State of Vermont, Agency of Human Services Department of Corrections	Title: Use of Restraints & Roles of Security and Health Care Professionals in Facilities		Page 1 of 7
Chapter: Security and Supervision	# 413.08	Supersedes number 361.01.15, Mental Health Restraints, date 8/20/1997	
Attachments, Forms & Companion Documents: 1. Acknowledgment Signature Sheet			
Local Procedure Needed: No Applicability: All facility staff, volunteers and contractors Security Level: "B" Anyone may have a copy of this document.			
This administrative directive has been formatted for online posting, it was signed by Commissioner Hofmann September 14, 2005 and Effective September 28, 2005			

PURPOSE

The purpose of this administrative directive is to describe the emergency use of restraints and the role of medical and mental health personnel in both non-emergency and emergency application of restraints. This directive includes type of restraints; conditions under which and by whom they may be initiated; when, where and for how long they can be used, and the monitoring that must occur during use.

POLICY

It is the policy of the Department of Corrections that procedures governing the use of restraints for inmates are standardized and consistently applied in all facilities. Mechanical restraints and devices may be used to prevent violence, self-harm, or property destruction by restraining inmates whose behavior has not been controlled by less intrusive measures. Mechanical restraints and devices are employed as a last, not as a first resort. Mechanical restraints and devices may not be used for purposes of punishment. Every use of emergency restraint requires immediate follow-up by health care professionals.

AUTHORITY & REFERENCE

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907. American Correctional Association, Standards for Adult Correctional Institutions, 4th Edition, January 2003, Standards 4-4189, 4-4190, 4-4191, 4-4202, 4-4349, 4-4405. National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003, P-1-01. Vermont Department of Corrections, Directive 405.02, *Reporting Security Incidents (A)*; Directive 413.02, *Use of Force (A)*.

DEFINITIONS

Restraints: Restraints include any mechanical device used to control the movement of an inmate's body and/or limbs. Only those restraint devices specifically authorized and disseminated by the Department of Corrections are allowable.

Qualified Mental Health Professional (QMHP): Any person with professional training, experience, and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner, OR other qualified person eligible

for licensure in the state of Vermont as a mental health clinician and approved by the Health Services Director to provide mental health services.

Qualified Health Care Professional (QHCP): Any person who by virtue of their education, credentials, and experience is permitted by law to evaluate and care for patients. This includes, but is not necessarily limited to, physicians, physician assistants, nurses, nurse practitioners, dentists, and mental health professionals.

PROCEDURAL GUIDELINES

1. Use of Emergency Restraints

Restraints may be used, but only as a last resort, by correctional staff or a physician.

a. Restraint may be used by correctional staff as an emergency intervention when necessary for justifiable self-defense, protection of others, protection from self-harm, protection of property, to restore order, and to prevent escapes. A first attempt to achieve compliance from an inmate will be a verbal intervention.

- **Once an inmate has been restrained in an emergency situation by correctional staff, the staff must immediately contact medical personnel.**
- In the absence of a supervisor or their designee, the most senior staff will take charge and assign responsibilities in an emergency situation.

b. Restraint may be ordered by a physician as an emergency intervention to prevent inmate harm to self or others.

- Standing orders for restraints on an "as needed basis" (also known as PRN orders) are prohibited.
- Physician orders for the use of oleoresin capsicum (also known as "OC spray" or "pepper spray") are prohibited.

2. Application of Emergency Restraints

a. Only restraints authorized and/or issued by the Department of Corrections will be used.

- Restraint equipment must be applied as humanely as possible.
- All restraint devices will be applied under the specific instructions for that device.

b. Restraints will only be applied by correctional staff trained in their use.

c. Potentially harmful objects that might interfere with the restraints should be removed.

d. Clothing may be removed, if appropriate and necessary. In such cases, the inmate will be provided with a paper gown, sheet, or other suitable protective covering.

e. Inmates will not be confined in 4 point restraint, defined as securing an inmate by the four points of arms and legs to a stationary surface.

f. Inmates will not be confined in an unnatural or unsafe position (hog-tied, face-down or spread-eagle). Mechanical restraints will **never** be used:

- around the neck of an inmate;
- in a way that causes undue physical pain, restricts blood circulation, or restricts breathing.

g. Restraints may be used when the Shift Supervisor or their designee has determined that a serious threat of violence or other injurious acts are being exhibited on a continuous basis.

