

CHAPTER: Security and Supervision	Associated Policy #: 413
Title: Use of Force - Facilities Standard Operating Procedures	
Security Level: A – Only Department staff may have access to this document.	
Effective Date: 2/25/2022	Next Review Date: 2/25/2023

GENERAL GUIDELINES

A. Scope

1. When an individual in Department of Corrections' (DOC) custody ("incarcerated individual") presents with dangerous behavior, facility staff have a responsibility to intervene. Facility staff may employ reasonably necessary force consistent with current communication (e.g., Advanced Communication Techniques or ACT) and use-of-force training to respond to dangerous behavior. Dangerous behavior refers to several kinds of assaultive behavior including, but not limited to: striking, pushing, kicking, biting, spitting or throwing bodily fluids or feces. It also refers to self-harm and situations that require facility staff to physically move an incarcerated individual who is noncompliant.
2. "Use of Force" refers to any situation in which staff use physical force against an incarcerated or supervised individual, or other person, except for those situations in which security restraints are used in a standard manner for escort or transport. It also refers to the physical direction by DOC staff to achieve an incarcerated individual's compliance with staff instructions.
3. Use of force does not refer when staff: routinely move incarcerated individuals; physically interact with compliant incarcerated individuals (e.g., transporting a compliant incarcerated individual to court or jail); physically assist an incarcerated individual to do something they otherwise cannot (e.g., stand up, walk); or provide emergent medical care to an incarcerated individual who is unconscious.

B. Preconditions

1. All facility staff may use reasonably necessary force to protect themselves or other persons.
2. Prior to the use of force, staff shall:
 - a. make every effort to de-escalate situations, (e.g., exhaust verbal interventions) to the greatest reasonable extent to avoid the need to use force; and
 - b. provide the potential recipient with clear directions and a choice to cooperate, if feasible.

C. Less-Than-Lethal Force

Staff shall only use as much force as is reasonably necessary to control the situation with less-than-lethal force strategies and techniques that minimize the likelihood of injury to any person involved. Staff shall only use force to gain a control advantage or are responding to an emergent situation.

D. Training Requirement

Only currently trained, and certified (where appropriate), staff shall engage planned use of force techniques.

1. Staff who are not currently certified in use of force may only use force that is reasonably necessary to protect themselves or others.
2. Trained staff may also use force in additional situations as outlined in the Procedural Application sections below.

E. Use of Force Visibility

Staff shall conduct themselves in a professional manner at all times. When outside the correctional facility, staff shall recognize that they may be audio- or video-recorded at any time, possibly by bystanders.

1. Staff shall refrain from interfering with, or preventing, this type of recording.
2. Staff shall document whether they observed any type of recording of their use of force in their written report of the use-of-force incident other than the facility fixed cameras and the Department-issued body-worn cameras, if applicable.

PROCEDURAL APPLICATION

A. When Force May Be Used

1. Trained staff may use force (e.g., control and restraint techniques), in accordance with the guidelines established by this SOP, and related training, only when:

[REDACTED]

5. Trained staff are authorized to use restraints and oleoresin capsicum (OC) in accordance with established guidelines and related training when reasonably necessary to:

[REDACTED]

- [REDACTED]
6. Routine use of restraints during the transportation of compliant incarcerated individuals does not qualify as a use of force.

B. Prohibitions on the Use of Force

Staff shall not:

- [REDACTED]
6. leave an incarcerated individual face down after a use of force and staff shall take actions that prevent positional asphyxiation.

C. Factors Affecting Use of Force

1. When using force with an incarcerated individual staff shall consider, whenever possible:
- [REDACTED]
2. When determining the appropriate amount of force to use, if any, staff shall take into account any knowledge they have that indicates an incarcerated individual's behavior may be the result of factors beyond the offender's control, such as a stress response, anxiety, hypervigilance, disassociation, or seriously functionally impaired (SFI).

[REDACTED]

3. When staff can reasonably conclude that an incarcerated individual's conduct may be the result of factors beyond the individual's control (see C.1. and C.2. above), staff may take that information into account when determining whether, or how much, force is appropriate to use. This shall include considering whether the individual's behavior may be the result of a stress response (i.e., fight, flight, or freeze), anxiety, hypervigilance, or disassociation, or impaired mental processing.

