DEPARTMENT OF CORRECTIONS

Policy Number:	**301.079**
Title:	**Juvenile Response to Resistance and Restrictive Procedures**
Effective Date:	~~9/1/20~~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:

~~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.~~

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 (~~e.g.~~for example, 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 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 ~~R~~restrictive ~~P~~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~~person~~ from causing harm to self, staff, or others.

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

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 – ~~behavior management~~restraint devices to limit body movement~~which may be used only~~ when transporting a youth~~resident~~ or in an emergency as a response to imminent danger to the youth~~resident~~ 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~~n~~ 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~~/superintendent~~ 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~~resident~~, and involves the temporary touching or holding of the~~a resident's~~ hand, wrist, arm, shoulder, or back of a youth that is not in mechanical restraints. It is to be used to guide~~control~~ a youth~~resident who is being guided~~ to a place where they~~ resident~~ will be safe and to help de-escalate interactions between the youth~~resident~~ and others.

Physical holding – a manual restraint~~behavior management~~ technique which is used in emergency situations as a response to imminent danger to the youth~~resident~~ or others and when less restrictive interventions are determined to be ineffective, and involves immobilizing or limiting a youth's~~resident'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.
~~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.~~

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.

~~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.~~

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 ~~resident~~ youth by a staff.

The WRAP – a ~~safe~~ restraint and transport system, used to restrain a youth~~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 youth~~residents~~ and staff ~~by reducing the possibility of injury and death~~. 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~~.0710~~:
   a) Physical escort;
   b) Physical holding;
   ~~c) Seclusion;~~
   c~~d~~) Mechanical restraints;
   d~~e~~) Safety-based separation~~Disciplinary room time (DRT)~~; (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) ~~and~~
   e~~f~~) 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~~2~~. The following procedures are prohibited:
   a) Pain compliance;
   b) Joint manipulation; and
   c) Prone restraint.

4~~3~~. 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 youth~~resident~~ injury that was caused by the use of a restrictive procedure.

5~~4~~. Staff place a presumed compliant youth ~~C~~~~ooperative youth~~~~ompliant residents are placed~~ in handcuffs ~~when~~to escort~~ed~~ them to Dayton for safety-based separation and use simple escort techniques to ensure the youth's safety during the escort~~the security unit on DRT~~. Staff may place y~~Y~~outh~~Compliant residents may be placed~~ in handcuffs and leg

~~irons~~restraints when being transported off grounds based on the nature of the activity and the youth's ~~resident's~~ history. Use in these~~is~~ manners ~~is~~are part of a standard safety and security protocol and are~~is~~ not reported as a ~~children's residential facility (~~CRF~~)~~ restrictive procedure. Staff must still document u~~U~~se of restraints and simple escort techniques on a presumed compliant~~cooperative~~ youth ~~must still be documented~~ 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 u~~U~~se 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 ~~a~~ discipline/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 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.~~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 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.~~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.~~

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~~ir~~ incident ~~concerns~~ in writing as soon as is practical but not later than 24 hours to their appointing authority~~the end of their shift to the warden~~, the director of the office of special investigations (OSI), ~~and~~ 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, ~~unclothed~~ 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~~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.

16~~5~~. Responding to resistance and the u~~U~~se of restrictive procedures must:

a) Provide an immediate intervention to protect youth and staff from physical harm~~in an emergency~~;

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~~d~~) Be used only as permitted in the youth's~~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.~~

17. Staff must:

a) Manage situations through relationship building, de-escalation, re-direction, ~~and~~ physical presence, and verbal directives before resorting to restrictive procedures; and

~~b) Analyze the circumstances to identify the least restrictive measure to prevent injuries, damages, and security breaches;~~

b~~e~~) Treat youth~~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~~.

18. Youth~~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 duty ~~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 medical provider~~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 ~~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 teams (CIT) ~~training.~~;
(9) Incident command system (ICS); and
(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 the emergency procedures plan.

