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5120-9-05 Immobilizing restraints for security or administrative purposes.

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(A) Immobilizing security restraints may be used for the safety of persons and the security and good order of the institution. Immobilizing security restraints shall never be used as punishment. The use of immobilizing security restraints shall be governed by this rule and rule [5120-9-01](#) of the Administrative Code. The requirements of this policy shall not govern nor have application in mental health housing or in any use of therapeutic restraints on a seriously mentally ill inmate under the supervision of healthcare treatment staff.

(B) Reports. The use of an immobilizing security restraints shall be considered an application of force.

(1) Staff involved in placing an inmate in immobilizing security restraints shall document the placement as a use of force. The force report, the incident report and a copy of the restraint log shall be delivered to the deputy warden of operations prior to the end of the shift in which the restraints were applied.

(2) Institution staff who recommend or authorize placement of an inmate in immobilizing security restraints shall document the factors in an incident report, explaining the events leading up to the application of the immobilizing restraints.

(3) The application of immobilizing security restraints under this policy shall be recorded on videotape.

(C) The following terms are defined as indicated.

(1) "Immobilizing security restraint" means any appliance that secures the inmate in such a way that the inmate is prevented from rising, using toilet facilities, or eating. "Immobilizing security restraint" shall include, but is not limited to, what is known as "four-way" or "five-point" restraints. This does not include the use of handcuffs, leg irons or belly chain in the transport or movement of the inmate.

(a) Inmates shall be restrained in the face-up position (supine), with face towards the ceiling, arms at the sides, and with feet approximately shoulder-width apart, unless otherwise ordered by the institution medical director.

(b) Inmates shall not be restrained by linking the hands and feet behind the back, sometimes called "hog-tying."

(2) "Initial Period of Restraint" means the first authorized period of immobilizing security restraint that may be up to two hours in duration. This

period of restraint may be initiated by either the highest-ranking supervisor on site, the shift supervisor, or other person designated by the warden.

(3) "Continued Period of Restraint" refers to a period of immobilizing security restraint following the initial period of restraint. The continued period of restraint may be up to six hours in duration. This period of restraint may only commence with the approval of a physician following an examination of the inmate by a qualified medical professional.

(4) "Extended Period of Restraint" refers to a period of restraint following the continued period. The extended period of restraint may be up to three hours in duration. An extended period of restraint may commence only with physician's approval following a personal examination of the inmate by a physician.

(5) "Mental health housing" is a residential treatment unit ("RTU"), mental health crisis cell, Oakwood correctional facility or any other housing designated for treatment of inmates for serious mental illness.

(6) "Qualified medical professional" is a registered nurse, a nurse practitioner, a physician or a physician assistant.

(D) Authorization. The highest ranking supervisor on site, the shift supervisor, or other person designated by the warden shall authorize the placement of an inmate in immobilizing security restraints when he or she determines that:

(1) The inmate is engaging in violent, threatening, destructive or self-destructive behavior that poses an imminent risk of physical harm to himself or another, or;

(2) The inmate persists in disruptive behavior or behavior that threatens the security of the institution, and,

(3) Will not respond to orders to cease and other means of restraint do not appear to be an effective alternative, and,

(4) The imposition of immobilizing security restraints is necessary to gain control of the inmate.

(E) Duration and release. An inmate placed in immobilizing security restraints shall be restrained for limited, authorized periods or until the reason for the restraint no longer exists, whichever comes first. An inmate in immobilizing security restraints shall be permitted to take liquids every two hours, eat meals and use toilet facilities, as his behavior allows it. The inmate should be released to the degree and for the time necessary to perform these functions.

(1) "Initial Period of Restraint." The first authorized period of immobilizing security restraint may be initiated as indicated in paragraph (D) of this rule. This period may be up to two hours in duration.

(a) Medical exam. A qualified medical professional shall immediately review the inmate's medical file and personally examine the inmate. The inmate shall be continually observed until the qualified medical professional

evaluation and approval occurs. The qualified medical professional's review shall be documented in the inmate's medical chart.

(2) "Continued Period of Restraint" refers to a period of immobilizing security restraint following the initial period of restraint. If during the initial period of restraint the inmate continues to demonstrate violent, turbulent, threatening, or self-destructive behavior, a continued period of restraints may be authorized. This period may last for up to six hours.

(a) To authorize this period of restraint, the shift supervisor or other official identified in paragraph (D) of this rule, must determine that the reasons for the application of restraints still exist; and,

(b) A physician must approve the continued period of restraint. In order to approve the continued period of restraint, a physician or a qualified medical professional must first examine the inmate and record the examination in the medical file. If the qualified medical professional, conducts the examination, he or she must also speak to a physician whose approval shall be necessary for continued restraint. The physician's approval must be documented in the medical file, and may be provided by telephone.

(3) "Extended Period of Restraint" refers to the final period of immobilizing security restraint following the continued period of restraint. The extended period of restraint may be up to three hours in duration. If the reasons for the application of restraints continue to exist, an extended period of immobilizing security restraint may be authorized.

(a) To authorize this period of restraint, the shift supervisor or other official identified in paragraph (D) of this rule, must determine that the reasons for the application of restraints still exist; and,

(b) A physician must approve the extended period of restraint. In order to approve the extended period of restraint, the physician must first personally examine the inmate and record the examination in the medical file.

(4) The shift supervisor must consult with the mental health staff at the time of release to evaluate the inmate's present needs. If continued restraint may appear to be necessary after eleven hours of restraint, the medical director and the mental health staff must evaluate the inmate personally and recommend appropriate action.

(5) Release from immobilizing security restraints can be ordered at any time by the shift supervisor, the physician, the warden or the warden's designee when the inmate is no longer disruptive, threatening or engaging in self-destructive behavior, or creating a security risk.

(6) If the examining qualified medical professional concludes at any time that the inmate is likely to suffer imminent and serious physical harm as a result of the restraints, the qualified medical professional shall immediately communicate this information to the shift supervisor. The shift supervisor shall then take action to diminish the risk of harm to a medically acceptable level, up to and including the release of the inmate from the restraint.

(F) Health care notifications. As soon as possible after an inmate has been placed in immobilizing restraints, the shift supervisor shall notify the

institution's mental health staff, or medical staff if mental health staff is not available on site. When the incident is to be handled as a planned use of force, the medical staff shall be notified prior to the incident and shall be in attendance during the incident whenever possible.

(1) The health care staff contacted shall check to determine whether the inmate is on the mental health caseload.

(2) If the inmate is on the caseload or is behaving in an unusual manner, the health care staff shall contact the appropriate on-duty psychiatrist, psychologist, licensed independent social worker or the psychiatrist on-call for an appropriate consultation.

(3) Documentation of the health care evaluation and any subsequent actions shall be entered into the mental health record if completed by mental health staff, or into the medical record if completed by medical staff.

(G) Monitoring. Staff shall periodically check on the condition of any inmate in restraints.

(1) After the initial qualified medical professional's evaluation and approval referenced in paragraph (E)(1)(a) of this rule, security staff shall check an inmate in immobilizing security restraints on an irregular basis, not to exceed fifteen minutes apart. Each check shall be documented in an appropriate restraint log indicating the time of the check, the inmate's behavior, and any observations made by staff and the staff member's initials.

(2) A qualified medical professional shall check on the condition of any inmate in immobilizing security restraints no less than every two hours. The medical staff must document these checks in the medical file and in the appropriate restraint log.

(3) "Restraint Log." Whenever an inmate is placed in immobilizing security restraints, staff responsible for the supervision of the area in which the inmate is held shall maintain a restraint log noting the reasons for the restraints and the time and date of restraint, authorizations, staff contacts with the inmate, medical contacts with the inmate, and other appropriate information.