D. Levels of Force

1. Less-than-lethal Force is a level of force that would not be reasonably expected to result in serious bodily injury or death.
 - a. Staff shall only apply the amount of force that is reasonably necessary to control a situation.
 - b. Less-than-lethal force may be employed through the use of control and restraint techniques, a device, or a staff member's bodily force, in accordance with the guidelines established by this SOP and related training only to:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- c. Staff shall only have access to, and employ (in accordance with relevant training), less-than-lethal devices that are approved, purchased, and issued by the Department such as:

[REDACTED]

[REDACTED]

[REDACTED]

- d. Corrections staff are authorized to use less-than-lethal options under the following conditions:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
2. Lethal (deadly) force is force that creates a substantial likelihood of causing serious bodily injury or death.
 - a. All force has the potential to be lethal, depending on how it is employed and the condition of the individual receiving the force. Lethal force is deployed through the use of firearms approved, purchased, and issued by the DOC. The Chief Firearms Instructor shall develop appropriate training guidelines which the Department shall approve and administer through certified instructors.

- [REDACTED]
- c. Approved firearms include:

- [REDACTED]
- d. Staff shall only access and apply lethal weapons that have been approved, purchased, and issued by the Department.

E. Types of Force

1. Emergent Use of Force

- a. Emergent uses of force refer to when staff must respond to situations that are unexpected and force is reasonably necessary to gain control of the situation. In other words, they are situations in which time and circumstances do not permit approval by a higher-ranking staff member, or the time to consult or plan. Staff are expected to know the amount of force needed to overcome the level of resistance faced and to be able to apply the proper level of force needed to control the incarcerated individual's behavior and to protect themselves or others.
- b. Examples of emergent use of force situations include:
 - i. Direct attacks on staff members or other individuals; and

2. Planned Use of Force

- a. Planned uses of force refer to when staff have the opportunity to plan a use of force. In other words, the situation allows time to plan, to consult with a supervisor, Qualified Health Care Professional (QHCP), or Qualified Mental Health Professional (QMHP). Planned uses of force may also allow staff the opportunity to assemble the necessary equipment and staff resources.
- b. When an incarcerated individual is threatening self-injurious behavior, a planned use of force may represent the best means of preventing or limiting injury to staff and incarcerated individuals. The DOC recognizes, however, that this type of situation may escalate into an emergent force situation.
- c. Staff shall video record every planned use of force incident.
- d. Prior to every planned use of force staff can expect a QHCP to review the medical file of any involved incarcerated individual to determine if there are any medical issues for staff to consider before applying force techniques (e.g., oleoresin capsicum or OC).

- e. Staff can expect a QMHP, if available, to review the medical chart, including the mental health record, of any involved incarcerated individual, to determine if any alternative intervention may be used to avoid the use of force. Staff shall consult the QMHP, if available, on the type of force that is considered to determine if there are any potentially-problematic conditions that would render any technique or tool especially dangerous to apply.
- f. If a QMHP is not available, staff shall:
 - i. expect a QHCP to perform this review, and
 - ii. contact a QMHP by phone as necessary to solicit consultation.
- g. If an incarcerated individual has been designated as SFI, staff shall make every effort to consult with the QMHP with the best knowledge of the individual in any planned use of force prior to using force.
- h. A QHCP shall be present whenever planned force is used in case emergency medical care is required. The QHCP shall remain in a safe area, adjacent to where the force is applied.

[REDACTED]

F. Use of Force Techniques

- 1. These use of force techniques and tools are available to trained staff so that they may restrain, secure, or control an individual when reasonably necessary.
 - a. Staff may use control and restraint techniques in the following situations:
 - [REDACTED]
 - b. As with any type of force, staff shall only apply the minimal amount of force reasonably necessary under the circumstances to gain control of the situation.
- 2. Restraints or OC are use-of-force techniques that are available to trained staff so that staff may restrain, secure, or control an incarcerated individual when necessary.
 - a. Authorized equipment and restraints include:
 - [REDACTED]

[REDACTED]

b. Staff shall not confine an incarcerated individual in an unnatural or unsafe manner, for example, by:

[REDACTED]

ii. securing their feet to the handcuffs behind their back.

G. Chemical Agent Use [Oleoresin Capsicum (OC) Devices]

1. The Department shall issue OC to all Correctional Officers (COs) who are current on OC training. Other staff may be issued OC at the discretion and direction of the facility Superintendent, provided the staff member has satisfactorily completed necessary use-of-force and OC training.

2. Staff may use OC to protect themselves and others from imminent physical harm or loss of life or to suppress riots, disturbances, or willful destruction of property. If order cannot be restored by applying less forceful methods (e.g., staff presence or verbal interventions), staff may deploy OC against an individual or groups of incarcerated individuals.

3. Staff shall use any of the following factors to determine whether to use OC:

a. The use of verbal and other de-escalation skills has not resolved the conflict.