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

D. Restrictive procedures modifications
1. During the assessment process, youth~~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 youth's ~~resident's~~ individual treatment plan; and

   b) Specific modification information is:

(1) Shared with staff during treatment team, department, and supervisory meetings; ~~and~~

(2) Entered into the correctional operations management system (COMS) including the expiration date; and

(3~~2~~) 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~~,~~ ~~excluding the restraint chair,~~ on a presumed compliant youth~~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 youth~~resident~~ to safety-based separation~~DRT~~;

(2) Removing a youth~~resident~~ who poses an imminent threat from the youth's~~resident's~~ safety-based separation~~DRT~~ assigned room and transporting the youth~~resident~~ to a recreational area or visiting room; and

(3) Transporting a youth~~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, 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 ~~(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~~,~~ or death~~,~~ or jeopardizing the safety of youth~~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 youth~~resident~~;

(2) To control a ~~resident~~ youth who is being escorted to a place where they ~~youthresident~~ will be safe; and

(3) To help de-escalate interactions between the youth~~resident~~ and others.

~~b) When conducting a physical escort, staff must only use techniques taught in training.~~

b~~e~~) ~~Facility~~ Sstaff who use physical escort must document use of physical escort in an incident report and~~by~~ note~~ing~~:

(1) Technique used;

(2) Time of day;

(3) Name of staff involved; and

(4) Name of youth~~resident(s)~~ involved.

2. Physical holding ~~and seclusion~~

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

b) ~~Facilities that use~~ Pphysical holding ~~or seclusion~~ must ~~also:~~

~~(1) Provide constant and direct staff supervision of the resident during the use;~~

~~(2)~~ be uUsed ~~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,~~ Sstaff must:

(1) ~~Must o~~Only use techniques taught in training;

(2) Use~~s~~ the least intrusive technique(s) to effectively respond~~react~~ to the resistance~~situation~~;

(3) ~~Must n~~Not place any part of their body into the back, neck, chest, or spine of a youth~~resident~~; and

~~(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~~

(4~~5~~) ~~Must i~~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~~that~~ must be reported within ten calendar days as a special incident to the inspection and enforcement unit ~~within ten days~~ 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 ~~within ten days~~ under the category of "pain compliance~~.~~" and to the assistant commissioner/commissioner.

~~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.~~

34. 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.~~
a~~b~~) For a youth~~resident~~ who uses sign language to communicate, staff must only place mechanical hand restraints on the front of the youth~~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.~~

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

~~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.~~

c~~e~~) Staff must:

(1) Use the type of mechanical restraint device that will effectively respond to the resistance~~react to the situation~~;

(2) Double lock hand~~ and ankle~~ 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~~4~~) Complete circulation checks every 15 minutes and document them on the Restrictive Procedure Observation Log ~~(attached)~~; and

(6~~5~~) ~~Must~~ R~~r~~emove restraints upon any sign of physical distress or circulatory problem.

d~~f~~) Mechanical restraints~~, including the restraint chair and the WRAP,~~ may be used as a safety measure to transport a youth~~resident~~ to a secure area.

4~~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~~ 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.

~~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.~~

5~~7~~. Pinion r~~R~~estraints~~ chair~~

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.

~~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 must:

(1) Provide constant and direct observation for the duration when youth are in pinion restraints;

(2~~1~~) 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~~resident~~ in the restraint chair or The WRAP;

(b) Every 15 minutes thereafter; and

(c) Whenever ~~chair~~ restraints are adjusted.~~; and~~

(3) Video record circulation checks with a fixed camera in the area of restraint or by a hand-held video camera;

(4~~2~~) ~~Must I~~immediately discontinue use ~~of the restraint chair~~ if the youth~~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 medical provider~~physician~~ when nursing staff are not on duty ~~grounds~~ 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~~resident's~~ physical state; and

(2) Behavioral health staff to assess the youth's~~resident's~~ emotional state.

d) If nursing and behavioral health staff are on-grounds they:

