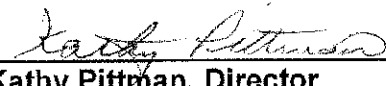


MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES JUVENILE INSTITUTIONS	
Subject: Use of Force	Policy Number: 1
Number of Pages: 11	Section: VII
Attachments None	Related Standards & References ACA 3-JTS-3A-18, ACA 3-JTS-3A-16 ACA 3-JTS-3A-28, ACA 3-JTS-3A-31 PbS Learning Institute Glossary (April 2007)
Effective Date: October 23, 2006 Revised April 06, 2007	Approved:  Kathy Pittman, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that, to prevent the possibility of serious injury to staff and juveniles, only the minimal amount of force necessary shall be used to control a juvenile or situation in the facility. Any use of force shall be fully documented and reported. Use of mechanical restraints, except during transportation shall be imposed only with authorization by the Administrator or his designee. Use of physical force is limited to situations where no alternative is available. In no event is the use of physical force justifiable as a punishment.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. **Use of Force:** Any application of physical force or use of approved restraint equipment, techniques or chemical agents employed in instances of justifiable self-defense, protection of others, protection of property, or prevention of escapes. The force can be defined as an intentional physical contact or use of equipment to control behavior in a confrontational situation.
 1. **Planned:** The situation is contained and no immediate intervention action is required; a call is made to the Administrator or his designee for further instruction and then a team under takes intervention action that is planned and uses the minimum force necessary to accomplish a lawful purpose.
 2. **Spontaneous:** There is an immediate threat to self and others; therefore immediate action is needed and an immediate response can be under taken by the staff available relying on approved methods of intervention and control.

- B. **Excessive Use of Force:** Use of force that exceeds the procedurally authorized response to the behavior or event that is being managed. In some instances excessive use of force is the use of force technique that exceeds the procedurally authorized and trained response.

Subject	Policy #	Page
Use of Force	VII.1	2 of 11

- C. **Physical Restraints:** Facility authorized and trained holds used by staff to subdue an otherwise uncontrollable youth in order to prevent the youth from injuring him or herself, or others. Does not include escort techniques and routine contact with compliant youth.
- D. **Mechanical Restraints:** Mechanical devices used to prevent an uncontrollable youth from injuring him or herself or others. Mechanical restraints may only be used for short periods of time and must be used under medical supervision. Mechanical restraints shall be defined as plastic or metallic handcuffs or wristlets, chains or anklets, or any other approved or authorized device used to limit the movement of the juvenile's body.
- E. **Therapeutic Restraints:** Medical treatments prescribed by a doctor or psychiatrist and administered to prevent a youth from injuring him/herself or others.
- F. **Chemical Restraints:** The use of chemical devices (such as pepper spray, mace, etc.) to prevent an out-of-control from injuring him-or herself or others.
- G. **Injury:** Any instance in which a youth or staff member is hurt even if treatment is not provided. This includes minor injuries such as scratches or swellings, injuries from assaults/fights, accidental injuries from playing sports or other environmental hazards, cases where a youth or staff member is injured during the application of restraints, and routine decontamination following the use of chemical restraints.
- H. **Designee:** Is defined as the shift supervisor on duty during the time of the event or Deputy Administrator if one is on the grounds and takes charge of an incident.
- I. **Lawful Order:** Any directive given by staff and directed toward youth to (a) maintain program compliance as it relates to health, safety, security, and welfare of a youth; and/or (b) insure the health, safety, welfare, and security of other youth, staff, and the community.
- J. **Failure to Comply:** A youth's refusal to obey facility rules or staff directions that results in an unsafe environment, and rises to the level of an incident.
- K. **Shift Supervisor:** The Shift Supervisor is the person designated to be in charge of the facility in the absence of the facility Administrator.
- L. **Incident Reports:** The form used to document that an incident that has occurred, which details information and circumstances relevant to an incident.
- M. **Audit:** An independent examination of procedural compliance with policy and medical protocol following a structured process using an audit questionnaire with supportive documentation and reporting findings including corrective measures required.