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**Route: [Ohio Administrative Code](#) » [5120 Department of Rehabilitation and Corrections - Administration and Director](#)
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5120-9-01 Use of force.

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(A) As the legal custodians of a large number of potentially dangerous inmates, prison officials and employees are confronted with situations in which it may be necessary to use force to control inmates or respond to resistance. This rule identifies the circumstances when force may be used lawfully.

(B) As used in this rule and rules [5120-9-02](#) and [5120-9-03](#) of the Administrative Code:

(1) "Force" means the exertion or application of a physical compulsion or constraint.

(a) The mere application and use of restraints (such as handcuffs, waist or leg restraints) in connection with accepted procedures such as the transport, escort or movement of an inmate shall not in itself be considered a reportable use of force.

(b) The use of one's hands with minimal force such as may be necessary or incidental to the application of restraints, or to restrain, guide, support, or direct, etc., an inmate during procedures such as the transport, escort or movement of an inmate shall not in itself be considered a reportable use of force.

(c) If force, greater than minimal force, is needed to overcome the physical resistance of an inmate in order to apply restraints or otherwise gain control of the inmate, it shall be considered a reportable use of force.

(2) "Less-than-deadly force" means any force which could not reasonably be expected to result in the death of the person against whom it is directed.

(3) "Excessive force" means an application of force which, either by the type of force employed, or the extent to which such force is employed, exceeds that force which reasonably appears to be necessary under all the circumstances surrounding the incident.

(4) "Deadly force" means any force that carries a substantial risk that it will proximately result in the death of any person. Examples of deadly force include, but are not limited to, the following:

(a) Discharging a firearm in the immediate vicinity of or directed toward another person;

(b) Striking another person on the head with an instrument;

(c) Applying force or weight to the throat or neck of another.

(5) "Physical harm to persons" means any injury or other physiological impairment regardless of its gravity or duration.

(6) "Serious physical harm to persons" means any of the following:

(a) Any physical harm which carries a substantial risk of death;

(b) Any physical harm which involves some permanent incapacity, whether partial or total, or which involves some temporary, substantial incapacity;

(c) Any mental illness or condition of such gravity as would normally require hospitalization or prolonged psychiatric treatment which occurred as a result of a physical injury;

(d) Any physical harm which involves some permanent disfigurement or which involves some temporary, serious disfigurement;

(e) Any physical harm which involves acute pain of such duration as to result in substantial suffering, or which involves any degree of prolonged or intractable pain.

(7) "Risk" means a significant possibility, as contrasted with a remote possibility, that a certain result may occur or that certain circumstances may exist.

(8) "Substantial risk" means a strong possibility, as contrasted with a remote or insignificant possibility, that a certain result may occur or that certain circumstances may exist.

(9) "Immobilizing security restraints" means any appliance which secures the inmate in such a way that the inmate is prevented from rising, using toilet facilities, or eating. "Immobilizing security restraint" shall include, but is not limited to, what is known as "four-way" or "five-point" restraints. This does not include the use of handcuffs, leg irons or belly chain in the transport or movement of the inmate.

(C) Guidelines regarding the use of force. Force shall be used in accordance with the following guidelines.

(1) Amount of force. Staff members considering the use of force shall evaluate the need to use force based on the circumstances as known and perceived at the time it is considered.

(a) Staff may use force only to the extent deemed necessary to control the situation; staff shall increase or decrease the level of force as resistance increases or decreases.

(b) Staff should attempt to use only the amount of force reasonably necessary under the circumstances to control the situation and shall attempt to minimize physical injury.

(c) Force or physical harm to persons shall not be used as punishment.

(2) Less-than-deadly force. There are six general circumstances in which a staff member may use force against an inmate or third person. A staff member may use less-than-deadly force against an inmate in the following

circumstances:

- (a) Self-defense from physical attack or threat of physical harm.
- (b) Defense of another from physical attack or threat of physical attack.
- (c) When necessary to control or subdue an inmate who refuses to obey prison rules, regulations or orders.
- (d) When necessary to stop an inmate from destroying property or engaging in a riot or other disturbance.
- (e) Prevention of an escape or apprehension of an escapee; or
- (f) Controlling or subduing an inmate in order to stop or prevent self-inflicted harm.

(3) Deadly force. Deadly force may only be used when the staff member reasonably believes that such force is necessary to accomplish any of the following:

- (a) To protect self or another from death or serious physical harm being caused or threatened by an inmate or another person;
- (b) To prevent or halt the commission of an escape, or to apprehend an escapee, or;
- (c) To prevent loss of control of the institution, or a significant part, or in order to regain such control.

(4) Whenever possible, an appropriate oral warning shall be given prior to the use of deadly force. In no event shall a warning shot from a firearm be appropriate.

(5) Medical attention for any individual injured during a use of force incident will be provided as soon as practical after the incident.

(6) Planned use of force: In the event of a cell extraction, work stoppage, disturbance or other situation in which staff can prepare for the use of force, such force shall be directed by the shift supervisor or other ranking official. The supervisor shall ensure that the incident is videotaped.

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STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Physically Immobilizing Restraints	PAGE <u>1</u> OF <u>11</u> NUMBER: 63-UOF-04
RULE/CODE REFERENCE: OAC 5120-9-01; 5120-9-02; 5120-9-05	SUPERSEDES: 63-UOF-04 dated 12/07/12
RELATED ACA STANDARDS: 4-4190; 4-4191; 4-4405	EFFECTIVE DATE: December 12, 2013
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish criteria and procedures for the application and use of physical restraints on inmates who require them for security or mental health reasons and who are placed in safe cells designated for utilization in dealing with restraints.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction and all inmates incarcerated in institutions. Specifically, this policy applies to inmates who are physically restrained and confined in cells designated for utilization in dealing with restraints and all staff providing services in these locations. This policy does not apply to the application of restraints for medical procedures/reasons.

IV. DEFINITIONS

Authorized Restraint Equipment - Standard authorized restraints may be leather or polypropylene padded leather wristlets, anklets, and torso strap, as required, which can be secured to a bed with leather straps. The Chief Psychiatrist /designee of the Bureau of Behavioral Health Services must specifically authorize additional or alternative restraints prior to use, including protective helmets, mitts, and/or ambulatory waist-to-wrist restraints. The Bureau of Medical Services, Bureau of Behavioral Health Services, and the Office of Prisons must approve all such restraint devices for use and no other device may be used as a physically immobilizing restraint.

Crisis Responder – An employee certified through the Corrections Training Academy in crisis negotiations who uses verbal and crisis intervention skills to resolve non-hostage crisis situations.

Health Care Staff - Those persons who by virtue of their training and experience are qualified to provide health care within the provisions of the state's licensure laws, policies, and guidelines. For purposes of this policy, the staff members with responsibility for implementing the procedures set forth herein are specified by discipline.

Hostage Negotiator - An employee certified through the Corrections Training Academy (CTA) in hostage negotiations who uses crises intervention and hostage negotiation skills to resolve hostage and non-hostage crisis situations.

Physically Immobilizing Restraints - Any authorized means of restricting an inmate's ability to exercise free movement of the arms and legs, or which totally immobilizes the inmate and which the inmate is unable to remove without assistance. Physically immobilizing restraints shall include either four or five point restraints, except where other types of restraints are authorized. This definition shall not include the use of handcuffs, leg irons, or belly chains used during the transport or movement of inmates.

Physician - Medical or psychiatric physician who can authorize the use of physical immobilizing restraints.

PRN (Pro re nata) - An order written on the physician's order form indicating that an action is to be taken as needed or as circumstances require.

Prone Restraint - All items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraints. The use of prone restraint is prohibited.

