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| <p style="text-align: center;">STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS</p> | Compliant Use of Restraints | | Page 1 of 9 | | | | | | |
| <p style="text-align: center;">CHAPTER: PROGRAMS – SECURITY AND SUPERVISION</p> | #413.08 | <p>Supersedes: #413.08, dated 9/28/2005; IM: Change to Use of Restraints (Directive #413.08), dated 3/1/2006</p> | | | | | | | |
| <p>Local Procedure(s) Required: No Applicability: All staff (including contractors and volunteers) Security Level: “B” – Anyone may have access to this document.</p> | | | | | | | | | |
| <p>Approved:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><u>SIGNED</u></td> <td style="width: 33%; border: none;"><u>10/10/2024</u></td> <td style="width: 33%; border: none;"><u>10/28/2024</u></td> </tr> <tr> <td style="border: none;">Nicholas J. Deml, Commissioner</td> <td style="border: none;">Date Signed</td> <td style="border: none;">Date Effective</td> </tr> </table> | | | | <u>SIGNED</u> | <u>10/10/2024</u> | <u>10/28/2024</u> | Nicholas J. Deml, Commissioner | Date Signed | Date Effective |
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PURPOSE

This policy outlines standards for Department of Corrections (DOC) staff when using restraints in non-emergency situations.

AUTHORITY

28 V.S.A. §§ 101, 102, 601, 801a

DEFINITIONS

Individuals who are Deaf: Individuals who are D/deaf, Hard of Hearing, DeafBlind (blind or low vision), DeafPlus, or DeafDisabled.

POLICY

The DOC's policy is to promote safety and security for all individuals, at all times, and uses restraints to ensure the safety of staff and others. Promoting safety includes both the physical and emotional safety of staff, individuals under the custody or supervision of DOC, and all others present. The DOC recognizes that a majority of the population has experienced a traumatic event in their lifetimes, there is a correlation between having experienced elevated levels of trauma and being involved in the criminal legal system, and individuals under the custody or supervision of DOC may have experienced abusive restraint. With this understanding, the DOC has a responsibility to ensure DOC staff can recognize an individual's stress response so that they are not unnecessarily re-traumatized or triggered through our interactions or restraint practices.

The experience of being placed in restraints could be traumatic and could trigger a stress response, especially for individuals who are survivors of abuse. The DOC uses restraints in non-emergency situations, unless contraindications are noted, to meet its mission of promoting safe and supported communities, including within correctional facilities. To mitigate any negative impacts of such use, staff shall be respectful and comply with this policy and all required training on the use of restraints in non-emergency situations. DOC will meet the individualized needs of individuals under its custody and supervision when using restraints, to the extent possible without jeopardizing safety or security.

GENERAL PROCEDURES

A. Use of Restraints, Generally

1. The following measures are intended to incorporate trauma-informed principles into the DOC's operations, by developing trust, providing as much autonomy as possible in difficult situations, and interacting in a way that recognizes the humanity and dignity of individuals under the custody and supervision of the DOC. When using restraints in a compliant situation, staff shall:
 - a. Use an individualized, trauma-informed approach with an additional emphasis on verbal communication;

- b. Explain why certain events are happening, to increase the individual's sense of safety and control; and
 - c. Check for understanding throughout the process.
 2. Staff shall use the least restrictive form of restraints that are appropriate for the situation, and should use restraints only as long as the need exists.
 3. Staff may use restraints to ensure the safety of staff or others in the situations specified in [Section B., Restraint Use in Compliant Situations of this document](#), and shall not use, nor threaten to use, restraints as a form of punishment.
 4. Staff shall take care to prevent injury to restrained individuals under the custody and supervision of the DOC.
 5. When restraints are used for moving an incarcerated individual within a correctional facility, staff shall generally use handcuffs, applied behind the back, except when special conditions exist, such as those outlined in [Section F., Special Considerations for Use of Restraints](#).
 6. Staff shall only use restraints as outlined in training, and shall not restrain an individual under the custody and supervision of the DOC:
 - a. In any manner that:
 - i. Causes unnecessary physical pain;
 - ii. Restricts the individual's blood circulation; or
 - iii. Obstructs the individual's breathing or airways;
 - b. In a fetal position; or
 - c. By fastening their hands and feet together:
 - i. In a manner that would prevent their ability to walk; or
 - ii. Behind their back (i.e., hogtie).
 7. Staff shall not leave a restrained individual under the custody and supervision of the DOC in a prone position (i.e., chest-down) once control has been established.
 8. Staff shall prevent co-mingling of restrained and unrestrained individuals in a correctional facility and during transport.
 9. If the use of restraints results in a significant adverse reaction in the individual being restrained, staff shall:
 - a. Document the reaction in an incident report; and
 - b. Inform contracted health and mental health services staff, as appropriate for:

- i. Immediate care; and
 - ii. To consult on whether the individual may need a special consideration when being restrained, in accordance with [Section F., Special Considerations for Use of Restraints](#) below.
10. The DOC shall include a section in the handbook for incarcerated individuals that illustrates how to comply with the application of restraints.

