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**Policy Number:** 301.079  
**Title:** Juvenile Restrictive Procedures  
**Effective Date:** 9/1/20

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**PURPOSE:** To provide guidelines for corrections staff on the use of restrictive procedures that comply with Children’s Residential Facility (CRF) licensing standards (Minn. Rules, Chapter 2960).

**APPLICABILITY:** Minnesota Correctional Facility – Red Wing (MCF-RW)

**DEFINITIONS:**

Behavior modification skills – a specific set of techniques and/or skills designed to limit the potential of injury to both the officer and the resident, through the continuum of care to include de-escalation skills and crisis intervention training (CIT). Tools and techniques that allow security staff, behavioral health providers, and advocates to work together to reduce crisis situations, reduce the use of restrictive procedures, improve staff and resident safety, promote better outcomes, and preserve dignity for people with mental illnesses.

Capture shield – clear polycarbonate shield used in cell extractions and riot situations.

Chemical irritant – pressurized device (e.g., Freeze+P or pepper spray) that delivers (as a stream, spray, gel, or fog pattern) small amounts of nonlethal irritant directly to a specific targeted individual.

De-escalation – communication used during a potentially dangerous or threatening situation in an attempt to prevent a person from causing harm to self, staff, or others.

Direct contact staff – staff who supervise residents face-to-face during program and non-program hours. Direct contact staff ratios during waking hours must not exceed eight residents to one staff person and during regular sleeping hours must not exceed 16 residents to one staff person.

Disciplinary room time (DRT) – used only for major violations and according to the facility’s restrictive procedures plan.

Great bodily harm – bodily injury which creates a high probability of death, or which causes serious permanent disfigurement, or which causes permanent or protracted loss or impairment of the function of any bodily member or organ, or other serious bodily harm.

Ideal prone position – facedown and flat on the ground, using joint manipulation, pressure points, and leg controls to control the resident on the ground. Residents are rolled to their sides to the recovery position as soon as it is safe to do so. Care is taken not to put pressure on the resident’s chest cavity or neck, so as not to impede respiratory function.

Incident command system (ICS) – a component of the National Incident Management System (NIMS) that is used to manage incidents that occur outside normal operations.

Mechanical restraint – behavior management devices which may be used only when transporting a resident or in an emergency as a response to imminent danger to the resident or others.

Physical escort – a behavior management technique that is minimally intrusive to the resident, and involves the temporary touching or holding of a resident’s hand, wrist, arm, shoulder, or back. It is to be used to control a resident who is being guided to a place where the resident will be safe and to help de-escalate interactions between the resident and others.

Physical holding – a behavior management technique which is used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective, and involves immobilizing or limiting a resident’s movement by using body contact as the only source of restraint, but not including physical escort actions.

Positional asphyxia – when the position of a person’s body interferes with respiration and can result in death from suffocation.

Seclusion – a behavior management technique which is used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective, and involves confining a resident in a locked room.

Situational awareness – being aware of what is going on in one’s surroundings. (Red level – hyper vigilant, paranoid, over reactive, etc.; Yellow level – consciously aware of, and interacting with, one’s surroundings; and, Green level – unaware of surroundings, oblivious to what is going on in one’s surroundings.)

Staff presence – the physical presence and/or posture of one or more staff, sufficient to deter potential resistance.

Substantial bodily harm – bodily injury which involves a temporary but substantial disfigurement, which causes a temporary but substantial loss or impairment of the function of any bodily member or organ, or which causes a fracture of a bodily member.

Threatening gestures – weight shifting, inability to stand or sit still, moving around (circling) staff, knuckle popping, drying hands, clenching fists, kicking the ground, hands to head, deliberate controlled response gestures.

Verbal commands – audible instructions issued to a resident by a staff.

The WRAP – a safe restraint system, used to restrain a resident in an upright and seated position to maximize respiratory recovery and to escort a resident to disciplinary room time when the resident refuses to walk on the resident’s own accord, and designed to protect residents and staff by reducing the possibility of injury and death.

