

## POLICIES AND PROCEDURES MANUAL



## **EMERGENCY RESTRAINT CHAIR**

**POLICY NUMBER: 72-2** 

**EFFECTIVE DATE: January 1, 2025** 

ISSUING AUTHORITY

Christine A. Elow Police Commissioner

## I. GENERAL CONSIDERATIONS AND GUIDELINES

To protect detainees and officers from harm as a result of violent behavior, it may become necessary to restrain a detainee with equipment other than handcuffs or leg irons. The Emergency Restraint Chair is a tool provided to officers in the detention area by the Cambridge Police Department to assist them in bringing these rare but high-risk situations under control.

## II. POLICY

It is the policy of the Cambridge Police Department to:

- A. use an Emergency Restraint Chair only after other means of gaining or regaining control of a detainee prove ineffective;
- B. call for EMS to evaluate the condition of the detainee;
- C. follow manufacturer recommendations regarding its use;
- D. train personnel in proper techniques of use; and
- E. provide for the safety of the detainee and officers working in the detention area.

### III. DEFINITIONS

A. Leg Restraints: A pair of cuffs or fetters connected by a chain, used to fasten a prisoner's ankles together.

# IV. PROCEDURES

- A. Requirements Prior to Use
  - 1. Prior to any use of the Emergency Restraint Chair, officers should notify and receive approval from the Shift Commander. Upon receiving approval, officers shall request Emergency

Medical Services (EMS) to respond for a medical evaluation prior to placing the detainee in the chair. EMS will either clear the detainee to be placed in the chair until released or will transport the detainee to the hospital for evaluation.

### B. Behavior Exhibited by the Detainee

- 1. The Emergency Restraint Chair may be used in the following circumstances.
  - a. When a detainee has demonstrated violent, combative, or uncontrollable behavior.
  - b. When it is necessary to restrain the detainee to prevent self-injury or injury to others.

#### C. Procedures for Use

- 1. The detainee should be observed at all times by utilizing the observation cell, also referred to as cell #12 ½, either by video or physical means.
- 2. The detainee must be visually and physically checked every 15 minutes. This includes talking with the detainee and checking the restraints for safety, comfort, and circulation.
- 3. All observations made of the detainee, including the 15-minute checks, will be recorded in the medical note section of the detainee booking report.
- 4. Prior to placing the detainee in the Emergency Restraint Chair, the detainee will, if necessary, be restrained with handcuffs and/or leg chains, if possible. The restraints will be double locked and care taken to avoid undue pressure on the wrists.
- 5. The Emergency Restraint Chair will be brought to the location of the detainee; if possible. The placement of the detainee into the Restraint Chair should be video recorded. The surveillance cameras in the detention area may suffice.
- 6. When a compliant detainee is placed in the chair, a minimum of two (2) officers and the Shift Commander will be present.
  - a. If the Shift Commander utilizes three (3) officers, the officers will place the detainee into the Emergency Restraint Chair while the Shift Commander directs and informs officers of their roles.
  - b. As safety allows, one officer will control the left side of the detainee and the second officer will control the right side; a third officer will act as backup.
  - c. The backup officer is responsible for applying the spit hood if necessary and for checking the restraint straps to ensure they are secured to the chair and not tangled.
  - d. The control officers will guide the detainee into the restraint chair, apply the lap belt across the detainee and secure it, and then secure the shoulder strap, leg strap, and arm strap making sure the straps are not cutting off circulation.
- 7. If the detainee is combative, the officers will use only reasonable and proportionate force necessary to safely place the detainee in the chair.

- 8. Once the detainee is secure in the chair, Emergency Medical Technicians will examine the detainee to determine whether hospitalization is required; and if not, whether the detainee is medically fit to remain secured in the chair.
- 9. The Emergency Restraint Chair will only be used long enough for the detainee to regain control of their behavior, but not more than two (2) hours without approval from the Duty Chief or other member of the Command Staff. The extended time in the chair after the initial two (2) hour period will not exceed four (4) hours. If at that point, the detainee's disruptive, injurious, combative behavior has not changed, EMS will be requested to transport the detainee to the hospital for evaluation.
- 10. The Emergency Restraint Chair will never be used as a form of punishment or retaliation or for juveniles.