B. Restraint Use in Compliant Situations

1. For the purpose of this policy, an individual under the custody and supervision of the DOC shall be considered to be compliant if they are following the direction given. An individual is not compliant if they:
 - a. Exhibit gross motor activity contrary to the direction given; or
 - b. Fail to follow direction.
2. Staff shall use the appropriate interventions, as described in the advanced communication techniques (ACT)/non-lethal use of force (NLUOF) behavior continuum to inform their response to the behavior of an individual under the custody and supervision of the DOC, so that the response is commensurate. Whenever possible, staff shall use de-escalation techniques to allow for the lowest level of response and restraints necessary.
3. Staff may use restraints as outlined in this policy in the following situations during movement of an incarcerated individual on close custody within the facility when the individual is displaying complaint behavior, in accordance with local post orders.
4. Staff shall use restraints as outlined in this policy in the following situations when the individual under the custody and supervision of the DOC is displaying complaint behavior:
 - a. Movement within facility of incarcerated individuals who are on segregation status;
 - b. Transports;
 - c. Movement of an incarcerated individual to a higher security level;
 - d. Restraint status, as outlined [in Section C., Restraint Status Designation and Procedures of this document](#);
 - e. When an incarcerated individual is being supervised in a medical setting, in accordance with Section D., Use of Restraints in a Medical Setting; or

- f. When taking custody of a supervised individual for the purpose of return to incarceration.
- 5. Staff may use restraints as outlined in this policy in the following situations when the individual under the custody and supervision of the DOC is displaying complaint behavior:
 - a. Securing the scene of an incident;
 - b. At the direction of the Incident Commander during management of an ongoing incident or planned event; or
 - c. When they have credible information that there is a potential risk to staff or public safety.
- 6. Staff shall not use restraints on a compliant incarcerated individual while they are in their cell, except immediately preceding or following an out-of-cell movement.

C. Restraint Status Designation and Procedures

- 1. An incarcerated individual who is on administrative or disciplinary segregation status may be placed on restraint status if they have demonstrated or threatened dangerous behavior towards others.
 - a. Restraint status is only used when the incarcerated individual is out of their cell, to provide for the safety of staff and other individuals.
 - b. Except when moving through the facility, incarcerated individuals on restraint status shall not have direct physical contact with other incarcerated individuals.
 - c. When an incarcerated individual on restraint status is moving through the facility, staff shall escort them, as a safety precaution.
 - d. There are three levels of restraint status, as follows:
 - i. Restraint status one is the use of handcuffs in front of the body, leg irons, and a hobble chain;
 - ii. Restraint status two is the use of handcuffs in front of the body and leg irons; and
 - iii. Restraint status three is the use of only handcuffs in front of the body.
- 2. When considering the use of restraint status, the Correctional Facility Shift Supervisor (CFSS), in consultation with the Superintendent, or designee, shall:

- a. Make the determination about whether an incarcerated individual is placed on restraint status; and
 - b. Determine the level of restraint status necessary.
3. An incarcerated individual shall not be placed on restraint status in response to property damage, if the individual has not demonstrated or threatened dangerous behavior towards staff or other individuals.
4. Restraint status shall be reviewed as follows:
 - a. At least daily by a multidisciplinary team, including contracted health services staff and a Qualified Mental Health Professional, to determine when it is appropriate to reduce, retain, or discontinue the restraint status;
 - b. On weekends and holidays, the CFSS shall review the restraint status and make a recommendation to the Superintendent on whether the restraint status shall be reduced or discontinued; and
 - c. At any point in time, the CFSS may consult with the Superintendent to determine if it is appropriate to reduce or discontinue the restraint status.
5. The Superintendent, or designee, shall discontinue the restraint status when the individual is no longer a danger to staff or other individuals.

