

USE OF FORCE AND RESTRAINTS

Minnesota Sex Offender Program

Issue Date: 5/3/22 Effective Date: 6/7/22 Policy Number: 415-5080

POLICY: As a part of the Minnesota Sex Offender Program (MSOP) Client Intervention Continuum (“Use of Force Continuum,” 415-5080a), all trained MSOP staff may use reasonable force when necessary to gain compliance with MSOP behavioral expectations. MSOP direct contact staff are trained in using staff presence, verbal de-escalation, and directives in use of force situations. Staff must use the minimum amount of force necessary to resolve a situation. MSOP prohibits the use of force as a punitive action or for staff convenience.

Having exhausted alternative options to protect safety and security, staff consider the following when determining to use force or the level of force necessary:

- A. the need for the use of force;
- B. the relationship between the need and the amount of force used; and
- C. the potential for risk, injury, harm or damage to persons or property.

AUTHORITY: Minn. Stat. §§ 253B.03 subd. 1 (a, c); 253D.19; 609.485 subd. 1 and subd. 2 (5).

APPLICABILITY: MSOP, program-wide

PURPOSE: To outline procedures for MSOP staff on the use of force and mechanical restraints.

DEFINITIONS:

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

Chemical irritant – a substance (e.g., oleoresin capsicum (OC)) causing a reversible inflammatory effect by chemical action at the site of contact.

Control tactics – the use of empty hand control measures and mechanical restraints designed to safely secure clients and limit the potential of injury to staff and clients.

Empty hand control measures – the use of control holds and joint manipulation to safely secure clients and limit the potential of injury to staff and clients.

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

Less than lethal device – a munition or other device designed to apply a less than lethal amount of force.

Mechanical restraint – three sets of devices, used based upon the situation, to physically restrain an individual for the safety and security of the public, staff and clients. Staff may use restraints in each of these sets in conjunction with other sets if circumstances warrant. Includes:

- A. Facility restraints – wrist restraints, leg restraints, waist belt and spit mask.
- B. Transport restraints – wrist restraints (double-locked), cuff box, waist chain, padlock and leg restraints (double-locked).
- C. Hospital restraints – polyurethane wrist, leg and belt restraints.

Reasonable force – that measure of force which is not excessive and is appropriate to protect oneself, others, or property. “Reasonable force” is force which a reasonable person, in like circumstances, would judge to be necessary to prevent an injury to oneself or others.

Riot control measures – less than lethal devices and tactics designed to quell a large-scale disturbance.

Room extraction – removing client(s) from a room or area using the different types of use of force.

Self-defense techniques – defensive tactics used to maintain the safety of persons under attack by individuals exhibiting violent/aggressive behavior.

Shield – a hand-held protective device providing a physical barrier between staff and clients.

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

Use of Force Continuum – a standard providing trained staff with guidelines as to the amount and type of force reasonable in the totality of circumstances.

PROCEDURES:

- A. As necessary, the facility director/designee ensures procedures consistent with this policy are developed for, and designated staff are trained in, all levels of intervention, up to and including the use of chemical irritants and riot control measures.

- B. Determination for Use of Force
 1. Staff must take into account the need for use of force while considering alternative interventions, the relationship between the need and the amount of force used, and the potential for risk, bodily harm or damage to persons or property. The client’s location and behavior determines when, what kind and how much force staff may use, consistent with the Use of Force Continuum (415-5080a).
 2. Staff must only use techniques and equipment in which they are trained and authorized by this policy. Staff may employ other reasonable means immediately available when it is believed necessary to prevent great bodily harm or death to the public, staff, or clients.

- C. Types of Use of Force
 1. Chemical Irritants
 - a) Prior to the use of chemical irritant, staff must attempt to warn the client to provide the client an opportunity to comply. Staff may use chemical irritants to gain control of a situation only when the client is out of behavioral control and irritant use is the safest means in which to maintain safety and security.
 - b) The facility security director, facility security program manager or facility officer of the day (OD) must authorize any use of chemical irritant, unless the delay would result in bodily harm or the loss of control of an area, or if the immediate safety of staff or clients is in jeopardy.
 - c) Staff must notify the OD and the administrator on call as soon as possible when chemical irritants are used. (Refer to MSOP Division Policy 410-5200, “On-Call.”)

