
Policy Number: 301.081
Title: Response to Resistance, Restraint Systems, and Escape
Effective Date: ~~11/22/21~~09/24/24

PURPOSE: To provide guidelines for corrections staff on the response to resistance, use of force and restraints, and preventing escape.

APPLICABILITY: All adult facilities

DEFINITIONS:

Bodily harm – physical pain or injury, illness, or any impairment of physical condition.

Canine unit (K-9 unit) – a trained dog and handler (see Policy 301.120, “Canine Units”).

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

Choke hold – a method by which a person applies sufficient pressure to another to make breathing difficult or impossible, including such examples as applying any pressure to the neck, throat, or windpipe that may prevent or hinder breathing or reduce intake of air, or applying pressure to a person’s neck on either side of the windpipe, but not to the windpipe itself, to stop the flow of blood to the brain through the carotid artery.

Conducted Energy Weapon (CEW) – an Axon Taser system used by designated and trained users for voluntary compliance or neuro muscular incapacitation (NMI) with the intended result of restraining an individual. See Policy 301.066, “Conducted Energy Weapon.”

Continuing observation – ~~minimally involves~~ placing an incarcerated person in an observable cell or room with staff visually observing (either physically or electronically) the incarcerated person on a regular and frequent basis.

Deadly force – force which the actor uses with the purpose of causing, or which the actor should reasonably know creates a substantial risk of causing, death or great bodily harm.

Empty hand control measure (EHCM) – use of force that employs pressure, stun, or strike technique directed at soft tissue, nerves, and muscles to minimize injury to a person physically resisting control measures.

Escape – leaving the confines of a secure correctional facility or the custody of correctional supervision without authorization.

Firearm – instrument of deadly force when loaded with standard issued lethal ammunition (for example, shotguns, handguns, and rifles).

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

Handgun (secondary) weapon – Smith and Wesson M&P™ 9mm pistol.

Incident Command System (ICS) – a component of the National Incident Management System (NIMS). DOC staff use this system along with mutual aid agreements (see Policy 300.036, "Emergency Assistance Non-State Systems") in the management of incidents that occur outside normal operations. (See also Policy 301.140, "Incident Command System.")

Less lethal devices – munitions and other devices designed to apply a less lethal amount of force. This includes such examples as FN303, 37mm, and 40mm launchers and less-lethal shotguns. Less lethal shotguns must be appropriately labeled and identified with an orange butt stock.

Manual restraint – physical intervention intended to hold a person immobile or limit their voluntary movement by using body contact as the only source of physical restraint.

Mechanical restraint – device used to physically restrain an individual, including handcuffs, leg restraints, and waist chains.

Multidisciplinary team – a team of on-site or on-call staff made up of the following: behavioral health staff person, the medical director, a registered nurse (RN), a security representative, and the officer of the day (OD).

Neglect – the knowing failure or omission to supply an incarcerated person with care or services (for example, food, clothing, healthcare, or supervision) necessary to maintain their physical health, mental health, or safety. The absence, or likely absence, of such care or services also constitutes neglect.

Off-grounds – property not controlled or under the authority of the correctional facility.

Office of Professional Accountability (OPA) – an office that conducts non-criminal investigations into misconduct.

Office of Special Investigations (OSI) – an office that conducts criminal investigations into misconduct, and which is the primary point-of-contact to outside law enforcement agencies.

Officer of the day (OD) – staff person designated by the warden/superintendent to assist, advise, and direct the facility watch commanders.

Pinion restraint – total body restraint such as the restraint board, restraint chair, or the WRAP.

Prone restraint – the use of manual restraint that places a person in a facedown position. Prone manual restraint does not include brief physical holding of a person in a prone position, including for the purpose of applying mechanical restraints, if the person is restored to a standing, sitting, or side-lying position as quickly as possible.

Reasonable force – no reasonably effective alternative appears to exist and the response to resistance used is reasonable to effect the lawful purpose intended.

Response to resistance – the skillful use of tactics and techniques identified and approved by the DOC, intended to resolve a situation with the least amount of force that is reasonable under the totality of circumstances.

Riot control chemical agent – device that delivers irritant over a broad area. This device delivers 25 grams or more of active agent and is normally used to handle large-scale problems in open areas.

Riot control measures – properly trained and authorized staff, tactics, and equipment designed specifically for riot control, including such examples as batons, chemical agents, and less lethal munitions and delivery systems.

Shield – clear polycarbonate shield used in cell extractions, riot control, and other situations as approved by the watch commander.

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

Totality of the circumstances – all facts and circumstances known to the correctional officer at the time, taken as a whole, including the conduct of the correctional officer and the incarcerated person(s) or subject leading up to the response to resistance.

Walkaway – to leave the confines of a level one or level two facility without authorization, or a juvenile leaving a placement facility without authorization.

The WRAP – a restraint system, used to restrain an incarcerated person in an upright and seated position to maximize respiratory recovery and to escort an incarcerated person when they refused to walk on their own accord, and designed to protect incarcerated persons and staff by reducing the possibility of injury and death.