Safe Cells - Designated cells within each institution for placement of inmates on watch status or placement in four or five-point physically immobilizing restraints. Safe cells must allow clear visibility to all areas of the cell to allow for continuous visual observation. These cells shall be suicide resistant and include: stainless steel fixtures, fine mesh screens over windows and vents with no exposed plumbing or other fixtures/objects from which a person could hang or otherwise harm him or herself. The cell door must contain a food/cuff port with locks and the cell must be outfitted with a maximum-security bed and suicide resistant mattress or ModuForm bed.

Transitional Hold - A brief physical positioning of an individual face-down for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely. Transitional hold may include the use of handcuffs or other restraints consistent with departmental policy.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to allow four/five point restraints to only be used in extreme instances and only when other types of restraints have proven ineffective or the safety of the inmate is in jeopardy. In no circumstance are restraints to be used for punishment or for the convenience of staff. Furthermore, any use of physically immobilizing restraint used for therapeutic purposes on an inmate who is mentally ill or suspected of being mentally ill shall comply with all accepted mental health standards and state laws and regulations. The use of prone restraint is prohibited, though transitional holds may be used.

VI. PROCEDURES

A. Required Procedures Prior to the Use of Restraints

1. Inmates subject to these policy requirements are to be physically restrained only in those situations in which there is an imminent threat of substantial bodily harm to the inmate or others, imminent threat of substantial property damage, or creation of a substantial security risk and less restrictive means of controlling the situation have been attempted and proven to be ineffective or failed to achieve their objective.
2. Before ordering the use of physically immobilizing restraints, staff shall attempt to assist the inmate by less restrictive interventions. All less restrictive interventions utilized must be documented on the Nursing Summary of Inmates in Restraints (DRC5323) and shall include, but not be limited to, the following:
 - a. The use of an on-duty crisis responder or hostage negotiator in an attempt to de-escalate the situation and obtain the inmate's compliance with the orders given. This intervention shall be utilized when imminent danger of bodily harm does not exist and shall be recorded on the Intervention Crisis/Hostage Situations form (DRC2699). Mental health staff performing the de-escalation shall also document the crisis intervention in the inmate's mental health file.
 - b. Placing the inmate in a crisis cell, without resorting to the use of restraints, if possible;
 - c. Offering medication if ordered by a physician; and/or
 - d. Administering emergency medication, if ordered by a physician.

B. Procedures for the Application of Restraints

1. Authorization for Restraints

The application of physically immobilizing restraints must be authorized by a shift commander or a physician's order prior to the restraints being applied. If The Ohio State University Medical Center (OSUMC) staff determine that a medical restraint is necessary, the restraint shall be done in accordance with the policies and protocols of the OSUMC, not that of this policy. DRC staff may assist the OSUMC staff in the restraint application by applying only that force that is necessary to control the inmate pursuant to Department Policy 63-UOF-01, Use of Force, to allow for the OSUMC staff to apply the restraints. The use of prone restraints as defined in this policy is prohibited in all situations.

- a. All authorizations for restraints must be documented on the Immobilizing Restraints Report (DRC2533) by the shift commander. The authorization for restraint, as documented on the Immobilizing Restraints Report (DRC2533), must include identification of whether four or five point restraints are to be utilized and the specific behavior the inmate is presenting that warrants the application of restraints, as specified in Section VI, A., 1 of this policy.

- b. When physical restraints are authorized by the shift commander to maintain security of the institution, including safety of the inmate, the restraints may only be applied for a maximum of 2 hours without securing a physician's order. Every effort shall be made to remove the inmate from restraints prior to this time limit if his or her actions warrant removal.
- c. Health care staff shall consult the physician as soon as possible when an inmate is restrained for self-injurious behavior or other suspected mental health reasons. If possible, the psychiatrist shall be utilized as the physician in all such cases.
- d. If there is a need to extend the restraints beyond a two (2) hour period, a physician's order for restraints must be obtained. This extension shall be for no longer than 6 additional hours with the maximum time in restraints eight (8) hours before the physician must personally examine the inmate.
- e. The physician's order for the use of restraints must be obtained either in writing or via telephone consultation by a health care provider and may be requested at any time if it is suspected that there are mental health concerns with the inmate. The physician's order for restraints shall specify the following items:
 - i. Objective for the application of restraints (i.e. protection of self or others);
 - ii. Type of restraint to be utilized;
 - iii. Emergency or PRN medication if appropriate;
 - iv. Criteria to be met to release the inmate from restraints;
 - v. Any special considerations with the inmate;
 - vi. Date and time the procedure was initiated; and
 - vii. Maximum duration for restraints, up to a maximum of eight (8) hours, including the initial two (2) hours if restraints were authorized by the shift commander. No physician's order for restraints shall exceed eight (8) hours.
- f. PRN orders for restraints are expressly prohibited.
- g. When a physician has ordered restraints, additional documentation of the restraint procedures must be included in the inmate's medical or mental health file, based on the discipline coordinating contact with the physician. Once the physician orders restraints, documentation in the medical or mental health file shall begin with an entry in the progress notes by either the registered nurse or physician, if on site and present. Documentation of the restraint process shall include the following information:
 - i. Inmate behavior immediately prior to the decision to use restraints;
 - ii. Clinical justification for the use of restraints rather than less restrictive interventions;
 - iii. Interventions attempted prior to the decision to restraint, if appropriate;
 - iv. Notation of the physician contacted;
 - v. Type of restraint ordered (4 or 5 point);
 - vi. Inmate behavior during the application of restraints;
 - vii. Date and time restraints were applied;
 - viii. Progress updates;
 - ix. Decision to remove restraints and post release note;

- x. Confirmation that both medical and mental health services are made aware of the application of physically immobilizing restraints.
- h. The Chief Psychiatrist /designee of the Bureau of Behavioral Health Services must specifically approve any order for additional or alternative restraints prior to use, including protective helmets, mitts and/or ambulatory waist-to-wrist restraints. The Chief Psychiatrist /designee's approval for restraints other than four or five-point restraints must include:
 - i. Objective for the application of restraints (i.e. protection of self or others);
 - ii. Type of restraint to be utilized;
 - iii. Emergency or PRN medication if appropriate;
 - iv. Criteria to be met to release the inmate from restraints;
 - v. Any special considerations with the inmate;
 - vi. Date and time the procedure was initiated; and
 - vii. Maximum duration for restraints.

2. Application of Restraints

- a. Only authorized restraints, as defined in this policy, may be used to physically immobilize an inmate, including approved padded leather or polypropylene wristlets, anklets, and torso strap, as required, which can be secured to a bed with leather or polypropylene straps. The Bureau of Medical Services, Bureau of Behavioral Health Services, and the Office of Prisons must approve all such restraint devices for use.
- b. Application of physically immobilizing restraints constitutes a planned use of force and the appropriate reports and videotaping must be completed. The shift commander is responsible for coordinating the security aspects of the restraint process and shall ensure videotaping and documentation required by Department Policy 63-UOF-02, Use of Force Reports, is completed.
- c. A cell extraction prior to the use of restraints shall only be mobilized by the shift commander following the determination of the need for its use. Physically immobilizing restraints may only be applied in a designated safe cell by security staff, following authorization and approval by the shift commander. Application of restraints shall not occur until sufficient security staff are present to adequately immobilize the inmate during the application.
- d. In those incidents where a delay has occurred in the assembly of staff to administer the restraints, the inmate shall only be restrained if he or she still currently displays behavior that warrants the application of restraints.
- e. In videotaping the application of all restraints, the video camera operator shall record the entire restraint process from a vantage point that provides good vision and does not place the operator at unnecessary risk. Once the video camera is recording, it shall not be turned off until such time as the entire restraining process has been completed. Should the camera become inoperable during the incident, written documentation shall clearly explain the time this occurred and the reason for the malfunction. If the

camera subsequently becomes operable, a verbal explanation of the malfunction is to be recorded. Videotape recordings of restraint procedures shall include the following:

