DEPARTMENT OF CORRECTIONS

Policy Number:	**301.079**
Title:	**Juvenile Response to Resistance and Restrictive Procedures**
Effective Date:	**9/24/24**

PURPOSE: To provide guidelines for corrections staff on the safe and effective 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:

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

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

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 or area.

Control tactics – a specific set of techniques and/or skills designed to limit the potential for injury to both staff and youth. These techniques are designed to compel compliance with reasonable requirements for the control, conduct, or treatment of the youth.

Crisis intervention team (CIT) – staff specially trained to prevent and respond to incidents involving youth in crisis, up to and including restrictive procedures, using de-escalation techniques and referring youth to appropriate mental health services.

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

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

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.

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

Joint manipulation – use of painful hyperextension or hyperflexion on joints. This tactic is prohibited.

Mandibular angle pressure point – pressure-sensitive area at the jaw at the base of the earlobe. This tactic is allowed as a response to specific behaviors.

Mechanical restraints – restraint devices to limit body movement when transporting a youth or in an emergency as a response to imminent danger to the youth or others. Devices include handcuffs, leg restraints, anti-kick strap, tether strap, and transportation restraints.

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).

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 to assist, advise, and direct the facility watch commanders.

Pain compliance – the use of painful stimulus to control or direct a youth. The stimulus can be manual (brute force, placing pressure on painful areas, or use of painful hyperextension or hyperflexion on joints). See definitions of joint manipulation and mandibular angle pressure point.

Physical escort – a behavior management technique that is minimally intrusive to the youth, and involves the temporary touching or holding of the hand, wrist, arm, shoulder, or back of a youth that is not in mechanical restraints. It is to be used to guide a youth to a place where they will be safe and to help de-escalate interactions between the youth and others.

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

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

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

Resistant physical escort – a restrictive procedure in which control tactics are used when youth become uncooperative during a simple escort (i.e., try to pull away from staff, passively refuse to walk, become resistant) to safely get the youth to a secure location.

Response to resistance – the skillful use of tactics, techniques, and restrictive procedures identified and approved by the DOC intended to resolve a situation with the least intrusive intervention that is reasonable under the totality of circumstances and allowed by CRF.

Simple escort – an escort technique used on hand cuffed youth that do not display signs of resistance so staff can keep them from falling if they trip while walking. One staff is on either side of the youth and each place their open hand between the youth's bicep and rib cage and hold on to their arm. Use in this manner is part of a routine safety and security protocol and is not a restrictive procedure. If youth become resistant during a simple escort staff use physical escort or physical holding techniques to ensure everyone's safety and it becomes a resistant physical escort.

Transition prone position – a body position in which the youth temporarily lies flat on the ground chest down and back up and only for the purpose of administering mechanical restraints as staff secure their arms/wrists and legs/ankles. Care is taken not to put pressure on the youth's back, chest, neck, or spine so as not to impede respiratory function. Once secured, the youth is immediately placed on their side, or in a sitting, or standing position.

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

The WRAP – a restraint and transport system, used to restrain a youth in an upright and seated position to maximize respiratory recovery and designed to protect youth and staff. This system also includes a wheeled cart.

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, Chapter 2960:
   a) Physical escort;
   b) Physical holding;
   c) Mechanical restraints;
   d) Safety-based separation; (While safety-based separation is a restrictive procedure, it is not included in this policy but is used as specified by guidance from the commissioner)
   e) Chemical irritant. (Chemical irritant is not categorized as a restrictive procedure but is part of the continuum of safety for youth and staff. The approval process and documentation for the use of chemical irritant is above and beyond what Minn. Rules Chapter 2960.0710 requires.)

2. Staff use routine physical and mechanical safety protocols on cooperative youth and restrictive procedures on resistant youth on a continuum to ensure staff's response is appropriate to the youth's behaviors. The response continuum includes:
   a) Physical escort;
   b) Hand cuffs;
   c) Simple escort;
   d) Control tactics;
   e) Resistant physical escort;
   f) Physical holding;
   g) Tether strap;
   h) Leg restraints;
   i) Anti-kick strap;
   j) The WRAP;
   k) Restraint chair; and
   l) Chemical irritant.

