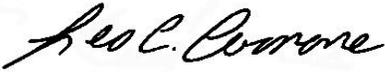


 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 6.5	Effective Date 2/13/2013	Page 1 of 13
	Supersedes Use of Force, dated 4/1/2011		
Approved By  Commissioner Leo C. Arnone	Title Use of Force		

1. Policy. The Department of Correction shall set forth the circumstances under which correctional staff are authorized to use physical and/or deadly physical force in the performance of their duties.

2. Authority and Reference.
 - A. United States Constitution, Eighth Amendment: *Whitley v. Albers*, 475 U.S. 312 (1986) and *Hudson v. McMillian*, 503 U.S. 1, (1992).
 - B. Connecticut General Statutes, Sections 18-81, 53a-3(4), 53a-3(5), 53a-18 through 53a-22.
 - C. Administrative Directives 2.7, Training and Staff Development; 4.7, Records Retention; 6.2, Facility Post Orders and Logs; 6.4, Transportation and Community Supervision of Inmates; 6.6, Reporting of Incidents; 6.9, Control of Contraband and Physical Evidence; 6.11, Canine Unit; 7.2, Armories; 7.3, Emergency Plans; 7.4, Emergency Response Units; 8.5, Mental Health Services; 8.6, Credentials of Health Services Staff; and 9.4, Restrictive Status.
 - D. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-3A-01.
 - E. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4090 through 4-4092, 4-4190, 4-4191, 4-4199, 4-4202, 4-4204, 4-4206 and 4-4281.
 - F. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-2B-01, 4-ALDF-2B-03, 4-ALDF-2B-04, 4-ALDF-2B-07, 4-ALDF-6A-07 and 4-ALDF-7B-16.
 - G. American Correctional Association, Standards for Adult Probation and Parole Field Services, Third Edition, August 1998, Standards 3-3175 and 3-3176.
 - H. American Correctional Association, Standards for Correctional Training Academies, First Edition, May 1993, Standards 1-CTA-3A-20, 1-CTA-3A-23 and 1-CTA-3A-24.
 - I. National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1999, Standard P-66.

3. Definitions and Acronyms. For the purposes stated herein, the following definitions and acronyms apply:
 - A. Barricade Obstruction Tool (BOT). An armory item utilized to safely move or remove a barricade or obstruction from the interior of a cell door from the outside in an effort to assist in the effective deployment of chemical agent into the cell.
 - B. Chemical Agent Devices. Chemical agent devices consist of two (2) categories:
 1. Category I devices are hand held aerosol dispensers; and,

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2. Category II devices consist of all methods of administration other than hand held aerosol devices.

- C. CMHC. Correctional Managed Health Care.
- D. Deadly Physical Force. Physical force which can be reasonably expected to cause death or serious physical injury.
- E. Full Stationary Restraint. Securing an inmate by the four (4) points of the arms and legs to a stationary surface.
- F. In-Cell Restraint. Restraint within a cell of an acutely disruptive inmate utilizing one or more of the following restraining devices as appropriate: handcuffs, leg irons, security (tether) chain, belly chains, flex cuffs and/or black box.
- G. Less-than-Lethal Munitions. Ammunition, to include Category II chemical agent projectiles or impact rounds, not reasonably expected to cause death or serious physical injury.
- H. Lethal Munitions. Ammunition that when used may reasonably be expected to cause death or serious physical injury.
- I. OC. Oleoresin Capsicum.
- J. Physical Force. Physical contact or contact through use of an armory item/canine initiated by a staff member in response to a non-compliant inmate for the purposes of establishing, maintaining or restoring control, order, safety and/or security. Routine use of physical contact shall not be considered physical force, including the routine use of restraints.
- K. Qualified Mental Health Provider. Psychiatrists, psychologists, psychiatric nurse clinicians, psychiatric social workers, and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for the mental health needs of inmates.
- L. Restraints. Restraints shall include any mechanical device used to control the movement of an inmate's body and/or limbs, including but not limited to flex cuffs, soft restraints, hard metal handcuffs, a black box, Chubb cuffs, leg irons, belly chains, a security (tether) chain or a convex shield.
- M. Serious Physical Injury. Physical injury which creates a substantial risk of death, or which causes serious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ.
- N. Therapeutic Restraints. Full stationary restraints that are ordered by a psychiatrist or physician as part of a medical or mental health treatment.
- O. UHC. University of Connecticut Health Center.