PROCEDURES:

A. Response to resistance

1. Resistance by incarcerated people in correctional facilities is dynamic and can be displayed by a variety of activities and behaviors. The goal in responding to resistance is to employ verbal de-escalation techniques, and to use any physical tactics only as necessary to maintain a safe and secure environment for everyone. Responding to resistance is not primarily about force and is not to be used as discipline/punishment.
2. Staff must only use the least amount of force reasonable to control/resolve the situation and must be able to articulate why the amount of force used was appropriate given the circumstances, documenting de-escalation efforts, less-restrictive uses of force attempted, and why the force used was reasonable on the incident report and the Resistance Use of Force, Pinion Restraint, Canine Bite and Chemical Irritant Review form (attached).
3. Staff must make every reasonable effort to de-escalate a potential use-of-force situation by acting, including communicating verbally or non-verbally, in an attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation.

4. Staff are authorized to respond to resistance and/or use restraints to protect persons or property, prevent escape, restore order, maintain custody and control, and enforce rules.
5. The DOC does not tolerate the use of force without justification, or the use of force with proper justification but in excessive amounts.
6. The DOC does not allow the use of force or restraints as a means of punishment.
7. The incident command system (ICS) must be activated anytime an incident occurs when there is a response to resistance or restraints are used (other than routine handcuffing). When staff anticipate that resistance might need a forceful response or pinion restraints, they must activate the handheld video camera and record the forceful response or pinion restraint of the incarcerated person. (See also section A.16., below.)
8. A supervisor must be present to serve as an observer whenever a response to resistance is reasonably anticipated. Prior notification for observation purposes may not always be possible in spontaneous incidents.
9. Deadly force is justified only if an objectively reasonable correctional officer would believe, based on the totality of circumstances known to the officer at the time and without the benefit of hindsight, that such force is necessary to:
 - a) Protect the officer or another from death or great bodily harm, or
 - b) Effect the capture or prevent the escape of an incarcerated person, but only when the officer reasonably believes that the person will cause death or great bodily harm to another person if they are not immediately apprehended.
 - c) In either of these cases, deadly force can be used only if the threat of death or great bodily harm:
 - (1) can be articulated with specificity ~~by the correctional officer~~;
 - (2) is reasonably likely to occur absent action by the correctional officer; and
 - (3) must be addressed through the use of deadly force without unreasonable delay.
10. Regardless of tenure or rank, a correctional officer or other trained security staff must intercede when observing another staff person using force in violation of this policy, or otherwise beyond that which is objectively reasonable under the circumstances.
11. Regardless of tenure or rank, a staff person who observes another staff person engage in neglect or use force that exceeds the degree of force permitted by law must report the incident in writing as soon as practicable and no later than 24 hours to their appointing authority, the director of the office of special investigations (OSI), and the office of professional accountability (OPA). For the purposes of this provision, there is no chain of command reporting limitation.
12. Unless the use of deadly force is justified, staff must not use any of the following restraints:
 - (a) Choke holds;

- (b) Tying all of an incarcerated person's limbs together behind their back to render them immobile;
 - (c) Securing an incarcerated person in a way that results in transporting them face down in a vehicle, except as directed by a medical professional; or
 - (d) Prone restraint. Such restraint does not include brief physical holding of a person in a prone position, including for the purpose of applying mechanical restraints, if the person is restored to a standing, sitting, or side-lying position as quickly as possible.
13. Staff must only use the response to resistance tactics and techniques that have been taught by authorized DOC instructors as approved by the DOC.
 14. Staff must only use the equipment they are authorized to use as approved by the DOC's central procurement process and purchasing authorization, including the standardized equipment DOC-issued with their uniforms.
 15. Staff may employ whatever reasonable means are immediately available when it is believed necessary to prevent great bodily harm or death to self or others notwithstanding procedures A.13 and A.14, above.
 16. Staff must activate the handheld video camera system whenever a cell extraction or pinion restraint is reasonably anticipated.
 17. Staff must document all responses to resistance involving force, including resistance to handcuffing, application of any trained or untrained use of force technique, staff-assisted unclothed body searches, pinion restraints, resistance after pinion restraint application, removal from pinion restraints, canine bites, or use of chemical irritant, in the incident report. Staff must document any de-escalation efforts or use of less restrictive responses that did not work and why the force used was reasonable to control/resolve the situation.
 18. Incarcerated persons known to be pregnant, persons in labor, or individuals who have given birth within the preceding three ~~days~~months, must not be restrained, including for transport or hospitalization, unless an individualized determination has been made that restraints are reasonably necessary for the legitimate safety and security needs of the incarcerated person, correctional staff, other incarcerated ~~people~~individuals, or the public. If restraints are determined to be necessary, the restraints must be the least restrictive available and the most reasonable under the circumstances. If the incarcerated person is receiving health services or hospitalized, the treating medical care provider must be informed of their ability to object to the restraints and to request their removal~~the restraints when while~~ treating the incarcerated person. ~~All uses of restraints on pregnant incarcerated people or individuals who have given birth within the preceding three days must be documented on the incident report and the Resistance Use of Force, Pinion Restraint, Canine Bite, and Chemical Irritant Review form.~~

ab) If it is determined that restraints are reasonably necessary for Restraints must not be used on a person who is in labor or who has given birth within the preceding three days according to the above requirements, restraints still must not be used unless all of the following apply:

