CHRISTOPHER PARKER JAIL DEATH REVIEW
INCIDENT DATE: February 24, 2013
TO: STEVE TUCKER; DET. MATT FEHLER

PERTINENT FACTS

At 3:37 a.m., the Spokane Police Department responded to 2121 W. 4th Ave. in Spokane. Christopher J. Parker had called 911 saying he was diabetic and had ingested too much methamphetamine. He said someone was trying to shoot him. He called two separate time and his calls were basically incoherent statements mixed with paranoid and suicidal statements.

When officers found Mr. Parker, they called for Emergency Medical Response (EMS) because he appeared to be so impaired. EMS personnel felt he was showing the effects of methamphetamine use. He presented with a coherent speech pattern and engaged in conversation without obvious difficulty. According to Nathan Covier of EMS, he appeared to be thinking rationally. His blood pressure was slightly elevated but consistent with someone on Meth, his heart rate was slightly outside normal limits, but also consistent with someone on Meth.

The EMS report noted that Mr. Parker "continued to deny complaint and did not indicate a desire to be evaluated at the hospital." He was also diabetic with a blood glucose reading of 250, which was not unusual for someone not taking their diabetic medication, as Mr. Parker indicated he was not, and maintains at that level. EMS determined he was not a medical emergency requiring hospitalization. Police had found he had a child support warrant. They arrested him on that warrant and took him to jail. EMS told SPD to call them back if Mr. Parker's condition changed.

Once at jail, Mr. Parker was evaluated by Jail Nurse Fernlund. She found his blood glucose level was around 416, which is very high, but not at the level she would send someone to the hospital. The Jail's Diabetic Protocol (see Exhibit A) calls for anyone who has a blood glucose level greater than 400 to not be accepted. The jail's Custody Manual (see exhibit B), under C 106.1 states that:

"Except where otherwise expressly stated, the provisions of this manual shall be considered guidelines. It is recognized, however, that work in the custody environment is not always predictable and circumstances may arise that warrant departure from these guidelines. It is the intent of this manual to be viewed from an objective standard, taking into consideration the sound discretion entrusted to members of this office under the circumstances reasonably known to them at the time of the incident."

The jail's Diabetic Protocol calls for a Medical Doctor to be called only when the blood glucose level is greater than 500. Otherwise it states how many units of insulin is a standard order, depending on the blood glucose level. Nurse Fernlund recommended that Mr. Parker take some insulin, six or seven different times, which the jail would provide. (I asked Dr. Howard, of the Spokane County Medical Examiner's Office, if the 416 blood glucose level was high and he said it was, but not fatally high, and the jail followed reasonable medical protocol by offering treatment.)

Mr. Parker refused this treatment. (Under Jail Policy 3.00.00 – Medical Services, section V, it is the right of any competent adult to refuse medical treatment. See Exhibit C). The jail's Diabetic Protocol states that if an inmate refuses to be covered by regular insulin, they may refuse and the nurse is to document such in the Nurse's Notes and Diabetic Flow Sheet. Mr. Parker said he did not take insulin. Instead he asked Nurse Fernlund if he could have some meth. She noted that he appeared to be "tweaking" and high on methamphetamine.

Nurse Fernlund told WSP Det. Fehler in an interview on January 7, 2014, that it is common to have diabetics come into the jail with a blood glucose level of greater than 400. She said that under jail policy, it is her understanding that there is not a set blood glucose level for refusal to book someone into jail and it is open for nursing judgment. Jail Director McGrath, in an interview with WSP Det. Fehler on January 7, 2014, stated under jail policy, jail nurses have discretion, which is based on inmates behavior and the information the inmate provides. In Mr. Parker's case, Director McGrath said he was refusing medical care, and probably would at the hospital as well, and Nurse Freeland felt she could handle his medical needs at the jail, knowing she was going to check his blood glucose level within the hour again, and that she would again offer him insulin.

Mr. Parker was placed in a holding cell until the booking process could be completed. He was removed at 4:54 a.m. and brought to the booking area. According to the booking officer, Corrections Deputy K. Torres, he was "tweaking", and acting irrational, incoherent and paranoid. He would not provide the information needed to complete the booking process.