4. General Principles.

- A. A Department employee may use physical force on an inmate to maintain discipline, order, safety and security while in the performance of the employee's official duties. The amount of force used shall be reasonable and appropriate to the circumstances based on the situation, the information in the possession of correctional personnel at the time, and the information reasonably available under the circumstances. Force shall be utilized in order to promote the safety of the public, staff and inmates and shall be based on sound correctional objectives.
- B. Prior to a planned use of physical force, a correctional supervisor shall summon a video camera which shall document the verbal

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intervention as well as the planned use of physical force in accordance with Section 18 of this Directive. When verbal intervention is unsuccessful, the correctional supervisor and a health services staff member shall confer and gather pertinent information about the inmate's health status and any immediate concerns.

When there is no immediate threat to staff, the inmate, others or the order or the safety and security of the facility, and the inmate is secure, voluntary cooperation, control and compliance shall be attempted by verbal intervention by available health services, custody or other Department staff. Whenever practical, treatment staff (i.e., mental health, medical, or counseling staff) shall be utilized prior to a planned use of physical force. This attempt shall be documented in the supervisor's report.

A correctional supervisor shall issue a last verbal warning to the inmate and advise the inmate that force shall be used to include, but not limited to chemical agents and/or canine, and provide the inmate with a reasonable amount of time to comply with lawful direction before initiating the use of physical force. In the event such measures are unsuccessful, reasonable physical force may be utilized. Prior to the planned use of physical force, the supervisor shall designate the appropriate staff to apply such physical force in accordance with this Directive.

Staff may immediately use force and/or apply restraints when an inmate's behavior constitutes an immediate threat to self, others, property, order or the safety and security of the facility.

- C. In addition to the requirements listed in Section 4(B) of this Directive, prior to a planned use of physical force on an inmate housed in a designated housing unit for the mentally ill, clinical intervention shall be attempted by a qualified mental health provider, acting in consultation, if possible, with a doctoral-level clinician. A qualified mental health provider shall attempt to verbally counsel the inmate and attempt to persuade the inmate to cease the behavior that has led to the planned use of physical force. The qualified mental health provider shall document this process in the inmate's health record. The Shift Commander or designee shall document all attempted intervention in the supervisory report.
- D. Physical force shall be reasonably related to the degree and duration necessary to achieve its authorized objective.
- E. Physical force shall not be used for the harassment or punishment of any person.
- F. A planned use of physical force shall be carried out by personnel in hazardous duty classifications. Use of physical force by other personnel shall be used in accordance with Section 21 of this Directive.
- G. An employee who is issued an armory item shall be authorized to use the item subject to the chain of command and in accordance with this Directive and Administrative Directive 7.2, Armories.
- H. Prior to the use of deadly physical force a verbal warning shall be given where feasible.
- I. An authorized Universal Precaution Safety Veil may be used in accordance with Section 10 of this Directive, if there is an

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immediate threat of spitting by an inmate or a reasonable belief that spitting may recur. Except for the use of the Universal Precaution Safety Veil, the placement of objects in proximity to the inmate's airway is prohibited. This shall not preclude the temporary use of a plastic convex shield if a Universal Precaution Safety Veil is not immediately available. In such circumstances, the Universal Precaution Safety Veil shall be procured and utilized as soon as possible. No other object or device for this purpose is authorized.