III. PROCEDURE

Subject	Policy #	Page
Use of Force	VII.1	3 of 11

- A. Use of Force: Any deliberate physical contact with a youth in a confrontational situation is considered to be a use of force. The force can be physical contact or the use of equipment to control behavior in a confrontational situation. Mere touching that includes shaking hands or placing a hand on a youth's shoulder in a non-confrontational situational, body searches for security purposes, or the application of restraints for transportation to court or another facility in a non-confrontational situation are not considered the use of force and do not fall under the reporting provisions of this policy.
- B. Abusive Institutional Practices: Practices and/or behaviors which, humiliate, demean, and/or abuse youth will never be used to control behavior. Harassment and disrespect is forbidden. These include using profanity when addressing youth; making sexual comments, advances, or gestures; restraining a youth as punishment using techniques such as hog-tying or pole shackling; forcing youth to engage in demeaning or excessive physical exercise; and forcing a youth to engage in demeaning behavior.
- C. Justification for Using Force: The use of force shall be a last resort. Every effort shall be made to educate youth about the rules and expectations of the facility. Supervision of activities and youth shall be provided to discourage and prevent unacceptable behavior. Intervention shall be directed at resolution without force, and utilization of the approved physical control methods when time and circumstances require an immediate response. The use of verbal interventions shall be used in lieu of using force whenever possible. Five situations are recognized that may justify the use of force on a youth. They are:
1. To Prevent Escape: A youth attempting to escape from custody or supervision.
 2. Justifiable Self Defense: If staff members realize themselves in immediate danger of being assaulted or injured in some way, force may be used; and the youth must have the means and the opportunity to inflict harm.
 3. To Protect Another Person: Staff shall intervene if a youth is harming or indicates clear intent to harm another youth, staff member, visitor, or member of the public.
 4. To Avoid Significant Property Damage: Action should be taken to prevent a youth from continuing to damage or destroy property especially when related to security and life safety systems.
 5. Where there is a Prolonged Failure to Comply: If a youth refuses to comply with orders given and staff must take some action to resolve the situation, force may be used. However, before force may be used in this situation the youth must be given clear information about the consequences of failing to comply, time must be given to consider the

Subject	Policy #	Page
Use of Force	VII.1	4 of 11

consequences (15 to 60 minutes would not be unreasonable), and the Shift Supervisor and/or Facility Administrator must be present with medical and mental health resources whenever possible.

- D. Planned and Spontaneous Use of Force: Situations where force may be used fall into two categories. They are as follows:
1. Spontaneous: In some situations, immediate force must be used to prevent injuries or other serious consequences. In those situations, the staff present may use the force necessary to control the situations. (Examples might be a youth observed attempting to escape or two youth fighting.)
 2. Planned: In situations where there is no immediate danger of injuries or a requirement to take action, a team of staff shall be assembled and shall intervene to resolve the situation. The team should include medical staff when available. The leader of the team shall be the Shift Supervisor on duty (The facility Administrator or designee may also lead the team).
- E. Storage/Availability of Security Equipment: Restraint equipment shall be stored in a secure area for emergencies. The availability, control, and use of security equipment shall be the responsibility of the Security Chief. Handcuffs shall be distributed at the beginning of each shift to authorized staff persons only. Only restraint equipment authorized by the Division of Youth Services shall be used in a situation requiring the use of force. Staff authorized to use restraint equipment shall be trained in the proper application and use of restraint equipment annually. (See policy VII.4)
- F. Prior to Use of Force: When time and circumstances allow, other intervention actions shall be used to reduce the need to employ force. Documentation shall record the circumstances and techniques employed. These interventions shall include, but are not limited to:
1. Verbal requests for compliance;
 2. Reminders of the consequences for non-compliance;
 3. Providing the youth with adequate time to think about the seriousness of the situation, the consequences of failing to comply with a directive from staff, and to comply with the instructions that have been given.
 4. The physical presence of the Shift Supervisor, or a more senior staff member throughout the use of force, unless the exhibited behaviors of the youth dictate immediate restorative action; and
 5. All efforts have been made to de-escalate a potentially hostile situation through the application of the principles of non-violent crises interventions.