- The Shift Supervisor or their designee will review the use of restraints every (1) hour. This will include talking with the inmate, checking the restraints for comfort and security, checking the observations in the post log, and determining appropriateness for release.
- The Facility Superintendent, their designee or a higher authority will review any use of restraint that continues beyond two (2) hours.
- The DOC Facilities Executive or their designee will review the placement of any inmate on restraint status where placement continues for twelve (12) hours.\

h. Inmates in restraints should be permitted access to bathroom facilities as soon and as often as is necessary and possible without compromising safety.

i. Meals will be provided in the form of "finger food." Water will be provided every two (2) hours or more often if required to maintain adequate hydration.

j. When an inmate is placed in restraints, the correctional staff must have the ability to see and hear the inmate and will perform 15 minute checks (unless more frequent checks or constant observation are ordered by medical or mental health personnel) and document observations of behavior in the post log book.

3. Responsibilities of the Qualified Health Care Professional (QHCP)

A qualified health care professional will review the inmate health record to determine if there are any contraindications or accommodations to restraint, and/or the type of device used. If so, they will communicate this to the correctional staff.

a. At the start of the restraint, the qualified health care professional on site will document in the medical record the reason for the restraint, the presence or absence of medical or mental health conditions, and the planned interval for health monitoring.

b. Nursing staff will monitor the individual at intervals clinically necessary to ensure the safe use of the device, but no less than every (1) hour.

- At least every (1) hour, nursing staff will check the inmate for observation of circulation, movement, sensation, respiratory status, mental status, and vital signs. These checks will be documented in the health record.
- If the inmate is asleep, it is not necessary to wake them to obtain vital signs. Nursing staff will observe the inmate's breathing and other observable signs for evidence of distress or difficulty and take any necessary action to alleviate problems noted.
- If possible without compromising safety, nursing staff will exercise each limb for at least ten (10) minutes every two (2) hours to prevent blood clots.
- If possible without compromising safety, nursing staff will loosen and retighten each restraint every two (2) hours to ensure adequacy of circulation, movement, and sensation.

c. Nursing staff will document vital signs, care and assessment of the inmate, ongoing interaction with the inmate, and instruction given to correctional staff.

4. Determination of Mental Health Needs

The qualified health care professional will communicate with the mental health clinician on site or on-call as clinically indicated to determine if any mental health conditions need accommodation. Clinical indications include, but are not limited to:

- persons currently receiving mental health services
- any person with a serious mental illness regardless of whether or not they are currently receiving services
- any inmate whose restraint is the result of intentional self-injury or
- any person expressing suicidal ideation.
  - In the event that any inmate is felt to be suicidal, all suicide prevention procedures must be followed.

5. Physician Assessment and Orders

a. Any inmate who remains in restraint *beyond the initial emergency* must have an immediate face-to-face assessment by a qualified health care professional. The qualified health care professional must then notify the physician or advanced practice nurse on-call and obtain an order for the restraints to be continued.

b. The initial physician order for any inmate to be kept in restraints may not exceed two (2) hours.

c. 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 obtain an order for the restraints to be continued.