- J. Each person involved in a use of physical force shall be attentive to and conscious of changes in inmate behavior or demeanor that might indicate physical distress or any other physical side effect related to the use of physical force (e.g., trouble breathing, unresponsive, etc.).
 - K. A supervisor shall limit those staff involved in the use of physical force to those who are reasonably considered necessary to control and contain the incident.
 - L. A supervisor shall direct the actions of responding staff and continually assess the well being of both staff and inmates.
 - M. The supervisor in charge shall not normally become directly involved in physically restraining an inmate. Should the supervisor be involved in a use of physical force, the supervisor shall disengage, as much as possible, while supervising the incident.
 - N. All persons injured or claiming injury in an incident shall receive immediate medical examination and treatment.
 - O. All instances of personnel discharging firearms, using chemical agents or any other weapon or use of physical force to control inmates shall be documented to establish the identities of staff, inmates and others involved, and to describe the nature of the incident in accordance with this Directive and Administrative Directive 6.6, Reporting of Incidents.
 - P. All hazardous duty staff shall be trained in approved methods of self-defense and use of physical force in accordance with Administrative Directive 2.7, Training and Staff Development.
 - Q. Personnel authorized to use firearms and chemical agents shall be provided appropriate training to include use, safety, care and constraints. All authorized personnel shall demonstrate competency in their use at least annually in accordance with Administrative Directive 2.7, Training and Staff Development.
5. Use of Physical Force. Correctional employees are authorized to use reasonable physical force upon another person in the performance of their official duties:
- A. to maintain order and discipline;
 - B. to prevent a suicide or the self-infliction of injury;
 - C. to defend themselves or a third person from what they reasonably believe to be the use or imminent use of physical force; or,
 - D. when and to the extent that they reasonably believe such to be necessary to prevent an inmate escaping from custody.
6. Use of Deadly Physical Force. Deadly physical force shall only be authorized when it is necessary to: 1) defend himself/herself or a third person from the use or imminent use of deadly physical force; or 2) to prevent an escape of a person reasonably believed to have committed or attempted to commit a felony involving the infliction or threatened

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infliction of serious physical injury. Deadly physical force shall not be permitted if it is feasible to give a warning of the intent to use deadly physical force until such warning has been given. An inmate's criminal conviction history may be used in order to form a reasonable belief that the inmate has committed or attempted to commit a felony involving the infliction or threatened infliction of serious physical injury.

- A. Protection of Persons. Deadly physical force may be used to defend oneself or another person from the use or imminent use of deadly physical force.
 - B. Prevention of Escapes. Deadly physical force may be used to prevent the escape of a person from custody whom an employee reasonably believes has committed a felony which involved the infliction or threatened infliction of serious physical injury.
 - 1. Deadly physical force may be used if the inmate who is attempting to escape from custody has committed, is reasonably believed to have committed, or has attempted to commit a felony which involved the infliction or threatened infliction of serious physical injury and if, where feasible, the employee has given warning of the employee's intent to use deadly physical force.
 - 2. In the event firing a weapon is likely to endanger any bystander during an escape, staff shall not discharge the weapon even if it allows the escape attempt to be successful. Prior to the use of deadly physical force, a verbal warning shall be given if at all feasible. Warning shots shall not be authorized.
 - 3. In no case may the use of deadly physical force be justified solely on the grounds of the security classification of the facility from which the escape is attempted.
7. Chemical Agents. Chemical agents shall be designated as Category 1 or 2 devices and may be authorized for use by properly trained and certified staff as follows:
- A. Category I Chemical Agents. A properly trained and currently certified custody supervisor or designated Department employee may be authorized to routinely carry and use as appropriate a Category I chemical agent. OC shall be authorized for use as appropriate during transportation in accordance with this Directive. A custody supervisor may authorize the issuance and use as appropriate of Category I chemical agents to trained and certified staff in accordance with this Directive and Administrative Directive 7.2, Armories. Upon the direction of a supervisor, a tactical operations team member shall be authorized to carry and use Category I chemical agents in accordance with this Directive.
 - B. Category II Chemical Agents. Specially trained and designated staff may use Category II chemical agents on the authorization of the highest ranking onsite facility supervisor and subject to the direct supervision of a custody supervisor in accordance with this Directive.
 - C. List of Authorized Personnel. A current list of personnel certified and authorized to use chemical agents shall be posted and maintained in the armory where deployment of such agent would occur in accordance with Administrative Directive 7.2, Armories.