## **PROCEDURES:**

- A. Restrictive procedures certification
  1. Minnesota Correctional Facility – Red Wing (MCF-RW) is certified to use the following restrictive procedures pursuant to Minn. Rules, 2960.0710:
    - a) Physical escort;
    - b) Physical holding;
    - c) Seclusion;
    - d) Mechanical restraints;
    - e) Disciplinary room time (DRT); and

- f) Chemical irritant.
2. This policy functions as the required restrictive procedures plan in that it:
    - a) Describes the physical holding techniques used at the program;
    - b) Describes training staff must have prior to implementing the emergency use of restrictive procedures;
    - c) Describes training staff must have prior to using physical holding or seclusion;
    - d) Provides for an annual review of the use of restrictive procedures; and
    - e) Provides for treatment for any resident injury that was caused by the use of a restrictive procedure.

B. Use of restrictive procedures

1. Staff must not use restrictive procedures as a punishment, but only as a last resort in response to immediate safety threats including:
  - a) Protecting others, including the public;
  - b) Justifiable self-defense;
  - c) Defending or aiding other staff, a resident, or third party;
  - d) Imminent threat of disturbance, escape, or harm to self or others; and
  - e) Preventing a resident from causing bodily, substantial bodily, or great bodily harm to himself or others, including self-injurious behavior.
2. Staff follow a restrictive procedures continuum to appropriately address threatening and unsafe behavior with the least intrusive intervention. A combination of interventions may be necessary to respond effectively to a resident who is passively resistant, actively resistant, and/or assaultive.
  - a) Staff presence;
  - b) De-escalation methods;
  - c) Verbal commands;
  - d) Empty hand control measures; and/or
  - e) Alternative measures.
3. Staff must take into consideration the totality of the circumstances, to include the following, before the use of restrictive procedures:
  - a) History of the resident(s) involved;
  - b) Resident actions;
  - c) Level of risk;
  - d) Safety;
  - e) Limiting factors (e.g., confined physical space or other environmental factors); and
  - f) Availability of options.

Firearms are not permitted in the facility, except in emergency situations.

4. The warden/designee may authorize use of a law enforcement or DOC canine unit to assist in the apprehension of escapees or in maintaining order at the facility during unrest.
5. Use of restrictive procedures must:
  - a) Provide an immediate intervention in an emergency;
  - b) Be the least intrusive intervention that effectively reacts to the emergency;
  - c) End when the threat of harm ends; and
  - d) Be used only as permitted in the resident's individual treatment plan.

6. Compliant residents are placed in handcuffs when escorted to the security unit on DRT. Compliant residents may be placed in handcuffs and leg irons when being transported off grounds based on the nature of the activity and the resident's history. Use in this manner is part of a standard safety and security protocol and is not reported as a children's residential facility (CRF) restrictive procedure.
7. Staff must:
  - a) Manage situations through relationship building, de-escalation, re-direction and physical presence, and verbal directives before resorting to restrictive procedures;
  - b) Analyze the circumstances to identify the least restrictive measure to prevent injuries, damages, and security breaches;
  - c) Treat residents humanely and respectfully during the use of restrictive procedures; and
  - d) Only use techniques and equipment authorized and instructed by the DOC per the restrictive procedures plan.
8. Residents injured in an incident must receive immediate examination and treatment.
  - a) Nursing staff provide examination and treatment when on-grounds.
  - b) When nursing staff are not on-grounds, staff trained in first aid procedures:
    - (1) Assess injuries; and
    - (2) Treat minor injuries using a first aid kit.
  - c) If the injury requires care in a clinical setting, the on-call physician is contacted per the facility's emergency plan.