- (1) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the incarcerated person, the staff of the correctional or medical facility, other incarcerated persons, or the public;
 - (2) The DOC security staff person has made an individualized determination that restraints are necessary to prevent escape or injury;
 - (3) There is no objection from the treating medical care provider, and they have been informed ~~they can object to the restraints and may request of their ability to their removal while the person is being treated~~ of their ability to remove the restraints; and
 - (4) The restraints used are the least restrictive type and are used in the least restrictive manner.
- a) ~~When pregnant incarcerated persons known to be pregnant or individuals who have given birth within the preceding three days must be transported or hospitalized, restraints must not be used unless determined to be necessary according to the above requirements and the least restrictive available are used.~~
- (1b) Waist chains or other devices that cross or otherwise touch the person's abdomen or handcuffs or other devices that cross or otherwise touch the person's wrists when affixed behind their back must not be used for pregnant persons, persons in labor, or persons who have given birth in the preceding three days.
- (2c) Wrist restraints, if used, ~~must~~should be applied in such a way that the pregnant person, person in labor, or person who has given birth in the preceding three days may be able to protect themselves and their fetus in the event of a forward fall.
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- b) ~~Restraints must not be used on a person who is in labor or who has given birth within the preceding three days unless all of the following apply:~~
- (1) ~~There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the incarcerated person, the staff of the correctional or medical facility, other incarcerated persons, or the public;~~
 - (2) ~~The DOC security staff person has made an individualized determination that restraints are necessary to prevent escape or injury;~~
 - (3) ~~There is no objection from the treating medical care provider, and they have been informed of their ability to remove the restraints; and~~
 - (4) ~~The restraints used are the least restrictive type and are used in the least restrictive manner.~~
- d) When a pregnant incarcerated person is restrained, security staff must consult with available health services staff on the continued use of restrains.
- e) The facility warden must ensure all staff working in the correctional facility who come into contact with pregnant people are trained in this policy annually.
- f) All uses of restraints on pregnant incarcerated people or individuals who have given birth within the preceding three days must be documented on the incident report and the Resistance Use of Force, Pinion Restraint, Canine Bite, and Chemical Irritant Review form.

B. Types of response and restraints used

1. Manual restraint

- a) Manual restraint is physical intervention intended to hold an incarcerated person immobile or to limit their voluntary movement by using body contact as the only source of physical restraint.
- b) Prone restraint is prohibited unless the use of deadly force is justified by section A of this policy. Prone Manual restraint does not include the brief physical holding of a person in a prone position for the purpose of applying mechanical restraint, which is allowed only if the person is restored to a standing, sitting, or side-lying position as quickly as possible.

2. Mechanical restraints

- a) Authorization or notification is not required for the routine, non-resistant use of mechanical restraints such as handcuffs, waist chains, leg irons, black box, safety straps, spit masks, etc.
- b) Mechanical restraints are used on a selective basis to ensure control in moving incarcerated persons from one place to another inside the facility, or to transport incarcerated persons outside the facility.
- c) ~~For~~ When a non-routine mechanical restraint is used on an incarcerated person who uses sign language to communicate, staff may place mechanical hand restraints on the back of the incarcerated person as security needs require and must remove them as soon as possible to allow for proper communication. When mechanical restraints are being used during routine, non-resistant situations, staff must only place mechanical hand restraints on the front of the incarcerated person to allow for proper communication (see attached link to Sign Language Protocol, 203.250C); unless it would be a security risk to do so.
- d) Mechanical restraints must not be used:
 - (1) Longer than necessary;
 - (2) As punishment;
 - (3) Around the neck;
 - (4) To cause undue discomfort;
 - (5) To inflict physical pain; or
 - (6) To restrict blood circulation or breathing.
- e) If the mechanism contains a safety lock, mechanical restraints must be safely locked once it is possible for the officer to do so.
- f) It is the responsibility of all officers to ensure that, once an incarcerated person is placed in restraints, visual and physical control of the incarcerated person is maintained at all times.
- g) First aid must be provided whenever any force use beyond the placement of non-routine restraints is necessary to gain compliance~~are used~~. If necessary, the incarcerated person must be issued clean clothing.

3. Pinion restraints

- a) Restraint procedures must be in accordance with guidelines endorsed by the designated health authority (see attached "Health Authority Restraint Guidelines").

- ~~b) In the event that the incarcerated person is continued in restraints past the recommended time limits:~~
- ~~(1) Staff must loosen the restraints sufficiently to allow the incarcerated person, under direct staff supervision, to move and stretch to ensure adequate circulation.~~
 - ~~(2) Nursing and mental health staff must assess the incarcerated person at the time of placement and, if available, every two hours. If nursing or mental health staff are not on duty, a supervisor must notify and consult with the on-call nurse manager on the pinion restraint placement.~~
 - ~~(3) If an incarcerated person must remain in pinion restraints longer than two hours, a multidisciplinary team must be convened in person during regular business hours, or convened by phone conference during non-business hours. The team discussion/decision must be documented on the current Restraint Documentation form (attached) and summarized in an incident report by the watch commander.~~
 - ~~(a) During regular business hours, the multidisciplinary team is:~~
 - ~~i. On-site behavioral health staff;~~
 - ~~ii. On-site medical director;~~
 - ~~iii. On-site RN; and~~
 - ~~iv. On-site security representative.~~
 - ~~(b) During non-business hours, the multidisciplinary team is:~~
 - ~~i. On-call behavioral health already designated;~~
 - ~~ii. Nursing staff on-site, or on-call nurse manager; and~~
 - ~~iii. Watch commander.~~