- i. Date and time of the incident;
 - ii. Introduction of the video camera operator by name and title;
 - iii. Name and number of the inmate to be restrained;
 - iv. Cell location of the restraint;
 - v. Description of the de-escalation interventions, including staff involved;
 - vi. Reasons for the restraints;
 - vii. On camera name and job title of the employee authorizing the restraint;
 - viii. Identification of all staff involved in the restraint procedures by name and title;
 - ix. Plan of action, including employee assignments;
 - x. Video recording of the removal of the inmate from the cell and escort and placement of the inmate into the new cell/housing location;
 - xi. The application of restraints;
 - xii. The initial medical examination of the inmate after the restraints are applied; and
 - xiii. Prior to turning off the video camera, the camera operator shall announce that the camera is being turned off and shall state the time of conclusion for the record.
- f. Throughout the restraining process, staff shall encourage inmate compliance during the application of restraints by calmly explaining the restraint procedure, reasons for the decision to restrain and the behavior required to terminate the use of restraints. Staff shall also ensure that transitional holds as defined by this policy are used only when necessary and prone restraints are not utilized in any use of force situation.
- g. The use of transitional hold may be permitted only when all of the following conditions are met:
- i. Transitional hold may be applied only by staff with current training on the safe use of this procedure, including how to recognize and respond to signs of distress in the individual;
 - ii. Transitional hold may be applied only in a manner that does not compromise breathing, including the compromise that occurs with the use of: (1) pressure or weight bearing on the back; (2) soft devices such as pillows under an individual's face or upper body; or (3) the placing of an individual's or staff's arm under the individual's head, face or upper body;
 - iii. Transitional hold may be applied only for the reasonable amount of time necessary to safely bring the person or situation under control and to ensure the safety of the individuals involved; and
 - iv. Transitional hold may be applied only with consistent and frequent monitoring during and after the intervention (use of force) with every intent to assure that the person is safe and suffers no harm.

- h. The Chief Psychiatrist /designee of the Bureau of Behavioral Health Services must specifically approve any order for additional or alternative restraints prior to use, including protective helmets, mitts and/or ambulatory waist-to-wrist restraints. The Chief Psychiatrist /designee's written approval for the order for restraints other than four or five-point restraints must include:
 - i. Objective for the application of restraints (i.e. protection of self or others);
 - ii. Type of restraint to be utilized;
 - iii. Emergency or PRN medication if appropriate;
 - iv. Criteria to be met to release the inmate from restraints;
 - v. Any special considerations with the inmate;
 - vi. Date and time the procedure was initiated; and
 - vii. Maximum duration for restraints.
- i. For both four or five-point restraints, the inmate shall be restrained in a supine, face-up position: (Face towards the ceiling, arms at the sides, legs together with feet approximately shoulder-width apart.) This is considered the standard restraint position. A physician may issue an order to modify the standard position due to medical reasons and this order must be clearly documented on the physician order sheet and in the progress notes.
- j. To minimize the possibility of inmate self-injury or staff injury with a hidden object, clothing should be removed from the inmate as soon as possible after the application of four or five-point restraints. Clothing must be removed by staff persons of the same sex, if possible. All potentially harmful objects that might interfere with the restraints shall be removed from the inmate while he/she is restrained. In all cases, the inmate shall be provided with a suicide-resistant gown/blanket while restrained. Every effort shall be made to ensure inmate dignity.
- k. Immediately following the application of restraints, a nurse shall conduct a physical assessment of the inmate, to include a circulation check and obtaining vital signs. The initial nursing assessment of the inmate shall be documented on the Medical Exam Report (DRC5251) and the Nursing Summary of Inmates in Restraints (DRC5323) and in the progress notes within the inmate's medical file.

C. Monitoring and Care of Inmates in Restraints

1. Immediately upon the application of four or five-point physically immobilizing restraints to an inmate, security staff shall be assigned to provide a constant observation of the inmate until a nurse conducts the physical assessment of the inmate in restraints. This continuous visual observation shall be documented at staggered intervals not to exceed 15 minutes.
2. Unless ordered on constant watch in addition to restraints, subsequent to the nursing assessment, security staff shall be assigned to provide close watch observation of the inmate in restraints, with documentation of the observation occurring at staggered intervals not to exceed 15 minutes. Observation of the inmate shall be documented on the Crisis Precaution and/or Immobilizing Restraints Log (DRC2534) and shall include notations as to the inmate's activity during the observation. Use of electronic surveillance

cameras is not sufficient for observation of an inmate in restraints. Cameras may be used for backup documentation but personal observation of the inmate is still required for all documented observations.

3. Throughout the observation of an inmate in restraints, security staff shall be aware of inmate behaviors that indicate the need for nursing or medical assessment and intervention and communicate this information to the registered nurse. In between nursing assessments, security staff shall be responsible for removing one hand from the restraint to allow the inmate to attend to toileting needs or to eat, as approved by the shift commander.
4. After the initial assessment of the inmate upon the application of restraints, nursing staff shall provide necessary medical interventions and shall schedule and implement an assessment of the inmate in restraints at least every two (2) hours for the duration of the restraints. Inmates placed in immobilizing restraints at the Ohio State University Medical Center (OSUMC) shall be medically assessed by OSUMC medical staff. This assessment shall be documented on the Crisis Precaution and/or Immobilizing Restraint Log (DRC2534) and Continuation of Crisis Precaution and/or Immobilizing Restraint Log (DRC2621) by Franklin Medical Center security staff assigned to monitor the inmate.
 - a. Unless needed more frequently, nursing assessments with vital signs shall be conducted every two hours for the purpose of ensuring the inmate's medical stability and routine evaluation for the possibility of restraint removal. This evaluation shall be documented on the Nursing Summary of Inmates in Restraints (DRC5323/5324) and in the progress notes of the inmate's medical or mental health file. When an inmate is calm, appears asleep, or is not responding, an additional nursing assessment will occur promptly to evaluate for changes in mental status and/or possible removal of restraints. Security staff shall notify nursing staff of the inmate's status and documenting the notification on the Crisis Precaution and/or Immobilizing Restraints Log (DRC2534). Nursing staff shall be responsible for responding promptly to conduct the additional assessment.

The nursing assessments shall consist of the following evaluation at a minimum:

- i. Liquids must be provided if requested and offered no less than coincident with the every 2 hour nursing assessment. When liquids are provided, security staff must remove the torso strap to allow the inmate to elevate his/her upper body;
- ii. Observation of signs of circulatory, respiratory or other dysfunction, abrasion, irritation or injury;
- iii. Monitoring of extremities for symptoms of neurologic compression, color, temperature and pulse;
- iv. Recording of vital signs;
- v. Providing range of motion exercises with assistance of correctional staff
- vi. Attending to toileting needs of the inmate; and
- vii. Providing appropriate nutrition at least every eight (8) hours, which may consist of liquid nutritional supplements. When nutritional supplements are provided, security staff must remove the torso strap to allow the inmate to elevate his/her upper body.

- b. When a physician's order has been obtained for the application of restraints, the nursing review of the inmate in restraints shall also include assessing the need for continued physically immobilizing restraints based upon the physician's criteria for release from restraints. Nursing staff conducting this assessment shall inform the shift commander and the physician as soon as it is noted that the inmate is responding in control and does not present responses or behavior that indicate a need for continued restraints. In cases where the physician has ordered the restraint, the physician must also authorize the release from restraints. This assessment and any subsequent communication with the shift commander and physician shall also be documented on the Nursing Summary of Inmates in Restraints (DRC5323/5324) and in the progress notes of the inmate's medical or mental health file.