### C. Training

1. Staff authorized to use restrictive procedures receive:
  - a) Pre-service training and refresher training once per year on the following:
    - (1) Effective use of authority;
    - (2) Recognizing signs of aggression and escalation;
    - (3) Cognitive behavioral program concepts;
    - (4) Current issues in juvenile programming;
    - (5) Adolescent brain development;
    - (6) De-escalation techniques;
    - (7) Psychological impact of holding and seclusion;
    - (8) Crisis intervention team (CIT) training.
    - (9) Incident command system (ICS);
    - (10) Self-Defense and Control Tactics;  
Self-defense includes classroom training on:
      - (a) Policy, laws, and definition review;
      - (b) Situational awareness;
      - (c) Non-Violent Postures™;
      - (d) Readiness and posturing stance;
      - (e) Physical tactics;
      - (f) Tactical positioning and creating distance;
      - (g) Survival stress and psychology of a confrontation;
      - (g) Cycle of human behavior;
      - (h) Pre-contact cues;
      - (i) Emotional climate; and
      - (j) Grounded theory and skills.

- b) Pre-service training and quarterly refresher training on emergency procedures.
- 2. In addition, security staff receive pre-service and refresher training at least every other year on the following:
  - a) Use of chemical irritant and related security equipment;
  - b) Use of mechanical restraints;
  - c) Use of the capture shield;
  - d) Use of the restraint chair;
  - e) Recognizing and responding to distress and positional asphyxia; and
  - f) Evaluating circulatory and respiratory indicators.
- 3. Staff must not use restrictive procedures until all required training is satisfactorily completed.
- 4. All staff training must be documented in the electronic agency training system.

D. Restrictive procedures modifications

- 1. During the assessment process, residents are assessed by case management, nursing, and behavioral health staff to determine if any physical, psychological, or historical factors exist that require modifications.
- 2. If modifications are necessary:
  - a) It is noted in the resident's individual treatment plan; and
  - b) Specific information is:
    - (1) Shared with staff during treatment team, department, and supervisory meetings; and
    - (2) Posted in the watch center.
- 3. Staff must follow restrictive procedures modifications.

E. Authorization and notification

- 1. Approval to use mechanical restraints, excluding the restraint chair, on a compliant resident as part of routine safety and security protocol is gained in advance from the watch commander.
  - a) Routine use includes:
    - (1) Transporting a resident to DRT;
    - (2) Removing a resident who poses an imminent threat from the resident's DRT assigned room and transporting the resident to a recreational area or visiting room; and
    - (3) Transporting a resident off-grounds.
  - b) Staff complete an incident report to document the use and approval including the name and title of the person that approved the use.
- 2. Approval to use Children's Residential Facility (CRF) restrictive procedures is gained in advance and documented on the Restrictive Procedures Review form (attached).
  - a) The officer of the day (OD) approves:
    - (1) Physical escort;
    - (2) Physical holding;
    - (3) Capture shield;
    - (4) Mechanical restraints;

- (5) DRT;
  - (6) Restraint chair;
  - (7) The WRAP; and
  - (8) Chemical irritant. Chemical irritant is not categorized as a restrictive procedure, but is part of the continuum of safety for residents and staff. The approval process and documentation for the use of chemical irritant is above and beyond what Minnesota Rules, Chapter 2960 requires.
- b) Behavioral health staff or the on-call provider approves seclusion. The OD is subsequently notified.
3. In spontaneous situations when delay would result in imminent danger of bodily harm, death, or jeopardizing the safety of residents or staff:
- a) Staff may use restrictive procedures without prior authorization only if no staff are available to do the notification. In these cases, the watch commander must be contacted immediately after use; and
  - b) The watch commander may authorize use of restrictive procedures on behalf of the OD. In these cases, the watch commander receives subsequent approval from the OD within 30 minutes of initiating the use.
4. If the duration of any restrictive procedure use nears two hours, the watch commander contacts the OD to discuss the situation and receive approval for continued use.