[REDACTED]

4. Staff shall use chemical agents, like OC, in accordance with the following:

a. Restrictions: staff shall never use chemical agents:

- i. to punish an incarcerated individual,
- ii. on an individual who is under control or is compliant,

b. Staff shall use chemical agents in accordance with the manufacturer's specifications and with approved training.

c. Staff shall only use the amount of chemical agent reasonably necessary to establish control over the incarcerated individual and safety for involved persons.

d. When employing OC *spray*, staff shall primarily aim for the face, eyes, nose, and mouth. [REDACTED]

[REDACTED]

6. The DOC reserves the right to use other chemical agents as necessary to control a situation and to maintain safety and security.
7. Decontamination Procedures of Chemical Agents
Immediately after control has been established and/or resistance has ceased, staff shall make every reasonable effort to employ decontamination procedures on anyone affected, as follows:
 - a. Read aloud to the individual the Administrative OC warning.
 - b. Remove the individual from the contaminated area.
 - c. Flush the affected area on the individual's person with clean, cold, water.
 - d. Provide fresh air or some other form of ventilation, when practical.
 - e. Instruct the individual to breathe normally through their nose.
 - f. Provide verbal reassurance and explanation of the effects, as appropriate.
 - g. Do not apply lotion, salve, or cream.
 - h. Press wet paper towels to the affected individual's face to remove resin from exposed skin. Follow with a dry paper towel.
 - i. Instruct individuals wearing contact lenses to remove them before their eyes are flushed.
 - j. Seek, without exception, evaluation of the affected incarcerated individual by medical staff after control is regained; use of a chemical agent constitutes a use of force.
 - k. The Correctional Facility Shift Supervisor (CFSS) shall place any incarcerated individual on whom a chemical agent has been used on 15-minute security observation checks for a minimum of two (2) hours following decontamination procedures.
 - l. The CFSS shall place any incarcerated individual designated as SFI, and on whom a chemical agent has been used, on 15-minute security observation checks for a minimum of 24 hours following decontamination procedures.

H. Restraints

Restraints shall be used by DOC staff on incarcerated individuals in the following situations:

1. Routine Movement. Restraints used during the routine movement (including movement

to/from segregation or medical) of an incarcerated individual from one point to another within a correctional facility shall not be considered a use of force.

2. Transportation. Use of restraints during the routine transportation of an incarcerated individual to and from a correctional facility to a court, medical appointment, or program in the community, shall be governed by the DOC's policy on transportation of incarcerated individuals, and shall not be considered a use of force.

3. Restraint Status

[REDACTED]

b. Staff shall constantly, without exception, supervise incarcerated individuals on any restraint status around other incarcerated individuals.

4. Spit Hood

a. Staff may employ a spit hood to reduce risk of assault with bodily fluids when staff are in close contact with incarcerated individuals.

b. Staff on the scene may apply a spit hood based on an assessment of risk factors that includes: verbal threats, attempted assault on staff with bodily fluids, and history of assaulting staff with bodily fluids.

c. Staff shall only apply a spit hood to an individual who is physically restrained.

d. Any incarcerated individual in a spit hood shall remain under constant observation, and staff shall remain alert for altered breathing or vomiting. Staff shall provide appropriate emergency care in the case of altered breathing or vomiting.

e. Staff shall remove the spit hood as soon as it is safe to do so.

5. Containment of Dangerous Behavior

Staff may use restraints to:

[REDACTED]

6. Restraint Chair

a. Any use of the restraint chair shall be considered a use of force.

b. See specific information on the use of the restraint chair below.

I. Restraint/Transport Chair Use

1. Correctional staff may use the restraint chair to achieve safe immobilization of an incarcerated individual exhibiting violent or uncontrollable behavior.

a. Staff may also use the restraint chair to prevent incarcerated individuals from injuring themselves or others, or to prevent property damage after less restrictive control techniques are attempted but prove ineffective.

b. When using the restraint chair, staff shall follow all departmental suicide prevention procedures.

[REDACTED]

[REDACTED]

4. Restraint Chair Use

After it has been determined that the restraint chair is necessary, and its use has been authorized, staff shall use it in accordance with the following:

- a. Only correctional staff trained in the use of the restraint chair shall place an individual in, or remove them from, the restraint chair. [REDACTED]
- b. Staff shall always use the restraint chair while it is in an upright position. Staff shall never lay the restraint chair on its back while the chair is occupied.
- c. Before placing an individual in the restraint chair, staff shall complete the following:
 - i. Visually inspect the restraint chair to ensure that all equipment and accessories are in proper working order;

[REDACTED]

- iii. Decontaminate anyone who has been subjected to the use of chemical agents;

[REDACTED]

[REDACTED]

vi. Lift the wheels of the restraint chair; and

[REDACTED]

d. While placing an individual in the restraint chair, staff shall:

- i. videorecord the placement of the individual in the restraint chair;
- ii. position the incarcerated individual in front of the restraint chair with their back toward the seat;

[REDACTED]

b) Staff shall assist the individual while they are being placed into the chair.

