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occurs in situations where an inmate is in an area that can be isolated (e. g., a locked cell, a range) and where there is no immediate, direct threat to the inmate or others. When there is time for the calculated use of force or application of

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restraints, staff must first determine if the situation can be resolved without resorting to force (see 552.23).]

Section 552.23 refers to Section 6 of this Program Statement.

(1) Circumstances. Based on experience, calculated rather than immediate use of force is feasible in the majority of incidents correctional practitioners encounter. Staff must use common sense and good correctional judgment in each situation to determine when there is time for the calculated use of force. The safety of persons involved is the major concern. Obviously, immediate (and unplanned) use of force by staff is required if an inmate is trying to self-inflict life-threatening injuries, or is attacking a staff member or another inmate. If those circumstances are not present, staff should ordinarily employ the principles of calculated use of force.

Calculated use of force would be appropriate, for example, if the inmate is in a cell or in an area where the door or grill is (or can be) secured, even where an inmate is verbalizing threats or brandishing a weapon, provided staff believe there is no immediate danger of the inmate hurting self or others. The calculated use of force situation permits the use of other staff (e.g., psychologists, counselors) in attempting to resolve situations in a non-confrontational manner.

(2) Documentation. This process will be documented in writing for placement in the inmate's central file, and will be videotaped to include an introduction of all staff participating in the confrontation avoidance group and the actual confrontation avoidance process. This tape and documentation will be made part of the investigation package for the After Action Review process. Additionally, each videotape of each incident where force is used will be forwarded by the Warden to the appropriate Regional Director, within two working days of the incident.

The entire interaction shall be documented in writing in the FOI Exempt section of the inmate's Central File to reflect each staff member's actions and response while participating in the confrontation avoidance process.

[c. If use of force is determined to be necessary, and other means of gaining control of an inmate are deemed inappropriate or ineffective, then the Use of Force Team Technique shall be used to control the inmate and to apply soft restraints, to include ambulatory leg restraints. The Use of Force Team Technique ordinarily involves trained staff, clothed in protective gear, who enter the inmate's area in tandem, each with a coordinated responsibility for helping achieve immediate control of the inmate.]

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(1) Staffing and Equipment. The Use of Force Team Technique ordinarily involves five or more staff specifically trained in these techniques. Each member of the Use of Force Team shall be clothed in protective gear; i.e., helmet with face shield, jumpsuit, gloves, boots, and pads. This technique is used to quickly and effectively gain control of an inmate without injury to staff or inmate. In using the Use of Force Team Technique, the constraints, methods, and guidance presented in the Bureau of Prisons' Correctional Services Manual will be followed.

(2) Team Member Responsibilities. The team should ordinarily be briefed by the Lieutenant in command of the team to identify the responsibility of each team member. The lead team member should ordinarily have the assignment of pinning the disruptive inmate's body to the wall or floor, the second member should secure the upper left portion of the body, the third member the upper right portion, the fourth member the lower left portion, and the fifth member the lower right portion of the body. The third member will be responsible for applying handcuffs to the inmate's wrists and the fifth member will be responsible for applying leg irons to the inmate's legs.

The handcuffs will be applied so that the inmate's hands are positioned behind the back. Team members will not be assigned specific body parts (i.e., left arm, right leg, etc.), since this may become confusing in the event the inmate moves himself in a position where staff are attempting to identify left from right legs and arms. With assignments of left or right portions of the body, team members will merely be required to secure the portion of the body as they see it (e.g., the third member will secure the upper right portion of the inmate's body he/she observes, the fifth member will secure the lower right portion of the inmate's body he/she observes, etc.).

(3) Precautions. There should be no unnecessary talking or removing of equipment by team members during the entire exercise. Staff should, as much as possible, protect the inmate's head from injury. The Supervisory Lieutenant should be positioned to observe the entire use of force incident, and he/she shall not be actively involved in subduing the inmate, unless it is deemed necessary to prevent staff or inmate injury. Professionalism and discipline during the exercise are of the utmost importance.

(4) Use of Other Techniques. Other means for gaining control of an inmate may include use of chemical agents, pepper mace, or non-lethal weapons (e.g., a stun gun which is designed to temporarily incapacitate an individual).

