State of Vermont, Agency of Human Services Department of Corrections	Title: Use of Restraint Chair		Page 1 of 6
Chapter: Security and Supervision	#413.10	New	
Attachments, Forms & Companion Documents: 1. Restraint Chair Monitoring Log			
Local Procedure(s) Required: No **Applicability:** All facility and field staff, volunteers and contractors **Security Level: "B"** - Anyone may have access to this document.			
Approved: Robert D. Hofmann, Commissioner	April 19, 2006 Date Signed	April 24, 2006 Effective Date	

PURPOSE

The purpose of this administrative directive is to establish guidelines for correctional staff on the use of the restraint chair.

POLICY

It is the policy of the Department of Corrections that the restraint chair may be used by correctional staff to provide safe containment of an inmate exhibiting violent or uncontrollable behavior and to prevent self injury, injury to others or property damage when other control techniques are not effective.

AUTHORITY & REFERENCE

American Correctional Association Standards for Adult Correctional Institutions, 4th Edition, January 2003, Standards 4-4190, 4-4191, 4-4202 and 4-4405. Vermont Department of Corrections Directives *405 Reporting Security Incidents (A), 405.02 Reporting Security Incidents (A), 413.02 Use of Force (A), 413.08 Use of Restraints & Roles of Security and Health Care Professionals in Facilities.*

DEFINITIONS

Restraint Chair: A black-colored chair with small wheels that has restraint and transport capabilities for an inmate even while they are handcuffed. Use of the restraint chair does not constitute 4-point restraint. This chair is referred to as the AEDEC International Pro-Straint Prisoner Safety Seat by the manufacturer.

Transport Chair: A gray-colored chair with larger wheels that has restraint capabilities only for inmate transport, requiring that handcuffs and leg irons are removed from the inmate while they are restrained in the chair. Use of the transport chair does not constitute 4-point restraint. This chair is referred to as the E.R.C. Emergency Restraint Chair by the manufacturer.

PROCEDURAL GUIDELINES

Throughout this directive, "restraint chair" refers to both the restraint chair and transport chair.

1. Authorization for Use

a. Any of the following may authorize the use of the restraint chair upon following procedures in this directive: the Facility Superintendent or designee, a psychiatrist, physician or a qualified health care professional.

- Authorization will always be in conjunction with a qualified health care professional.
- Authorization for use of the restraint chair **for an inmate with a serious mental illness** may only be given after a psychiatrist, physician or qualified mental health professional agrees there are no medical or mental health reasons not to use it.

b. The restraint chair will never be authorized as a form of punishment.

2. Conditions for Use

a. Staff may use the restraint chair for emergencies in any or all of the following situations:

- when an inmate has demonstrated violent or uncontrollable behavior;
- to prevent inmate self injury, injury to others or property damage when other techniques have been ineffective in assisting the inmate to regain control;
- upon recommendation by a psychiatrist, physician, or qualified health care professional;
- upon request of an inmate who indicates that they are having self injurious thoughts and with the concurrence of a qualified mental health professional;
- as a means of moving a combative inmate safely from one section of the facility to another.

b. Only correctional staff trained in the use of the restraint chair will place an inmate in it. A minimum of two (2) correctional officers and a supervisor will be present to assist in the placement of an inmate in the restraint chair.

3. Application Guidelines

After it has been determined that the restraint chair is necessary and its use has been authorized, application will conform to the following guidelines. If staff feels that an inmate is suicidal, they must follow all departmental suicide prevention procedures.

a. Correctional staff will:

- visually inspect the chair to ensure that all equipment and accessories are in proper working order;
- contact a qualified health care professional prior to the placement of an inmate in the restraint chair to determine if there are any medical or mental health reasons not to place the inmate in the chair;