- d) As soon as safety and security allow after the use of a chemical irritant:
 - (1) staff offer the client(s) decontamination methods to counter the effects of the chemical irritant
 - (a) air - remove client(s) from the contaminated area;
 - (b) water - offer client(s) water to remove contaminated particles from skin;
 - (c) time - monitor client(s) regularly and request medical intervention if conditions persist or increase in severity;
 - (2) staff document these offers in an Incident Report (410-5300a) (Phoenix), with the client's response;
 - (3) staff ensure the wellbeing of any client(s) who may have been in the area where chemical irritant was deployed, this includes physically checking on clients in close proximity including client(s) in adjacent rooms removing any client from the affected area until the area is decontaminated; and
 - (4) staff don appropriate personal protective equipment (PPE) and decontaminate the affected area as soon as safely possible with an approved decontamination agent. If additional supplies/equipment are needed, staff immediately submit work orders to the maintenance department for timely completion.
2. Self-Defense Techniques – MSOP trains staff in the program approved self-defense curriculum per the MSOP role-based training plan.
3. Control Tactics
- a) MSOP authorizes control tactics only when the application is the minimum amount of force necessary to quickly and safely end a physical confrontation or display of passive resistance.
 - b) MSOP authorizes the use of mechanical restraints for the safety and security of the public, staff, and clients.
 - (1) Mechanical restraints are used per this policy, MSOP Division Policy 415-5090, "Transports," and/or MSOP Division Security Policy 415-5092, "Hospital Stays."
 - (2) Staff must document use of mechanical restraints in an Incident Report (410-5300a) (Phoenix) and Physical Restraint History (Phoenix) (refer to MSOP Division Policy 410-5300, "Incident Reports").
 - (3) Staff apply the minimum amount of mechanical restraints necessary to provide for the safety and security of the therapeutic environment unless a specified level of restraint is required in another policy.
 - c) Only staff who have completed a facility-approved control tactics course taught by a qualified instructor may use program-approved control tactics.
4. Room Extractions – trained staff may use force methods as outlined in this policy to remove a client from a room or area.
- a) The following staff must be on scene for all room extractions:
 - (1) OD/designee to supervise the overall process;

- (2) Health Services staff to provide any necessary medical assistance; and
 - (3) a video recorder operator to document the entire process.
- b) MSOP outfits trained staff with protective equipment including a shield for the safety of the client and staff.

5. Riot Control Measures

- a) The facility director/designee must approve the use of riot control measures, carried out according to MSOP Division Policy 415-5160, "Emergency Plans."
- b) Staff are only authorized to use specific riot control measures as individually trained.

D. Monitoring, Documentation and Review

1. Whenever possible, a supervisor must be present when use of force is anticipated.
2. MSOP ensures the following steps are taken in all cases when force has been used:
 - a) each staff using or witnessing the use of force completes an Incident Report (410-5300a) (Phoenix) (refer to MSOP Division Policy 410-5300, "Incident Reports");
 - b) staff authorizing the use of chemical irritant documents either in the review section of the Incident Report (410-5300a) (Phoenix) or completes a separate Incident Report (410-5300a) (Phoenix) documenting the rationale to approve the use of chemical irritants;
 - c) Health Services staff assess the client and note in an Incident Report (410-5300a) (Phoenix) that the assessment was completed, and to refer to the medical record for more information;
 - d) after the incident, staff take photographs of any injuries sustained and/or damage to property following DCT Security Policy 145-1035, "Evidence Handling by Staff;"
 - e) whenever possible, staff utilize video recording during the use of force. Staff place the recording into evidence immediately after the incident (refer to DCT Policy 135-1000, "Audio and Video Monitoring"); and
 - f) staff conduct a debriefing of the incident and document via a Level 1 or Level 2 Incident Report (410-5300a) (Phoenix).
3. Use of Force Review
 - a) Whenever chemical irritants are used, the facility security program manager/designee prepares a review by completing the Use of Force Review (415-5080b).
 - b) The following staff are invited to attend the review:
 - (1) the client's clinical supervisor;
 - (2) the facility clinical director;
 - (3) the facility security program manager;
 - (4) the facility security director;
 - (5) the facility director;
 - (6) the client's primary therapist;
 - (7) the facility associate clinical director;
 - (8) the facility assistant director; and

(9) the unit group supervisor.

REVIEW: Annually

REFERENCES: MSOP Division Policy 410-5300, "Incident Reports"
DCT Security Policy 145-1035, "Evidence Handling by Staff"
MSOP Division Policy 415-5160, "Emergency Plans"
DCT Policy 135-1000, "Audio and Video Monitoring"
MSOP Division Policy 410-5200, "On Call"
MSOP Division Policy 415-5090, "Transports"
MSOP Division Security Policy 415-5092, "Hospital Stays"
Minn. Stat. §§ 609.02 subd. 7, 7a and 8; 10

ATTACHMENTS: Use of Force Continuum (415-5080a)
Use of Force Review (415-5080b)

Incident Report (410-5300a) (Phoenix)

SUPERSESSSION: MSOP Division Policy 415-5080, "Use of Force and Restraints," 9/7/21.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/
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