- ~~be) Incarcerated persons who are jeopardizing facility security, demonstrating assaultive behavior, destroying property, or engaging in self-injurious behavior may be placed in pinion restraints to ensure facility security or the safety of self or others when less forceful means have failed.~~
- (1) All less-restrictive interventions utilized must be documented on the Restraint Documentation Form (attached) and in incident reports, including the use of crisis intervention tactics.
 - (2) Sufficient staff trained in pinion restraint use must be present to maintain control when pinion restraints are used.
 - (3) A supervisor or watch commander must give prior authorization on a case-by-case basis to use pinion restraints, such as the restraint chair, restraint board, or the WRAP.
 - (a) The restraint chair and the WRAP are the primary methods of pinion restraint.
 - (b) However, when those devices are already in use on other incarcerated persons, alternate methods of pinion restraint may be used until a chair or the WRAP is available.
 - (c) The WRAP may also be used for an incarcerated person who refuses to walk during escort, becomes passively or actively resistant, becomes assaultive, or demonstrates self-injurious behavior.
 - (d) The WRAP may be used for transportation outside of the secure perimeter for DOC facility-to-facility transfers. This must be approved by the watch commander.

- (4) The following procedures must occur at least once every 15 minutes, and the incarcerated person must be informed of this process:
- (a) Staff must ask the incarcerated person if they need to use the toilet and, if the person indicates need, must permit the person to do so in a manner that maintains the safety of the staff and the incarcerated person;
 - (b) Staff must ask the incarcerated person to refrain from further destructive, assaultive, or injurious acts; and
 - (c) Specially-trained staff must check the restraints and circulation.
- c) If pinion restraint is necessary prior to obtaining approval from a supervisor or watch commander and consulting with the mental health professional (or, if unavailable, the on-call provider), the incarcerated person must be on continuous observation.
- d) Immediately following an incarcerated person's placement in pinion restraints, a mental health professional (if necessary or, if unavailable, the on-call provider) must be contacted for consultation regarding the person's mental health, and to determine if continued restraint is appropriate or if alternative measures of placement are warranted. Additionally, if they have not already been notified, the watch commander, officer of the day/program director, and health authority, at a minimum, must be notified as soon as possible when pinion restraints are used.
- e) In the event that the incarcerated person is continued in restraints past the recommended time limits (two hours):
- (1) Staff must loosen the restraints sufficiently to allow the incarcerated person, under direct staff supervision, to move and stretch to ensure adequate circulation.
 - (2) The watch commander, officer of the day/program director, the director of clinical operations, and a behavioral health professional (or, if unavailable, the on-call provider(s)) Nursing and mental health staff must be contacted for consultation regarding the person's mental health and to determine if continued pinion restraint is appropriate or if alternative measures of placement are warranted. assess the incarcerated person at the time of placement and, if available, every two hours. If nursing or mental health staff are not on duty, a supervisor must notify and consult with the on-call nurse manager on the pinion restraint placement.
 - (3) If anthe incarcerated person is not transferred to a hospital or medical/mental health unit, and is restrained in pinion restraint, the following minimum procedures must be followed: must remain in pinion restraints longer than two hours, a multidisciplinary team must be convened in person during regular business hours, or convened by phone conference during non-business hours. The team discussion/decision must be documented on the current Restraint Documentation form (attached) and summarized in an incident report by the watch commander.
 - (a) During regular business hours, the multidisciplinary team is:
 - i. On-site behavioral health staff;
 - ii. On-site medical director;
 - iii. On-site RN; and
 - iv. On-site security representative.

- ~~(b) During non business hours, the multidisciplinary team is:~~
- ~~i. On-call behavioral health already designated;~~
 - ~~ii. Nursing staff on-site, or on-call nurse manager; and~~
 - ~~iii. Watch commander.~~

~~Staff must observe an incarcerated person in pinion restraints on a continuing basis.~~

- ~~(1) If an incarcerated person requires pinion restraint placement and health services staff are not available to assess the person's medical condition, the person may only be placed on the restraint chair, restraint board, or the WRAP with continuous direct observation by staff (not just video camera).~~
- ~~(2) If such continuous, direct observation is not possible, another method of restraint must be used.~~
- ~~(3) Once medical approval has been obtained, subsequent~~
 - ~~(a) Visual observation for behavior change must be made at least every 15 minutes.~~
 - ~~(b4) Staff must log the incarcerated person's condition and behavior, including any alterations to the restraint or any additional response to resistance used after the initial restraint, on the Restraint Documentation form (attached) with entries not less than every 15 minutes. Documentation must also include an incident report.~~
 - ~~(c5) Specially-trained staff must physically check and document the incarcerated person's circulation and other indicators of well-being at the time of restraint placement, any time the restraints are adjusted, and every 15~~30~~ minutes thereafter until the person is removed from the pinion restraint. These checks must be video recorded either by a fixed camera in the area of restraint or by a hand-held video camera.~~
 - ~~(d) These checks must be video recorded either by a fixed camera in the area of restraint or by a hand-held video camera.~~

- ~~f) Room temperature must be taken into consideration when an incarcerated person is pinion restrained. A way to preserve body heat during cold temperature periods or a means to cool the body during hot temperature periods must be provided.~~
- ~~e) The watch commander, OD/program director, and the health authority and/or behavior health professional, at a minimum, must be notified as soon as possible when pinion restraints are used.~~
- ~~f) Immediately following an incarcerated person's placement in pinion restraints, a mental health professional (if necessary, the on-call provider) must be contacted for consultation regarding the person's mental health, and to determine if continued restraint is appropriate or if alternative measures of placement are warranted.~~
- g) If restraint chair placement or the WRAP is medically contraindicated, the incarcerated person may be placed on a restraint board.
- h) All use of the restraint board is accomplished using supine (face-up) placement with a padded insert underneath the head and no head restraint.