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- D. Decision Factors. The decision to utilize chemical agents may consider among other factors the following:
1. threat posed by the inmate (e.g., active aggression, presence of weapons, known history of assaultive behavior, inmate's non-compliance with lawful orders, etc.);
 2. potential injury to staff and/or inmate;
 3. area where agent shall be employed;
 4. potential exposure or impact on uninvolved persons;
 5. presence of a physical condition, medical or mental health concern, known to staff utilizing the chemical agent which may contraindicate use, (e.g., heart or respiratory condition, irregular breathing, etc.);
 6. continuing refusal by an inmate to comply with a direct order; or,
 7. an inmate's disciplinary history.
- E. Contraindication of the Use of Chemical Agents. Prior to a planned use of physical force employing chemical agents and absent exigent circumstances, the inmate's health record shall be reviewed by a qualified health services staff member to determine whether the use of chemical agents on the inmate is medically contraindicated. The outcome of this consultation shall be documented on a medical incident report and in the inmate's health record.
- F. Decontamination. Decontamination of any exposed person and the contaminated area shall be accomplished as soon as practical and consistent with the safe and secure operation of the facility upon restoration of control of the incident. Decontamination of any exposed person shall include at a minimum:
1. flushing of the eyes;
 2. a shower and change of clothing;
 3. medical attention; and,
 4. removal of the person from the affected area if possible.
8. Restraints.
- A. Authorized Use. Restraints as a use of physical force may be authorized to:
1. prevent escape;
 2. prevent injury to others or self;
 3. prevent property damage;
 4. ensure compliance with an order; and,
 5. maintain order, safety and security.

An inmate placed in restraints for a period longer than one (1) hour shall be placed on restrictive status in accordance with Administrative Directive 9.4, Restrictive Status. Use of restraints in accordance with Administrative Directives 6.4, Transportation and Community Supervision of Inmates, 9.4, Restrictive Status, or for routine movement shall not be considered a use of physical force under this Directive. Physical force shall not be used for the harassment or punishment of any person.

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- B. In-Cell Restraints. The placement of an inmate on in-cell restraint status and the type of restraint used shall be approved by the Shift Commander or designee. The Shift Commander shall notify the Unit Administrator or designee within one (1) hour of placement. Facts and circumstances leading to the use of in-cell restraints shall be documented on CN 6503, Restraint Checklist, and in accordance with Section 19 of this Directive. Placement shall also require completion of an incident report in accordance with Administrative Directive 6.6, Reporting of Incidents.
1. Criteria. The shift supervisor may use in-cell restraints as outlined in Section 8(A) of this Directive. Such application shall not be used as a punitive measure. Staff shall ensure that the application of the in-cell restraints allows the inmate to stand in an erect posture.
 2. Restraint Equipment. Inmates on in-cell restraint status shall typically be restrained using handcuffs, legirons and security (tether) chain.
 3. Application of Restraints. Absent exigent circumstances, inmates on in-cell restraint status shall typically:
 - a. be handcuffed in the front;
 - b. have leg irons secured to the inmate's ankles; and,
 - c. have a security (tether) chain attaching the leg irons to the handcuffs with a length that allows the inmate to stand erect.
 4. Cell Status and Authorized Items. The inmate shall be on single cell status with all excess property removed with the exception of the following: mattress, bed linen, undershirt, underwear, socks, and jumpsuit tied around the waist. The Unit Administrator or designee may authorize the substitution of a safety gown for the jumpsuit.
 5. Video Recording. This process shall be video recorded in accordance with Section 18 of this Directive. The video recording shall be utilized at a minimum, prior to placement (if feasible), during placement, during any notable change in behavior, and removal from in-cell restraints.
 6. Staff Observation and Review. Staff shall observe the inmate, at a minimum, every 15 minutes or continuously if required by the Health Services Unit. Such observation checks shall be documented on CN 6503, Restraint Checklist. The Shift Commander or designee shall observe inmates on this status at least twice per shift. Health services staff shall observe the inmate at least twice in a 24-hour period and conduct a mental health assessment. The Unit Administrator shall review the restraint status every 24 hours. Should an inmate's continued non-compliant behavior result in the need for continued placement on in-cell restraints beyond 72 hours, the Unit Administrator shall determine authorization for continued placement. In addition, inmates who are on in-cell restraint status that fail to regain their composure, present a continuing threat to staff, self or others may be upgraded to full stationary restraint status in accordance with Section 8(C) of this Directive.
 7. Restraint Duration. An inmate may remain on in-cell restraint status until the Shift Commander or designee determines that

