VERMONT DEPARTMENT OF CORRECTIONS MEMORANDUM

TO: Facility Superintendents

FROM: Rob Hofmann, Commissioner, Department of Corrections

SUBJECT: Change to *Use of Restraints (Directive #413.08)* – **INTERIM MEMO**

DATE: February 22, 2006

CC: Bob Kupec, Facilities Executive
Susan Wehry, M.D., Director, Health Services
Deb Moore**,** APRN, Regional Administrator

Auditors from The National Commission on Correctional Health Care had significant concerns regarding our recently promulgated administrative directive, ***Use of Restraints #413.08*** (effective September 28, 2005).

Based on this feedback, I am accepting Dr. Wehry's recommendation to make the following changes to our directive. This interim memo is in accordance with our procedures on changing directives. Within 90 days the Department will review, revise and reissue the entire changed directive. These changes apply primarily to medical staff and are effective upon receipt of this memo but in no case later than March 1, 2006.

To summarize the important points:
1. We have reinserted the words "correctional staff-initiated restraints" and "physician-initiated restraints" into the section on the physician's role.
2. We have clarified that physicians may only order restraints that they initiate.
3. Physicians will continue to order any medically necessary treatments for the care of any restrained inmate to ensure that the mental and medical health needs of the restrained inmate are met.

Section 5. Physician Assessment and Orders (page 4/7) shall now read (changes in italics):

a. Any inmate who remains in *correctional staff-initiated* restraints beyond the initial emergency must have an immediate face-to-face assessment by a qualified health care professional. *The qualified health care professional will document this assessment in the progress note.* The qualified health care professional must then notify the physician or advanced practice nurse on-call *and present the findings of their assessment. The physician will give any orders necessary for appropriate medical or mental health care of the restrained inmate.*

b. Any inmate who remains in physician-initiated restraints, beyond the initial emergency, must have an immediate face-to-face assessment by a qualified health care professional. The qualified health care professional will document this assessment in the progress note. The qualified health care professional must then notify the physician or advanced practice nurse on-call and present the findings of their assessment and obtain an order for the restraint as well as any orders necessary for the appropriate medical or mental health care of the restrained inmate.

c. No physician order for an inmate in *physician-initiated* restraints may exceed two (2) hours.

d. After two (2) hours, a repeat face-to-face assessment will be conducted *on all inmates in restraints* by a

qualified health care professional, the results of which will be communicated to the physician or psychiatrist. *If the restraints were physician-initiated,* s/he may renew the order by telephone for an additional two (2) hours.

e. Any inmate who remains in restraint beyond the initial emergency **AND who has a serious mental illness** must have an immediate face-to-face assessment by a qualified health care professional. The qualified health care professional must then notify the psychiatrist on-call *and present the findings of their assessment. The psychiatrist will give any orders necessary for appropriate medical or mental health care of the restrained inmate.*

- The use of metal handcuffs, metal ankle cuffs, leg irons, or waist chains is not permitted for restraining inmates with serious mental illness other than in the initial emergency situation.
- The use of oleoresin capsicum (also known as "OC spray" or "pepper spray") in any type of restraint situation should be avoided with seriously mentally ill inmates.

If you have any questions about this change, please contact Dr. Wehry.