3. The following procedures are prohibited:
   a) Pain compliance;
   b) Joint manipulation; and
   c) Prone restraint.

4. 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;
d) Provides for an annual review of the use of restrictive procedures; and
e) Provides for treatment for any youth injury that was caused by the use of a restrictive procedure.

5. Staff place a presumed compliant youth in handcuffs to escort them to Dayton for safety-based separation and use simple escort techniques to ensure the youth's safety during the escort. Staff may place youth in handcuffs and leg restraints when being transported off grounds based on the nature of the activity and the youth's history. Use in these manners are part of a standard safety and security protocol and are not reported as a CRF restrictive procedure. Staff must still document use of restraints and simple escort techniques on a presumed compliant youth in an incident report.

6. Youth attend school year-round on facility grounds. The use of restrictive procedures in the school setting complies with statutory requirements for using restrictive procedures on children with disabilities (Minnesota Statutes 125A.0941 and 125A.0942).

B. Reasonable response to resistance and the use of restrictive procedures

1. Resistance by youth 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 use any physical tactics only as necessary to maintain a safe and secure environment for everyone. Staff must not use restrictive procedures as discipline/punishment, but only as a last resort in response to immediate safety threats.

2. Staff must only use the least intrusive intervention that is reasonable to resolve the imminent threat and must be able to articulate in an incident report:
a) Why the intervention used was appropriate given the circumstances;
b) De-escalation efforts;
c) Less intrusive interventions attempted; and
d) Why the intervention used was reasonable.

3. Staff must make every reasonable effort to de-escalate a situation by communicating verbally or non-verbally to stabilize the situation and reduce the immediacy of the threat so more time, options, and resources can be called upon to resolve the situation.

4. The Department of Corrections (DOC) does not tolerate the use of restrictive procedures without justification or with proper justification but in excessive amounts.

5. The DOC does not allow the use of restrictive procedures or restraints as a means of punishment.

6. The incident command system (ICS) must be activated any time a response to resistance or restrictive procedure is used (other than routine handcuffing). When staff anticipate that a situation might require restrictive procedures, they must activate the handheld video camera if it is safe to do so, record the situation, and secure the recordings according to Policy 301.035, "Evidence Management." These situations include:
a) Use of physical holding;

b) Use of mechanical restraints;
c) Use of pinion restraints; and
d) Cell extractions.

7. A supervisor must be present to serve as an observer whenever restrictive procedures are reasonably anticipated. Prior notification for observation purposes may not always be possible in spontaneous incidents. The watch commander may designate someone on-scene to be an observer in their stead to allow them to remain in the watch center and manage required notifications.

8. Regardless of tenure or rank, staff that observe another staff using restrictive procedures in violation of this policy or beyond what is objectively reasonable under the circumstances must intercede.

9. Regardless of tenure of rank, staff persons who observe another staff person engage in neglect or use restrictive procedures that exceed the degree of force permitted by law must report the incident in writing as soon as is practical but not later than 24 hours to their appointing authority, the director of the office of special investigations (OSI), the office of professional accountability (OPA), and the Department of Human Services (DHS). There is no chain of command reporting limitations. The warden coordinates the reporting of maltreatment per Policy 302.012 "Reporting Maltreatment – Juvenile Facilities" with OSI and the CRF licensing coordinator. (For the definition of maltreatment, see Minn. Statutes, Chapter 260E.)

10. Staff must only use the response to resistance and restrictive procedure techniques taught by authorized DOC instructors as approved by the DOC and CRF.

11. Staff must only use authorized equipment approved by the DOC's central procurement process and purchasing authorization, including their DOC-issued uniform standardized equipment.

12. 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 in B.10 and B.11, above.

13. Staff must document in an incident report all restrictive procedures used, including resistance to handcuffing, resistant physical escort techniques, application of any trained or untrained techniques, body searches, and pinion restraints.

14. Firearms are not permitted in the facility, except in emergency situations. The warden/designee gains approval from the assistant commissioner of facilities or the deputy commissioner of client services and supports.

15. 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.