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the use of in-cell restraints is no longer necessary to assure the safety of staff, the inmate and others and that the inmate's behavior no longer presents an increased risk of interference with facility operations.

- C. Full Stationary Restraints. Use of full stationary restraints for any purpose other than medical shall be in accordance with this section and documented on CN 6503, Restraint Checklist and in accordance with Section 19 of this Directive. Placement of an inmate in full stationary restraints on a restrictive housing status shall be authorized by the Shift Commander or designee. The Shift Commander or designee shall notify the Unit Administrator or designee within one (1) hour of placement. The Shift Commander or designee shall review for release from restraints every two (2) hours. Staff shall observe the inmate, at a minimum, every 15 minutes or continuously if required by the Health Services Unit. The Unit Administrator shall review the inmate's status every eight (8) hours and shall notify the appropriate District Administrator if the restraint status continues beyond 24 hours.
1. Criteria. The Shift Commander or designee may utilize full stationary restraints to protect the inmate from imminent self-injury or to protect the safety of staff or other inmates. Prior to placement on full stationary restraints, the Shift Commander or designee and a health services staff member shall confer and gather relevant information about the inmate and the immediate situation. If available, Mental Health staff shall also be contacted to provide intervention prior to placement on full stationary restraints, whenever possible. Full stationary restraints shall be used as a last resort.
 2. Equipment. Normally, full stationary restraints shall be soft, wide and flexible. However, when the Shift Commander or designee reasonably believes that an inmate may compromise a soft restraint device based on the inmate's history of compromising such devices, metal mechanical restraints may be used. The continued use of metal mechanical restraints for this purpose shall be with notification and subsequent authorization of the Unit Administrator, and shall require a supplemental incident report, in accordance with Administrative Directive 6.6, Reporting of Incidents.
 3. Cell Condition. Wherever possible, the surface that the inmate is restrained to shall be placed in the middle of the room away from the walls to prevent injury to staff and the inmate during placement. The cell shall also be free of obstructions to allow for clear observation of the inmate.
 4. Procedure. This process shall be video recorded in accordance with Section 18 of this Directive. A video recording shall be designated to each inmate while on full stationary restraint status and the video recording shall be utilized at a minimum, prior to placement (if feasible), during placement, each (2) hour check, and during any notable change in behavior and removal of restraints.

This procedure shall be implemented in collaboration with health services staff. The inmate shall be placed on a mattress that is positioned on top of a bed frame and the inmate shall be positioned face up. Arms and legs shall be

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restrained such that discomfort to the inmate is minimized. An inmate shall be in appropriately clothed during the restraint period.

A post-incident medical evaluation shall be conducted upon placement and at the indicated intervals:

- a. circulation - every 15 minutes;
- b. respiration - every 15 minutes;
- c. pulse - every 30 minutes;
- d. blood pressure - every 60 minutes; and,
- e. temperature - every 120 minutes.