#### D. Shift Commander Responsibilities

- 1. The Shift Commander will:
  - a. review the medical section of the detainee's booking report to ensure proper notations are being made including officer observations, 15-minute checks, and the evaluation by EMS;
  - b. confirm that the medical note section of the detainee booking report is completed upon the detainee being released from the chair;
  - c. ensure that the detainee is not kept in the restraint chair for more than two (2) hours without prior approval from the Duty Chief or other member of the Command Staff;
  - d. ensure that the detainee can exercise limbs every hour according to protocol;
  - e. ensure that a supplemental report to the original report is completed in the Records Management System along with a use of force report, if required.
- E. Exercise, Meals, Toilet, and Medical Services for Detainee
  - 1. At least once every hour, an officer should loosen the restraints to allow the detainee to exercise their limbs by freeing one (1) limb at a time.
  - 2. The exercise of the limb(s) will only be granted if doing so does not pose any safety threat to the officers or the detainee. If the option to exercise the limb(s) is denied because of a safety threat, the reason for the denial will be documented in the report in the Records Management System and in the medical note section of the detainee booking sheet.
  - 3. If a scheduled meal is skipped while a detainee is being restrained in the chair, the detainee will be given the meal during an exercise period. The provision of the meal will be documented in the medical note section of the detainee booking sheet.
  - 4. Prior to allowing the detainee to eat, an officer will inform the detainee that any disruptive behavior with food will be interpreted as a refusal to eat. That disruptive behavior will be

- documented in the report in the Records Management System and in the medical notes section of the detainee booking sheet.
- 5. Access to toilet facilities will be made at reasonable intervals. The booking officers will abide by the following protocol.
  - a. Prior to releasing the detainee from the restraint chair the detainee will be handcuffed and restrained at the legs.
  - b. The detainee will be brought to the toilet where one restraint will be removed.
  - c. When the detainee has finished using the toilet, the detainee will be re-secured and returned to the restraint chair unless otherwise instructed by the Shift Commander. The use of the toilet will be documented in the medical note section of the detainee booking sheet.
- F. Detainee Release from the Emergency Restraint Chair
  - The Shift Commander will direct the release of the detainee from the chair when it is no longer necessary for the safety of the officers or the detainee. The Shift Commander will take the following factors into consideration when making the decision to release the detainee from the Emergency Restraint Chair.
    - a. A review of the medical section on the detainee's booking sheet regarding observations made by the officers while the detainee was in the Emergency Restraint Chair.
    - b. Personal observation of the detainee by the Shift Commander.
    - c. Statements and actions of the detainee.
- G. Procedures for Removing the Detainee from the Emergency Restraint Chair
  - 1. After making the determination to remove the detainee from the Emergency Restraint Chair, the Shift Commander will:
    - a. assign a minimum of two (2) officers for this task and remain present to direct and inform the officers of their specific roles;
    - b. direct officers to move the chair and detainee from the observation cell to the cell in which the detainee will be housed unless the Shift Commander determines the detainee will be housed in cell #12 ½.
  - 2. The restraints will be loosened one at a time with the detainee being directed to flex the fingers and extend the legs to assist with circulation.
  - 3. The Shift Commander will then determine the appropriateness of continuing to release the detainee from the chair. If advisable and safe to do so, the shoulder straps should be removed first and then the seat belt.

- 4. The officers assisting with the release of the detainee from the chair will then assist the detainee to a standing position and assist with placing the detainee into the proper holding cell.
- The Emergency Restraint Chair will be cleaned and disinfected after the detainee is released and prior to storage, if possible. If the chair is contaminated or requires extensive cleaning, an appropriate cleaning service will be contacted.

### H. Required Documentation

- 1. The Shift Commander will ensure that the proper documentation is recorded in the original incident report and in a supplemental report including the following information.
  - a. The justification for the use of the Emergency Restraint Chair.
  - b. The behavior of the detainee that warranted the use of the Emergency Restraint Chair.
  - c. Names of the medical personnel involved and what actions they took to monitor the detainee.
  - d. A use of force report, if required.
  - e. Observations documented in the medical note section of the detainee booking report in the Records Management System including 15-minute detainee checks, exercise of limbs, meals, medical assistance, and toilet breaks.