- place the inmate in the restraint chair following the procedures outlined in section 4 below;
- videotape the placement of an inmate in the restraint chair;
- place the inmate under direct and constant observation while in the restraint chair;
- offer the inmate the opportunity to use the bathroom whenever appropriate, but at least once every two (2) hours and document on *Attachment 1, Restraint Chair Monitoring Log Form;*
- offer the inmate the opportunity to eat meals made up of appropriate finger foods at the proper times and document on the *Restraint Chair Monitoring Log Form;*
- offer the inmate water whenever appropriate to maintain hydration, but at least every two (2) hours and document on the *Restraint Chair Monitoring Log Form;*
- ensure that if they observe a use of the restraint chair which would jeopardize the health of an inmate, they will immediately communicate their concerns to their immediate supervisor, the Security and Operations Supervisor, Assistant Superintendent or the Superintendent.

b. The Security and Operations Supervisor or Shift Supervisor will:

- review the use of the restraint chair once (1) every hour;
    - This will include 1) talking with the inmate, 2) checking the restraints for comfort and security, 3) developing an appropriate plan for release, and 4) checking the *Restraint Chair Monitoring Log Form* for appropriate entries.
- ensure that the appropriate staff person fills out a *Restraint Chair Monitoring Log Form* until the inmate is released from the restraint chair;
- ensure that no one is kept in the restraint chair for more than two (2) hours without the Superintendent's or designee's authorization.

c. A qualified health care professional will:

- reassess the inmate's status every two (2) hours;
    - **for inmates with a serious mental illness**, notify the psychiatrist on-call to obtain any orders necessary for appropriate medical or mental health care of the inmate in the restraint chair
- examine the inmate (circulation, limb color, etc.) at least every 30 minutes;
- exercise the inmate's limbs every two (2) hours;
- assess the inmate's mental status at least every 30 minutes;
- communicate the inmate's status with correctional staff;
- document the examination on the *Restraint Chair Monitoring Log Form.*

d. If the use of the restraint chair was authorized by a physician, psychiatrist or qualified mental health professional, s/he may renew the authorization by telephone for an additional two (2) hours.

e. A psychiatrist or advanced practice nurse must see any inmate face-to-face who has been in the restraint chair more than eight (8) hours.

f. Correctional staff and qualified health care professionals will follow all monitoring requirements outlined in the departmental administrative directives, *"Use of Restraints*

and Role of Security and Health Care Professionals" and *"Reporting of Security Incidents"*. This will include, but not be limited to, reporting through the chain of command the restraint as a Category 1 Incident (more than 2 hours in restraint) or a Category 2 Incident (between 1 and 2 hours in restraint), as relevant.

- Staff will only place the inmate in the chair long enough for the inmate to regain control of their behavior.

g. Correctional staff will complete an Incident Report per departmental directive immediately after the placement of the inmate in the restraint chair.

4. Placement in the Restraint Chair

a. Correctional staff will follow these procedures when using the restraint chair:

Before Placing an Inmate in the Restraint Chair

- Always use the chair in an upright position. Never lay it on its back while occupied.
- Decontaminate any inmate who has been subjected to the use of foreign agents prior to placement in the chair.
- Ensure that the inmate has already been restrained with leg irons and handcuffs behind their back as referred to in the *Use of Restraints* administrative directive.
    - Leg irons and metal handcuffs will **not** be used on **inmates with a serious mental illness other than in the initial emergency situation.**
- If possible, strip search the inmate but retain their inmate uniform or a suicide smock. Remove and place all other items into storage.
- Lift the wheels of the chair before placing an inmate in it or taking an inmate out of it.
- Ensure that at least two (2) officers secure an inmate in the restraint chair. This may be facilitated by more staff to increase the safety factor. A supervisor must also be present.

While Placing an Inmate in the Restraint Chair

- Position the inmate in front of the chair with their back toward the seat, with an officer on each side maintaining positive control of the inmate. Staff will assist the inmate while being placed into the chair.
- CAUTION – Staff will not, at any time, wrap any of the belts or straps around the head or neck.
- Be aware, at all times, of staff's position in relation to the inmate's head, to reduce the chance of being bitten or spat on. A spit hood will be applied if the inmate engages in this kind of behavior. The spit hood will be removed as soon as the behavior subsides.