These checks shall be executed and documented by health services staff in the inmate's health record. At least every two (2) hours the restraints shall be totally removed or sequentially removed one at a time and each limb of the inmate moved to full range of motion and assessed for trauma, blood circulation, and/or diminished nerve sensation.

The inmate shall be offered and allowed to attend to bodily functions at a minimum, every two hours. Restrained inmates shall receive normally scheduled meals. Meals shall be provided in bite-sized portions in an appropriate fashion (e.g., paper plate, paper bag, Styrofoam container, etc.) consistent with safety and security, unless a physician has ordered alternate dietary arrangements. If feasible, the inmate may have one (1) arm released to use for feeding. Fluids shall be offered every two (2) hours. Food and fluid intake/output and refusal shall be documented. Immediate removal of restraints shall be initiated where a decompensating physical condition of a restrained inmate contraindicates restraints. In such circumstances, the physician shall be notified immediately.

Normally, full stationary restraints shall be soft, wide and flexible. However, in the event that an inmate compromises the soft restraints, metal mechanical restraints may be used. The use of metal mechanical restraints for full stationary restraint shall be with the permission of the Unit Administrator, and shall require a supplemental incident report, in accordance with Administrative Directive 6.6, Reporting of Incidents.

Any device used for full stationary restraint of an inmate shall require prior written authorization from the Commissioner of Correction or designee.

- D. Restricted Use. Any restraint device or restraint technique not specifically enumerated in this Directive shall not be authorized.

9. Therapeutic Restraints. Therapeutic restraints shall be used only in situations that are directly proportionate to the presence of imminent physical danger to the inmate, others or the physical surroundings in accordance with Attachment A, CMHC/UHC Policy on Therapeutic Restraints.

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In any unit designated as a housing unit for the mentally ill, the only full stationary restraints authorized are therapeutic restraints.

- A. No On-Site Health Services Staff. When on-site health services staff are not available, only soft restraints shall be used as therapeutic restraints. The placement shall require an order from the on-call psychiatrist or physician within one (1) hour.
- B. On-Site Health Services Staff. An order to restrain shall be subsequent to an evaluation by a physician. If a physician is not on-site, an assessment shall be made by a registered nurse with a telephone order obtained within one (1) hour from a physician and so documented. The physician may discontinue restraints subsequent to a direct evaluation. In the absence of a physician, a registered nurse may discontinue restraints with a telephone order from a physician.
- C. Equipment. Restraint equipment shall be soft, wide and flexible. Any deviation to this requirement shall require the approval of the Director of Health and Addiction Services.
- D. Cell Condition. Wherever possible, the authorized restraint bed shall be placed in the middle of the room away from the walls to prevent injury of staff and inmates during placement. The cell shall also be free of obstructions to allow for clear observation of the inmate.
- E. Procedure. This process shall be video recorded in accordance with Section 18 of this Directive. A video recording shall be designated to each inmate while on therapeutic restraint status and the video recording shall be utilized at least during placement, each (2) hour check, during any notable change in behavior and removal of restraints. This procedure shall be implemented in collaboration with supervising custody staff. The inmate shall be placed on a mattress, which is positioned on top of a bed frame and the inmate shall be positioned face up. Arms and legs shall be restrained such that discomfort to the inmate is minimized.

A post-incident medical evaluation shall be conducted upon placement and at the indicated intervals:

1. circulation - every 15 minutes;
2. respiration - every 15 minutes;
3. pulse - every 30 minutes;
4. blood pressure - every 60 minutes; and,
5. temperature - every 120 minutes.

These checks shall be executed and documented by health services staff in the inmate's health record. At least every two (2) hours the restraints shall be totally removed or sequentially removed one at a time and each limb of the inmate moved to full range of motion and assessed for trauma, blood circulation, and/or diminished nerve sensation.