(1) Assess the youth's~~resident's~~ medical and mental health condition; and

(2) Advise whether, ~~on the~~ based on~~is of~~ serious danger to self or others, the youth~~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 duty ~~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 youth~~resident~~ is indicated.
(2) If an emergency assessment is indicated, the youth~~resident~~ is transported to the nearest medical/mental health unit for an assessment.
(3) If an emergency assessment is not indicated, the youth~~resident~~ 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~~f~~) In exceptional circumstances when a youth~~resident~~ is an imminent threat to self or others and must remain in ~~the~~ pinion restraints ~~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, if available, assess youth at the time of placement and every two hours~~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 duty ~~grounds~~; ~~and~~
(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~~4~~) Staff must document the reasons and approval for continued use ~~of the restraint chair~~ in an incident report.

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

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

6~~8~~. Chemical irritant
a~~e~~) Chemical irritant~~s~~ must not be used except to:
(1) Prevent a youth~~resident~~ from seriously injuring themselves or others~~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.

~~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 irritant~~s~~ 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.~~

c~~e~~) Documentation must include:

(1) A description of the~~what~~ behavior that~~on the part of the resident~~ resulted in the use of chemical irritant~~s~~;

(2) What alternative methods were considered along with a description of those methods;

(3) Exactly what the decision to use chemical irritant~~s~~ was based on; and

(4) Any other relevant factors.

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

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

f~~h~~) Prior to deploying chemical irritant, staff:

(1) May remove bystanders from the area of potential exposure;

(2) Must order the youth~~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.

g~~i~~) After using irritant, staff:

(1) Must wait until the youth~~resident~~ shows effects of the irritant before approaching them ~~resident~~; and

(2) Must repeat brief, firm, and specific direct orders to the youth~~resident~~ regarding what is expected of them.~~for compliance;~~

~~(3) May wear protective masks to avoid effects of the irritant; and,~~

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

~~(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.~~

i~~k~~) Any youth directly exposed to chemical irritant~~All persons contaminated in an incident involving the use of a chemical agent~~ must receive a~~n immediate medical examination~~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~~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.~~

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

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

7~~3~~. Capture shield

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

8~~9~~. Safety-based separation~~Disciplinary room time (DRT)~~

~~a) DRT~~ 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~~. 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.~~

1~~2~~. The watch commander and/or unit~~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."~~

2~~4~~. 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~~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 youth~~resident~~ 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~~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 youth's~~resident's~~ behavior changes;
b) Results of circulatory and breathing checks; and
c) Justification to continue use of the procedure.

4~~6~~. Master control staff note the time each procedure began and ended on the Initial Field Level Briefing (IFLB).

5~~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/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~~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 youthresident or the youth'sresident'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 conducts an executive review following the captain'sadministrative 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.

45. 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 aremust 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-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.

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"
Division Directive 301.086, "Secured Units – Juvenile Facilities"
Minn. Stat. §§ 241.01, 609.02, and 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"
~~Policy 500.300RW "Observation and Vocational Restriction"~~
~~Policy 105.115, "Respiratory Protection Program"~~
Instruction 203.011-2RW, "Treatment Planning and Reports"
Policy 203.250, "Modifications for Incarcerated Persons/Residents with Disabilities"
~~Policy 301.140, "Incident Command System"~~
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"
~~MCF – RW~~ 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," ~~11/19/18~~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~~Restrictive Procedures Review (301.079A)
~~Restrictive Procedure Observation Log~~Restrictive Procedure Observation Log (301.079B)

APPROVALS:
~~Deputy Commissioner, Chief of Staff~~~~Community Services~~
Deputy Commissioner, Client~~Facility~~ Services and Supports
Assistant Commissioner, Agency Services and~~Operations~~ Supports
Assistant Commissioner, Facilities~~Criminal Justice Policy, Research, and Performance~~
Assistant Commissioner, Facilities
Assistant Commissioner, Community Services and Reentry
Assistant Commissioner, Health, Recovery, and Programming