D. Use of Restraints in a Medical Setting

1. When transporting an incarcerated individual to a medical appointment or procedures, staff shall comply with the provisions of this document, with the following additional provisions:
 - a. During a transport, staff may modify restraints without consultation to allow for emergency medical treatment. In such cases, staff shall notify CFSS as soon as possible after making such modifications. Staff shall not delay the delivery of emergent, life-preserving care at any time.
 - b. When staff are aware of what treatment will be provided prior to transporting the individual, the CFSS shall review the use of restraints and determine modifications to accommodate medical treatment.
 - c. When an incarcerated individual is undergoing magnetic resonance imaging (MRI), or another medical procedure during which the presence of metallic objects is hazardous, staff shall use zip ties with no metal in place of other restraints.

- d. When medical staff request the removal or modification of restraints for medical treatment not already reviewed under [division b. of this subsection](#), staff shall contact the CFSS to request direction.
2. When an incarcerated individual is hospitalized, the following provisions apply:
 - a. Staff shall use:
 - i. Leg shackles connecting from leg to leg; and
 - ii. A second set of leg shackles connecting from one leg to the bed frame or gurney.
 - b. Exceptions to the above configuration of restraints may be made in accordance with the injury or required medical treatment, or as appropriate to maintain security, with the approval of the Superintendent, or designee.
 - c. If the incarcerated individual's behavior escalates beyond disruptive, staff may, in their discretion, secure one or both wrists to the bed using a handcuff. In such cases, staff shall:
 - i. Notify CFSS as soon as possible after doing so; and
 - ii. Make a relevant entry into the hospital log book.
 - d. When a hospitalized incarcerated individual needs medical treatment that would require a modification of restraints, staff shall follow the provisions outlined in [subsection 1. of this section](#).

E. Individuals Who Are Pregnant, Laboring, Birthing, and Post-partum

1. Staff shall not use the following types of restraints on any individual under the custody and supervision of the DOC who is pregnant, laboring, birthing, or post-partum:
 - a. Abdominal restraints;
 - b. Leg and ankle restraints, except during transport, as outlined below;
 - c. Wrist restraints behind the back; or
 - d. Four-point restraints.
2. When transporting a pregnant individual who is in their first trimester of pregnancy, staff shall:
 - a. Only uses handcuffs in front of the individual's body; and
 - b. Use leg shackles, unless otherwise advised by contracted health services staff.

3. If an individual who is in their second or third trimester of pregnancy must be placed in restraints, staff shall only handcuff them in the front of their body.
4. Staff shall not use restraints on an individual who is laboring or delivering a child, because the restraints:
 - a. Inhibit the individual's ability to be mobile during labor and delivery; and
 - b. May interfere with the prompt administration of medical evaluation and treatment during normal and emergency childbirth.
5. For the purpose of this section, "postpartum" and any associated accommodations, shall be determined in consultation with contracted health services staff.

F. Special Considerations for Use of Restraints

1. Whenever staff identify that an individual under the custody and supervision of the DOC may need a special consideration when being restrained, staff shall engage the individual in conversation to inquire about their need and what accommodations, if any, may be needed.
2. Staff shall be alert for signs that an individual does not appear to understand what is happening, or is unable to follow direction, and may need special considerations.
3. When using restraints with an individual identified as needing special considerations, staff shall:
 - a. Place more emphasis on slow, clear verbal communication;
 - b. Slow down the process;
 - c. For incarcerated individuals, work with contracted health services staff to assess if there are any contraindications to restraint and identify the appropriate accommodations;
 - d. Make appropriate accommodations on a case-by-case basis, after consultation with the CFSS or someone higher in the line of authority; and
 - e. Check for understanding throughout the process.
4. In addition to individuals otherwise identified by staff using the guidelines above, the following populations may need special considerations:

- a. Individuals who are designated as having a Serious Functional Impairment (SFI) or as being a Delayed Placement Person (DPP), or who have a mental or intellectual disability;
- b. Individuals with physical conditions that warrant special consideration;
- c. Individuals who are Deaf. When using restraints on an incarcerated individual who meets this criteria, staff shall ensure the restraints permit effective communication. This may be achieved by:
 - i. Handcuffing in the front of the individual's body, to allow them to sign; or
 - ii. Leaving one hand to be free to allow for writing;
- d. Individuals who are visually-impaired or blind. When using restraints on an incarcerated individual who is visually-impaired or blind, staff shall ensure that they have any necessary visual aids;
- e. Individuals who have Limited English Proficiency or other communication barriers. When using restraints on an incarcerated individual who has Limited English Proficiency or other communication barriers, staff shall consider whether the use of interpretation services is feasible. When it is not feasible, staff shall slow down the process and use gestures that the individual can mimic; or
- f. Individuals under 19 years of age.

G. Transition to Use of Force

Staff shall follow the policy on use of force when:

- 1. Restraining an individual under the custody and supervision of the DOC who is no longer considered compliant; or
- 2. Using the restraint chair.