Other Correction Deputies, Deputies Rief, Dahlin and A. Torres, then started to take Mr. Parker back to the holding cell. He became extremely paranoid and would not comply with their commands. He dropped to the floor, then stood up. Two Correction Deputies tried to escort him to the holding cell. Mr. Parker began leaning backwards and resisting. Other Deputies, Deputies Miller and Wirun, came to assist. They tried to put him into the cell. He struggled in the cell, dragging the Deputies halfway into the hallway using the door jam. He kicked one of the Deputies off of him and into the cell wall.

Deputy Miller told him he would be tased if he did not cooperate, unholstering his taser so Mr. Parker could see it. He started to cooperate so Deputy Miller holstered his taser. He started resisting again, Deputy Miller told him again he would be tased and was about to deploy it when Deputy Dahlin became entangled with Mr. Parker as they struggled. Deputy Wirun came in and deployed his taser, at 4:59:52 a.m., but it had little effect, with Mr. Parker quickly removing the probes. Deputy Wirun then used his taser to drive stun Mr. Parker in the stomach area, at 5:00:02 a.m. Under Jail policy (see attached Exhibit D), a taser may be used, under 309.5.1, when:

"such application is reasonably necessary to control a person:
(a) The subject is violent or is physically resisting.
(b) The subject has demonstrated, by words or actions, an intention to be violent or to physically resist, and reasonably appears to present the potential to harm deputies, him/herself or others."

This afforded the deputies an opportunity to handcuff Mr. Parker, as well as put restraints on his legs, using an Emergency Response Belt (ERB). Under Jail Policy 1.06.03(3), an ERB can be used "when, in the judgment of an officer or as ordered by a shift sergeant, there is concern for the safety or security of staff or inmates. (see attached Exhibit E.) The Jail Nurse was called at this time, pursuant to policy, because a taser was deployed.

It was decided by Sgt. Purcell to place Mr. Parker in a restraint chair, which is used in circumstances when a person is essentially uncontrollable, to protect a person from both hurting themselves or others, and is also discretionary with the shift sergeant under policy 1.06.03. Mr. Parker continued to resist the deputies commands to stop resisting. He was arching his back and pushing his pelvis upwards to avoid being secured. All the deputies noted how strong Mr. Parker was.

As deputies tried to place Mr. Parker's left ankle into the restraint chair, they pushed him forward to keep him in the chair. They secured his ankle, but then noted he was turning blue and appeared to not be breathing. They immediately un-handcuffed him, then secured his arms to the restraint chair so Nurse Fernlund could safely examine him. EMS was called. Nurse Fernlund found a faint pulse but instructed that he be moved to the floor and CPR started. Deputies began CPR and continued to do so for the next twenty minutes, even as AMR, the ambulance service, arrived. AMR checked his blood sugar and it was 262. Jennifer Farina, of AMR, said that was a high number, but was not an alarming number to her and not a number that would cause cardiac arrest. Mr. Parker was unable to be resuscitated, and was declared dead at 5:44 a.m.

AUTOPSY

An autopsy was conducted by Dr. John Howard of the Spokane County Medical Examiner's Office. He found that Mr. Parker died from "methamphetamine toxicity, with contribution from physiological stress associated with restraint (restraint stress) and diabetes mellitus. The restraint measures did not directly cause death and did not cause death independent of the drug toxicity. Diabetes mellitus did not directly cause death and did not cause death independent of the drug toxicity." The manner of death was classified as a homicide. Forensically, a homicide is defined as death at the hands of another.

Toxicology reports confirmed the presence of methamphetamines in Mr. Parker's system. His glucose level was found to be >2000 mg/dl. Dr. Howard described the difference in this finding, versus the blood glucose levels that ranged from 250 to 416 at the jail, including a reading of 262 shortly before Mr. Parker died, because the toxicology report was based upon a measurement from urine, while the jail measurements were based upon blood. In an e-mail response on 2-4-14 he stated:

"Blood and urine glucose levels are usually different. The concentration in the urine depends on both how much glucose is entering the urine from the blood in the kidneys and how concentrated or dilute the urine is – several factors involved in addition to glucose. Once in the urine there is no significant metabolism of the glucose and a high level will remain high. Glucose in the blood will be utilized and metabolized by cells, even after the heart has stopped, and is expected to drop after death."