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[d. Any exception to procedures outlined in this rule is prohibited, except where the facts and circumstances known to the staff member would warrant a person with correctional experience to reasonably believe other action is necessary (as a last resort) to prevent serious physical injury, or serious property damage which would immediately endanger the safety of staff, inmates, or others.]

Use of Force incidents will be documented and reviewed, and if the provisions of this directive are violated, such review will also determine if a person with correctional experience would reasonably believe the situation required an exceptional response and if the actions taken were reasonable and appropriate. The Warden (or Acting Warden), Associate Warden (over Correctional Services), Captain, and Health Services Administrator comprise the After-Action Review Team reviewing the incident on the next work day after the incident. The Warden will personally document to the Regional Director within two work days that the review has occurred and that the use of force was either appropriate or inappropriate.

This rule applies to all instances involving the use of force, except for the use of firearms (see the Program Statements on Firearms and Badges and the Correctional Services Manual for more specific procedures on Use of Force Team Techniques).

5. [PRINCIPLES GOVERNING THE USE OF FORCE AND APPLICATION OF RESTRAINTS
552.22

a. Staff ordinarily shall first attempt to gain the inmate's voluntary cooperation before using force.]

See Section 6 of this Program Statement for confrontation avoidance procedures prior to any calculated use of force.

[b. Force may not be used to punish an inmate.

c. Staff shall use only that amount of force necessary to gain control of the inmate. Situations where an appropriate amount of force may be warranted include, but are not limited to: defense or protection of self or others; enforcement of institutional regulations; and the prevention of a crime or apprehension of one who has committed a crime.

d. Where immediate use of restraints is indicated, staff may temporarily apply such restraints to an inmate to prevent that inmate from hurting self, staff, or others, and/or to prevent serious property damage. When the temporary application of restraints is determined necessary, and after staff have gained

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control of the inmate, the Warden or designee is to be notified immediately for a decision on whether the use of restraints should continue.]

Restraints should be used only when other effective means of control have failed or are impractical.

Designee refers to the Acting Warden or Administrative Duty Officer.

[e. Staff may apply restraints (for example, physical handcuffs) to the inmate who continues to resist staff control of that inmate, and may apply restraints to any inmate who is placed under control by the Use of Force Team Technique. If an inmate in a forcible restraint

situation refuses to move to another area on his own, staff may physically move that inmate by lifting and carrying the inmate to the appropriate destination.]

Staff are cautioned not to use the restraints for lifting or carrying an inmate.

[f. Restraints should remain on the inmate until self-control is regained.

g. Except where the immediate use of restraints is required for control of the inmate, staff may apply restraints to, or continue the use of progressive restraints on, an inmate while in a cell in administrative detention or disciplinary segregation only with approval of the Warden or designee.

h. Restraint equipment or devices (e.g., handcuffs) may not be used in any of the following ways:

(1) As a method of punishing an inmate;

(2) About an inmate's neck or face, or in any manner which restricts blood circulation or obstructs the inmate's airways;]

Tape shall not be placed around an inmate's mouth, nose, or neck. Staff protective gear provides sufficient insulation from an inmate's spitting or biting; therefore, no effort should be made by use of towels, sheets, blankets, hosiery, or masks or any other device, to prevent an inmate from spitting.

[[3) in a manner that causes unnecessary physical pain or extreme discomfort;]

Staff in general, and the Lieutenant-in-charge in particular, shall ensure that no unnecessary pressure is placed on an inmate's body in applying restraints (for example, the inmate's chest, back or neck).

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While the proper application of restraints may result in some discomfort, examples of prohibited uses of restraints would include, but are not limited to: hogtying, unnecessarily tight restraints, or improperly applied restraints. All inmates placed in restraints should be closely monitored.

Hard restraints (i.e., steel handcuffs and leg irons) are to be used only after soft restraints prove ineffective, or a past history of ineffectiveness exists.

[[4) to secure an inmate to a fixed object, such as a cell door or cell grill, except as provided in 552.24.]

Section 552.24 refers to Section 9 of this Program Statement.