F. Authorized restrictive procedures

- 1. Physical escort
  - a) Staff use physical escort:
    - (1) As a behavior management technique that is minimally intrusive to the resident;
    - (2) To control a resident who is being escorted to a place where the resident will be safe; and
    - (3) To help de-escalate interactions between the resident and others.
  - b) When conducting a physical escort, staff must only use techniques taught in training.
  - c) Facility staff who use physical escort must document use of physical escort in an incident report by noting:
    - (1) Technique used;
    - (2) Time of day;
    - (3) Name of staff involved; and
    - (4) Name of resident(s) involved.
- 2. Physical holding and seclusion
  - a) Physical holding and seclusion are behavior management techniques used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined ineffective.
  - b) Facilities that use physical holding or seclusion must also:
    - (1) Provide constant and direct staff supervision of the resident during the use;
    - (2) Use it under the supervision of a mental health professional or the program director/designee; and
    - (3) Assess the resident to determine if the resident can be safely returned to ongoing activities at the facility.
  - c) When using a physical hold, staff:

- (1) Must only use techniques taught in training;
  - (2) Uses the least intrusive technique(s) to effectively react to the situation;
  - (3) Must not place any part of their body into the back, chest, or spine of a resident;
  - (4) Must roll the resident on the resident's side to facilitate breathing while waiting for transport, if it is safe to do so; and
  - (5) Must immediately cease physical holding upon any sign of physical distress or positional asphyxia.
- d) The room used for seclusion must have the following characteristics:
- (1) Well-lighted and ventilated;
  - (2) Clean;
  - (3) An observation window that allows staff to directly monitor the resident;
  - (4) Tamperproof fixtures, with electrical switches located immediately outside the door;
  - (5) Doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and
  - (6) Free of objects that the resident may use to injure self or others.
3. Capture shield
- a) The capture shield is used when staff need to safely subdue and block the movement of a resident so other holding and/or mechanical restraint procedures can be applied when less restrictive measures are ineffective.
  - b) The shield may also be used as a protective device against thrown objects or handheld weapons.
4. Mechanical restraints
- a) Mechanical restraints are a behavior management device used only when transporting a resident or in an emergency as a response to imminent danger to a resident or others and when less restrictive interventions are determined ineffective.
  - b) For a resident who uses sign language to communicate, staff must only place mechanical hand restraints on the front of the resident to allow for proper communication.
  - c) The following mechanical restraints may be used:
    - (1) Anti-kick strap – a mechanical leg restraint used to limit the potential for a resident to kick during transport to the security unit.
    - (2) Mechanical wrist restraints.
    - (3) Mechanical leg restraints.
    - (4) Restraint chair – a restraint device which places a resident in the seated position. It is intended to help control a combative, self-injurious, and violent resident by securing the resident's legs, waist, and shoulders.
    - (5) Tether strap – a strap attached to mechanical wrist restraints, which allows for safe removal through a book pass.
    - (6) Transport box – a box which secures mechanical wrist restraints to ensure the integrity of the key holes.
    - (7) The WRAP – a safe restraint system used when a resident refuses to walk. It is designed to protect residents and staff by reducing the possibility of injury during transport to the security unit.
    - (8) Waist chain – a chain which is placed around the waist of a resident and secured to the transport box during a secure transport off facility grounds. This restricts the ability to move the arms beyond the nose area.

- d) Facilities that use mechanical restraints must also:
    - (1) Use mechanical restraints under the supervision of the administrative review team via the resident's individual treatment plan;
    - (2) Provide constant and direct staff observation during the use of mechanical restraints; and
    - (3) Assess the resident to determine if the resident can be safely returned to ongoing activities at the facility.
  - e) Staff:
    - (1) Use the type of mechanical restraint device that will effectively react to the situation;
    - (2) Double lock hand and ankle cuffs so they cannot tighten any further and restrict circulation;
    - (3) Check tightness of restraints and conduct circulation checks upon application and any time the device is adjusted;
    - (4) Complete circulation checks every 15 minutes and document them on the Restrictive Procedure Observation Log (attached); and
    - (5) Must remove restraints upon any sign of physical distress or circulatory problem.
  - f) Mechanical restraints, including the restraint chair and the WRAP, may be used as a safety measure to transport a resident to a secure area.
5. Spit hood
- a) Spit hoods are used to protect staff from exposure to infectious diseases transported through saliva or blood via spitting.
  - b) Spit hoods are placed on residents who:
    - (1) Spit on or threaten to spit on staff;
    - (2) Purposely collect saliva in their mouth; and
    - (3) Have a history of spitting on or attempting to spit on staff.
6. The WRAP
- a) The WRAP is to be used for a resident who refuses to walk while being transported to the security unit for disciplinary room time.
  - b) Security staff must:
    - (1) Check for proper circulation, breathing, and other indicators of well-being as soon as the resident is secured in the WRAP.
    - (2) Carry the resident to the patrol vehicle or security unit using the proper transport handles located on the WRAP.
    - (3) Must remove the WRAP when the resident has been successfully transported to the security unit and is compliant with intake procedures.
  - c) The WRAP is NOT used for prolonged restraint. If the resident continues to present an imminent threat after 30 minutes, security staff must place the resident in the restraint chair and remove the WRAP.
7. Restraint chair
- a) The restraint chair is used when a resident's behavior may imminently cause bodily harm to self or others and when less restrictive measures are ineffective.
  - b) Security staff:
    - (1) Check for proper circulation, breathing, and other indicators of well-being and document them on Restrictive Procedure Observation Log:
      - (a) Immediately after placing a resident in the restraint chair;



