

# Use of Force Policy – Development Guide

## **Purpose & Directions:**

This guide is supplied as a convenient tool in developing a “Use of Force” Policy for your hospital. Such a policy is critical as it provides protection to patients, staff, volunteers, community members and the hospital. This policy should be developed collaboratively with all stakeholders and be the subject of system-wide training once implemented. While this guide provides suggestions, it is not meant to be exhaustive nor prescriptive in content. We have incorporated the guidelines of RIGHT RESPONSE<sup>®</sup> into the document as a recommended standard in addition to issues for discussion.

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### **PHYSICAL INTERVENTION INVENTORY**

## ***Use of Force: Defined***

**You will need to define the use of force or physical intervention.**

- Use  RIGHT RESPONSE<sup>®</sup> Guiding Philosophy as our standard.

What are the circumstances for which the use of force or physical intervention should be used? What is the specific purpose of its use?

What are the circumstances for which the use of force or physical intervention should *not* be used? For which specific purposes should it not be used?

Which interventions are allowed? (See list on last page for reference)

Which interventions are strictly not allowed?

Are specific interventions allowed for use only by specific groups or those with special training?

## SAFETY


### How Will You Maximize Safety During Crisis Response?


- Use  RIGHT RESPONSE® Safety Principles as our standard.

Describe the precautions which must be exercised by those using physical intervention.

Describe the characteristics of physical interventions which should be used.

### Consider These Characteristics of Physical Interventions:

Check whether the characteristic will be allowed or prohibited. For your convenience, the  column shows whether the characteristic is allowed/supported by RIGHT RESPONSE® or not. If techniques not taught in RIGHT RESPONSE are required, identify a source for defensive tactics training.

Allow	Prohibit	Risk		Physical Intervention Characteristic or Element
		Low	✓	Use balance, weight, leverage, momentum instead of force
		Low	✓	Consideration for height/weight disparities
		Med	✗	Pain compliance
		Med	✗	Pressure points
		Med	✗	Hyperextension of limbs
		Med	✗	Joint or skin torsion
		Med	✗	Straddling or sitting on torso
		Med	✗	Excessive force (beyond resisting with like force)
		Med	✗	Any maneuver that involves punching, hitting, poking or shoving the person
		High	✓	Restraining a person lying on their stomach (Prone Hold)
		High	✗	Restraining a person lying on their back (Supine Hold)
		High	✗	Arm or other joint locks
		High	✗	Sleeper hold or any maneuver that puts weight or pressure on any artery, or otherwise obstructs or restricts circulation
		High	✗	Wrestling holds, body throws or other martial arts techniques
		High	✗	Head hold where the head is used as a lever to control movement of other body parts
		High	✗	Any maneuver that forces the person to the floor on his/her knees or hands and knees
		High	✗	Any technique that keeps the person off balance (such as shoving, tripping, pushing on the backs of the knees, pulling on the person's legs or arms, swinging or spinning the person around, etc.)
		High	✗	Any technique that restrains a person vertically face first against a wall or post
		High	✓	Use of mechanical restraint such as handcuffs
		High	✗	Use of chemical restraint such as pepper spray
		High	✗	Use of Electroshock devices such as taser

## ***APPROPRIATE LEVEL OF RESPONSE***

- Use  **RIGHT RESPONSE®** *Continuum of Intrusiveness as our standard.*

What is your preference for the use of force or physical intervention in relation to other possible interventions? What is the progression in which interventions should be attempted before using physical intervention?

What is your continuum of intrusiveness by which the physical intervention techniques themselves should be used?

What is the role of behavior plans in your programs? How should they be followed? Who should receive training regarding the development and implementation of these plans?

What is your policy regarding property damage? When should it be prevented and when should it not? Is there a specific value to which you define property damage or should it only be based on safety?

## ***DIGNITY & CULTURAL CONSIDERATIONS***

- Use  **RIGHT RESPONSE®** *Dignity Guidelines as our standard.*

How will you ensure the rights and protection of your patients? How will you ensure the professionalism of your staff in all situations?