Subject	Policy #	Page
Use of Force	VII.1	5 of 11

- G. Levels of Force: All authorized forms of restraint are intended to be used only as control measures and only when necessary to achieve a lawful purpose. They are not intended for, and shall never be used as, a means of punishment. The following levels of force are authorized under the described circumstances:
1. Verbal Commands: Verbal commands shall be given to a youth before and during any use of force situation. If the youth complies with the verbal commands, no further force shall be used. Verbal commands themselves do not constitute a use of force.
 2. Physical Restraints: The first level of force available to a staff member is the use of his or her hands. The employment of physical restraint shall only include the techniques taught by the approved training method. If circumstances require immediate action or non-physical alternatives have failed, staff may physically restrain a youth using the following guidelines:
 - a. The force used in physical handling shall be only as much as is reasonable and necessary in the circumstances and utilizing the approved techniques taught in training.
 - b. The type and amount of force used is consistent with the Division's training on use of force tactics and techniques. The training curriculum Handle with Care shall be used to teach staff to physically restrain youth. Staff shall use restraint techniques taught in that program and properly document the application of this method.
 3. Mechanical Restraints: Unless there is an emergency situation that requires immediate action to prevent the escape, assault upon another or one's self, and/or the destruction of property, every reasonable attempt should be taken to obtain prior authorization. Authorization for the use of Mechanical restraints may only be given by the Shift Supervisor or higher authority. The application of mechanical restraints may only be exercised by Staff trained in the proper use of force. When time and circumstance do not permit prior authorization, the incident must be adequately documented and reported to the Administrator at the earliest possible opportunity. Use of mechanical restraints is restricted to necessary applications:
 - a. To gain control of out-of-control juveniles.
 - b. As a precaution against escape during transport.
 - c. For medical reasons under the direction of medical staff.
 4. Soft Mechanical Restraints: As a medical/mental health intervention, soft mechanical restraints shall be used only when the youth, after being physically restrained, continues to engage in behavior that is combative and demonstrates potential or intended harm self or others.

Subject	Policy #	Page
Use of Force	VII.1	6 of 11

- a. The employment of soft mechanical restraints may be used only following a physicians order and incorporating protocols established by the agency medical authority. This standard applies to those situations where these restraints are part of health care treatment.
- b. A physician's approval must be obtained within one hour following the immediate emergency application of restraint and documented.
- c. Restraining youth beyond one hour requires an evaluation on site by a qualified mental health professional, who shall develop a plan for alternative interventions (e.g., return of the youth to the living unit under supervision, use of medications, transfer to a mental health facility) in a written treatment plan.
- d. The agency medical authority protocol shall require that:
 - i. Soft mechanical restraints shall be authorized only by a physician.
 - ii. Youth should not be restrained in an unnatural position (for instance, hog-tied, facedown, spread-eagle).
 - iii. Restraints should not be affixed to furnishings other than restraint devices such as a bed.
 - iv. All staff that use restraints should be trained to their application only under a nurse's supervision and the training shall reflect and incorporate the requirements of the restraint equipment manufacturer and is documented in the training file.
 - v. Staff applying restraints shall periodically be re-trained in the proper application, but not less than annually.
 - vi. Medical monitoring of a juvenile in restraints by qualified health care professionals should take place at least every fifteen minutes, and be documented and the record placed into the youth's medical record.
 - vii. Direct care and program staff shall be in constant visual supervision of the restrained juvenile.
 - viii. Medical monitoring should consist of checks for circulation and/or nerve damage, airway obstruction, or psychological trauma.