LEGAL ANALYSIS

The lowest level of homicide and the one that would most closely fit the facts of this case, Second Degree Manslaughter, is defined as when, with criminal negligence, a person causes the death of another person unless the killing is excusable. WPIC 28.05.

The law defines when a homicide is excusable. Excusable homicide is defined in RCW 9A.16.030. It states: Homicide is excusable when committed by accident or misfortune in doing any lawful act by lawful means, without criminal negligence, or without any unlawful intent. A person is criminally negligent, or acts with criminal negligence, when they fail to be aware of a substantial risk that a wrongful act may occur and this failure constitutes a gross deviation from that standard of care that a reasonable person would exercise in the same situation. WPIC 10.04.

CONCLUSION

The deputies followed their policies and procedures in this case. They used levels of force appropriate to the circumstances as defined in their policies. There is no indication that excessive force was used. They used voice commands and common hands on techniques to try to gain Mr. Parker's compliance. When he continued to resist, and deputies were not able to safely get him into a holding cell, a taser was deployed as the deputies were struggling with Mr. Parker on the floor. This was to try and temporarily incapacitate Mr. Parker so that he could be cuffed and better controlled. It was an appropriate use of force consistent with their policies and procedures. The use of the restraint chair was also consistent with their policies and procedures given how Mr. Parker was acting at the time.

Jail Nurse Fernlund actions were not a gross deviation from the standard of care that a reasonable person would exercise in the same situation. She offered Mr. Parker insulin, the appropriate medical response according to Dr. Howard, which Mr. Parker refused a number of times. While jail protocol calls for someone to be not be accepted whose blood glucose reading is greater than 400, the failure to do so does not rise to the level of criminal negligence. Under jail policy, an admitted inmate would not trigger the jail doctor being called until his blood glucose level is greater than 500. Mr. Parker's blood glucose, according to Dr. Howard, was not at a fatal level and methamphetamine

toxicity, not diabetes, was the primary cause of Mr. Parker's death. His diabetes and the physical restraint measure were contributing factors.

Unfortunately, Mr. Parker died, but not from any act that would be criminal in nature. There is no evidence to support a finding of criminal negligence or unlawful intent. Because of that, the Spokane County Prosecutor's Office agrees with the recommendation from Det. Fehler of the WSP, who investigated this case, that no criminal charges be filed.

Jack Driscoll
Chief Criminal DPA

Exhibit D

When carried while in uniform deputies shall carry the TASER device in a weak-side holster on the side opposite the duty weapon.

(a) All TASER devices shall be clearly and distinctly marked to differentiate them from the duty weapon and any other device.

(b) Whenever practicable, deputies should carry two or more cartridges on their person when carrying the TASER device.

(c) Deputies shall be responsible for ensuring that their issued TASER device is properly maintained and in good working order.

(d) Deputies should not hold both a firearm and the TASER device at the same time.

309.4 VERBAL AND VISUAL WARNINGS

A verbal warning of the intended use of the TASER device should precede its application, unless it would otherwise endanger the safety of deputies or when it is not practicable due to the circumstances. The purpose of the warning is to:

(a) Provide the individual with a reasonable opportunity to voluntarily comply.

(b) Provide other deputies and individuals with a warning that the TASER device may be deployed.

If, after a verbal warning, an individual is unwilling to voluntarily comply with a deputy's lawful orders and it appears both reasonable and feasible under the circumstances, the deputy may, but is not required to, display the electrical arc or the laser in a further attempt to gain compliance prior to the application of the TASER device. The aiming laser should never be intentionally directed into the eyes of another as it may permanently impair his/her vision.

The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the deputy deploying the TASER device in the related report.

309.5 USE OF THE TASER DEVICE

The TASER device has limitations and restrictions requiring consideration before its use. The TASER device should only be used when its operator can safely approach the subject within the operational range of the device. Although the TASER device is generally effective in controlling most individuals, deputies should be aware that the device may not achieve the intended results and be prepared with other options.