- (b) Every 15 minutes thereafter; and
    - (c) Whenever chair restraints are adjusted; and
  - (2) Must immediately discontinue use of the restraint chair if the resident appears to be in physical distress and contact:
    - (a) Nursing staff during business hours for further advice or medical direction; or
    - (b) The on-call physician when nursing staff are not on-grounds for further advice or medical direction.
- c) The watch commander immediately contacts:
  - (1) Nursing staff to assess the resident's physical state; and
  - (2) Behavioral health staff to assess the resident's emotional state.
- d) If nursing and behavioral health staff are on-grounds they:
  - (1) Assess the resident's medical and mental health condition; and
  - (2) Advise whether, on the basis of serious danger to self or others, the resident should be transferred to an off-site medical/mental health facility for emergency involuntary treatment.
- e) If nursing or behavioral health staff are not on-grounds, the watch commander contacts the on-call medical and mental health providers.
  - (1) The watch commander consults with the on-call providers to determine if an immediate assessment of the resident is indicated.
  - (2) If an emergency assessment is indicated, the resident is transported to the nearest medical/mental health unit for an assessment.
  - (3) If an emergency assessment is not indicated, the resident is assessed by nursing and behavioral health staff immediately on the following business day.
- f) In exceptional circumstances when a resident is an imminent threat to self or others and must remain in the restraint chair for longer than two hours, a review process is conducted.
  - (1) The watch commander must receive permission from the OD to continue use of the restraint chair;
  - (2) Nursing and behavioral health staff must be consulted if they are on-grounds;
  - (3) The on-call provider(s) must be consulted if health and behavioral health staff are not on-grounds; and
  - (4) Staff must document the reasons and approval for continued use of the restraint chair in an incident report.

8. Chemical irritant

- a) Chemical irritant is used to stop an assault or when it is a safer, more humane way to subdue a resident who is a danger to self or others, and less restrictive interventions were ineffective.
- b) The use of chemical irritants is permitted only in secure facilities with correctional program services.
- c) Chemical irritants must not be used except to:
  - (1) Prevent a resident from causing bodily, substantial bodily, or great bodily harm to self or others, including self-injurious behaviors; or
  - (2) Prevent damage to a substantial amount of property.
- d) Post-exposure treatment must occur immediately after all uses of chemical irritant. Staff must remove the resident from the affected area to an area with fresh air and

allow the resident to wash the resident's face, eyes, or other exposed skin areas with sufficient amounts of water or a product designed to counter the effects.