Subject	Policy #	Page
Use of Force	VII.1	7 of 11

- ix. Provisions for use of the bathroom and periodic release of limbs shall be incorporated into the medical protocol.
 - x. The use of soft mechanical restraints shall cease as soon as a qualified mental health professional evaluates the youth, confers with the physician, and determines that the youth is no longer a threat to self or others and is sufficiently in control of his actions as to no longer require the application of restraint and can safely be managed by less restrictive means. This decision shall be documented and be a part of the youth's medical record.
5. Therapeutic Restraints: Therapeutic restraints shall be administered only in situations, during which a juvenile is so uncontrollable that no other means of restraint can prevent the juvenile from harming him or herself.
- a. Therapeutic restraint shall be authorized only by a physician.
 - b. Therapeutic restraint shall be administered only by a physician or a registered nurse.
 - c. Authorization for registered nurses to administer psychotropic medication at their discretion shall only be allowed if:
 - i. a physician has examined the juvenile and determined that the order is consistent with ongoing treatment needs; and
 - ii. a report explaining the facts and reasons behind the order and providing detailed instructions and guidelines for administering the drugs accompanies the order; and
 - iii. the youth is examined regularly by nurses or trained health practitioners to determine if the clinical need still exists to maintain the medication administration.
 - d. if the medication order is continued, a daily monitoring report setting forth the facts and reasons for this continuation shall be given to the Administrator. A copy of these reports shall be placed in the youth's medical file.
6. Chemical Restraints: Approved chemical agents shall only be used as a last resort in circumstances where there is an immediate threat of harm to others, or where a weapon or hostage situation is present, or the potential exists to lose physical control of a unit or area of containment.
- i. Presence of a Weapon: Spray may be used when a youth is out of control, the use of force is warranted, and the youth

Subject	Policy #	Page
Use of Force	VII.1	8 of 11

has a weapon that presents an imminent and serious danger to staff, other youth, and/or other people.

- ii. Group Disturbance: Spray may be used if a group of youth is refusing to comply with instructions and one or more of the circumstances justifying the use of force are present including the threat of a loss of the ability to continue to contain and isolate the group.
- iii. Usage: Chemical Spray is to be used in a manner consistent with the manufacturer's directions and within the guidelines provided by an agency approved training program. Storage and staff access to chemical agents is defined by policy (VII.4). Access and possession is limited to staff persons who are properly trained in the appropriate use of such agents in addition to of other approved restraint equipment and techniques. No person may be in possession of chemical agents except that they are trained in the proper use of the device and are working in a post or assignment that is authorized to possess the device.
- iv. Staff training must include the proper use of force, application of the agent, decontamination of the agent and residual effects, alerts to restrictions on use and medical contraindications, mandatory medical follow up, comprehensive incident reporting and documentation, care and handling of the delivery device and documentation of the device's weight, recording of measured contents of canisters both when issued and returned for storage each shift.

H. Medical Treatment: Medical staff shall be consulted whenever force is used to treat injuries and to assess potential injuries. Medical staff shall exam any youth who has had force used upon them to determine if any injuries have been sustained. Medical staff shall inquire of a youth in circumstances that are private as to the source of the injury.

- 1. Any suspected, alleged, or declared abuse shall be reported consistent with agency policy and state law related to mandatory reporting of abuse or neglect allegations. These inquiries shall be documented in the medical record and steps taken to preserve evidence including pictures of all injuries observed or reported.
- 2. Immediate medical attention shall be given to both staff and juveniles if injuries were suffered or the youth complains of injuries or has any physical evidence of injury.
- 3. A nurse or medical staff person shall interview the youth involved in a use of force situation to assess potential injuries. This interview shall be

Subject	Policy #	Page
Use of Force	VII.1	9 of 11

conducted in private, separate from direct care staff to prevent intimidation. The interview results shall be documented in the medical record.

