



COMMANDER'S LOG

June 2014

Use of Safety Restraint Chairs, Restraint Beds, and Excessive Force Lawsuits

QUESTION: Can the use of safety restraint chairs and restraint beds give rise to claims of excessive force?

ANSWER: Yes. The use of safety restraint chairs and restraint beds can give rise to claims for excessive force in the detention setting. Consequently, such devices must be used only in conjunction with established protocols (including regular staff monitoring) and in strict adherence to the manufacturer's recommendations as to the duration of each use and medical monitoring.

CASE: *David B. Amato v. Dorchester County Detention Center, et al.*
United States District Court for the District of Maryland
Decided March 26, 2014 (unpublished)

The Lawsuit:

David Amato, a former inmate at the Dorchester County Detention Center, sued for money damages alleging that Defendants unlawfully placed him in restraints. He alleged that he was subjected over a period of several days to placement in a "4-point Humane Restraint Device" known as "the chair" even though he posed no physical threat to staff and merely sought his psychiatric medications. Amato also claimed that he had been restrained in a "Humane Restraint Bed" on another occasion. In essence, Amato alleged that he was improperly subjected to physical restraint on several occasions during mental health crises. His lawsuit was directed solely against Detention Center personnel allegedly responsible for placing him in restraints. He did not sue Con Med Health Care Management, the contractual health care provider for the Detention Center.

The Events Giving Rise to the Lawsuit:

Amato's initial assessment as a pre-trial detainee, made on July 23, 2010, revealed normal findings, including "no unusual anxiety, evidence of depression, or psychosis." Approximately two weeks later, however, Amato submitted an Inmate Request Form in which he admitted he had a "psych history," indicating prior mental health treatment during previous incarcerations in the Harford and Cecil County Detention Centers and a diagnosis of Bipolar Disorder in 2001 by staff at the Harford Memorial Hospital. As a result, Detention Center personnel, with Amato's consent, requested Amato's medical records to confirm his diagnosis. Amato also admitted at a medical screening on August 6, 2010, to an extensive history of substance abuse and criminal violence, much of which involved police. He also admitted to having used psychiatric medications, specifically mood stabilizers, including Depakote, Seroquel, and Zyprexa, none of which "worked." He gave a family history involving both depression and alcohol abuse and denied suicidal thoughts. On August 25, 2010, he was diagnosed as poly-substance dependent, and as having mood disorder and anti-social personality disorder.

During Amato's seven months at the Detention Center, he had several encounters with Detention Center personnel and other inmates that led to his being physically restrained on a number of occasions. Amato's behavior leading to his being physically restrained was always violent and disruptive. On one occasion, his violent outburst was triggered by what he perceived to be a delay in receiving his psychiatric medications. Other outbursts resulted from the medical staff allegedly ignoring his request for pain medication, or fighting with other inmates. On yet another occasion, he threatened to kill himself. He also was observed hitting and kicking the walls of his cell. In each event, Amato was first restrained in leg irons and handcuffs, and then placed in the Safety Restraint Chair (SRC) or "chair." The SRC is a restraining chair marketed by PRO-STRAINT, among others. It is designed for limited use for persons, including inmates, who present such a danger to themselves or others that they cannot be maintained in a regular cell. The straps of the SRC were examined by a medic per standard practice and the SRC was placed in the inmates' gym. The SRC was secured to the floor and the officers left. While restrained in the SRC, Amato was under periodic examination by the medical staff. Once cleared from restraint and suicidal observation, Amato began receiving his psychiatric medications. As a result of another disturbance in December 2010, Amato was restrained in the "Humane Restraint Bed," where he was monitored every half-hour.

The Court's Decision:

The Defendants, including the former and current wardens, moved for summary judgment at the outset of the litigation. The motion was fully supported with affidavits and Amato's extensive medical file. The court granted the motion and dismissed the case. It did so on grounds that the evidentiary record established that Amato's confinement in the SRC and the Humane Restraint Bed were related to a legitimate, non-punitive goal, *i.e.*, preventing Amato from harming himself or others. Even Amato acknowledged that his behavior was "out of control." The court observed: "Although this factor may have been the result of Bipolar Disorder or other mental disease, this factor does not mean that Detention Center personnel cannot take action to protect staff and the other detainees from the possible consequences of [an inmate's] actions."

NOTE: While safety restraint chairs and restraint beds ideally protect inmates and staff, the improper or overuse of such devices may be viewed as "punishment" and lead to constitutional liability. Consequently, detention center rules and regulations regarding the use of such devices must be clear and unambiguous, and must include active monitoring by medical staff. Further, the devices must be used in strict compliance with the manufacturer's written recommendations as to use, including limitations for the duration of each use. If the device can restrict normal breathing and/or limit circulation, consider replacing it with a device that does not.

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