- e) Documentation must include:
  - (1) A description of what behavior on the part of the resident resulted in the use of chemical irritants;
  - (2) What alternative methods were considered along with a description of those methods;
  - (3) Exactly what the decision to use chemical irritants was based on; and
  - (4) Any other relevant factors.
- f) Facility personnel authorized to use chemical irritants must have documented annual training, verified in the approved electronic training management system, in the use of chemical irritants and post-exposure treatment procedures.
- g) A documented supervisory review must be conducted after an incident that resulted in the use of chemical irritants.
- h) Prior to deploying chemical irritant, staff:
  - (1) May remove bystanders from the area of potential exposure;
  - (2) Must order the resident to cease the behavior and warn that failure to do so will result in the use of chemical irritant; and
  - (3) May wear a protective mask if time permits.
- i) After using irritant, staff:
  - (1) Must wait until the resident shows effects of the irritant before approaching the resident;
  - (2) Must repeat brief, firm, and specific direct orders to the resident regarding what is expected for compliance;
  - (3) May wear protective masks to avoid effects of the irritant; and,
- j) Upon gaining compliance, staff:
  - (1) Place the resident in mechanical restraints and move the resident to an unaffected area;
  - (2) Advise the resident not to rub the resident's eyes or contaminated skin areas so as not to aggravate or prolong the effects of the irritant;
  - (3) Help the resident flush the resident's eyes and facial skin with cool water for a minimum of five minutes or until the resident notifies staff the resident has recovered;
  - (4) Must offer the resident a shower if the resident is cooperative and has clearly ceased unsafe or dangerous behaviors; and
  - (5) Issue the resident clean clothing, place the resident in an unaffected room, and provide constant direct observation until the resident's vision and respiratory functions have returned to normal.
- k) All persons contaminated in an incident involving the use of a chemical agent must receive an immediate medical examination and treatment.
  - (1) Nursing staff provide examination and treatment when on-grounds.
  - (2) When nursing staff are not on-grounds staff trained in first aid procedures provide a post-exposure assessment.
  - (3) If a post-exposure response requires a resident to receive care in a clinical setting, the on-call physician is contacted per the facility's emergency plan.
- l) Only foam or gel chemical irritant may be applied if needed during an off grounds special duty such as a medical appointment or hospital stay.
- m) Chemical agents and equipment related to its use are inventoried at least monthly to determine their condition and expiration dates.

9. Disciplinary room time (DRT)
  - a) DRT is part of the restrictive procedures continuum. It may be used as a short-term consequence in response to behavior that threatens the safety and security of the facility and its inhabitants when other less intrusive measures have failed.
  - b) Staff must follow procedures included in MCF – RW Operating Guideline 303.010RW, “Discipline Plan and Rules of Conduct,” when using DRT.

G. Oversight and documentation

1. Security staff must remain in direct observation of the resident during the use of restrictive procedures, except DRT which requires 15-minute physical well-being checks.
2. The watch commander and/or program supervisor responds and provides on-site supervision when possible. The officer in charge (OIC) or incident commander provides overall supervision of the incident in the absence of the watch commander.
3. Staff use video equipment to document all uses of restrictive procedures unless it is unsafe to do so. Recordings are secured in accordance with Policy 301.035 “Evidence Management.”
4. All staff involved in the use of restrictive procedures must submit incident reports prior to the end of their shifts. The narrative of the report includes:
  - a) Time of day, date, etc;
  - b) Names of all residents and staff involved;
  - c) Detailed description of the incident or situation which led to the use;
  - d) Explanation of why the procedure chosen was needed to prevent an immediate threat to the physical safety of the resident or others;
  - e) Why less restrictive measures failed or were found to be inappropriate;
  - f) Type of restrictive procedure(s) used (device, technique, etc.);
  - g) Names of staff who used each restrictive procedure;
  - h) Confirmation that mechanical restraints were double locked and circulatory checks completed;
  - i) Injuries sustained and actions taken in response; and
  - j) Continual direct staff observation during use.
5. If a restrictive procedure (excluding DRT and seclusion) lasts more than 15 minutes, the following must be documented in 15-minute intervals on the Restrictive Procedure Observation Log:
  - a) The resident’s behavior changes;
  - b) Results of circulatory and breathing checks; and
  - c) Justification to continue use of the procedure.
6. Master control staff note the time each procedure began and ended on the Initial Field Level Briefing (IFLB).
7. The watch commander:
  - a) Collects, reviews, and approves all associated incident reports, IFLB, and logs;
  - b) Completes an incident report including actions taken, notifications made and approvals received; and
  - c) Prepares a Restrictive Procedures Review form, attaches all related incident reports, and routes it to the captain/designee.

