**SAMPLE POLICE DEPARTMENT**

**Standard Jail Procedures**

**Restraint Chair**

NOTE: The following guidelines address both safety and policy and are for internal use only. This document does not nor is intended to enlarge an employee’s civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense with respect to third-party claims. Violations of these guidelines if proven, can only form the basis of a complaint by this department and then only in a non-judicial administrative setting.

1. **PURPOSE**

To provide department personnel with guidance on when and how to use a restraint chair properly and appropriately in order to ensure the safety of personnel and inmates while securing inmates who are violent and/or require greater control than could be otherwise provided.

1. **POLICY**
2. It is the policy of the SAMPLE Police Department to use a restraint chair to restore order, help control combative, self-destructive, or potentially violent inmates, prevent escape, and/or to stop or prevent the destruction of property when less restrictive measures are inadequate. Use of the restraint chair can provide a practical and humane option for controlling inmates with a reduced risk of physical or psychological trauma and involves a much lower level of force than using hard empty hand controls, impact weapons, Tasers, or chemical agents.
3. The use of a restraint chair may be considered a use of force and must be objectively reasonable dependent upon the totality of the circumstances. Misuse of the restraint chair may violate constitutionally protected rights or cause injury and loss of life.
4. **PROCEDURE**

1. A restraint chair may be used to help control combative, self-destructive, or potentially violent inmates, prevent escape, and/or to stop or prevent the destruction of property when less restrictive measures are inadequate. They may only be used for their intended purpose and only for as long as necessary to serve that purpose.
2. When an arrestee enters the jail or an inmate in the jail displays combative or aggressive behavior, attempts to injure themselves or others, or causes property damage, the restraint chair may be used to restore order and control.
3. The restraint chair shall only be used when necessary and other restraints or methods have been or are likely to be ineffective. If possible, the on-duty supervisor will make the determination whether the restraint chair is appropriate for the situation, approve the use of the restraint chair, be present when on-duty personnel place the inmate in the restraint chair, and ensure proper monitoring and documentation.
4. If there are any medical concerns about placing someone in the restraint chair, medical personnel shall be consulted, and any medical conditions noted.
5. Under no circumstances is the restraint chair to be used for punishment or retaliation to an inmate.
6. Procedures for Use
7. Use of the restraint chair without first reading and thoroughly understanding the instructions could cause injury or death. Only on-duty personnel who have completed an approved training program consistent with department policy and manufacturer’s recommendations should use the restraint chair.
8. Once a decision has been made to use the restraint chair, the following procedures should be followed:
9. The entire process of placement and use of the restraint chair shall be recorded with audio and video.
10. If possible, placement of an inmate in the restraint chair should be accomplished by a minimum of two officers in addition to the on-duty supervisor.
11. Specific steps to be followed for placement in the restraint chair are:
12. *[Insert or attach step-by step procedures based on specific restraint chair and manufacturer’s instructions here]*
13. Once the inmate is secured in the restraint chair, they will be placed in a cell facing the cell door or other protected area, and visible to audio/video surveillance camera(s).
14. Observation
15. Violet behavior may mask dangerous medical conditions. Inmates may be acting out as a result of mental illness, personality disorders, or other emotional problems that may require behavioral health intervention. Others may act out in an attempt to manipulate their environment or personnel, as a result of low impulse control, or a belief they can act out with relatively minor consequences. Inmates will be monitored for and provided medical treatment if needed.
16. On-duty personnel shall be diligent in supervising, observing, and managing an inmate who is secured in the restraint chair. Personnel shall reassess the use of the restraint chair to determine if continued use is warranted.
17. In addition to audio/video monitoring and recording, on-duty personnel will be assigned to physically watch the inmate during the first 15 minutes in the restraint chair - this is especially important when restraining drug or alcohol intoxicated inmates as they may occasionally have breathing problems.
18. The initial watch period will be extended if the inmate continues to actively resist the restraints. In addition, medical personnel may request an extension for health reasons.
19. After the first 15 minutes, physical checks of the inmate and proper application of the restraint should occur at 15-minute intervals throughout the entire use of the restraint chair and documented on the Inmate Physical Check Log. On-duty personnel will also document inmate activity, condition, or behavior in the Incident Report.
20. Limited circumstances could occur which minimally delay these checks; however, any such circumstance should be documented, and the physical checks resumed as soon as possible.
21. When conducting physical checks, the inmate’s restraints will be checked for tightness. If a lack of circulation in the hands or feet of an inmate is observed during this check, the on-duty personnel conducting the check will request additional assistance if available, to re-adjust the restraints.
22. Until the inmate is removed from the restraint chair, on-duty personnel will loosen the inmate’s wrist and ankle restraints at least once each hour, one at a time, and the inmate directed to move each extremity to ensure proper circulation. On-duty personnel will document these breaks, the inmate’s refusal to participate, or if the inmate is actively resisting to the point where stretching and exercising range of motion is not possible, on the Inmate Physical Check Log.