The inmate shall be offered and allowed to attend to bodily functions at a minimum, every two hours. Restrained inmates shall receive normally scheduled meals. Meals shall be provided in bite-sized portions in an appropriate fashion (e.g., paper plate, paper bag, Styrofoam container, etc.) consistent with safety and security, unless a physician has ordered alternate dietary arrangements. If feasible, the inmate may have one (1) arm released to use for

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feeding. Fluids shall be offered every two (2) hours. Food and fluid intake/output and refusal shall be documented. Immediate removal of restraints shall be initiated where a decompensating physical condition of a restrained inmate contraindicates restraints. In such circumstances, the physician shall be notified immediately.

F. Clothing/Covering. An inmate placed on therapeutic restraint status shall be appropriately clothed or covered in accordance with Attachment A, CMHC/UCHC Policy on Therapeutic Restraints.

10. Universal Precaution Safety Veil. The Shift Commander or designee may authorize the use of a Universal Precaution Safety Veil when an inmate has:

- A. demonstrated an immediate threat to staff safety by spitting on or at staff or others; or,
- B. a history of threatening or engaging in spitting.

The use of a Universal Precaution Safety Veil shall only be authorized for the duration of the threat and shall require notification to the Unit Administrator and health services staff. No inmate shall be left in full stationary restraints when wearing a Universal Precaution Safety Veil. Use of a Universal Precaution Safety Veil shall require an incident report in accordance with Administrative Directive 6.6, Reporting of Incidents.

11. Training. Custody staff training shall be in accordance with Administrative Directives 2.7, Training and Staff Development and 9.4, Restrictive Status. Health services staff training shall be in accordance with Administrative Directives 2.7, Training and Staff Development, 8.5, Mental Health Services and 8.6, Credentials of Health Service Staff.

12. Firearms. Use of firearms with lethal ammunition may be used as authorized in accordance with Section 6 of this Directive. Use of firearms with less-than-lethal ammunition may be used in accordance with Sections 5 and 6 of this Directive. Warning shots shall not be authorized. A firearm shall not be used if discharging it could reasonably be expected to endanger the life of any innocent bystander.

13. Barricade Obstruction Tool. After proper training and certification, Barricade Obstruction Tool may be authorized by the Shift Commander or designee to dislodge or remove any item that has been intentionally used by an inmate to obstruct a clear view of or prevent access to the interior of a cell. Including, but not limited to, barricading or otherwise covering the door, window or trap door. Care shall be taken by the employee not to intentionally strike the inmate with the Barricade Obstruction Tool while attempting to dislodge or remove such obstruction. The Barricade Obstruction Tool may also be utilized to facilitate the introduction of chemical agent into a cell as authorized in section 7 of this Directive. Use of a Barricade Obstruction Tool must be documented on CN 6502 Use of Firearms, Impact Weapons or Oleoresin Capsicum Report and CN 6604 Incident Summary Report (1, 2 and 3).

14. Baton. A PR-24 or an expandable control device may only be used by a current, trained member of the Tactical Operations Unit, Canine Unit, Parole and Community Services Division, or Security Division in accordance with Sections 5 and 6 of this Directive.

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15. Canine as a Use of Force. A canine may be deployed as an authorized use of physical force consistent with this Directive and Administrative Directive 6.11, Canine Unit. Authorization to use a canine team where use of physical force is anticipated shall be approved by the Unit Administrator. Canine handlers may proceed without such authorization only when there is a clear and imminent danger to the safety of staff and/or inmates.

Canine as a use of physical force in the extraction of an inmate from a cell shall only be authorized when there is an imminent threat to the life of staff, inmates and/or the public. Such use of a canine shall require the authorization of the Unit Administrator or higher authority.

16. Cell Extraction. Cell extractions shall be conducted in accordance with each facility's emergency procedures. Use of canines during a cell extraction shall be in accordance with section 14 of this Directive.
17. Shield. A shield may be authorized by the Shift Commander or designee in accordance with Section 5 of this Directive.
18. Medical Examination. A post-incident medical evaluation and treatment shall be provided as soon as possible after the use of physical force and as appropriate.
19. Video Recording. A planned use of physical force within a facility shall be video recorded by a trained operator in accordance with Administrative Directive 7.3, Emergency Plans. The camera operator shall state identity of the operator, date, time and location of the recording. The camera shall be continuously operated and focus on the central point of action avoiding any obstruction of view consistent with safety and security. Any break in the video recording of the incident shall require reintroduction of the operator, date, time, location, and reason for and duration of the break in recording. Any movement within the facility of the inmate in conjunction with and directly related to the use of physical force incident shall also be video recorded.