8. The facility must maintain a written record of routine and emergency distribution of restraint equipment.

#### H. Administrative review

1. An administrative review is completed, within three working days after the use of restrictive procedures, by someone other than the person who decided to impose the restrictive procedure or that person's immediate supervisor.
2. The administrative review begins with the captain/designee. During the review:
  - a) The resident or the resident's representative must have an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted;
  - b) Recorded videos and photographs are viewed; and
  - c) The Restrictive Procedures Review form is completed to document whether the:
    - (1) Required documentation was recorded;
    - (2) Restrictive procedure was used in accordance with the treatment plan;
    - (3) Rule standards governing the use of restrictive procedures were met; and
    - (4) Staff who implemented the restrictive procedure were properly trained.
3. The associate warden of operations (AWO)/designee conducts an executive review following the administrative review and provides any feedback on the Restrictive Procedures Review form (attached).
4. The warden/designee conducts a review of uses of the restraint chair and chemical irritant.
5. At the conclusion of the review process, the packet is routed to the CRF coordinator for data collection, reporting, and analysis. All incident reports and applicable completed forms from the use of restrictive procedures must be retained at the facility of the event.

#### I. Review of patterns

The administrative team must conduct a review of patterns at least quarterly to consider:

1. Any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of restrictive procedures;
2. Any injuries resulting from the use of restrictive procedures;
3. Actions needed to correct deficiencies in the program's implementation of restrictive procedures;
4. An assessment of opportunities missed to avoid the use of restrictive procedures; and
5. Proposed actions to be taken to minimize the use of physical holding and seclusion.

#### **INTERNAL CONTROLS:**

- A. All training records are retained in the agency electronic training management system.
- B. All incident reports and applicable completed forms generated from a use of restrictive procedures are retained at the facility of the event.

C. Written records of routine and emergency distribution of restraint equipment are retained at the facility.

**ACA STANDARDS:** 4-JCF-2A-15, 4-JCF-2A-17, 4-JCF-2A-18, 4-JCF-2A-27, 4-JCF-2A-28, 4-JCF-2A-29; 4-JCF-3C-03; 4-JCF-4C-47

**REFERENCES:** [Policy 301.020, "Escape"](#)  
[Policy 301.140, "Incident Command System"](#)  
[Policy 103.090, "Critical Incident Stress Management"](#)  
[Division Directive 301.086, "Secured Units – Juvenile Facilities"](#)  
Minn. Stat. §§ [241.01](#), [609.02](#), and [609.105](#)  
Minn. Rules, [Chapter 2960](#), including [2960.0010](#), [2960.0020](#), [2960.0360](#), and [2960.0710](#)  
[Policy 103.410 "In-Service Training"](#)  
[Policy 103.420, "Pre-Service and Orientation Training"](#)  
[Policy 203.250, "Modifications for Offenders/Residents with Disabilities"](#)  
[Policy 500.300 "Mental Health Observation"](#)  
[Policy 500.300RW "Observation and Vocational Restriction"](#)  
[Policy 105.115, "Respiratory Protection Program"](#)  
Instruction 203.011-2RW, "Treatment Planning and Reports"  
[Policy 301.140, "Incident Command System"](#)  
[Policy 301.035, "Evidence Management"](#)  
MCF – RW Operating Guideline 303.010RW, "Discipline Plan and Rules of Conduct"

**REPLACES:** Policy 301.079, "Juvenile Restrictive Procedures," 11/19/18.  
All policies, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** [Restrictive Procedures Review \(301.079A\)](#)  
[Restrictive Procedure Observation Log \(301.079B\)](#)

**APPROVALS:**

Deputy Commissioner, Community Services

Deputy Commissioner, Facility Services

Assistant Commissioner, Operations Support

Assistant Commissioner, Criminal Justice Policy, Research, and Performance