309.5.1 APPLICATION OF THE TASER DEVICE

The TASER device may be used in any of the following circumstances, when the circumstances perceived by the deputy at the time indicate that such application is reasonably necessary to control a person:

(a) The subject is violent or is physically resisting.

(b) The subject has demonstrated, by words or action, an intention to be violent or to physically resist, and reasonably appears to present the potential to harm deputies, him/herself or others.

Mere flight from a pursuing deputy, without other known circumstances or factors, is not good cause for the use of the TASER device to apprehend an individual.

309.5.2 SPECIAL DEPLOYMENT CONSIDERATIONS

The use of the TASER device on certain individuals should generally be avoided unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the deputy, the subject or others, and the deputy reasonably believes that the need to control the individual outweighs the risk of using the device. This includes:

(a) Individuals who are known to be pregnant.

(b) Elderly individuals or obvious juveniles.

(c) Individuals with obviously low body mass.

(d) Individuals who are handcuffed or otherwise restrained.

(e) Individuals who have been recently sprayed with a flammable chemical agent or who are otherwise in close proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

(f) Individuals whose position or activity may result in collateral injury (e.g., falls from height, operating vehicles).

Because the application of the TASER device in the drive-stun mode (i.e., direct contact without probes) relies primarily on pain compliance, the use of the drive-stun mode generally should be limited to supplementing the probe-mode to complete the circuit, or as a distraction technique to gain separation between deputies and the subject, thereby giving deputies time and distance to consider other force options or actions.

The TASER device shall not be used to psychologically torment, elicit statements or to punish any individual.

309.5.3 TARGETING CONSIDERATIONS

Reasonable efforts should be made to target lower center mass and avoid the head, neck, chest and groin. If the dynamics of a situation or officer safety do not permit the deputy to limit the application of the TASER device probes to a precise target area, deputies should monitor the condition of the subject if one or more probes strikes the head, neck, chest or groin until the subject is examined by paramedics or other medical personnel.

309.5.4 MULTIPLE APPLICATIONS OF THE TASER DEVICE

Deputies should apply the TASER device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of the TASER device against a single individual are generally not recommended and should be avoided unless the deputy reasonably believes that the need to control the individual outweighs the potentially increased risk posed by multiple applications.

If the first application of the TASER device appears to be ineffective in gaining control of an individual, the deputy should consider certain factors before additional applications of the TASER device, including:

(a) Whether the probes are making proper contact.

(b) Whether the individual has the ability and has been given a reasonable opportunity to comply.

(c) Whether verbal commands, other options or tactics may be more effective.

Deputies should generally not intentionally apply more than one TASER device at a time against a single subject.

309.5.5 ACTIONS FOLLOWING DEPLOYMENTS

Deputies shall notify a supervisor of all TASER device discharges. The cartridge serial number should be noted and documented on the report. If the suspect's health is at issue after use of a TASER device then all parts of the cartridge, to include probes, should be maintained intact and placed on property as evidence. The evidence packaging should be marked "Bio-hazard" if the probes penetrated the subject's skin.

309.5.6 DANGEROUS ANIMALS

The TASER device may be deployed against an animal as part of a plan to deal with a potentially dangerous animal, such as a dog, if the animal reasonably appears to pose an imminent threat to human safety and alternative methods are not reasonably available or would likely be ineffective.

309.5.7 OFF-DUTY CONSIDERATIONS

Deputies are not authorized to carry department TASER devices while off-duty.

Deputies shall ensure that TASER devices are secured while in their homes, vehicles or any other area under their control, in a manner that will keep the device inaccessible to others.

309.6 DOCUMENTATION

Deputies shall document all TASER device discharges in the related arrest/crime report. Notification shall also be made to a supervisor in compliance with the Use of Force Policy. Unintentional discharges, pointing the device at a person, laser activation and arcing the device will also be documented in the related arrest/incident report or administrative report.

309.6.1 TASER DEVICE REPORT

Items that shall be included in the TASER device report are:

(a) The type and brand of TASER device and cartridge and cartridge serial number.
(b) Date, time and location of the incident.
(c) Whether any display, laser or arc deterred a subject and gained compliance.
(d) The number of TASER device activations, the duration of each cycle, the duration between activations, and (as best as can be determined) the duration that the subject received applications.
(e) The range at which the TASER device was used.
(f) The type of mode used (probe or drive-stun).
(g) Location of any probe impact.
(h) Location of contact in drive-stun mode.
(i) Description of where missed probes went.
(j) Whether medical care was provided to the subject.
(k) Whether the subject sustained any injuries.
(l) Whether any deputies sustained any injuries.