[i. Medication may not be used as a restraint solely for security

purposes.

j. All incidents involving the use of force and the application of restraints (as specified in 552.27) must be carefully documented.]

This documentation includes, whenever practicable, filming the incident and having it reviewed by key administrators of the institution. Reports and videotapes of the incident must be reviewed, audited, and monitored by Regional and Central Office staff.

Use of force incidents must be reported and investigated both to protect staff from unfounded allegations and to eliminate the unwarranted use of force.

6. [CONFRONTATION AVOIDANCE PROCEDURES 552.23. Prior to any calculated use of force, the ranking custodial official (ordinarily the Captain or shift Lieutenant), a designated mental health professional, and others shall confer and gather pertinent information about the inmate and the immediate situation. Based on their assessment of that information, they shall identify a staff member(s) to attempt to obtain the inmate's voluntary cooperation and, using the knowledge they have gained about the inmate and the incident, determine if use of force is necessary.]

In calculated use of force situations, there is ordinarily time for the Captain or Shift Lieutenant, the designated mental health professional, or anyone else so designated, such as the inmates's Unit Manager, Case Manager, or Counselor, to confer with each other and to assess the situation. This discussion could be done by telephone or in person, the purpose being to gather relevant information about the inmate's medical/mental history, any recent incident reports or situations which may be contributing to the inmate's present state of mind (e.g., a pending criminal prosecution or sentencing, the recent death of a loved one, or a divorce).

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This assessment could include discussions with staff who are familiar with the inmate's background or present status. This information may provide insight into the cause of the inmate's immediate agitation, and assist in the identification of staff members who may have some rapport with the inmate, or who are more likely to be successful in attempting to reason with the inmate.

7. USE OF FORCE SAFEGUARDS. To prevent injury and exposure to communicable disease in calculated use of force situations, the following shall occur.

a. Staff participating in any calculated use of force, including those participating in the Use of Force Team technique, shall:

- (1) wear appropriate protective gear, and
- (2) receive training on communicable diseases during Annual Refresher Training.

b. Personnel with a skin disease or skin injury shall not be permitted to participate in a calculated use of force action.

c. Whenever possible, in an immediate use of force circumstance, staff should obtain and use appropriate protective equipment (helmets with face shields, jumpsuits, gloves, pads, etc.) prior to intervening:

(1) If an emergency situation results in a use of force, precautions such as clothing help to decrease the chances of transmission.

(2) Any time staff members are going into a cell or area where there is reason to believe that blood or body fluids would be present, protective devices shall be available and shall be used by those staff entering that area.

d. Following any use of force incident, any area where there is spillage of blood, or other body fluids, shall be sanitized immediately upon the authorization of the Special Investigative Supervisor (SIS) or Shift Supervisor, who must first make the determination as to whether there is a need to preserve evidence;

(1) All blood and body secretions should be immediately removed in an appropriate waste disposal container and the area washed with an antiseptic solution.

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(2) Standard sanitation measures should be implemented following any use of force incident where there has been a spillage of blood or other body fluids by any inmate or staff member involved. Staff or inmates wearing protective gloves should immediately sanitize the cell walls or floors, etc., with an appropriate disinfectant. In addition, any clothing that has been contaminated with these fluids, including the equipment and clothing of the staff involved in the use of force, should be immediately disinfected or destroyed, as appropriate.

8. PROGRESSIVE AND AMBULATORY RESTRAINTS. For the purposes of this Program Statement, progressive restraints are defined as the process of using the least restrictive restraint method to control the inmate as deemed necessary for the situation. Based on the inmate's behavior, more restrictive and secure restraints may be utilized. Ambulatory restraints are defined as approved soft and hard restraint equipment, which allows the inmate to eat, drink, and take care of basic human needs without staff intervention.

Ambulatory restraints should initially be used to restrain an inmate if deemed appropriate for the situation. If the situation dictates the need for more restrictive or secure restraints, based on the inmate's behavior, staff should make the determination as to what form of restraint method should be used; i.e., hard restraints without waist chain or waist belt, hard restraints with waist chain or waist belt, four-point soft restraints with hard restraints used for securing the inmate to the bed, and finally, four-point hard restraints. In situations involving highly assaultive and aggressive inmates, progressive restraints may be used as an intermediate measure in placing the inmate into, or removing an inmate from, four-point

restraints.

