g., last time a Qualified Healthcare Professional examined the incarcerated individual or civil commitment); and
    f. The next time an event is due (e.g., vital signs assessment).

K. If the incarcerated individual or civil commitment is to be removed from Humane Restraints, the application procedure is to be done in reverse order. The Video Operator shall record the entire removal process until the incarcerated individual or civil commitment is secure, and the Team Leader states the restraint removal process has been completed.