The Training Sergeant should periodically analyze the reports to identify trends, including deterrence and effectiveness. The Training Sergeant should also conduct audits of data downloads and reconcile TASER device reports with recorded activations. TASER device information and statistics, with identifying information removed, should periodically be made available to the public.

309.6.2 REPORTS

The deputy should include the following in the arrest/incident report:

(a) Identification of all personnel firing TASER devices

(b) Identification of all witnesses

(c) Medical care provided to the subject

(d) Observations of the subject's physical and physiological actions

(e) Any known or suspected drug use, intoxication or other medical problems

309.7 MEDICAL TREATMENT

Consistent with local medical personnel protocols and absent extenuating circumstances, only appropriate medical personnel should remove TASER device probes from a person's body. Used TASER device probes shall be treated as a sharps biohazard, similar to a used hypodermic needle and handled appropriately. Universal precautions should be taken.

All persons who have been struck by TASER device probes or who have been subjected to the electric discharge of the device shall be medically assessed prior to booking. Additionally, any such individual who falls under any of the following categories should, as soon as practicable, be examined by paramedics or other qualified medical personnel:

(a) The person is suspected of being under the influence of controlled substances and/or alcohol.

(b) The person may be pregnant.

(c) The person reasonably appears to be in need of medical attention.

(d) The TASER device probes are lodged in a sensitive area (e.g., groin, female breast, head, face, neck).

(e) The person requests medical treatment.

Any individual exhibiting signs of distress or who is exposed to multiple or prolonged applications (i.e., more than 15 seconds) shall be transported to a medical facility for examination or medically evaluated prior to booking. If any individual refuses medical attention, such a refusal should be witnessed by another deputy and/or medical personnel and shall be fully documented in related reports. If an audio recording is made of the contact or an interview with the individual, any refusal should be included, if possible.

The transporting deputy shall inform any person providing medical care or receiving custody that the individual has been subjected to the application of the TASER device.

309.8 SUPERVISOR RESPONSIBILITIES

When possible, supervisors should respond to calls when they reasonably believe there is a likelihood the TASER device may be used. A supervisor should respond to all incidents where the TASER device was activated.

A supervisor should review each incident where a person has been exposed to an activation of the TASER device. The device's onboard memory should be downloaded through the data port by a supervisor, Instructor or Taser Armorer and saved with the related arrest/incident report. Photographs of probe sites should be taken and witnesses interviewed.

309.8.1 LEAD TASER INSTRUCTOR DUTIES

The lead TASER instructor will obtain Master Instructor Certification through TASER International. The lead TASER instructor will review current Sheriff's Office Conducted Electrical Weapon (CEW) Policy to make sure it is up to date and conforms to current case law and best practice standards. The lead TASER instructor will design the Law Enforcement Divisions TASER curriculum and oversee its implementation. The lead TASER instructor will establish department approved TASER application techniques that are tactically sound, medically sound and lawful. The lead TASER instructor will review all TASER incidents in which deputies are involved. If requested by the Sheriff the lead TASER instructor will provide written opinions and expert testimony on TASER incidents. The lead TASER instructor will ensure that all TASERS are updated and maintained in good working order. The lead TASER instructor will ensure TASER cartridges are kept current and available to deputies in the field.

309.9 TRAINING

Personnel who are authorized to carry the TASER device shall be permitted to do so only after successfully completing the initial department-approved training. Any personnel who have not carried the TASER device as a part of their assignment for a period of six months or more shall be recertified by a department-approved TASER device instructor prior to again carrying or using the device.

Proficiency training for personnel who have been issued TASER devices should occur every year. A reassessment of a deputy's knowledge and/or practical skill may be required at any time if deemed appropriate by the Training Sergeant. All training and proficiency for TASER devices will be documented in the deputy's training file.

Command staff, supervisors and investigators should receive TASER device training as appropriate for the investigations they conduct and review.