D. Extension of Restraints beyond Eight (8) Hours

1. No inmate shall remain in physically immobilizing restraints beyond the initial eight (8) hours without the express, written order of a physician. If the physician has not released the inmate from restraints at the end of the 8-hour period, the shift commander shall order the release of the inmate from restraints. To continue the restraint period beyond eight (8) hours, a physician must conduct a face-to-face assessment of the inmate. The physician must personally examine the inmate, substantiate the need for continued restraint on the interdisciplinary progress notes in the applicable medical or mental health file and complete, sign and date all appropriate orders.
2. Following a personal examination of the inmate, the physician may authorize an extension of restraint up to an additional eight (8) hour period with appropriate continued nursing assessment and monitoring.
3. Continued inmate restraint requires face-to-face psychiatric or physician reassessment of the inmate at eight (8) hour intervals for a maximum time period of 24 continuous hours. However, prior to the end of the 24-hour period, security and treatment staff shall consult to evaluate any further needs of the inmate and may consider and order release from restraints, initiate transfer to the appropriate medical or mental health intervention.
4. No inmate shall be restrained for a period longer than 24 hours unless the inmate is under the care of a physician and approval is obtained from the Chief Psychiatrist of the Bureau of Behavioral Health Services or designee.

E. Release from Restraints

1. In cases where restraints have been authorized by the shift commander for the initial two (2) hour period and no physician's order has been obtained, the shift commander shall authorize the release of the inmate from restraints at any time during the two (2) hour period once the inmate begins responding in control and/or no longer presents behavior deemed to be a threat to the safety and security of the inmate or others. Without a physician's order, the inmate must be released no later than the conclusion of the initial two (2) hour restraint period.

2. In cases where a physician's order for restraints is obtained, the restraints shall be removed when the inmate is clinically assessed by the physician, or nursing staff in consultation with the physician, and determined to no longer be a risk of harm to self or others. This shall be evidenced by observation that the inmate is no longer agitated or fighting the restraints and is able to verbalize that he or she has the ability to maintain control of his or her behavior if released. However, the restraints must be removed at the time-limited conclusion of a physician's order if the physician has not personally examined the inmate.
3. With the assistance of health care staff if requested, security staff shall remove physically immobilizing restraints from the inmate when the shift commander, physician, or nurse, in consultation with the physician, indicate that it is appropriate to do so. Sufficient security staff shall be present during the release from restraints to provide inmate control if needed.
4. Security staff shall conduct a thorough search of the inmate upon his or her release from restraints and document the search on the Immobilizing Restraints Report (DRC2533).
5. Two hours after the inmate's release from restraints, nursing staff shall assess the inmate again for stability, including reviewing that the inmate is calm and in control and document the review on the Nursing Summary of Inmates in Restraints (DRC5324). Inmates placed in immobilizing restraints at the Ohio State University Medical Center (OSUMC) shall be medically assessed by OSUMC medical staff. This assessment shall be documented on the Suicide Watch and/or Immobilizing Restraint Log (DRC2534) and Continuation of Crisis Precaution and/or Immobilizing Restraint Log (DRC2621) by Franklin Medical Center security staff assigned to monitor the inmate.
6. Each application of restraints after a release from restraints must be individually authorized in compliance with this policy, regardless of how recently the inmate was released from restraints.

F. Documentation and Review of Restraints

1. All decisions and actions regarding the use of restraints shall be documented on the appropriate DRC forms referenced in this policy.
2. The Deputy Warden Use of Force Log (DRC1015) maintained by the facility shall clearly identify all uses of physically immobilizing restraints within the institution, including additional or alternative restraints authorized by the Chief Psychiatrist /designee of the Bureau of Behavioral Health Services.
3. During the physician's next working day following the use of restraints, they shall be responsible for reviewing the restraint documentation, including the inmate treatment plan, observation records and progress notes and documenting their findings in the progress notes within the applicable medical or mental health file. The physician shall ensure they signs and dates all physicians' orders after the application of restraints.
4. The completed Nursing Summary of Inmates in Restraints (DRC5323/5324) shall be forwarded to the appropriate Deputy Warden/designee for inclusion in the Use of Force

packet on the incident. Use of Force packets for all applications of physically immobilizing restraints shall include the completed Immobilizing Restraint Report (DRC2533), Crisis Precaution and/or Immobilizing Restraints Log (DRC2534), Nursing Summary of Inmates in Restraints (DRC5323/5324), and all Incident Reports (DRC1000) related to the incident and shall be processed in accordance with Department Policy 63-UOF-02, Use of Force Reports.

5. A copy of the Immobilizing Restraint Report (DRC2533), Crisis Precaution and/or Immobilizing Restraints Log (DRC2534) and Nursing Summary of Inmates in Restraints (DRC5323/5324) for all restraint cases shall also be forwarded to both the medical and mental health departments for inclusion in the inmate's medical and mental health records.
6. All applications of physically immobilizing restraints shall be administratively reviewed by the appropriate Deputy Warden, Chief of Security, Health Care Administrator, Quality Improvement Coordinator, and the Mental Health Manager/Administrator within three (3) working days of the restraint application. Another staff person from the same department may be designated to be present at the review only in the absence from the facility of one of the named positions. The review shall include examining all clinical documentation, the videotape recording of the restraint application, and the use of force packet. Minutes of the meeting shall be maintained and clearly identify the review of the procedures and any identified educational needs of staff involved in the application of restraints. The Mental Health Manager/Administrator shall document this review of restraints on the Nursing Summary of Inmates in Restraints (DRC5324). At that time, the Mental Health Manager/Administrator shall determine if the restraints were applied for mental health or therapeutic reasons. For purposes of review, all restraints applied in the Residential Treatment Unit shall be considered mental health restraints. All others will be reviewed by this administrative committee to determine if restraints were applied for mental health or security reasons.
7. In all cases where physically immobilizing restraints have been used on inmates on the mental health caseload, the Mental Health Quality Assurance Committee shall conduct the following review:
 - a. Review the minutes of the administrative review of the restraint procedures;
 - b. Review and investigate unusual or possible unwarranted patterns of restraint;
 - c. Assure that there are no PRN orders for restraint;
 - d. Prepare and submit summary report information on the use of restraints in the Quality Assurance Monthly Report.

Related Department Forms:

Incident Report	DRC1000
Deputy Warden Use of Force Log	DRC1015
Immobilizing Restraints Report	DRC2533
Crisis Precaution and/or Immobilizing Restraints Log	DRC2534
Continuation of Crisis Precaution and/or Immobilizing Restraints Log	DRC2621
Intervention Report Crisis/Hostage Situation	DRC2699
Medical Exam Report	DRC5251
Nursing Summary of Inmates in Restraints (2 page form)	DRC5323/5324

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Protection from Harm and Inappropriate Supervision	PAGE <u> 1 </u> OF <u> 2 </u>
	NUMBER: 64-DCM-01
RULE/CODE REFERENCE: 5120-9-03; 5120-9-04	SUPERCEDES: 64-DCM-01 dated 11/22/04
RELATED ACA STANDARDS: 4-4277; 4-4281; 2-CO-5E-02; 2-CI-5A-02; 2-CI-5A-8	EFFECTIVE DATE: July 8, 2010
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Ohio Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the director prescribes.

II. PURPOSE

The purpose of this policy is to establish procedures, which provide offenders with protection from physical harm, harassment, and unreasonable searches.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction that interact with offenders.