9. [USE OF FOUR-POINT RESTRAINTS 552.24. When it is determined that four-point restraints are the only means available to obtain and maintain control over an inmate, the following procedures must be followed:

a. Soft restraints (e.g., vinyl) must be used to restrain an inmate, unless such restraints previously have proven ineffective with respect to that inmate, or proven ineffective during the initial application procedure.]

Only under two conditions may staff use hard restraints for four-point restraints:

(1) when soft restraints on the inmate previously have proven ineffective; or

(2) when soft restraints prove ineffective during their initial application on the inmate.

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The Warden must approve the placement of four-point restraints on an inmate. This may not be delegated below the Warden's level.

[b. Inmates will be dressed in clothing appropriate to the temperature.

c. Beds will be covered with a mattress, and a blanket/sheet will be provided to the inmate.]

Under no circumstance will an inmate be allowed to remain naked or without bed covering placed over the inmate's body unless determined necessary by medical staff.

[d. Staff shall check the inmate at least every thirty minutes, both to ensure that the restraints are not hampering circulation and for the general welfare of the inmate. When an inmate is restrained to a bed, staff shall periodically rotate the inmate's position to avoid soreness or stiffness.]

Initially, inmates restrained to a bed ordinarily should be placed in a "face-down" position to avoid possible complications involving vomiting.

[e. A review of the inmate's placement in four-point restraints shall be made by a Lieutenant every two hours to determine if the use of restraints has had the required calming effect and so that the inmate may be released from these restraints (completely or to lesser restraints) as soon as possible. At every two-hour review, the inmate will be afforded the opportunity to use the toilet, unless the inmate is continuing to actively resist or becomes violent while being released from the restraints for this purpose.]

The decision to release an inmate or apply lesser restraints is ordinarily made by the Shift Lieutenant. It shall never be delegated below the Lieutenant's level.

[f. When the inmate is placed in four-point restraints, medical personnel shall initially assess the inmate to ensure appropriate breathing and response (physical or verbal). Staff shall also ensure that the inmate's circulation has not been restricted or impaired by the restraints. When inmates are so restrained, medical personnel ordinarily are to visit the inmate at least twice during each eight-hour shift. Use of four-point restraints beyond eight hours requires the supervision of medical personnel. Mental health and medical personnel may be asked for advice regarding the appropriate time for removal of the restraints.]

In institutions without 24-hour medical coverage, the Shift Lieutenant will ordinarily conduct the checks, if medical

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coverage is not available. This does not apply to the use of four-point restraints beyond eight hours, which requires medical supervision. If problems are observed by the Shift Lieutenant, medical staff shall be contacted for further instructions.

[g. When it is necessary to restrain an inmate for longer than 8 hours, the Regional Director or Regional Duty Officer is to be notified telephonically by the Warden or designee or institution administrative duty officer.]

The notification is to be repeated for each consecutive eight hour period the restraints remain in place. Documentation as to the reasons for each placement in four-point restraints, regardless of the duration, shall be provided to the Regional Director or Regional Duty Officer on the following work day.

10. [USE OF CHEMICAL AGENTS OR NON-LETHAL WEAPONS 552.25. The Warden may authorize the use of chemical agents or non-lethal weapons only when the situation is such that the inmate:

- a. Is armed and/or barricaded; or,
- b. Cannot be approached without danger to self or others; and,

c. It is determined that a delay in bringing the situation under control would constitute a serious hazard to the inmate or others, or would result in a major disturbance or serious property damage.]

Medical staff shall be consulted prior to staff using chemical agents, pepper mace, or non-lethal weapons, unless the circumstances are such that immediate use is necessary. Whenever possible, the inmate's medical file should first be reviewed to determine whether the inmate has any diseases or condition which would be dangerously affected if the chemical agent, pepper mace, or non-lethal weapon was used. This includes, but is not limited to: asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure.