The video recording shall be properly labeled to include the facility, location, date, time, subject of the recording, and identity of the operator. The original recording shall be properly secured and maintained for a minimum of ten (10) years, or longer if required by pending litigation or other investigative, administrative or court proceedings in accordance with Administrative Directive 4.7, Records Retention. The original recording shall be considered physical evidence in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Any movement, relocation or disposal of the original recording shall be authorized only by the Unit Administrator. The original recording shall be numbered as "#1" and copies shall be sequentially numbered. All recordings shall be properly accounted for.

Video recordings shall be treated as evidence and handled in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Each video recording shall have a separate CN 6901, Physical Evidence Tag and Chain of Custody Form. A manager/supervisor not directly involved in the incident shall review the recording and complete CN 6902, Supervisor Video Recording Review.

20. Reporting and Record Keeping. Whenever physical force is used CN 6501, Use of Force Report shall be completed by each employee involved in or

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observing the use of physical force incident. This requirement shall not apply to the routine use of restraints which is not considered a use of physical force. In addition to CN 6501, Use of Force Report, CN 6502, Use of Firearms, Impact Weapons or Chemical Agents shall be completed for any circumstance where chemical agent is deployed. These reports shall be attached to the incident report and submitted as required in Administrative Directive 6.6, Reporting of Incidents.

21. Serious Incident Review. A Serious Incident Review shall be used to assess the appropriateness of a use of physical force in an incident.
- A. Circumstances. A Serious Incident Review shall be conducted whenever:
1. a firearm is discharged;
 2. Category II chemical agents are used; and/or,
 3. a firearm is drawn in a community setting except by staff of the Tactical Operations Unit, Security Division or Parole and Community Services Division, in the performance of their duties and in accordance with required training, while assisting outside law enforcement with an inmate apprehension.
- B. Review Committee. A Serious Incident Review Committee shall be appointed within five (5) business days of the incident by the appropriate division head or designee whose unit was involved in the incident. The committee shall consist of three (3) persons of managerial or supervisory rank. The Committee chairperson shall be of the rank of deputy warden, parole manager or above. No member of the review committee shall be from the unit where the incident took place.
- C. Committee Activities and Report. The committee shall review and analyze all reports, examine any physical evidence and may interview any witnesses or participants. The committee shall issue a report describing:
1. whether the action taken was consistent with Department policy;
 2. whether other, less severe means of physical force were available to resolve or prevent the incident;
 3. what action should be taken to avoid such future incidents; and,
 4. any recommended changes in Department or unit policy. The committee's final report shall be prepared within 30 days of the incident.
- D. Report Review. Within five (5) business days, the Deputy Commissioner of Operations shall submit a report and supporting documentation with comments and action taken to the Commissioner of Correction. Upon final disposition, the report shall be maintained by the Commissioner of Correction or designee.
22. Emergency Circumstances. Nothing in this Directive shall preclude a shift supervisor from authorizing a use of physical force in an emergency situation to prevent significant injury to an inmate, another person, or damage to property that raises security concerns. Nothing in this Directive shall prevent an employee from taking immediate, reasonable action to protect self or others.

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23. Forms and Attachments. The following forms and attachments are applicable to this Administrative Directive and shall be utilized for the intended function:
- A. CN 6501, Use of Force Report;
 - B. CN 6502, Use of Firearms, Impact Weapons or Chemical Agents;
 - C. CN 6503, Restraint Checklist; and,
 - D. Attachment A, CMHC/UCHC Policy on Therapeutic Restraints.
24. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner of Correction.