IV. DEFINITIONS

Inappropriate Supervision - Any continuous method of annoying or harassing an offender or group of offenders including, but not limited to, abusive language, racial slurs, and the writing of conduct/violation reports strictly as a means of harassment. A single incident may, due to its severity or egregiousness, be considered inappropriate supervision for purposes of this rule.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction that no inmates or offenders under the supervision of APA will be subjected to personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. Offenders shall be subject to reasonable and appropriate supervision and no administrative action or decision shall reflect bias toward any offender or group of offenders because of race, color, religion, gender, sexual orientation, disability, age, or national origin.

VI. PROCEDURES

- A. The Department of Rehabilitation and Correction shall keep a record of conduct reports or violation reports written by each staff member. The record shall include a copy of the report and its disposition, and shall be referred to if an offender complains of the staff member's conduct/violation reporting practices.
- B. The Inspector of Institutional Services shall have the responsibility of investigating institutional offender allegations, which if true would constitute inappropriate supervision, in accordance with Administrative Rule 5120-9-04, Appropriate Supervision, Discrimination and Racial Issues, and Administrative Rule 5120-9-31, Inmate Grievance Procedures. Any substantiated acts of discrimination on the part of staff shall be addressed through the employee disciplinary process.
- C. The Regional Administrator or designee shall have the responsibility of reviewing APA offender allegations pursuant to Department Policy 100-APA-17, Offender Grievance Procedures, which if true would constitute inappropriate supervision. Any substantiated acts of discrimination on the part of staff shall be addressed through the employee disciplinary process.
- D. All pre-service and in-service training and staff development shall include extensive programs in inter-personal communications and human relations, including appropriate supervision and cultural sensitivity. All employees shall be informed of their obligation to treat all offenders with equal dignity and courtesy.
- E. Other procedures governing protection from harm and excessive force are contained in Administrative Rules 5120-9-01, Use of Force; 5120-9-02, Use of Force Report and Investigations; 5120-9-03, Inmate Complaints of Use of Force Where No Use of Force Report Has Been Made; and 5120:1-1-39, Use Of Force.

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Inmates with Disabilities	PAGE <u>1</u> OF <u>9</u>
	NUMBER: 64-DCM-02
RULE/CODE REFERENCE: 5120-9-04; 5120-9-27; 5120-9-52	SUPERSEDES: 64-DCM-02 dated 07/21/99
RELATED ACA STANDARDS: 4-4142; 4-4429; 4-4429-1; 4-4497 2-1020	EFFECTIVE DATE: December 28, 2011
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish standard and consistent procedures by which an inmate with a disability is identified, assessed, and provided appropriate reasonable accommodations.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction and to the inmates under the Department's supervision.

IV. DEFINITIONS

Americans with Disabilities Act (ADA) - The act which provides comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government, services, and telecommunications.

Blind - Having vision impairment not correctable to central vision acuity of 20/200 or a visual field no greater than 20 in the better eye.

Deaf - Having a profound hearing loss and relying primarily on visual communication such as sign language, lip reading, writing, and gestures.

Disability - Under ADA, a person has a disability if he/she:

1. Has a physical or mental impairment that substantially limits one or more of the major life activities of the individual;

2. Has a record of such an impairment; or
3. Is regarded as having an impairment.

Categories of disabilities are defined in Appendix A.

Hard of Hearing - Having a hearing loss of at least 40dB in the better ear unaided as measured by the Pure Tone Audiometry (PTA) or Speech Recognition Threshold (SRT).

Major Life Activity - Includes, but is not limited to, walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself, and working. See Appendix A.

Mobility Impairment - Being confined to a wheelchair or being able to have independent mobility over only short distances or only on a level surface.

Qualified Interpreter/Transliterater - A sign language interpreter certified by the National Registry of Interpreters for the Deaf or the National Association of the Deaf (NAD) or a sign language interpreter who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. The qualifications of an interpreter are determined by the actual ability of the interpreter in a particular interpreting context to facilitate effective communication. Qualified interpreters may include inmates, correctional staff including correction officers and volunteers when their skills meet the above definition and factors such as emotional or personal involvement and considerations of confidentiality will not adversely affect their ability to interpret "effectively, accurately, and impartially" or jeopardize the safety and security of the inmate.

Reasonable Accommodation - Any change or adjustment to an environment that permits a qualified person with a known disability to participate in a job, or to enjoy benefits and privileges of programs or services as an equal to everyone without a disability. A reasonable accommodation should not impose undue hardship on the institution.

Relay Service - A service used by people who are deaf, hard of hearing, or have a speech impediment when talking to people who do not have a TTY machine. A communications assistant answers and dials the number being called and facilitates communication between the TTY user and the telephone user. Voice Carry Over (VCO) and Hearing Carry Over (HCO) calls are also made through a relay service. A relay service allows communication between deaf/hard of hearing persons and hearing persons.

Special Needs Assessment Committee - A committee appointed by the Director to consider appeals from inmates who disagree with a decision of the Managing Officer on a request for accommodation, and to consider appeals from inmates who disagree with a decision of the Bureau of Classification concerning placement based on the inmate's need for accommodation. The committee members shall include the Operation Support Center ADA Coordinator, a representative from the Bureau of Medical Services, a representative from the Bureau of Mental Health Services, and a representative from Legal Services. Appeals shall be addressed to the committee in care of the Operation Support Center ADA Coordinator for inmates.

TTY/TDD - Teletypewriter/telecommunications device for the deaf; both terms refer to an acoustic coupler that sends and receives teletypewriter signals over the telephone lines and enables telephone use for people who are deaf, hard of hearing, or who have a speech impediment by utilizing electronic transmission of text in place of audible communication.

Undue Hardship - Undue hardship means that the requested accommodation could not be provided without significant difficulty or expense or it fundamentally alters the nature or operation of the institution or program.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction not to discriminate against individuals on the basis of disabilities in the provision of services, program assignments, and other activities, as well as in making administrative decisions, and to provide reasonable accommodation to inmates when a demonstrated need exists.

VI. PROCEDURES

A. Identification

1. Upon being received at a reception center, each inmate shall have a health evaluation and the results of the health evaluation shall be documented. The evaluation shall include screening for inmates with vision, medical, hearing, mobility, mental health, and intellectual disabilities and developmental disabilities. These evaluations shall be consistent with those outlined in Department Policies 68-MED-13, Medical Classification, and 67-MNH-02, Mental Health Screening and Assessment Activities.
2. Disabilities that become apparent after the reception process may be reported and documented when they become apparent.
3. Each inmate identified as having a disability covered under ADA shall be evaluated on an individual case-by-case basis and provided accommodation if requested and determined necessary, so long as the accommodation does not adversely impact security.
4. Upon the determination of any impairment needing an ADA accommodation, the accommodation shall be documented by medical staff at the reception center or parent institution. This documentation shall be placed in the inmate's medical or mental health file and scanned in the electronic unit file.

B. Classification

1. Any inmate identified by the health care staff as needing special services because of a disability shall be provided reasonable accommodation as needed, as long as the accommodation does not adversely impact security. When the inmate is being considered for placement into an appropriate institution consistent with the inmate's security classification, the need for an accommodation shall be considered.
2. Current Department policies on medical, mental health and security classifications will be the primary tools used by the Bureau of Classification for placement of inmates with disabilities needing accommodation.

3. If an inmate disagrees with a placement decision of the Bureau of Classification based on the inmate's need for accommodation, the inmate may appeal the decision to the Chief of the Bureau of Classification consistent with Ohio Administrative Code 5120-9-52, Initial Classification of Inmates. The Chief of the Bureau of Classification shall then consult with the Special Needs Committee before making a final decision. The committee shall render a decision within thirty calendar days of receipt of the inmate's appeal.