- iii. use caution by refraining from, at any time, wrapping the belts or straps around the individual's head or neck; and

[REDACTED]

[REDACTED]

[REDACTED]

e. After placing an incarcerated individual in the restraint chair:

- i. staff shall apply a pair of shower shoes to the incarcerated individual's feet;
- ii. staff may transport the incarcerated individual to any area in the facility for observation; and
- iii. staff shall place the incarcerated individual under constant observation while they are in the restraint chair.

f. While an individual is in the restraint chair, staff can expect a QHCP to:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- v. communicate the individual's status to correctional staff; and
- vi. document their examination on the Restraint Chair Monitoring Log Form.

g. When using or monitoring the restraint chair, staff shall:

- i. place the incarcerated individual under constant observation while in the restraint chair;

[REDACTED]

- iii. offer the incarcerated individual the opportunity to eat meals consisting of appropriate finger foods at the proper times (staff shall document the offer, including whether or not it was accepted, on the appropriate paper forms);
 - iv. offer the incarcerated individual water whenever appropriate to maintain hydration, or, at least every two (2) hours (staff shall document the offer, including whether or not it was accepted, on the appropriate paper forms);
 - v. immediately communicate any concerns to their immediate supervisor, the Security and Operations Supervisor (SOS), Assistant Superintendent, or Superintendent, if they observe anything related to the use of the restraint chair that would jeopardize the health of the occupant.
- h. Staff shall not use restraints:
- [REDACTED]
- [REDACTED]
- [REDACTED]
- i. While an individual is in the restraint chair, the SOS or CFSS shall complete the following:
- i. Conduct hourly checks on the restraint chair used which shall include:
 - a) talking with the incarcerated individual;
 - b) checking the restraints for comfort and security;
 - c) developing an appropriate plan for release; and
 - d) checking the Restraint Chair Monitoring Log Form for appropriate entries.
 - ii. Ensure that the appropriate staff person fills out the appropriate paper form until the incarcerated individual is released from the restraint chair.
 - iii. Ensure that no one is kept in the restraint chair for more than two (2) hours without the Superintendent's or designee's authorization.
- [REDACTED]
- j. If the restraint chair use was ordered by a physician, psychiatrist, or QMHP, that individual, or their counterpart, may renew the authorization by telephone for [REDACTED]
- [REDACTED]
- k. Staff can expect a psychiatrist or advanced practice nurse to physically (i.e., in person) assess any incarcerated individual who has been in the restraint chair for more than eight hours.
- i. Staff can expect the assessor to include in their assessment a clinical formulation and behavioral management plan that addresses the goal of limiting the need for future use of restraints.
 - ii. Staff can expect the assessor to include, to the greatest extent possible, the incarcerated individual's input in a contingency plan that minimizes future need for restraints.
- l. Staff shall notify the DOC Director of Health Services, the Director of Addiction and Mental Health Services, or their designees if any incarcerated individual is restrained

- [REDACTED]
- m. Staff shall remove the incarcerated individual from the restraint chair when a supervisor and QHCP have determined the individual is no longer a threat to themselves or others and the incarcerated individual can be managed through other means.
 - i. The decision to remove the individual from the restraint chair shall be made by the
 - a) SOS or the CFSS in consultation with a QHCP; or
 - b) QHCP, in consultation with the CFSS, when a health care emergency precipitated the use of the restraint.
 - ii. The SOS and QHCP shall consult with one another to determine whether or not to remove an individual from the restraint chair despite the restraint's purpose.
[REDACTED]
 - iv. Prior to removing the individual from the chair, staff shall lift the wheels of the restraint chair.
 - v. Staff can expect a QHCP to examine the incarcerated individual immediately after their removal from the restraint chair.
 - vi. Staff shall clean and disinfect the restraint chair prior to storage.
 - vii. Staff shall complete the Restraint Chair Monitoring Log Form and OMS (Offender Management System) Incident Report after the incarcerated individual is removed from the restraint chair.
 - n. The SOS shall maintain a list of all staff trained in the use of the restraint chair.