   - 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.

d. After two (2) hours, a repeat face-to-face assessment will be conducted by a qualified health care professional, the results of which will be communicated to the physician or psychiatrist who gave the initial order, who may then renew the order by telephone for an additional two (2) hours.

e. After eight (8) hours, any restrained inmate MUST be seen by the psychiatrist or advanced practice nurse.

f. Assessment of the restrained inmate should include, but not be limited to, a clinical formulation and creation of a behavioral management plan, which includes the goal of limiting the need for future use of restraints. To the maximum extent possible, the inmate should be involved in developing a contingency plan that minimizes the future need for restraints.

g. If any inmate is restrained for more than twelve (12) hours, the Medical Directors for Medical and Mental Health Services and the DOC Health Services Director or their designees must be notified, and alternative interventions proposed, including the secure care mental health unit at the Southern State Correctional Facility and/or the Vermont State Hospital.

6. Release from Restraints

a. For correctional staff initiated restraints
Correctional staff will review inmate behavioral observations with the Shift Supervisor as soon as the disruption has subsided enough to determine the appropriateness for release from restraint.

b. For physician initiated restraints
When a qualified health care professional determines that continued restraints are no longer needed, the restraints will be removed by correctional staff.

c. There will be enough correctional staff present necessary to ensure the safety of all involved when restraints are removed.

7. Documentation

a. Mental Health
Written documentation of the mental health evaluation of any inmate must be placed in the health record at the time of the evaluation by the qualified mental health professional. The evaluation will include, but not be limited to:

- a description of the events leading to the restraint
- a mental status exam
- a plan for helping the inmate regain control of their behavior, which may include the use of medication
- a plan for limiting the need for future use of restraints. To the maximum extent possible, the inmate should be involved in developing this contingency plan that minimizes the future need for restraints
- a plan for follow-up treatment.

a. Medical
The qualified health care professional on site will document in the health records:

- the precipitating reason(s) for the restraint
- justification for the continued use of restraints rather than less restrictive interventions
- the presence or absence of medical or mental health conditions
- the presence of any injuries
- the planned interval for health monitoring
- notation of physician contacted (name, date and time)
- the intended outcome(s)
- the type of restraint ordered
- inmate behavior during the period of restraint and
- the length of time the restraints were used.

c. Correctional Staff Incident Reports and Video Recording of Incidents
Any incident involving the use of restraint devices, other than normal transport and escort, requires verbal notifications and written report as referenced in departmental policy and directives on *Reporting Incidents* and *Reporting Security Incidents (A)*. Where an emergent situation prohibits the planned use of a video recording device, one should be obtained as quickly as possible.

8. Non-Emergency Restraint for Movement of Individuals with Medical or Mental Health Conditions

Correctional staff may use restraints in non-emergency situations, unless contraindications are noted by a qualified health care professional, for the routine and secure movement of offenders that includes, but is not limited to:

- secure movement out of a restrictive housing unit cell
- secure movement of an inmate on segregation status within the confines of a facility
- during the transport of an inmate in a motor vehicle according to the provisions of departmental policy and directives
- during community supervision by DOC staff; e.g., court appearance, hospital stays, health services clinic, and special community visits.

9. Training and Quality Assurance

The Superintendent and Nurse Manager will ensure that all personnel (including correctional staff and health care professionals) involved in the application and supervision of restrained inmates are trained in the proper technique for applying restraints, performing checks, and monitoring inmates in restraints.

All personnel (including correctional staff and health care professionals) will be given a copy of this directive and asked to sign and date an acknowledgment form, indicating they have read and understood the directive.

The Director of Security Operations and Audits will work with the Director of Human Resources to ensure that all appropriate personnel are trained in the provisions of this directive.

The Quality Assurance Team will audit all facilities for compliance with

- accurate use and documentation of restraint procedures
- timeliness of response by health care professionals.

The Superintendent will generate a summary report from this audit for inclusion in their facility report and review to the Facilities Executive.

The Facility Executive will generate reports, no less than semi-annually, for review with the Health Services Director, Executive Management Team, and the Commissioner or designee.

ATTACHMENT 1

ACKNOWLEDGMENT SIGNATURE SHEET

I have read and understand the Directive, #413.08, *Use of Restraints & Roles of Security and Health Care Professionals in Facilities.*

EMPLOYEE NAME & TITLE (Print)	SIGNATURE & DATE	Supervisor's Initials