16. Responding to resistance and the use of restrictive procedures must:
a) Provide an immediate intervention to protect youth and staff from physical harm;
b) Be the least intrusive intervention that effectively reacts to the emergency;
c) End when the threat of harm ends;

d) Provide constant and direct staff observation of youth during use; and
e) Be used only as permitted in the youth's individual treatment plan.

17. Staff must:
    a) Manage situations through relationship building, de-escalation, re-direction, physical presence, and verbal directives before resorting to restrictive procedures; and
    b) Treat youth humanely and respectfully during the use of restrictive procedures.

18. Youth 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 duty, 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 medical provider 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;
        (8) Crisis intervention teams (CIT);
        (9) Incident command system (ICS); and
        (10) Self-Defense.

    b) Pre-service training and quarterly refresher training on the emergency procedures plan.

2. In addition, security staff receive pre-service and annual refresher training 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 pinion restraints;
    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 is documented in the agency-approved electronic training management system.

D. Restrictive procedures modifications

1. During the assessment process, youth 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 youth's individual treatment plan; and

   b) Specific modification information is:
      (1) Shared with staff during treatment team, department, and supervisory meetings;
      (2) Entered into the correctional operations management system (COMS) including the expiration date; and
      (3) Posted in the watch center.

3. Staff must follow restrictive procedures modifications.

E. Authorization and notification

1. Approval to use mechanical restraints and a simple escort on a presumed compliant youth as part of routine safety and security protocol is gained in advance from the watch commander.
   a) Routine use includes:
      (1) Transporting a youth to safety-based separation;
      (2) Removing a youth who poses an imminent threat from the youth's safety-based separation assigned room and transporting the youth to a recreational area or visiting room; and
      (3) Transporting a youth 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 restrictive procedures, with the exception of safety-based separation, as a response to resistance is gained in advance from the officer of the day (OD) and documented on the Restrictive Procedures Review form.

3. In spontaneous situations when delay would result in imminent danger of bodily harm or death or jeopardizing the safety of youth 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.

F. Authorized restrictive procedures

1. Physical escort
   a) Staff use physical escort:

(1) As a behavior management technique that is minimally intrusive to the youth;
(2) To control a youth who is being escorted to a place where they will be safe; and
(3) To help de-escalate interactions between the youth and others.

b) Staff who use physical escort must document use of physical escort in an incident report and note:
(1) Technique used;
(2) Time of day;
(3) Name of staff involved; and
(4) Name of youth involved.

2. Physical holding

a) Physical holding is a behavior management technique used in emergency situations as a response to imminent danger to the youth or others and when less restrictive interventions are determined ineffective.

b) Physical holding must be used under the supervision of a mental health professional or the program director/designee.

c) Staff must:
(1) Only use techniques taught in training;
(2) Use the least intrusive technique(s) to effectively respond to the resistance;
(3) Not place any part of their body into the back, neck, chest, or spine of a youth; and
(4) Immediately cease physical holding upon any sign of physical distress or positional asphyxia.

d) Joint manipulation and prone restraint are not permitted. If they are used contrary to this policy, it must be reported within ten calendar days as a special incident to the inspection and enforcement unit under the category "pain compliance" and to the assistant commissioner/commissioner.

e) Staff may use a transition prone position. Youth must be transitioned to a side, seated, or standing position as quickly as possible after being secured in mechanical restraints.

f) Staff may use a mandibular angle pressure point when it is the only option available to:
(1) Release a youth's jaw from a bite locked on a victim; or
(2) Protect a youth from harm if they engage in self-injurious behavior (for example, head banging or smashing on the floor) when they are being held on the ground by staff.

g) Use of the mandibular angle pressure point must be reported within ten calendar days as a special incident to the inspection and enforcement unit under the category of "pain compliance" and to the assistant commissioner/commissioner.

3. Mechanical restraints

a) For a youth who uses sign language to communicate, staff must only place mechanical hand restraints on the front of the youth to allow for proper communication.

b) Mechanical restraint use must be supervised by the program director/designee.

c) Staff must:
   (1) Use the type of mechanical restraint device that will effectively respond to the resistance;
   (2) Double lock hand cuffs and leg restraints 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) Provide constant and direct staff observation for the duration when youth are in mechanical restraints;
   (5) Complete circulation checks every 15 minutes and document them on the Restrictive Procedure Observation Log; and
   (6) Remove restraints upon any sign of physical distress or circulatory problem.

d) Mechanical restraints may be used as a safety measure to transport a youth to a secure area.