J. Medical Considerations for Use of Force

- 1. Staff shall practice universal precautions during planned uses of force.
 - a. Universal precautions recommend handling all blood and other body substances as if they are infectious.
 - b. These precautions are taught in basic First Aid, CPR and in Blood-borne Pathogens training.
- 2. If a use of force appears imminent staff are encouraged to wear appropriate personal protective equipment.
- 3. Staff shall seek a medical review following an emergent use of force during which they have been, or suspect they have been, exposed to a bodily fluid.

K. After Care and Injuries

- 1. Each Superintendent shall ensure that the following occurs if staff, incarcerated individuals, or other persons are injured during a use-of-force incident:
 - a. All persons involved shall be assessed immediately for injuries that may have occurred during the use of force on an incarcerated individual;
[REDACTED]

[REDACTED]

- b. Staff shall call for emergency medical assistance if anyone was injured during a use of force incident and:
 - i. the injured person requests medical attention; or
 - ii. a staff member reasonably believes medical attention is necessary.
- c. In accordance with the DOC's policy on incident reporting, all staff involved in any use-of-force incident shall report to the Superintendent if any injury occurs to them, or there are observable injuries to others, including those that did not require immediate medical attention; and
- d. Staff shall document use-of-force-related injury information by completing an incident report and First Report of Injury, if appropriate. Some situations may also require staff to complete a Buildings and General Services (BGS) incident report.

L. Storage, Inventory, Maintenance, and Use of Weapons and Munitions

[REDACTED]

M. Use of Force in Special Circumstances

- 1. Staff may be faced with determining whether or not to use force on an incarcerated individual in special circumstances after de-escalation techniques have failed or are not practical.

[REDACTED]

[REDACTED]

4. Psychiatric Emergencies

Staff shall expect the nurse on duty to immediately notify and consult with the DOC Facility Superintendent and the DOC Health Services Designee about any considered use of emergency psychotropic medications and then also notify the same parties of any actual use.

- a. Once the determination to use emergency psychotropic medications has been made, staff shall expect to work with medical in applying the necessary restraints in order to administer the medications.
- b. Staff shall expect medical providers to monitor the condition of the incarcerated individual and inform staff when restraints may be removed.
- c. Staff shall expect to work with medical providers to determine the placement of the

incarcerated individual post restraint.

N. Use of Force Documentation

1. Staff shall document any use of force incident per the DOC's policy on incident reporting.
2. At a minimum, an OMS incident report is required for any use-of-force incident. Every use-of-force report shall include an accurate and detailed:
 - a. accounting of the events leading up to the use of force, including any efforts to de-escalate the situation or prevent the need for force;
 - b. description of the incident, force used, and reasons for employing force;
 - c. description of the type of force used and how it was used;
 - d. description of the injuries sustained, if any, and the treatment applied, if known, along with attached photographs, if any;
 - e. information about as many participants and witnesses to the incident as possible; and
 - f. description of any weapons and the manner in which they were used.
3. Staff shall complete documentation of use-of-force incidents in OMS by the end of their assigned shift.
4. Staff shall complete initial debriefing by the next business day unless the Superintendent waives the debriefing.
5. The Superintendent shall report any allegedly excessive use of force to the Director of Facilities or designee.
6. Staff shall download, and tag, any body-worn camera recording of any use of force, in accordance with the DOC policy on body-worn cameras.

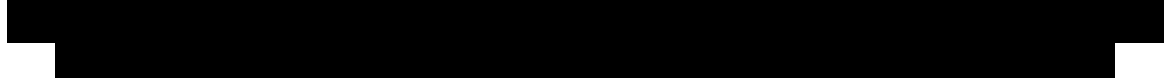
O. Review

1. Superintendents (or designee), and a designated operations manager, shall, at a minimum, review all use of force incidents.
2. Additional review may be required based on whether or not the incident involved:
 - a. an injury requiring medical attention beyond routine first aid;
 - b. [REDACTED]
 - c. any complaint filed by a party or witness;
 - d. [REDACTED]
 - e. per request by the Chief of Operations, Facilities Director, or relevant superintendent or designees.
3. The Chief of Operations, Facilities Director, or relevant Superintendent or designees may conduct an additional review of incidents, depending on the circumstances.
4. Any staff member conducting a review shall document the review in OMS.

P. Training

1. All facility staff members who work in security assignments shall complete and maintain annual certification in advanced communication techniques, non-lethal use of force, and restraint chair.

[REDACTED]

- 
4. The Superintendent shall monitor compliance with this directive and ensure that training records are entered into the DOC's training database. Staff supervisors shall note compliance in staff performance evaluations.