- d. When using a chemical agent aerosol dispenser, it shall not be used

at a range closer than four feet. The stream should not be intentionally dispersed into the eyes, although the inmate must be touched on the face by the chemical in order for the agent to be effective. The effective method of dispersion is to dispense the chemical at the inmate's lower facial areas. The stream should be discharged in one short (two-second) burst. If control is not achieved within 15 seconds after the initial discharge, a second (two-second) burst per individual may be effected.

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The inmate's eyes must be examined by a member of the medical staff immediately after the application of chemical agents. The eyes are to be flushed with cold water within five minutes after exposure, to ensure appropriate decontamination. The inmate should also be examined by medical staff at 24-hour intervals for a minimum of 14 days, to ensure there are no further medical complications affiliated with the affects of the chemical agent.

e. When using a pepper mace (Oleoresin Capsicum) dispenser, it shall not be used at a range closer than four feet. Unlike chemical agents, the stream or dust should be dispersed to target the inmate's entire face, to ensure full affect. The pepper mace should be discharged in one short (two-second) burst. If control is not achieved within 15 seconds after the initial discharge, a second (two-second) burst per individual may be used for additional affect.

Although pepper mace does not have the same long-lasting affect as chemical agents, the inmate should be allowed to wash with soap and water all areas affected by the agent; i.e., eyes, mouth, armpits, groin, etc., within 15 minutes after the pepper mace has been applied. In addition, the inmate should be allowed to rinse these same body areas one hour following the initial cleansing, to ensure appropriate decontamination. The most effective method in achieving this cleansing and decontamination is to allow the inmate to shower; however, this may not always be possible, due to the inmate's behavior. The inmate should also be examined by medical staff at 24-hour intervals for a minimum of 14 days, to ensure there are no further medical complications affiliated with the effects of the pepper mace.

f. Operational requirements of the Stun Gun are contained in the Program Statement on the Use of Federal 203-A Gas Gun with Zuriel Adapter (Stun Gun).

11. [MEDICAL ATTENTION IN USE OF FORCE AND APPLICATION OF RESTRAINTS INCIDENTS 552.26

a. In immediate use of force situations, staff shall seek the assistance of mental health or medical staff upon gaining physical control of the inmate. When possible, staff shall seek such assistance at the onset of the violent behavior. In calculated use of force situations, guidance of medical staff (based on a review of the inmate's medical record) will be sought by the use of force team leader to identify physical or mental problems. When mental health or medical staff determine that an inmate requires continuing care, and particularly when the inmate to be restrained is pregnant, the deciding staff shall assume

responsibility for care of the inmate, to include possible admission to the institution hospital, or, in the case of a pregnant inmate, restraining her in other than face down four-point restraints.

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b. After any use of force or forcible application of restraints, the inmate shall be examined by a member of the medical staff, and any injuries noted, immediately treated.]

If any staff involved in a use of force reports an injury, medical staff should provide immediate examination and initial emergency treatment.

12. USE OF FORCE IN SPECIAL CIRCUMSTANCES. In certain extenuating circumstances, and after confrontation avoidance has failed or has proven to be impractical, staff may be forced to make a decision, such as whether to use force on a pregnant inmate or an aggressive inmate with open cuts, sores, or lesions. Special cases such as mentally ill, handicapped, or pregnant inmates, after consultation with the Chief Medical Officer, must be carefully assessed to determine whether the situation is grave enough to require the use of physical force.

a. Pregnant Inmates. When pregnant inmates have to be restrained, necessary precautions to ensure the fetus is not harmed shall be taken. The necessary precautions should be prescribed by institution medical staff, including decisions about the manner in which the inmate is to be restrained, whether she needs a staff member present during the application of restraints, or whether the inmate should be restrained at the institutional hospital or local medical facility.

b. Inmates with Wounds or Cuts. Aggressive inmates with open cuts or wounds who have attempted to harm themselves or others should be carefully approached, with staff wearing prescribed necessary protective gear. A full body shield should also be used in these instances to protect staff, if force is deemed necessary. Aggressive inmates, after being placed in restraints, should be placed in administrative detention and separated from all other inmates. Inmates of this status should remain in administrative detention until cleared to return to the general population by the Captain, Chief Psychologist, and the Chief Medical Officer, and after the Warden's approval.