C. Equal Access to Programs and Services

1. The Managing Officer at each institution shall appoint an ADA Coordinator for inmates to assist the institution in assuring compliance with Title II of the ADA and to oversee training on the subject within the institution. The Director shall appoint an Operation Support Center ADA Coordinator who shall: (a) oversee training of the Operation Support Center staff and the institutional coordinators; (b) assist the institutional coordinators; and (c) assure ADA compliance within the Operation Support Center and the institutions.
2. The inmate orientation package and inmate handbook shall include an explanation of services available to inmates with disabilities. This shall include the procedures necessary to receive an accommodation and shall be in a form understandable to the inmate, regardless of any disability. Inmate orientation shall also identify the staff member who serves as the institution's ADA Coordinator for inmates. Signs explaining ADA shall be posted in areas frequented by inmates.
3. No inmate shall be denied access to any job based solely upon his/her disability; however, an inmate must be able to fulfill the essential job functions of any job assigned to him/her.
4. No inmate shall be denied access to any program assignment based solely upon his/her disability. However, any inmate having a disability must meet the same criteria for admittance to a program as any other inmate. An inmate needing a reasonable accommodation to attend a program shall be provided that accommodation based upon his/her individual needs, so long as the accommodation does not adversely impact security.
5. Services shall be available to each inmate regardless of the existence of any disability. Reasonable accommodations shall be made as needed to ensure access to services.

D. Accommodations

Accommodations must be reasonable and not impose undue hardship on the institution. Possible accommodations may include, but not be limited to:

1. Providing programs in accessible areas.
2. Providing readers, large print materials, magnifiers, books on tape or Braille materials.
3. Providing ramps or elevators.
4. Providing handrails in showers and along stairways.

5. Providing seating in long hallways and in locations of long lines.
 6. Providing accessible vehicles.
 7. Providing amplifiers, visual repetition of audio announcements, and closed caption televisions.
 8. Providing TTY's and relay services. Inmates using TTY's and relay services shall be allotted the normal number of telephone calls and three times the usual amount of time allowed for conversations. TTY's shall be purchased with printers to allow the usual monitoring of conversations. TTY's shall be provided not only to deaf inmates, but also to inmates with speech impediments and to inmates with a spouse, family member, or friend who is deaf and needs this accommodation to communicate. Medical verification from the spouse, family member, or friend must be provided before the inmate is provided the use of a TTY.
 9. Providing visual and audible fire alarm systems.
 10. Providing qualified interpreters/transliterators for programs including, but not limited to:
 - a. Regularly Scheduled Health Care Appointments and Programs*
 - i. Medical
 - ii. Dental
 - iii. Visual
 - iv. Mental Health
 - v. Recovery Services
 - b. Parole Board Hearings*
 - c. Educational Classes and Activities
 - d. Treatment and other Formal Programming
 - e. Rules Infraction Board Hearings*
 - f. Criminal Investigations*
 - g. Classification Review Interviews
 - h. Grievance Interviews
 - i. Adoption Interviews*
 - j. Religious Services
 - k. Formal Investigations Conducted by Institution Staff*
- * Interpreting services for these programs may be provided only by qualified staff members or contract interpreters. If the deaf or hard of hearing inmate approves, a qualified inmate may otherwise assist if confidentiality is not violated or in case of emergency when another interpreter is unavailable. If the deaf or hard of hearing inmate approves the use of another inmate to interpret, the deaf or hard of hearing inmate must sign a statement waiving the right to an interpreter who is not an inmate. See Appendix B. Interpreters may be provided in person or through teleconferencing.
11. Providing opportunities to purchase items such as closed caption televisions and shake-awake alarm clocks through the commissary. Any such accommodations shall be provided in a manner consistent with institutional and departmental policies and security concerns. For example, closed caption televisions shall be provided in day rooms consistent with the duration and frequency of the other inmates in the same status within the institution. No inmate shall be provided access to a closed caption television if his/her status would not otherwise permit him/her access to a television.

12. When any person provides a service to an inmate, such as interpreting for the deaf or hard of hearing or reading for the blind or visually impaired, the person providing the service shall make a notation in the inmate's file stating the date, time, location and nature of the service provided. Such notation shall include the printed name of the person providing the service and that person's signature. If a contract interpreter from outside the Department is used, the staff member who is present when the interpreting service is provided shall be responsible for notifying the interpreter of the duty to make a notation in the inmate's file.

E. Request for Accommodations

1. Inmates who need an accommodation shall complete the Inmate Reasonable Accommodation Request form (DRC4267) and submit it to the institutional ADA Coordinator for inmates. The inmate's request shall be evaluated and considered based upon security concerns and the individual inmate's actual needs as verified by medical staff. Requests may be granted, denied or partially granted by providing an alternative accommodation. The ADA Coordinator's recommendation must be approved by the Managing Officer/designee. The decision shall be reported on the ADA Coordinator's Action section of the Inmate Reasonable Accommodation Request form (DRC4267), which will be returned to the inmate within ten working days unless further investigation is warranted. A copy of the decision shall be forwarded to the Operation Support Center ADA Coordinator for inmates.
2. If the inmate disagrees with the decision, he or she may appeal to the Special Needs Assessment Committee in care of the Operation Support Center ADA Coordinator for inmates.

F. Training

The Operation Support Center ADA Coordinator for inmates shall be responsible for training the institutional ADA Coordinators for inmates. The institutional ADA Coordinators for employees and inmates and the training officers shall work together to ensure that all institutional staff receives training on pertinent ADA disability issues. Such training shall include sensitivity training relative to interacting with inmates having these impairments, as well as a review of pertinent departmental and institutional policies.

Related Department Forms

Inmate Reasonable Accommodation Request DRC4267

APPENDIX A**PHYSICAL OR MENTAL IMPAIRMENT**

The United States Senate Report accompanying the Americans with Disabilities Act (ADA) defines "physical or mental impairment" as:

- (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

- Neurological
- Musculoskeletal
- Special sense organs
- Respiratory
- Cardiovascular
- Reproductive
- Digestive
- Genito-urinary
- Hemic and lymphatic
- Skin
- Endocrine

OR

- (2) Any mental or psychological disorder, such as:

- Mental retardation
- Organic brain syndrome
- Emotional or mental illness
- Specific learning disabilities

Senate Report 101-116, p. 116.

The Senate Report notes that the ADA makes no attempt to list all of the specific diseases, conditions or infections covered by the legislation that would meet the definition of physical or mental impairment because maintaining a comprehensive list would be impossible. A few examples cited are orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, infection with AIDS or HIV, past drug addiction and alcoholism. Senate Report 101-116, p. 22. Current illegal drug users are specifically excluded from the definition.

MAJOR LIFE ACTIVITIES

Major life activities include, but are not limited to:

Caring for oneself
Performing manual tasks
Walking
Seeing
Hearing
Speaking
Breathing
Learning
Working

REGARDED AS IMPAIRED

An individual is regarded as impaired if:

(1) He or she has an impairment which does not limit a major life activity, but is treated as disabled by the department

OR

(2) There is no impairment, but the person is treated as disabled by the department.

RECORD OF IMPAIRMENT

An individual has a record of impairment if:

(1) He or she has a history of impairment

OR

(2) A record of having been misclassified as having an impairment

APPENDIX B**INTERPRETER/TRANSLITERATOR WAIVER FORM**

I understand that, upon request, I have the right to a qualified interpreter/transliterater for certain programs. I further understand that, except in the event of an emergency, only a staff member or contract interpreter may provide interpreting services for regularly scheduled health care appointments and programs, Parole Board hearings, RIB hearings, criminal investigations, adoption interviews, and formal investigations conducted by institution staff.