Deputies who do not carry TASER devices should receive training that is sufficient to familiarize them with the device and with working with deputies who use the device.

The Training Sergeant is responsible for ensuring that all members who carry TASER devices have received initial and annual proficiency training. Periodic audits should be used for verification.

Application of TASER devices during training could result in injury to personnel and should not be mandatory for certification.

The Training Sergeant should ensure that all training includes:

(a) A review of this policy.

(b) A review of the Use of Force Policy.

(c) Performing weak-hand draws or cross-draws to reduce the possibility of accidentally drawing and firing a firearm.

(d) Target area considerations, to include techniques or options to reduce the accidental application of probes near the head, neck, chest and groin.

(e) Handcuffing a subject during the application of the TASER device and transitioning to other force options.

(f) De-escalation techniques.

(g) Restraint techniques that do not impair respiration following the application of the TASER device.

Conducted Electrical Weapon (CEW)

309.1 PURPOSE AND SCOPE

This policy provides guidelines for the issuance and use of TASER® devices.

309.2 POLICY

The TASER device is intended to control a violent or potentially violent individual, while minimizing the risk of serious injury. The appropriate use of such a device should result in fewer serious injuries to deputies and suspects.

309.3 ISSUANCE AND CARRYING TASER DEVICES

Only members who have successfully completed department-approved training may be issued and carry the TASER device.

TASER devices are issued for use during a member's current assignment. Those leaving a particular assignment may be required to return the device to the department's inventory.

Deputies shall only use the TASER device and cartridges that have been issued by the Department or a personally owned TASER device approved by the Sheriff and inspected by the Taser armorer. Uniformed deputies who have been issued the TASER device or carrying their own Taser device shall wear the device in an approved holster on their person. Non-uniformed deputies may secure the TASER device in the driver's compartment of their vehicle. The Sheriff or designee shall approve all department Taser devices before they are acquired and utilized by any member of this department.

The department issued Taser device is the Taser X2 or Taser X26. The following additional Taser devices are approved for duty use:

(a) Any Taser device authorized by the Sheriff and on the approved Taser device list maintained by the Taser staff.

Deputies choosing to carry a personally owned Taser device shall get approval prior to purchasing and carrying the Taser device:

(a) The Taser device shall be in good working order and on the department's list of approved Taser devices.

(b) The purchase of the Taser device shall be the responsibility of the Deputy.

(c) The Taser device shall be inspected by the Taser Armorer prior to being carried and be subject to inspection whenever deemed necessary.

(d) Prior to carrying the Taser device, personnel shall attend department approved training and certify under Taser Instructors and there after shall re-certify in accordance with department certification schedules.

(e) Personnel shall provide written notice of make, model, color and serial number to the Taser Armorer.

Members carrying the TASER device should perform a spark test on the unit prior to every shift.

POLICY 1.06.00 USE OF FORCE

This policy applies whenever use of force is necessary to protect the safety of staff, the public, inmates, or the facility. It also applies in the controlling of inmates engaged in behavior, which threatens their safety or the safety of others. Whenever force is used, staff will comply with the provisions of this policy and the Spokane County Sheriff Policy and Procedure Manual, Chapter 1 Use of Force.

1. USING APPROPRIATE FORCE

Only the amount of force needed to gain control of a situation will be used. The entry level of force may vary depending on the threat presented. Staff should use the lowest, safest level of force required to overcome resistance.

2. USING AS PUNISHMENT

Under no circumstance will force be used as a form of punishment.

3. USING VERBAL COMMANDS

Prior to using physical force, staff will try to use verbal commands to gain inmate compliance and control of the situation. Verbal abuse by an inmate towards staff will never be grounds for using physical force on inmates.

4. NOTIFYING THE SERGEANT

The shift sergeant will be notified immediately following any use of physical force.

5. CEASING USE OF FORCE

The use of physical force will cease when control is gained. The inmate will be isolated for a period of time to further de-escalate the situation and gain compliance.

6. DOCUMENTING USE OF FORCE

Any use of physical force, as defined in the Continuum Ladder Steps 3, 4, or 5, will be documented in report form.