4. 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 youth 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.

5. Pinion restraints
   a) The WRAP may be used when a youth:
      (1) Refuses to walk while being escorted to safety-based separation;
      (2) Becomes an imminent threat to self or others;
      (3) Jeopardizes facility security;
      (4) Is self-injurious; or
      (5) When less restrictive means are determined to be ineffective.

   b) Security staff must:
      (1) Provide constant and direct observation for the duration when youth are in pinion restraints;
      (2) Check for proper circulation, breathing, and other indicators of well-being and document them on the Restrictive Procedure Observation Log:
         (a) Immediately after placing a youth in the restraint chair or The WRAP;
         (b) Every 15 minutes thereafter; and
         (c) Whenever restraints are adjusted.
      (3) Video record circulation checks with a fixed camera in the area of restraint or by a hand-held video camera;

(4) Immediately discontinue use if the youth 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 medical provider when nursing staff are not on duty for further advice or medical direction.
(5) At a minimum, notify the watch commander, OD/program director, the health authority, and a behavioral health professional as soon as possible;
(6) Offer first aid to the youth if needed; and
(7) Refer the youth to behavioral health for follow up.

c) The watch commander/designee immediately contacts:
    (1) Nursing staff to assess the youth's physical state; and
    (2) Behavioral health staff to assess the youth's emotional state.

d) If nursing and behavioral health staff are on-grounds they:
    (1) Assess the youth's medical and mental health condition; and
    (2) Advise whether, based on serious danger to self or others, the youth 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 duty, 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 youth is indicated.
    (2) If an emergency assessment is indicated, the youth is transported to the nearest medical/mental health unit for an assessment.
    (3) If an emergency assessment is not indicated, the youth is assessed by nursing and behavioral health staff immediately on the following business day.

f) When The WRAP is used to transport a youth to a different location on-grounds or to an off-grounds medical facility, staff must use the transport handles or the cart to transport the youth.

g) In exceptional circumstances when a youth is an imminent threat to self or others and must remain in pinion restraints for longer than two hours, a review process is conducted.
    (1) The watch commander must receive permission from the OD to continue use;
    (2) Nursing and behavioral health staff must, if available, assess youth at the time of placement and every two hours;
    (3) The on-call providers must be consulted if health and behavioral health staff are not on duty;
    (4) A multidisciplinary team must convene in person during regular business hours, or by phone conference during non-business hours;
    (5) The watch commander must document the team's discussion and decision in an incident report; and
    (6) Staff must document the reasons and approval for continued use in an incident report.

h) Behavioral health staff must follow up with the youth on the next business day.

i) The restraint chair is used when a youth's behavior may imminently cause bodily harm to self or others and when less restrictive measures are ineffective.

6. Chemical irritant

a) Chemical irritant must not be used except to:
   (1) Prevent a youth from seriously injuring themselves or others; or
   (2) Prevent damage to a substantial amount of property.

b) The use of chemical irritant is permitted only in secure facilities with correctional program services.

c) Documentation must include:
   (1) A description of the behavior that resulted in the use of chemical irritant;
   (2) What alternative methods were considered along with a description of those methods;
   (3) Exactly what the decision to use chemical irritant was based on; and
   (4) Any other relevant factors.

d) Staff authorized to use chemical irritant must have documented annual training, verified in the agency-approved electronic training management system, in the use of chemical irritant and post-exposure treatment procedures (PET).

e) A Restrictive Procedures Review must be conducted after an incident that resulted in the use of chemical irritants.

f) Prior to deploying chemical irritant, staff:
   (1) May remove bystanders from the area of potential exposure;
   (2) Must order the youth 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.

g) After using irritant, staff:
   (1) Must wait until the youth shows effects of the irritant before approaching them; and
   (2) Must repeat brief, firm, and specific direct orders to the youth regarding what is expected of them.

h) When the youth is no longer a threat, staff must follow PET protocols. First aid must also be provided. Youth are issued clean clothing and placed in an unaffected room.

i) Any youth directly exposed to chemical irritant must receive a physical assessment by nursing staff when they are on duty. If nursing staff are not on duty, trained staff must provide a first aid assessment.

j) Only gel chemical irritant may be applied if needed during an off-grounds delegation such as a medical appointment or hospital stay.

k) Chemical irritant and equipment related to its use are inventoried at least monthly to determine their condition and expiration dates.