- i) Alternative methods may also be used when the restraint chair and the restraint board are determined ineffective (for example, because of the size of the incarcerated person or the person's ability to defeat the restraints).
- j) If a staff-assisted unclothed body search is completed, once the incarcerated person is safely restrained in the restraint chair or on the restraint board, staff must cover, at minimum, the restrained person's private parts (genitalia and female breasts) with a towel, a blanket, shorts, or other appropriate clothing or covering. The staff-assisted unclothed body search must be documented on the incident report and the Resistance Use of Force, Pinion Restraint, Canine Bite, and Chemical Irritant Review form, with the justification for the search.
- ~~k) Staff must observe an incarcerated person in pinion restraints on a continuing basis.~~
 - ~~(1) If an incarcerated person requires pinion restraint placement and health services staff are not available to assess the person's medical condition, the person may only be placed on the restraint chair, restraint board, or the WRAP with continuous direct observation by staff (not just video camera).~~
 - ~~(2) If such continuous, direct observation is not possible, another method of restraint must be used.~~
 - ~~(3) Once medical approval has been obtained, subsequent visual observation for behavior change must be made at least every 15 minutes.~~
 - ~~(4) Staff must log the incarcerated person's condition and behavior, including any alterations to the restraint or any additional response to resistance used after the initial restraint, on the Restraint Documentation form with entries not less than every 15 minutes. Documentation must also include an incident report.~~
 - ~~(5) Specially trained staff must physically check and document the incarcerated person's circulation and other indicators of well-being at the time of restraint placement, any time the restraints are adjusted, and every 30 minutes thereafter until the person is removed from the pinion restraint. These checks must be video recorded either by a fixed camera in the area of restraint or by a hand-held video camera.~~
- ~~l) The following procedures must occur at least once every 30 minutes, and the incarcerated person must be informed of this process:
 - ~~(1) Staff must ask the incarcerated person if they need to use the toilet and, if the person indicates need, must permit the person to do so in a manner that maintains the safety of the staff and the incarcerated person;~~
 - ~~(2) Staff must ask the incarcerated person to refrain from further destructive, assaultive, or injurious acts; and~~
 - ~~(3) Staff must check the restraints and circulation.~~~~
- ~~m) An incarcerated person may not be kept in restraints longer than two hours without the approval of the multidisciplinary team.~~
- n) ~~k)~~ The restraints must be removed when it is reasonably determined by staff that the incarcerated person has calmed down and or agrees to demonstrates that they will refrain from destructive, assaultive, or self-injurious behavior. When making this assessment, staff must take into consideration an individual's limitations and be sensitive to the individual's cultural, linguistic, or disability characteristics.

~~l~~) Staff must complete the Restraint Documentation form as well as incident reports. All decisions and actions must be documented on the forms, including when the incarcerated person is removed from the restraints. Staff initials are required on every completed line.

~~m~~) First aid must be provided. If necessary, the incarcerated person must be issued clean clothing.

~~q~~) ~~Staff must refer the restrained incarcerated person to behavioral health for follow-up.~~

~~(1) If the incarcerated person was placed in pinion restraints due to mental illness or suspected mental illness, or is placed on continuing observation status (COS) after removal from restraints, behavioral health staff must follow up on the next business day.~~

~~(2) Staff must consult the on-call psychologist during weekends and holidays.~~

4. Empty hand control measures (EHCM)

a) Empty hand control measures (EHCM) are authorized when reasonable to end a physical confrontation or a display of passive resistance quickly and humanely.

b) Staff must discontinue the use of EHCM if repeated use has not been effective.

c) First aid must be provided whenever any force beyond the placement of non-routine restraints is used as necessary to gain compliance. If necessary, the incarcerated person must be issued clean clothing.

5. Chemical irritants

a) Chemical irritants are used before the application of physical force when practical.

b) The watch commander and/or the unit-on-scene supervisor must authorize any use of chemical irritant except in spontaneous situations where delay would result in bodily harm, death, or loss of control of an area, or if the safety of staff and incarcerated persons is in jeopardy.

c) The watch commander and the OD/~~program director~~ must be notified when chemical irritants are used.

d) Chemical irritants must not be used against an unarmed incarcerated person who is confined to a cell/room or under adequate physical control even though the incarcerated person may be verbally belligerent and provocative, unless the incarcerated person continues to engage in destructive or self-injurious behavior, or refuses to comply with the application of mechanical restraints. However, with prior authorization, chemical irritants may be used when it is necessary to move an incarcerated person from a cell/room and the person refuses direct orders to submit to any procedure necessary to safely complete that move.

e) Whenever practical, staff must warn the incarcerated person that failure to comply with staff commands will result in the use of irritants.