After Placing an Inmate in the Restraint Chair

- Apply a pair of shower shoes to the inmate's feet.
- Staff can now transport the inmate to any area in the facility for observation.
- Staff will constantly observe the inmate while they are in the chair.

b. Specific steps used in placing the inmate in, and removing them from either model of the chair (restraint chair or transport chair) will be in the standardized training plan that all correctional staff must receive before using the chair.

c. The Superintendent or designee will ensure that a copy of the standardized lesson plans for use of the chair is available and readily accessible at each facility which is authorized to use the chair.

5. Removal from the Restraint Chair

Staff will remove the inmate from the restraint chair when a supervisor and qualified health care professional have determined that there is no longer a threat to self or others, and the inmate can be managed by other means.

a. The decision to remove the inmate from the restraint chair will be made by:
   i. the Security and Operations Supervisor or the Shift Supervisor in consultation with a qualified health care professional,

   OR

   ii. the qualified health care professional, in consultation with the Shift Supervisor, when a health care emergency precipitated the use of the restraint.
      - Consultation must take place regardless of the purpose of the restraint.

b. A minimum of two (2) correctional officers and a supervisor will be present when an inmate is removed from the restraint chair.

c. A qualified health care professional will examine the inmate immediately after removal from the restraint chair.

d. Staff will clean and disinfect the restraint chair prior to storage.

e. Staff will complete the *Restraint Chair Monitoring Log Form*, Use of Force Report and Incident Report after the inmate is removed from the chair. The Shift Supervisor will forward all reports to the Superintendent.

6. Training and Quality Assurance

a. The Superintendent and Nurse Manager at each facility will ensure that all personnel who may be called upon to use the restraint chair are trained in the proper technique for its use.

b. The Security and Operations Supervisor will maintain a list of all staff trained in the use of the restraint chair.

c. The Director of Security and 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.

d. Staff will complete *The Restraint Chair Monitoring Log Form*, Use of Force Form and Incident Report and submit to the Superintendent within the required time frames. The Superintendent will review all reports for compliance with relevant policies and directives.

ATTACHMENT 1 *(SAMPLE FORM)*

RESTRAINT CHAIR MONITORING LOG

I. INITIATION OF USE OF RESTRAINT CHAIR

Inmate Name:_____ Facility:_____ Date:_____

Requested by:_____ Time:_____

Authorized by:_____ Time:_____

Does the inmate **have a serious mental illness?** YES_____ NO_____

If yes, Psychiatrist/QMHP or physician approval (name & initials)_____

Behavior demonstrated by inmate:_____

_____

Area chosen in which observation will occur:_____

Y N Inmate strip searched. Why?_____

Y N Inmate placed in a suicide smock. Why?_____

Y N Inmate offered use of bathroom before being secured? Why?_____

II. MONITORING OF USE

Constant observation from _____to_____. Staff name:_____

Staff name:_____ Staff name: _____

QHCP checks mental & physical status every 30 minutes; exercises limbs every 2 hrs:

Date/time checked																
By (initials)																

SOS/SS checks inmate/reviews use every (1) hour:

Date/time checked												
By (initials)												

CO actions at least every (2) hours: *(Indicate time & initial.)*

Offers inmate water								
Offers inmate use of bathroom								
CO offers finger food at mealtimes								

QHCP Comments:_____

_____

QHMP Comments:_____

_____

Security Staff Comments:_____

_____

III. REMOVAL OF INMATE FROM PHYSICAL RESTRAINTS

Authorized by:_____ Date:_____ Time:_____

Supervisor:_____ Signature:_____

QHCP:_____ Signature:_____

QMHP:_____ Signature:_____