7. Capture shield
   a) The capture shield is used when staff need to safely subdue and block the movement of a youth 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.

8. Safety-based separation is part of the restrictive procedures continuum that allows youth to be separated from peers and on-going programming in a locked or unlocked area from which they are not free to leave for the amount of time necessary to ensure the safety of youth, staff, and facility operations.

G. Oversight and documentation

1. The watch commander and/or unit 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.

2. All staff involved in the use of restrictive procedures must submit incident reports prior to the end of their shifts. For handcuffing, only non-routine events require all staff to submit reports. Non-routine is defined as any struggling by the youth, or any complaint of pain associated with the application, wearing, or removal of handcuffs. The narrative of the report includes:
   a) Time of day, date, etc;
   b) Names of all youth 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 youth or others;
   e) Why less restrictive measures failed or were found to be inappropriate;
   f) Type of trained and untrained 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.

3. If a restrictive procedure lasts more than 15 minutes, the following must be documented in 15-minute intervals on the Restrictive Procedure Observation Log:
   a) The youth's behavior changes;
   b) Results of circulatory and breathing checks; and
   c) Justification to continue use of the procedure.

4. Master control staff note the time each procedure began and ended on the Initial Field Level Briefing (IFLB).

5. 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;
   c) Prepares a Restrictive Procedures Review form, attaches all related incident/confidential reports, and routes it to the captain/designee; and
   d) Prepares a Special Incident packet for uses of mandibular angle pressure points, joint manipulation, and prone position and routes it to the captain/designee.

6. The captain/designee reviews the Special Incident packet and routes it to the CRF coordinator. The CRF coordinator files the Special Incident with the inspection and enforcement unit within ten days.

7. 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 youth or the youth'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 and the warden/designee conduct an executive review following the captain's review and provides any feedback on the Restrictive Procedures Review form.

4. 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 are retained.

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.

INTERNAL CONTROLS:

A. All training records are retained in the agency-approved 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.

REFERENCES: Minn. Stat. §§ 241.01, 609.02, 609.105 and Chapter 260E
Minn. Rules, Chapter 2960, including 2960.0010, 2960.0020, 2960.0360, and 2960.0710
Policy 103.090, "Critical Incident Stress Management"
Policy 103.410 "In-Service Training"
Policy 103.420, "Pre-Service and Orientation Training"
Policy 105.115, "Respiratory Protection Program"
Policy 203.250, "Modifications for Offenders/Residents with Disabilities"
Instruction 203.011-2RW, "Treatment Planning and Reports"
Policy 203.250, "Modifications for Incarcerated Persons/Residents with Disabilities"
Policy 301.020, "Escape Warrants and Victim Notification of Escape"
Policy 301.035, "Evidence Management"
Policy 301.075, "Crisis Intervention Team (CIT)"
Policy 301.086, "Secured Units – Juvenile Facilities"
Policy 301.140, "Incident Command System"
Policy 301.155, "Emergency Response Team (ERT)/Special Operations Response Team (SORT)"
Policy 302.012 "Reporting Maltreatment – Juvenile Facilities"
Operating Guideline 303.010RW, "Discipline Plan and Rules of Conduct"
Policy 500.300 "Mental Health Observation"
Operating Guideline 500.300RW "Observation and Vocational Restriction"

REPLACES: Policy 301.079, "Juvenile Restrictive Procedures," 9/1/20.
All policies, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic.

ATTACHMENTS: The following forms are located in MCF-RW's shared forms folder:
Restrictive Procedures Review (301.079A)
Restrictive Procedure Observation Log (301.079B)

APPROVALS:
Deputy Commissioner, Client Services and Supports
Assistant Commissioner, Agency Services and Supports
Assistant Commissioner, Facilities

Assistant Commissioner, Facilities
Assistant Commissioner, Community Services and Reentry
Assistant Commissioner, Health, Recovery, and Programming