SEE: TASK 1.06.00.00 DOCUMENTING USE OF FORCE

7. CERTIFYING STAFF IN USE OF FORCE TECHNIQUES

Staff members are retrained and certified to perform controlling use of force techniques. Staff are authorized to perform only those techniques in which they have been certified. Staff members failing to perform a technique properly in certification testing are not authorized to use that technique in performing their duties. Use of force certification files are maintained by the Operations Support Unit.

8. RESTRICTING AUTHORIZATION TO USE FORCE

Affected staff and sergeants/supervisors will be advised when any defensive tactic or use of force technique restriction is imposed. Additional/remedial practice and re-testing by a certified instructor is the only way to regain certification on failed techniques. Individual certification(s) may be suspended or restricted upon written notification by a Corrections Lieutenant or above.

9. PROVIDING MEDICAL ATTENTION

Immediately following any use of physical force, staff will determine if the inmate requires medical attention. Staff will render required first aid on site and notify medical staff to provide required further attention.

10. DECONTAMINATING INMATES

Decontamination after exposure to pepper spray (OC) or other chemical agents will begin when the situation is controlled, and the inmate(s) is compliant to the commands of staff.

SEE: TASK 1.06.00.01 DECONTAMINATING USE OF FORCE

POLICY 1.06.01 CONTINUUM LADDER OF FORCE

The five steps contained in the continuum provides guidance to determine what level of force is needed or appropriate. The use of force will escalate or de-escalate depending on inmate compliance.

THE FIVE STEPS:	*ACTION TAKEN:*
STEP 1: VOLUNTARY COMPLIANCE **Definition:** Inmate readily follows directions.	Physical presence Verbal orders
STEP 2: PASSIVE RESISTANCE **Definition:** Inmate is non-assaultive, but non-responsive to verbal orders without escort techniques. Complies when escorted.	Verbal commands Escort techniques
STEP 3: ACTIVE RESISTANCE **Definition:** Inmate does not respond to verbal orders and/or escort techniques; resists or becomes aggressive or assaultive.	**LEVEL I HOLDS** Come-along-hold Hair takedowns OC sprays Counter Joints
STEP 4: THREAT OF SUBSTANTIAL BODILY HARM **Definition:** Inmate continues resistance when placed into Level I Defensive Tactic techniques. Presents a threat or acts to cause substantial bodily harm to self or others.	**LEVEL II HOLDS** Hand/Elbow/Knee/Feet Strikes Baton/Asp Strikes **LEVEL III HOLDS** Stun Shield **LEVEL IV HOLDS** Vascular Neck Restraint Less Lethal Weapons/Munitions
STEP 5: THREAT OF DEATH **Definition:** When an inmate is in physical control of another person or a weapon, *and* threatens to cause death or great bodily harm. Whenever the intentional application of force by an inmate is likely to cause death or great bodily harm.	Deadly Force CRT special equipment Firearm

Exhibit E

POLICY 1.06.03 USING STANDARD RESTRAINT EQUIPMENT

This policy applies whenever staff uses authorized standard equipment.

1. USING STANDARD EQUIPMENT

Standard equipment identified on List 1.06.03 (1), are items that do not require specialized training. The equipment is used to restrain or control inmates.

SEE: PROCEDURE 1.06.03.01 USING THE EMERGENCY RESPONSE BELT (ERB)

TASK 1.06.03.01 APPLYING THE EMERGENCY RESPONSE BELT (ERB)

PROCEDURE 1.06.03.02 USING THE HORIZONTAL RESTRAINT DEVICE (HRD)/RESTRAINT CHAIR

TASK 1.06.03.02 APPLYING THE HORIZONTAL RESTRAINT DEVICE (HRD)

TASK 1.06.03.03 PLACING A SUBJECT IN THE RESTRAINT CHAIR

TASK 1.06.03.04 RESTRAINING THE FEET, HANDS, AND ARMS

2. DOCUMENTING USE OF STANDARD EQUIPMENT

Documenting use of standard equipment is required when used in conjunction with physical use of force Steps 3, 4, or 5 on the Continuum Ladder of Force.

