

## Procedures for Use of the Restraint Chair

- A. Procedures to be followed in the application of the restraint chair are:
1. The camera operator will videotape the offender throughout the entire process of use of the restraint chair. Care will be taken to protect the safety of the camera operator.
  2. Whenever possible, all security-related applications of the restraint chair will be approved in advance by the facility head/acting facility head. Health services staff will review the offender's medical record for any medical condition that may affect the use of the restraint chair prior to its use. Such medical condition will be documented in the medical/clinical record.
  3. When the use of the restraint chair is necessary for medical or psychological reasons, use will be approved in advance by the facility head/acting facility head and the chief medical officer, staff physician, or duty nurse, who will review the offender's record for any medical condition that may affect the use of the restraint chair. Such medical condition will be documented in the medical/clinical record.
  4. Use of the restraint chair will only be when an offender is destroying state property, to prevent self-injury or injury to others, or for medical or psychological reasons.
  5. Placement of an offender in the restraint chair will be accomplished by a use of force team.
  6. At least one of the following listed personnel will be present for the application of the restraint chair unless a life-threatening situation necessitates immediate action. If the situation is life-threatening, the shift supervisor will determine the need for immediate action prior to the arrival of at least one of the following personnel:
    - a. Facility Head
    - b. Assistant Facility Head
    - c. Chief of Security
    - d. Duty Officer
- B. Application of the restraint chair will include the following progressive steps:
1. A "Use of Force Special Instructions" (Attachment E) will be completed by the shift supervisor in charge, prior to any use of force.

2. The shift supervisor will give the offender a direct order to submit to handcuffs before placement in the restraint chair.
3. Specific steps to be followed for placement in the restraint chair are:
  - a. Offenders should only be clothed in their shirt and pants, jumpsuit, or safety smock. Ensure that all of the offender's personal property has been removed, to include ring, glasses, shoes, boots, socks, coat, hat, and belt. **The offender should be handcuffed and wearing leg irons when warranted.**
  - b. Have the offender sit in the seat, secure the free end of the lap belt in the lap belt clevis, and pull the handle until snug. To loosen the lap belt, insert a standard handcuff key in the lap belt buckle, and push in while pulling slack on the lap belt.
  - c. Place the chain of the leg irons behind the chain retainer and attach the handcuff tether to the handcuffs.
  - d. Release the right wrist from the handcuffs and secure it to the arm of the restraint chair with the left wrist and pull the belt snug. **Do not cut off circulation to the hand.**
  - e. Release the left wrist from the handcuffs and secure it to the arm of the restraint chair with the left wrist and pull the belt snug. To loosen wrist strap, press in on the wrist strap buckle while pulling slack on the wrist strap. **Do not cut off circulation to the hand.**
  - f. Retighten the lap belt, if necessary.
  - g. Fasten the shoulder strap by passing the free ends over the shoulders, under the armpits, and securing them to the shoulder strap clevises located on the back of the chair. Then tighten by pulling down on the shoulder strap handle. **Do not wrap the straps around the chest, head, or neck.**
  - h. Secure the ankle strap by passing the free end around the front of the ankle and securing it to the ankle strap clevis. Then pull the ankle strap handle until snug.
  - i. Remove leg irons.
  - j. Violent behavior may mask dangerous medical conditions. Offenders must be monitored continuously and provided medical treatment, if needed. Belts and straps may need to be loosened to ensure adequate blood flow. Offenders will not be left in the restraint chair for more than two hours at a time.

- C. After placement in the restraint chair, the qualified health care professional (QHCP) will examine the offender to ascertain if restraints are too tight and to check for injuries incurred during the restraining application. If not previously determined, the QHCP will review the offender's medical record immediately after the initial assessment is complete to identify any pre-existing medical condition that might affect the use of such restraints. Such medical condition will be documented in the medical/clinical record.
1. All officers involved in any use of force will be examined by the QHCP for any injuries.
  2. The restrained offender will be checked every 15 minutes, to include a circulation check by the QHCP, who will immediately report any unusual medical problems to the health care provider. These checks will be documented in the restricted housing unit (RHU) custody log or unit activity log.
- D. The offender will not be left in the restraint chair longer than two hours at a time. A determination will be made at two hours on whether the offender's behavior dictates further restraint. Any period of restraint in excess of two hours will require review and determination by the facility head and the QHCP or the highest-ranking medical professional on duty. If further restraint is necessary, a determination will be made on the type of restraints that will be used (e.g., walking restraints, four point restraints and five point restraints). All continued use of restraints must be documented in the RHU custody log or unit activity log.
- E. All relevant information concerning the restrained offender(s) will be entered in the RHU custody log or the unit activity log. Every event, both verbal and physical, will be considered relevant and entered in the log. Each log entry will contain the date, time, details of the event, or visit from an official, and initials of the reporting officer.