- f) Chemical irritants must not be used to quiet an incarcerated person or used repeatedly as a primary control measure.
- g) After the use of a chemical irritant on an incarcerated person, staff must follow post-exposure treatment protocols. First aid must also be provided. If necessary, the incarcerated person must be issued clean clothing.
- h) Only foam or gel chemical irritant may be applied if needed during an off-grounds delegation such as a medical appointment or a hospital stay.

6. Axon Taser System (Pilot Project)

Refer to Policy 301.066, "Conducted Energy Weapon."

76. Shield

- a) The shield may be used in a cell extraction or other activity anytime it would aid in protecting staff involved in the operation (for example, weapon involved, or irritant not practical or effective).
- b) The watch commander or living unit supervisor (in the case of a cell extraction) must authorize the use of the shield.
- c) First aid must be provided whenever any force beyond the placement of non-routine restraints is used as necessary to gain compliance. If necessary, the incarcerated person must be issued clean clothing.

87. Canine units (Please also refer to Policy 301.120, "Canine Units," for further guidance on the use of canine Units)

- a) The watch commander must approve the use of canines as a response to resistance to means of control/resolve the situation, unless the delay involved in acquiring approval would result in death, great bodily harm, or the loss of control of an area.
- b) The watch commander or on-scene supervisor must immediately notify the captain/~~OD~~, ~~and the warden~~ when thea canine is deployed in a response to resistance incident used.
- ~~e) The warden or designee must notify the deputy commissioner of facility safety and security as soon as possible when a canine is used.~~
- ~~d) Canine units may be used to gain control of incarcerated persons who refuse to disperse or are otherwise engaging in a group disturbance.~~
- ~~e) Whenever practical, staff must warn incarcerated persons that failure to comply will result in the use of canine units and that physical injury may result.~~
- ~~f) Whenever practical, use of a canine in confined space must be approved by the watch commander.~~
- ~~eg) First aid must be provided if resistance is used with a canine deployment. If necessary, the incarcerated person must be issued clean clothing.~~

98. Riot control measures (batons, riot control chemical agents, less lethal devices)
- a) The warden/acting warden or, in the absence of both, the OD in consultation with the captain must approve the use of riot control measures unless the delay involved in acquiring approval would result in death, great bodily harm, or the loss of control of an area.
 - (1) The watch commander may order the use of riot control measures if such conditions exist.
 - (2) Riot control measures are also authorized for riot control in accordance with facility riot plans.
 - b) The watch commander must notify the OD and the warden immediately after use of riot control measures.
 - c) The warden or designee must notify the deputy commissioner of client services and supports~~facility safety and security~~ as soon as possible. The deputy commissioner notifies the commissioner.
 - d) Riot control chemical agents are used only when necessary to gain control of a group of incarcerated persons at large within the facility who staff reasonably believe are engaged in behavior that is a threat to the security and order of the facility. Riot control chemical agents are used only after all other less forceful means have been exhausted or would clearly be ineffective.
 - e) Restrictions on the use of riot control chemical agents are the same as those for chemical irritant. (See section B.5., above.)
 - f) Staff must follow exposure procedures upon regaining control of the area and offer post-exposure treatment to incarcerated persons as needed. First aid must also be provided. If necessary, the incarcerated person must be issued clean clothing.
 - g) Properly trained and authorized staff may use less lethal devices when necessary to gain control of a group of incarcerated persons at large within the facility who are engaging in behavior that is clearly dangerous and a threat to the security and order of the facility after all other less forceful means have been exhausted or would clearly be ineffective, in accordance with facility riot plans.
 - (1) Less lethal devices may also be used to prevent an act that could cause death or great bodily harm.
 - (2) Only department-approved less lethal munitions are authorized for use.
 - h) Properly trained and authorized staff may use batons for riot control and self-defense.
 - i) First aid must be provided after the use of less lethal devices, batons, or other riot control means. If necessary, the incarcerated person must be issued clean clothing.

109. Firearms

- a) Firearms loaded with standard issued lethal ammunition may only be used in circumstances where deadly force would be justified (see procedure A.5., above).

- b) The commissioner of corrections, or the deputy commissioner of client services and supportsfacility safety and security, or the commissioner in the absence of the ~~deputy~~-commissioner, must approve deployment of firearms inside the perimeter unless delay would result in death or great bodily harm.
 - (1) The watch commander may order the use of firearms if such conditions exist.
 - (2) The watch commander must immediately notify the captain, OD, and the warden following any discharge of a firearm, excluding training activities.
- e) The warden or designee must immediately report to the local law enforcement authority and OSI director/designee when there is discharge of a firearm.
- f) The warden or designee must notify the deputy commissioner of client services and supportsfacility safety and security as soon as possible when there is discharge of a firearm.
- g) Use of firearms is not permitted if other use of force options are sufficient.
- h) Before firing a weapon, staff must attempt to take the following steps (whenever practical):
 - (1) Call for assistance/initiate the ICS;
 - (2) Identify themselves;
 - (3) Attempt to de-escalate the situation; and
 - (3) Give the incarcerated person an order to stop/verbal warning.
- i) In the event that staff use deadly force and death or great bodily harm results, staff must surrender the weapon used to a lieutenant or above, a member of OSI, or to a member of law enforcement involved with the incident, without altering the weapon (if applicable).
- j) Firing upon any moving vehicle is prohibited.
- k) Firing upon any aircraft or persons on board the aircraft is prohibited.