13. [DOCUMENTATION OF USE OF FORCE AND APPLICATION OF RESTRAINTS INCIDENTS 552.27. Staff shall appropriately document all incidents involving the use of force, chemical agents, or non-lethal weapons. Staff shall also document, in writing, the use of restraints on an inmate who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the inmate's central file.]

a. Use of Force Report. A Use of Force Report (EMS-585, Attachment A) is to be prepared on the use of force, chemical agents, pepper mace or non-lethal weapons. The report is to establish the identity of inmates, staff, and others involved, and is to describe the details of the incident. The report (to

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include mental health/medical reports) must be submitted to the Warden or designee by no later than the end of that tour of duty. A copy of the report is to be placed in the inmates' central file. Copies are also to be sent within two work days to:

- (1) Assistant Director, Correctional Programs Division;
- (2) Assistant Director, Health Services Division;
- (3) Central Office Correctional Services Administrator;
- (4) Regional Director; and,
- (5) Regional Correctional Services Administrator.

A report is not necessary for the general use of restraints (for example, the routine movement or transfer of inmates).

b. Four-Point Restraints Report. Thirty minute checks of inmates placed in four-point restraints shall be recorded in a bound ledger and recorded on the Special Housing Unit Report form (BP 292). Documentation of 30-minute checks shall continue until the four-point restraint placement is terminated.

During reviews of inmates' status while in four-point restraints (i.e., every two-hour review where the inmate is allowed to use the toilet facilities and his behavior is evaluated), each negative response by the inmate shall be documented in the bound ledger.

c. Videotape of Use of Force Incidents. Staff shall immediately obtain and record with a video camera any use of force incident, unless it is determined that a delay in bringing the situation under control would constitute a serious hazard to the inmate, staff, or others, or would result in a major disturbance or serious property damage. This video recording shall also ordinarily include medical examination following the application of restraints, use of chemical agents, use of pepper mace, and/or use of non-lethal weapons.

Calculated use of force shall be videotaped following the sequential guidelines presented in the Correctional Services Manual. The original videotape must be maintained and secured as evidence in the SIS Office. A copy of every calculated use of force videotape, after review by the Warden (within two work days of the incident), shall be immediately provided to the Regional Director for review. Videotapes of questionable or inappropriate cases will immediately be forwarded by the Regional Director to the Assistant Director, Correctional Programs Division, Central Office, for review.

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When an immediate threat to the safety of the inmate, staff or others, or to property, requires an immediate response, and there is no time for a calculated use of force, the staff members have an obligation to obtain a

camera and begin recording the event as soon as it is feasible. Once control of the situation has been obtained, staff should record information about injuries, a description of the circumstances that gave rise to the need for immediate use of force, and the identification of the inmates, staff, and others involved.

d. Documentation Maintenance. All documentation, including the videotape and the original EMS 585, shall be maintained by the Captain for a minimum of two and one-half years. A separate file shall be established on each use of force incident.

14. AFTER-ACTION REVIEW OF USE OF FORCE AND APPLICATION OF RESTRAINTS INCIDENTS. Following any incident involving the use of force, whether calculated or immediate, and the application of restraints, the Warden, Associate Warden (responsible for Correctional Services), Captain, and the Health Services Administrator shall meet together and review the incident. This review is to assess the reasonableness of the actions taken (e.g., if the force used was appropriate and in proportion to the inmate's actions). They should gather relevant information, determine if policy was followed, and then complete a standard After-Action Report (EMS 586, Attachment B), recording the nature of their review and findings.

a. Videotape Review. The After-Action Review Team should also review the video tape for the following:

(1) Professionalism of the Lieutenant during the Forced Cell Team technique should be evident. The Lieutenant must be in the proper Correctional Services uniform. Lieutenants should not be dressed in riot gear or wearing chains or jewelry or other ornaments that would detract from a professional appearance. In addition, the Lieutenant should face the video camera and speak normally;

(2) Use of Force Team members shall wear appropriate protective gear. This ordinarily includes: helmet with face shield, coveralls, flack vest, arm and knee pads, and lineman gloves. Occasionally, a plastic shield may be used to prevent staff or inmate injury. No other piece of equipment or device is authorized. Equipment not authorized includes: towels, tape, surgical mask, hosiery, etc. Each Use of Force Team member should introduce himself/herself on the video and describe his or her responsibilities;