How will you ensure that individuals or groups of individuals will not be unfairly targeted by prejudice?

## ***ADHERENCE TO REGULATIONS***

What specific regulations govern your choices regarding use of force or physical intervention? Please note physical intervention characteristics or techniques which are specifically prohibited by your regulations. Your policy should include specific reference to regulations at these levels:

- Federal
- State
- County
- Corporate
- Building
- Licensing

## ***TRAINING REQUIREMENTS***

- Use  RIGHT RESPONSE® Training Requirement as our standard.

How will you ensure that all staff likely to use force or physical intervention will be properly trained and will maintain sufficient skill?

Are there specific job roles which require training? Do they have the same training requirements?

- |  |   |
|--|---|
| <input type="checkbox"/> Nursing staff     | <input type="checkbox"/> Clergy         |
| <input type="checkbox"/> Office staff      | <input type="checkbox"/> Volunteers     |
| <input type="checkbox"/> Counselors        | <input type="checkbox"/> Bus drivers    |
| <input type="checkbox"/> Therapists        | <input type="checkbox"/> Custodians     |
| <input type="checkbox"/> Managers          | <input type="checkbox"/> Dining staff   |
| <input type="checkbox"/> Administrators    | <input type="checkbox"/> Substitutes    |
| <input type="checkbox"/> Physicians        | <input type="checkbox"/> Teaching staff |
| <input type="checkbox"/> Principals        | <input type="checkbox"/> Family         |
| <input type="checkbox"/> Orderlies         | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Security Officers | <input type="checkbox"/> Other: _____   |

## ***DEBRIEFING PROCEDURES***

- Use  RIGHT RESPONSE® Postvention as our standard.

### **Post-Crisis Teaching**

How will you follow-up with a person after you intervened in their crisis? What outcomes are you seeking? When will this happen and how will it be documented?

### **Post-Crisis Learning**

How will you ensure that staff debrief an incident, both individually as well as in teams? When will this happen? Is there a specific format to be followed? Does this need to be documented?

### **Documentation**

What paperwork needs to be completed after an incident? What format is preferred and what specific information must be included? What is the deadline and process for submission? How will the data in incident reports be tracked and analyzed over time?

**PHYSICAL INTERVENTION INVENTORY**

Specify which of the following physical intervention techniques will be allowed and which prohibited:

**A Self-Protection**

- Basic Safety Position
- Basic Safety Movements
- Avoidance of Blows or Kicks
- Repelling
- Self-Protection from Blows or Kicks
- Release from Pinches
- Release from Grabs
- Release from Scratches
- Release from Bites
- Release from Hair Pulls
- Release from Body Grabs
- Release from Chokes
- Use of Soft shields
- Use of Hard shields

**B Escorts**

- Midsection Clothing Control
- Hip Control
- 1 person, 1 arm
- 1 person, cross arm
- 2 person rear
- 2 person front
- 3 person rear

**C Holds**

- 1 person Standing Hold
- 2 person Standing Hold
- 3 person Standing Hold
- 1 person Chair Hold
- 2 person Chair Hold
- 2 person Chair Hold
- Seated on the Floor Hold

- Small Child Standing Hold
- 2 person Wall Hold
- 3 person Wall Hold
- 1 person Floor Hold
- 2 person Floor Hold
- 3 person Floor Hold
- Use of Shields
- Protection from Handheld Weapons
- Exclusionary Time Out
- Time out rooms
- Seclusion
- Mechanical restraints

Note: The following **aversive techniques** are *not* taught in RIGHT RESPONSE Workshops in favor of less intrusive and less risky alternatives. Consult your specific regulations regarding the use of these techniques and identify a source for defensive tactics training, if these techniques are required.

**D Aversive Interventions**

- Handcuffs
- Restraint chairs
- Papoose boards
- Chemical restraints
- Pepper spray
- Sedatives
- Electroshock devices
- Taser
- Electric shock prods