SEE: TASK 1.06.00.00 DOCUMENTING USE OF FORCE

3. USING DISCRETION WITH STANDARD EQUIPMENT

Standard equipment may be used on inmates when, in the judgment of an officer or as ordered by a shift sergeant, there is a concern for the safety or security of staff or inmates.

4. UNAUTHORIZED USE OF STANDARD EQUIPMENT

Inappropriate or improper use of standard equipment may be grounds for discipline.

SEE: LIST 1.06.03 STANDARD RESTRAINT EQUIPMENT

PROCEDURE 1.06.03.01 USING THE EMERGENCY RESPONSE BELT (ERB)

ACTION BY:		ACTION:
Corrections Officer #1	1.	Identifies inmate who needs to be restrained with the ERB.
Sergeant/Corrections Officer #2	2.	Obtains ERB from CRT storage room.
Corrections Officers #1 and #2	3.	Applies the ERB following Task 1.06.03.1 A.
Corrections Officer #1 and/or #2	4.	Escorts and remains with the inmate until ERB is removed.
Corrections Officer #1	5.	Reloads ERB for future use.
	6.	Returns ERB in carrying case to CRT storage room.

TASK 1.06.03.01 APPLYING THE EMERGENCY RESPONSE BELT (ERB)

Whenever the Emergency Response Belt is used to restrain an inmate, the officers will:

When applying to upper body:

1. Grasp the primary handles and place the body of the belt across the chest.
2. Pull out the compression strap and place it across the back, positioned immediately above the elbow.
3. Loop the compression strap through the D-ring and tightly cinch the velcro strap across the back.
4. Insure the velcro compression strap has adhered to itself.

When applying to the knees:

1. Grasp the primary handles and place the body of the belt across the knee caps.
2. Pull out the compression strap and place it around the back of the knees, through the primary handles, and back around the front of the knees.
3. Double wrap the knees by feeding the compression strap through the primary handles again and loop it into the D-ring.
4. Tightly cinch the velcro strap across the back of the knees.
5. Insure the velcro compression strap has adhered to itself.

TASK 1.06.03.03 PLACING A SUBJECT IN THE RESTRAINT CHAIR

A minimum of three officers should place an inmate into the restraint chair.

Whenever the restraint chair has been approved for use, officers will:

1. Gain control of the inmate.
2. Position the chair in a suitable location.
3. Apply netting or a soft helmet to the inmate (if applicable).
4. Seat the inmate in the restraint chair.
5. Fasten and adjust all straps securely:
    a. waist strap
    b. wrist/arm straps
    c. chest straps
    d. ankle straps.

TASK 1.06.03.04 RESTRAINING THE FEET, HANDS AND ARMS

When it is necessary to restrain an inmate using handcuffs, leg irons, or waist chains, the officer will:

1. Call for staff assistance when needed.
2. Attempt to use verbal commands to safely position the inmate for safe application of the restraint device(s).
3. Apply the restraint to the inmate.
4. Check the restraint to insure it is not cutting off circulation to extremities.
5. Secure and double lock the restraint device(s).
6. Contact medical if necessary.
7. Check for general compliance by the inmate.
8. Assist the inmate in movement during escort to avoid an inmate falling.

POLICY 1.06.04 USE OF FORCE SPECIAL EQUIPMENT

This policy applies whenever staff use authorized special equipment.

1. USING SPECIAL EQUIPMENT

Special equipment are items which require special officer training, evaluation, and certification.

SEE: LIST 1.06.04 - SPECIAL EQUIPMENT AUTHORIZED

2. LIMITING SPECIAL EQUIPMENT IN MODULES

Officers will not carry/store special equipment while performing module/break relief duties. Certified staff will be allowed to carry the 15 gram pocket pal OC-10 while performing module/break relief duties.

SEE: POLICY 1.06.06 FIREARMS/HANDGUNS

3. DOCUMENTING THE USE OF SPECIAL EQUIPMENT

Any special equipment use will be documented.

SEE: TASK 1.06.00.00 DOCUMENTING USE OF FORCE.

4. MEDICALLY EVALUATING INMATES AFTER USE

Medical staff will evaluate the inmate(s) following the use of any special equipment and document the evaluation in report form.

SEE: TASK 1.06.00.00 DOCUMENTING USE OF FORCE