(3) Use of Force Team members, as they enter the cell or area, must use only the amount of force necessary to subdue the inmate. If the inmate is already restrained, voluntarily submits to the placement of restraints, discontinues his violent

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behavior, etc., it may be necessary for the Use of Force Team to minimize the amount of force used. The Lieutenant in charge of the Use of Force Team shall ensure only the force necessary is used, based on the nature of the situation. The Lieutenant must clearly monitor the actions of the inmate and the team members. The Lieutenant should not be actively involved in subduing the inmate, unless it is determined necessary to prevent staff or inmate injury;

(4) The application of restraints by team members must be reviewed to ensure no more pressure than necessary is applied to the inmate's thorax (chest and back), throat, head and extremities;

(5) The amount of time it takes for team members to restrain the inmate should be reviewed. If an excessive amount of time elapses; i.e., more than five minutes, and the inmate is not struggling with staff, it may be that team members are not adequately trained;

(6) Removal of protective gear by team members should not occur while inside the cell or area. Protective gear must remain on team members during the entire process;

(7) The videotape must run continuously during the entire process. If there are breaks or apparent missing sequences in the video, reviewers must question why and document the propriety of the explanation;

(8) A member of the medical staff must promptly examine the inmate after the move and the findings must be noted by that person on the videotape;

(9) When a Stun Gun, chemical agents, or pepper mace is used, the method of use must be determined. Review Team members should ensure that use of these devices was in accordance with existing policy; i.e., Program statement applicable to use of the 37/38 mm Gas Gun with Stun Adapter, Correctional Services Manual;

(10) Prior to the team entering the cell, the inmate was given the opportunity to voluntarily submit to the placement of restraints. If he or she submits, then team action is ordinarily unnecessary; and,

(11) Inappropriate conversations (derogatory, demeaning, taunting, etc.) occurring between team members and the inmate, or between team members and individuals outside of the cell or area.

b. Report Completion. At the completion of this review, an After-Action Review Report (EMS-586, Attachment B) shall be completed, as soon as possible, not later than the end of the first working day following the incident. This timing will

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ensure that staff having relevant information will be available and that any necessary medical follow-up can be immediately provided to ascertain the nature of any injuries involved.

The Warden or designee shall then personally attest by his or her signature that the review has taken place and that the use of force was either appropriate or inappropriate. The reviewers should also decide if the matter requires further investigation, and whether the incident should be referred to the Office of Internal Affairs, the Office of the Inspector such an assessment shall be included. Copies of this report shall be forwarded to the Assistant Director, Correctional Programs and the

() OTHER: (SPECIFY)

LIST FULL NAME OF ALL PRINCIPLE STAFF INVOLVED IN INCIDENT:

CONFRONTATION AVOIDANCE (LIST NAME AND TITLE):

- 1. 4.
- 2. 5.
- 3. 6.

FORCE CELL TEAM MEMBERS, IF USED (LIST NAME AND TITLE):

- 1. 5.
- 2. 6.
- 3. 7.
- 4. 8.

LIST MEDICAL STAFF PRESENT PRIOR TO OR DURING INCIDENT (IF NONE PRESENT, EXPLAIN WHY):

IF MEDICAL TREATMENT REQUIRED BY EITHER STAFF OR INMATES, LIST NAMES, INJURIES, AND TREATMENT:

3. WAS THE INCIDENT VIDEOTAPED SEQUENTIALLY AS OUTLINED IN THE CORRECTIONAL SERVICES MANUAL? IF NO, EXPLAIN WHY NOT, AND INDICATE AT WHAT POINT TAPING DID BEGIN.

