Use of Force

Courtesy of a NHA Member Hospital

1. SCOPE

This document defines the use of force actions allowed by staff.

2. PURPOSE

To establish guidelines to maintain the level of force used to control violent or aggressive situations at the lowest level needed to protect staff, patients and visitors.

3. PROCEDURE/REQUIREMENTS

3.1 Use of Force:

3.1.1 The use of force toward another person when you believe that such force is immediately necessary for the purpose of preventing physical harm or unlawful force by another person, by using force to either:

- 3.1.1.1 Dissuade another party from using force to harm you or another person
- 3.1.1.2 Physically intervene to stop harm to you or another person.

3.1.2 The use of force is governed by statute and is usually authorized in a progressive series of actions, referred to "use of force continuum". This continuum of force progresses from verbal orders, through physical restraint, up to lethal force.

3.1.3 The general rule for the level or amount of force used is:

- 3.1.3.1 The force used must be reasonable
- 3.1.3.2 Only the least amount of force may be used to control the situation
- 3.1.3.3 Using lesser levels of force would be or are ineffective in preventing harm

3.1.4 This procedure will serve as a guideline to address use of force as a means of controlling a situation. It will not serve as guideline for use of force as a means of self-defense and escape.

3.2 Use of Force Continuum

3.2.1 The use of force continuum includes the following levels

- 3.2.1.1 Physical presence
- 3.2.1.2 Verbal de-escalation (using reasoning, providing options, may include verbal commands)
- 3.2.1.3 Empty hand control
  - 3.2.1.3.1 Soft empty hand (touch control, grasp)
  - 3.2.1.3.2 Hard empty hand (strike)
- 3.2.1.4 Intermediate weapons (using non-lethal chemical, electronic, or impact weapons, this does not include firearms or knives)

Use of Force

3.2.1.5 Deadly force (using any force with the purpose of, or having a substantial risk of, causing death or serious bodily injury)

3.2.2 The use of force is fluid and dynamic and does not follow a linear progression through the continuum

3.3 Physical Presence

3.3.1 Staff or Medical Center agents may be requested to be present during an aggressive situation in order to have a show of force. Further action may not be needed, as the physical presence of one or more individuals may be enough to de-escalate the situation.

3.4 Verbal De-escalation

3.4.1 When possible verbal de-escalation should be the first option in conflict resolution.

3.4.2 Verbal de-escalation and verbal re-direction should be used throughout the event and until control of the situation is established, even when using a higher level of force.

3.4.3 Staff should recognize they may withdraw to a position that is more secure or allows greater distance from the threat or danger.

3.4.4 Select staff and agents are trained in de-escalation techniques. This technique is taught during Directed Intervention and Personal Management of Aggressive and Violet Behaviors (PMAV) training.

3.5 Empty hand control

3.5.1 Soft empty hand

3.5.1.1 Touch control can be used to control individual appendages to prevent harm to others or self.

3.5.1.2 Soft empty hand takedowns are control techniques that are not likely to cause harm.

3.5.1.3 Restraint of movement (grasping) can be used to pin and hold an appendage to prevent striking or hitting. For example pinning a hand to a patient's chest or holding an individual to the floor.

3.5.1.4 Guiding touch is the physical escorting of individuals to another destination.

3.5.2 Hard empty hand

3.5.2.1 Hard empty hand techniques include; open or closed hand strikes, knee strikes and toe kicks.

3.5.2.2 Hard empty hand techniques can only be used when it is considered the least amount of force needed to control the situation and lesser levels of force would be or are ineffective.

3.5.2.3 Hard empty hand takedowns are forceful takedowns that are used to control an aggressive or violent situation by immediately placing the individual on the floor.

Use of Force

3.6 Intermediate Weapons

3.6.1 Intermediate weapons are any tool or device, other than lethal force devices, used to strike or control aggressive or violent behavior, such as:

- 3.6.1.1 Non-lethal chemical agents
- 3.6.1.2 Electronic control or restraint device (tasers, stun gun, electronic leg device)
- 3.6.1.3 Impact weapons (batons)
- 3.6.1.4 Commonly found items in the workplace (fire extinguishers, blunt objects, flash light, IV pole, broom handle)

3.6.2 Staff and Hospital Security

- 3.6.2.1 Hospital staff and Hospital Security are prohibited from carrying non-lethal chemical, electronic, or impact weapons (batons) while performing their duties.
- 3.6.2.2 Hospital staff and Hospital Security are not allowed to use intermediate weapons unless it is against deadly force or to prevent death or serious bodily injury to self or others, see section 3.1.3.

3.6.3 Armed Security (contracted off-duty law enforcement)

- 3.6.3.1 Armed Security is allowed to carry intermediate weapons as allowed by their commissioning agency
- 3.6.3.2 Use must follow the officers agencies guidelines
- 3.6.3.3 Prior to use, whenever feasible:
  - 3.6.3.3.1 Give the violent person a reasonable opportunity to voluntarily comply
  - 3.6.3.3.2 Issue a verbal warning prior to use of an intermediate weapon, when possible
- 3.6.3.4 The use of non-lethal chemical, electronic, or impact weapons must result in a law enforcement action/follow-up

3.7 Deadly Force

3.7.1 Deadly force is an action, which is likely to cause death or has a substantial risk of causing serious bodily injury. Deadly force is not limited to the use of firearms.

3.7.2 Any action, tool or device used in a manner that is likely to cause death or has a substantial risk of causing serious bodily harm can be considered a deadly force tool.

3.7.3 Deadly force is authorized when it is the least amount of force necessary to control or escape a violent situation or when lesser levels of force would be or are ineffective in managing the situation.

3.8 Restraints

3.8.1 Violent or uncontrolled behavior may result in the use or restraints (medical, violent or forensic) or spit hoods. See policy Restraints and Seclusion

Use of Force

3.9 Use of Force Authorized

3.9.1 Staff and agents working on behalf of XXX Hospital are authorized to use force to control a violent situation and protect staff, patients and visitors from harm, injury or death.

3.9.1.1 Staff and agents may only use the least amount of force needed to control the situation. The term least amount of force is defined as using force that only slightly exceeds the force used against them or another.

3.9.2 Use of Non-Deadly Force

3.9.2.1 Non-Deadly force includes all levels of force; excluding deadly force.

3.9.2.2 Where deadly force is not appropriate, our staff and agents may use only least amount of force necessary to bring an individual under control.

3.9.2.3 Staff and our agents are authorized to use non-deadly force techniques to:

3.9.2.3.1 Protect themselves or others from physical harm;

3.9.2.3.2 Medically and lawfully restrain or subdue an individual; and/

3.9.2.3.3 or Bring a situation safely under control.

3.9.3 Use of Deadly Force

3.9.3.1 Staff and agents are authorized to use deadly force to protect themselves or others from what is objectively and reasonably believed to be an imminent threat of death or serious bodily harm.

3.9.4 De-escalation

3.9.4.1 If after, or during a response to a violent event the violent person de-escalates to a lower level, the responder (staff or agent) must also de-escalate to a lower use of force level.

3.10 Documentation

3.10.1 All aggressive or violent behavior and use of force technique used to control or resolve the situation incidents must be documented in B-Safe.

4. REFERENCES

National Institute of Justice https://www.nij.gov/topics/law-enforcement/officer-safety/use-of-force/pages/continuum.aspx

Definitions: https://www.definitions.net/definition/use%20of%20force

IAPSC; Use of Force by Security Personnel https://iapsc.org/wp-content/uploads/2015/08/BestPractices_UseForce.pdf

CMS