1140. Firearms (off grounds)

- a) Transport
Facilities do not provide armed escort during off-grounds trips. If an armed escort is deemed necessary, OSI fugitive apprehension unit members (FAUMs), state patrol, or local law enforcement may be used to provide an armed escort along with DOC transportation staff.
 - (1) If law enforcement escort is not possible, an unarmed chase vehicle may be used.
 - (2) Local law enforcement at the delegation destination is also requested to provide security during an arrival.
- b) Escape
If the incarcerated person is off grounds, staff must attempt to direct responding law enforcement to apprehend the incarcerated person.
 - (1e) Staff must not leave grounds to pursue an escaping incarcerated person.

(2d) Staff must not use firearms off facility property in response to an escape.

C. Observation, documentation, and review of force used

1. Staff must take the following steps in all cases where force or non-routine restraint has been used:
 - a) Each staff person using or witnessing response to resistance must submit a complete incident report prior to the end of the shift and must include in the report:
 - (1) An account of events leading to the use of response to resistance tactics or techniques;
 - (2) A precise description of the incident and reasons for using response to resistance tactics or techniques;
 - (3) A thorough description of any de-escalation and less-restrictive uses of force attempted;
 - (4) A description of the injuries suffered, if any, and treatment given; and
 - (5) A list of all participants and witnesses to the incident.
 - b) If the incident involves the use of deadly force, involves the discharge of a firearm, results in substantial bodily harm, results in the death of a person, or requires outside law enforcement participation for any other reason, OSI in consultation with the commissioner, office of legal affairs, and OPA may defer report writing to a later date.
 - c) In the event a ~~handgun~~~~transitional~~ ~~weapon~~ or other firearm is discharged in the course of a critical incident, or a staff response to an incident causes death or great bodily harm, the criminal investigation will be the responsibility of the law enforcement jurisdiction where the event took place. The OSI or the OPA may be assigned to assist outside agencies, and/or conduct internal investigations at the direction of the commissioner.
 - d) When staff, public, or incarcerated persons have been injured, photographs of the injuries and the immediate area must be taken as soon as possible.
 - (1) Medical staff complete incident reports documenting any provided medical care.
 - (2) When staff or incarcerated persons have been injured, first aid must be rendered as soon as possible.
 - e) Whenever possible, videotaping must be used to document the response to resistance and handled in accordance with Policy 301.035, "Evidence Management."
 - f) Whenever staff use force due to any resistance from an incarcerated person (including resistance to handcuffing), apply any trained or untrained use of force technique, conduct staff-assisted unclothed body searches, apply pinion restraints, use force to respond to resistance after pinion restraint application, remove an incarcerated person from pinion restraints, witness or use canine bites, or use chemical irritant, they must complete an incident report, noting also any de-escalation or less-restrictive uses of force attempted.

- g) Facility critical incident stress management (CISM) or administration coordinators initiate CISM procedures and provide Life Matters resources and peer support when appropriate.
2. The watch commander's log/captain's report and other operational reports, per DOC Policy 300.060, "Written Report Systems/Required Operational Reports/Logs," must be updated to reflect the activity and incident reports must be written by the appropriate staff.
 3. A watch commander/living unit supervisor uninvolved with the incident must review and compile the packet after a response to resistance incident, including the Resistance Use of Force, Pinion Restraint, Canine Bite, and Chemical Irritant Review form, the incident reports, and the video, and refer the entire packet to the captain within seven calendar days. The appointing authority determines assignment review.
 - a) The captain reviews the entire packet of materials, including the video.
 - (1) If the captain has no concerns, the captain submits the packet to the warden's assistant.
 - (2) If the captain has a concern or the captain deems the use of force to have the potential to rise to staff discipline, the captain must submit the packet to the associate warden of operations (AWO).
 - b) Captains must review all restraint chair placements, restraint board placements, WRAP use, and any other situations with the potential for allegations regarding the Prison Rape Elimination Act (PREA) (for example, during staff-assisted unclothed body searches).
 - (1) If the captain has no concerns, the captain submits the packet to the warden's assistant.
 - (2) If the captain has a concern, the captain submits the packet to the AWO for review and follow up.
 4. The warden forwards all documentation related to the incident to the deputy commissioner of ~~client services and supports~~facility safety and security and the proper law enforcement authorities in all cases when deadly force has been used.
 5. The warden submits a formal written review to the deputy commissioner of ~~client services and supports~~facility safety and security in cases involving the use of riot control agents, batons, firearms, or use of canines as a means of control.
 6. Operational reports, all incident reports, and completed forms are retained at the facility of incident, according to the retention schedule.
 7. Camera and video documentation of the event are given to the facility OSI for investigative and retention purposes.
- D. Escape (See also Policy 301.020, "Escape Warrants and Victim Notification of Escape.")
1. The Escape Checklist (attached) for each facility must be held secured at the facility yet be available 24 hours a day to the watch commander or higher on-site authority. The escape checklist must include, at a minimum, the following:
 - a) Notification procedures for when an escape/walkaway is detected or suspected;
 - b) Methodology for securing the facility;