23. If an inmate is in the restraint chair over a shift change, the off-going and on-coming shift supervisors will jointly check the inmate and evaluate the continued use of the chair. The on-coming shift supervisor will record the decision on the Incident Report.
24. On-duty personnel will immediately contact medical personnel if the inmate is injured, complains of pain, or shows any signs of medical distress and document any findings or results in the Inmate Physical Check Log and the Incident Report including any treatment, medical recommendations, or the absence of any illness or injury.
25. If the inmate requests to use the restroom, the on-duty supervisor will decide if and when to let the inmate out of the restraint chair. The on-duty supervisor will weigh the inmate’s potential discomfort and embarrassment against the risk of injury to the inmate and others.
26. Inmates should not lie or sit in their own bodily waste for an unreasonable length of time.
27. Removal from the Restraint Chair
28. The inmate will be removed from the restraint chair once their behavior is under control. On-duty personnel will notify the shift supervisor of the decision and document the inmate’s removal on the Incident Report and Inmate Physical Check Log.
29. An inmate will not remain in the restraint chair for longer than two (2) hours per use without review and determination by the on-duty supervisor and examination by medical personnel. All use of the restraint chair and the reasons for the continuation will be documented in the Inmate Physical Check Log and the Incident Report.
30. The maximum confinement time in the restraint chair is four (4) hours unless authorized by the Jail Administrator, Commander, or Chief of Police, and after examination of the individual’s condition by medical personnel. The on-duty supervisor will record the chain of command contact and the reasons continued restraint is necessary in the Inmate Physical Check Log and the Incident Report.
    1. If possible, a minimum of two officers in addition to the on-duty supervisor will be present to remove the inmate from the restraint chair.
    2. The wrist restraints will be removed one at a time, and the inmate directed to flex their fingers several times to help the circulation.
    3. The ankle restraints will be removed one at a time, and the inmate directed to extend their legs one at a time to help the circulation.
    4. The on-duty supervisor will re-assess the appropriateness of removing the inmate from the restraint chair.
    5. If the on-duty supervisor determines that removing the inmate from the restraint chair is appropriate the shoulder harness will be released, and the seatbelt removed.
    6. On-duty personnel will assist the inmate to a standing position and help them to another cell if deemed appropriate.
    7. The restraint chair will be removed from the cell, sanitized and all buckles and straps returned to the “Ready” position.
31. After-Event Monitoring
32. Once the inmate is removed from the restraint chair, on-duty personnel will continue physical checks of the inmate approximately every 15 minutes for one hour after removal, in addition to monitoring of the inmate through audio/video surveillance cameras for at least two hours.
    * 1. On-duty personnel shall record each physical check in the Inmate Physical Check Log and the Incident Report.
33. On-duty personnel will immediately contact medical personnel if the inmate is injured, complains of pain, or shows any signs of medical distress and document any findings or results in the Inmate Physical Check Log and the Incident Report including any treatment, medical recommendations, or the absence of any illness or injury.
34. Documentation of Use
35. In addition to the required audio/video recording, an Inmate Physical Check Log and Incident Report shall be completed for every event where the restraint chair is used.
36. All relevant information concerning the restrained inmate will be entered on the Inmate Physical Check Log and/or Incident Report as required or appropriate. Each entry will contain the date, time, details of the event, any verbal or physical contact by on-duty personnel, and initials of the on-duty personnel.
37. At a minimum, this report will detail the following:
38. Justification for using the restraint chair;
39. Amount of force required securing the inmate in the restraint chair;
40. Any injuries and all involvement of medical personnel;
41. Steps taken to observe and monitor the inmate;
42. Each adjustment or release from the restraint chair and the reason for;
43. Any water, restroom or other breaks provided or refused;
44. Any unusual occurrences while the inmate is in the restraint chair; and
45. All personnel involved in the incident.
46. The Incident Report will remain “active” for on-duty personnel to record other actions and concerns while the inmate is restrained. The Incident Report is “closed” the restraints are removed from the inmate and all after-action monitoring is complete.
47. Training
48. The restraint chair will only be used by on-duty personnel who have completed an approved training program consistent with department policy and manufacturer’s recommendations.
49. Training on the restraint chair will be provided and documented for all personnel, both sworn and non-sworn, that may be responsible for administering use of the chair.
50. Training should address:
    1. the criteria for determining use of the restraint chair,
    2. who has the authority to approve use of the restraint chair,
    3. how to use the restraint chair,
    4. the observation, supervision and management needed to address safety issues of restrained inmates,
    5. any follow-up and after-action requirements that may be necessary, and
    6. documentation of actions.

APPROVED: CHIEF OF POLICE DATE

I HAVE READ AND UNDERSTAND THIS ORDER

SIGNATURE OF OFFICER DATE

***DISCLAIMER***

***NOTE****: These documents are being provided to you from the AMIC/MWCF Loss Control Division and are not intended to be legal advice. They do not identify all the issues surrounding a particular topic. Laws and “Best Practices” change and policies must be continually reviewed and updated as needed. Public agencies are encouraged to review their procedures with an expert or an attorney who is knowledgeable about the topic. Reliance on this information is at the sole risk of the user.*