4. The medical staff shall photograph, using still or video equipment, all injuries received by youth or staff. This should include any bruises, scrapes, or marks received during the use of force incident. Photos should be dated and time noted and signed by the photographer on the back of the picture. Pictures of youth injuries shall be placed into the medical record. Photos of all injuries shall be forwarded to the Facility Administrator along with the Incident Report.
 5. Medical staff is not required to photograph a youth if no injuries were received. However, they shall complete a report which describes the examination that was given, and will document that no marks or injuries were found during the exam.
 6. Any other physical evidence present shall be documented and placed into containers, sealed and a chain of evidence established in compliance with agency procedures for evidence management, handling and storage. Staff shall be trained to handle evidence and properly collect and store evidence and in the proper documentation to support a chain of evidence. Training shall be documented in their training file.
- I. Reporting the Use of Force: The Shift Supervisor shall be notified immediately when a use of force incident occurs, via an Incident Report. (For instruction on form completion see Policy VII.2- Incident Reporting) All staff that witnessed the incident shall submit written Incident Reports. The Shift Supervisor is responsible for notifying the Administrator or Duty Administrator. The Shift Supervisor Log, which includes all Incident Reports relevant to that shift as attachments, and shall be completed and submitted to the Facility Administrator no later than the conclusion of that shift and shall include:
1. An accounting of the events leading to the use of force.
 2. An accurate and precise description of the incident and reasons for employing force.
 3. A description of the restraint method employed including sequence of application of handle with care or other approved methods.
 4. A description of the restraining devices, if any, and the manner in which it was used.
 5. A description of the injuries suffered, if any, and the treatment given and/or received.

Subject	Policy #	Page
Use of Force	VII.1	10 of 11

6. A list of the photographs that were taken and any evidence that was collected during or following the use of force incident.
 7. A list of all participants and witnesses to the incident, and the interview of all witnesses to the incidents which, are conducted by the shift supervisor.
 8. Steps taken to protect youth who may be at risk based on allegations of abuse.
 9. Isolation of staff accused of abuse from youth contact pending a review and investigation.
 10. A description of steps taken to insure the safety of youth who may be subject to retaliation.
 11. A review of the use of force decision and application methods utilized with comment by the Shift Supervisor.
- J. Disciplinary Procedure: When a premature, excessive, or inappropriate use of force is alleged to have occurred by staff, the staff member(s) may be placed on administrative leave with pay or transferred to another responsibility without youth contact until the incident investigation is completed. All staff persons are required to report staff misconduct, cooperate fully with an official investigation and may not withhold or obstruct in any way the investigation. A disciplinary suspension or loss of employment may result from any wrong doing. All known criminal acts shall be reported to the state's attorney. Investigatory follow-up shall be conducted in compliance with the Institutional Investigations Policy VII.3.
- K. Profanity: Name-calling, demeaning or belittling or racial remarks, or use of profanity by staff directed toward a youth in an attempt to demean, embarrass, ridicule, escalate emotions or gain cooperation shall not occur. Any staff member engaging in such action is subject to disciplinary action. All Staff have an obligation to report staff misconduct.
- L. Training: Training in the use of force policy shall be provided as follows:
1. Pre-service: New employees shall be trained in the use of force policy before they are assigned to work in areas where youth are housed or present. Such training shall consist of:
 - a. A comprehensive overview of the Use of Force Policy and Procedure.
 - b. Instruction on the appropriate restraint techniques, which have been approved by the Division.
 - c. Observation and Application of all DYS approved methods of restraint.
 - d. Documentation and reporting requirements.

Subject	Policy #	Page
Use of Force	VII.1	11 of 11

i. In-Service: In-service training requirements shall be determined annually through the training needs assessment process and outcomes from Quality Assurance audits of YMF. Training needs shall be incorporated into the annual training plan. (For further information about the training needs assessment process and the annual training plan, see Policy VI.7 – Training Management.)

M. Audit: These requirements for practice, documentation, reporting and training shall be audited in conformance to the Division audit schedule and these audits shall be comprehensive and incorporate documentation of findings of the status of compliance and any corrective action required shall result in a follow up audit to verify procedural compliance. Audit findings shall be provided to the training board to guide curriculum development and training requirements.