- c) Identification as to which posts must be staffed to contain additional escapees and/or deny egress to escapees/walkaways;
 - d). The incident command system (ICS) command structure for interacting with law enforcement and other non-facility personnel called upon to assist;
 - e) Provisions for issuing warrants, escape/walkaway flyers, and notifications to area residents;
 - f) A method for summoning off-duty personnel;
 - g) The location of the command post sufficient in size for use by law enforcement, OSI personnel and designated facility employees; and
 - h) Information on how to locate facility maps, charts, diagrams, aerial photographs, etc. of the relevant area(s).
2. Facility staff must search for an escapee on facility property outside the secure perimeter.
- a) With watch commander authorization and in consultation and coordination with local law enforcement, special operations response team (SORT) members performing these searches may be armed, but only while on facility grounds.
 - b) If staff find an unidentified individual on adult facility grounds outside the secure perimeter, the staff must:
 - (1) Notify the watch commander;
 - (2) From a safe distance, observe the individual's actions; and
 - (3) If necessary, request assistance from local law enforcement
 - c) Staff must not use firearms in response to an escape off facility property. Local law enforcement performs off-grounds manhunts.
 - (1) Off-grounds staff response at adult facilities is limited to assisting law enforcement.
 - (2) The watch commander or incident commander may assign facility staff to assist local law enforcement as appropriate (for example, pairing up with local police to help identify escapee, etc.) provided staff are not placed in jeopardy.

E. Training

The following training must be successfully completed by corrections officers and any others involved in responding to resistance or escape, using restraints, and restraint use specifically for persons who are pregnant ([as required by Minn. Stat. § 244.88, subd. 2.](#)):

1. Corrections officer pre-service academy
In accordance with Policy 103.420 "Pre-Service and Orientation Training Programs."
2. Annual training
In accordance with Policy 103.410 "In-Service Training."
3. Special Operations Response Teams
In accordance with Policy 301.156 "Emergency Response Team/Special Operations"

Response Training.”

4. Authorized instructors
In accordance with Policy 103.405 “Instructor Duties.”
5. All training is documented and retained in the agency-approved electronic training management system.

INTERNAL CONTROLS:

- A. All training records are retained in the agency-approved electronic training management system.
- B. Operational reports, all incident reports, and applicable completed forms generated from a use of force or restraint are retained at the facility of event.
- C. Videos and photos of injury or damage are retained by the facility OSI.
- D. The escape checklist for each facility must be held secured, but available 24 hours a day to the watch commander or higher on-site authority.

~~ACA STANDARDS: 4-4084; 4-4090 through 4-4092; 4-4190; 4-4199; 4-4202 through 4-4204; 4-4206; 4-4281; 4-4405; 1-ABC-1D-15; 1-ABC-1D-16; 1-ABC-3A-16; 1-ABC-3A-24; 1-ABC-3A-27; through 1-ABC-3A-29; 1-ABC-3A-31; 1-ABC-3D-06; 1-ABC-4E-40; and 4-4425~~

REFERENCES: Minn. Stat. §§ [241.88](#); [244.88, subd. 2](#); [245D.02](#); [609.06](#); [609.065](#); [609.066](#); [243.52](#); [241.01](#), [609.02](#), and [609.105](#)
[Policy 301.120, “Canine Units”](#)
[Policy 301.020, “Escape Warrants and Victim Notification of Escape”](#)
[Policy 301.066, “Conducted Energy Weapon”](#)
[Policy 301.095, “Central Transportation - Offenders”](#)
[Policy 301.140, “Incident Command System”](#)
[Policy 103.090, “Critical Incident Stress Management”](#)
[Policy 301.083, “Restrictive Housing Management”](#)
[Policy 103.410 “In-Service Training”](#)
[Policy 103.420, “Pre-Service and Orientation Training Programs”](#)
[Policy 301.105, “~~Facility Firearms Weapons~~ Qualification”](#)
[Policy 500.300, “Mental Health Observation”](#)
[Policy 300.060, “Written Report Systems/Required Operational Reports/Logs”](#)

REPLACES: Policy 301.081, "~~Use of Force and Response to Resistance, Restraint Systems, and Escape—Adult~~," 9/10/2011/22/21.
~~Policy 301.020, “Escape,” sections A and B only, 11/6/18~~
All policies, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic.

ATTACHMENTS: [Restraint Documentation form \(301.081A\)](#)
[Resistance Use of Force, Pinion Restraint, Canine Bite and Chemical Irritant Review form \(301.081B\)](#)
[Escape Checklist Format \(301.081C\)](#)
[Health Authority Restraint Guidelines \(301.081D\)](#)

Sign Language Protocol (203.250C)

APPROVALS:

~~Deputy Commissioner, Reintegration and Restorative Services~~

Deputy Commissioner, Client Services and Supports~~Facility Safety and Security~~

Assistant Commissioner, Agency Organizational and Regulatory Services and Supports

Assistant Commissioner, Facilities~~Chief of Staff~~

Assistant Commissioner, Facilities

Assistant Commissioner, Community Services and Reentry

Assistant Commissioner, Health, Recovery, and Programming