- () YES
- () NO

INDICATE TAPE ECN (EVIDENCE CONTROL NUMBER):

LIST THE STAFF WHO HAVE SUBMITTED MEMOS, IN ADDITION TO PRINCIPLE STAFF LISTED ON PAGE 1 (INCLUDING USE OF FORCE TEAM):

DESCRIPTION OF INCIDENT (INCLUDES DETAILS, SUCH AS NAME OF THE SUPERVISOR APPLYING THE CHEMICAL AGENT AND/OR RESTRAINTS, REASONS FOR THE USE OF HARD RESTRAINTS INSTEAD OF SOFT RESTRAINTS, ETC.):

ROUTING: REGION CEO; REGION CORR SVC; BOP CORR SVC; BOP MED SVC

FILE: CAPTAIN; INMATE CENTRAL FILE; SIS

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AFTER-ACTION REVIEW REPORT
USE OF FORCE/RESTRAINTS/CHEMICAL AGENTS/NON-LETHAL WEAPONS
(EMS FORM 586)

INSTITUTION: 3 REGION: 3 REPORT DATE: 3 SUBMITTED BY: 3

DATE/TIME OF INCIDENT: 3INCIDENT LOCATION (EXAMPLE: SHU):
3

PROHIBITED ACT CODE(S): 3INCIDENT REPORT NUMBER(S):
3

USE OF FORCE CLASSIFICATION:

- () EMERGENCY, UNPLANNED USE OF FORCE
- () CALCULATED, PLANNED USE OF FORCE

USE OF RESTRAINTS CLASSIFICATION:

- () NONE USED
- () BRIEF, EMERGENCY USE WHILE UNDER SUPERVISION/ESCORT
- () ONGOING USE

INMATES INVOLVED 3 SEX 3 3CITIZEN-3**CIMS
3 REG. NO. 3 M/F 3RACE *3SHIP * 3

CATEGORY
1.) 3 3 3 3 3
2.) 3 3 3 3 3
3.) 3 3 3 3 3

*CODES: RACE = W/WHITE, B/BLACK, A/ASIAN, I/AMERICAN INDIAN
CITZ = SENTRY CITIZENSHIP, SUCH AS: CU/CUBA, CO/COLOMBIA,
MX/MEXICO, JM/JAMAICA, HA/HAITI, ETC.

**CIMS CATEGORIES: SCA, STATE, SEPARATION, DISR GROUP, OTHER (SPECIFY)

2. NAMES OF PARTICIPANTS IN AFTER-ACTION REVIEW: (MUST INCLUDE THE WARDEN

OR ACTING WARDEN, ASSOCIATE WARDEN FOR CORRECTIONAL SERVICES, CAPTAIN.
AND A MEMBER OF THE MEDICAL STAFF)

INDICATE THE ITEMS REVIEWED:

- () CONFRONTATION AVOIDANCE MEASURES
- () VIDEO TAPE OF THE INCIDENT
- () STAFF MEMOS
- () MEDICAL REPORTS OF EXAMINATION AND INJURIES
- () SUPERVISOR'S REPORT
- () TYPE OF RESTRAINTS USED
- () METHOD OF RESTRAINT
- () OTHER: (SPECIFY)

THE AFTER-ACTION REVIEW HAS DETERMINED:

- () THE ACTIONS TAKEN WITH RESPECT TO THE USE OF FORCE AND/OR RESTRAINTS WERE REASONABLE AND APPROPRIATE AND HAVE BEEN REVIEWED WITH STAFF INVOLVED.
- () THE MATTER NEEDS FURTHER INVESTIGATION AND HAS BEEN REFERRED TO THE OFFICE OF INTERNAL AFFAIRS.

INDICATE WHERE VIDEOTAPES AND ORIGINAL DOCUMENTS ARE STORED:

() SIS OFFICE

(INDICATE EVIDENCE CONTROL NUMBER FOR TAPES)

() OTHER LOCATION (DESCRIBE AND WHY)

DD
DESCRIBE ANY EXTRAORDINARY ACTIONS WHICH HAD TO BE TAKEN, AS A LAST
RESORT, TO PREVENT SERIOUS PHYSICAL INJURY OR SERIOUS PROPERTY DAMAGE,
AS DESCRIBED IN SECTION 4(D) OF PROGRAM STATEMENT 5566.4.

DD
RECOMMENDATIONS/RESULTS OF AFTER-ACTION REVIEW.

DD
ROUTING: REGION CEO; REGION CORR SVC; BOP CORR SVC; BOP MED SVC