- I have chosen to have an inmate provide interpreting services and hereby waive the right to have a non-inmate interpreter provide such services.
- I decline to have any interpreter present.

Inmate Name and Number (Print)

Inmate Signature and Number

Date

STATE OF OHIO



DEPARTMENT OF REHABILITATION AND CORRECTION

SUBJECT: Inmate Disciplinary Process	PAGE <u> 1 </u> OF <u> 9 </u> NUMBER: 56-DSC-01
RULE/CODE REFERENCE: Administrative Rules 5120-9-06; 5120-0-07; 5120-9-08; 5120-9-11	SUPERSEDES: 56-DSC-01 dated 03/02/08
RELATED ACA STANDARDS: 4-4226; 4-4227; 4-4230; 4-4231; 4-4232; 4-4233; 4-4234; 4-4235; 4-4236; 4-4237; 4-4238; 4-4239; 4-4240; 4-4241; 4-4242; 4-4243; 4-4244; 4-4245; 4-4246; 4-4247; 4-4248; 4-4399	EFFECTIVE DATE: December 10, 2009
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

This policy sets forth requirements for the inmate disciplinary process that were established as standards for Adult Correctional Institutions by the American Correctional Association (ACA).

III. APPLICABILITY

This policy applies to all employees and inmates who are involved in the inmate disciplinary process.

IV. DEFINITIONS

Capacity - The ability of the inmate to understand the charges against him/her and to participate in his/her own defense or to provide information in mitigation of any disciplinary action.

Charging Official – The employee who issued a conduct report to an inmate for an alleged rule violation.

Developmental Disability – Legally defined as a lifelong disability attributable to a mental or physical impairment other than a sole diagnosis of mental illness, manifested before age 22 years, likely to continue indefinitely, resulting in substantial limitation in three or more specified areas of functioning and requiring specific, lifelong or extended care (DSM-IV).

Disciplinary Case Number – A unique identifier assigned to each disciplinary case that contains the following three elements: (1) abbreviation of the institution’s name, (2) two-digit number identifying the year in which the case was generated, and (3) a sequential ordering number (e.g. OSR-00-00000).

Hearing Officer – The person(s) designated by the Managing Officer to conduct an informal hearing with an inmate who received a conduct report.

Intellectual Disability – This is defined as a disability characterized by significant limitations, both in intellectual functioning and in adaptive behavior, as expressed in conceptual, social, and practical adaptive skills. This originates before the age of 18.

Local Rules – Institutional rules, regulations, or procedures published in an institutional policy that specify inmate acts prohibited within the institution.

Mental Health Liaison (MHL) - A mental health services provider who is the primary communication link between the offender and treatment team.

Serious Mental Illness - A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment and is manifested by substantial pain or disability.

Statement of Loss/Injury - A written or oral statement that describes the effect of an inmate's rules infraction on the charging official, other institutional staff, other inmates, members of the general public, or against state property.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction that the inmate disciplinary process will be carried out promptly and fairly, allow individuals directly affected by an inmate rule infraction to provide input into the disciplinary process, to not punish inmates for being seriously mentally ill, and to abide by the Administrative Rules.

VI. PROCEDURES

A. Review of Disciplinary Rules And Procedures

1. Legal Services must review annually the Administrative Rules regarding inmate discipline and must update the rules, if necessary, subject to the review of the Joint Committee on Agency Rule Review (JCARR) of the General Assembly.
2. Legal Services must review any policy that contains local rules or concerns the inmate disciplinary process.

B. Certification Training

1. No employee may serve as a hearing officer or sit on a panel of the Rules Infraction Board (RIB) unless the employee has completed the RIB certification training facilitated by Legal Services.

2. The Managing Officer or designee must maintain a current list of staff members who have completed the RIB certification training and provide the RIB chairperson with a copy of the list.
3. Prior to convening the RIB, the RIB chairperson must ensure that all panel members have received the RIB certification training. The RIB chairperson must excuse any panel member who has not completed the RIB certification training.

C. Institutional Policies On Inmate Discipline

1. The Managing Officer of each correctional institution may adopt a written policy containing local rules or concerning the inmate disciplinary process.
2. Any institutional policy containing local rules or concerning the inmate disciplinary process must be published in the inmate handbook. The institutional policy must not conflict with the Administrative Rules regarding discipline.
3. A violation of a local rule must be charged as a violation of Rule 61 under Administrative Regulation 5120-9-06, Inmate Rules of Conduct.
4. No inmate may be disciplined for a violation of a local rule except in accordance with the disciplinary procedures set forth in the Administrative Rules regarding discipline.

D. Investigation Of Inmate Rule Violations

1. When an alleged rule violation is reported, an appropriate investigation must begin within twenty-four (24) hours of the time the violation is reported and must be completed without unreasonable delay unless there are exceptional circumstances for delaying the investigation.
2. In situations where an inmate allegedly commits an act covered by the criminal law, the case should be referred promptly to appropriate law enforcement officials for investigation and consideration for prosecution.

E. Security Control Placements Pending a Hearing before the Rules Infraction Board

1. The pre-hearing detention of an inmate in security control who is charged with a rule violation must be reviewed by the Deputy Warden of Operations or designee within seventy-two (72) hours, including weekends and holidays.
2. In accordance with Administrative Regulation 5120-9-11, Security Control and Disciplinary Control, inmates in local, security and disciplinary control will have access to this policy, any institutional policy containing local rules or concerning the disciplinary process, a pen or pencil, and a disciplinary appeal form.

F. Charging a Rule Violation

1. Conduct Reports (DRC4018) prepared by staff members must include, but are not limited to, the following information:
 - a. Specific rule(s) violated;
 - b. A formal statement of the charge including all facts relevant to the charge;
 - c. Any unusual inmate behavior;
 - d. Any staff witnesses;
 - e. Any physical evidence and its disposition;
 - f. Any immediate action taken; and
 - g. Reporting staff member's signature and date and time of report.
2. If the charging official concludes that revealing the identity of an inmate who gave a statement substantiating an alleged rule violation would jeopardize the safety of that inmate then the charging official must not disclose the identify of that inmate to the accused inmate or on the conduct report. The charging official must determine whether the statement is confidential in its entirety or if any of the information can be disclosed on the conduct report without disclosing the identity of the confidential source or jeopardizing the safety of the confidential source. In any case in which a charge is based on information from a confidential source, the conduct report must indicate that the charge is based on information from a confidential source that will be presented to the disciplinary committee in confidence.
3. When issuing a conduct report, the charging official shall indicate whether or not they wish to have input in the Rules Infraction Board Hearing if a hearing is to be conducted by the RIB.
4. The charging official may provide a written statement by completing a Statement of Loss/Injury form (DRC1652) or Incident Report (DRC 1000). The charging official shall complete the statement form and attach it to the conduct report. This written statement may be considered in lieu of the charging official's personal appearance at the hearing if the staff member is not on duty at the time of the hearing.

G. Hearing Officer

1. In cases where the hearing officer will impose a disposition instead of referring the case to the RIB, the hearing officer must interview the inmate and issue a disposition within seven (7) days, excluding weekends and holidays unless there are circumstances beyond the hearing officer's control that prevent the hearing from occurring in that time frame, such as the unavailability of the inmate or the unavailability of all information necessary to proceed. Under no circumstances shall the unavailability of the hearing officer be used as a reason to exceed the seven day standard time frame.
2. The reason for any such delay shall be documented in the Hearing Officer's Report (DRC 4020)

3. Inmates may waive their appearance at the hearing officer interview. Any waiver must be documented in the Hearing Officer's Report (DRC4020).
4. Hearing Officer Level Interviews and Dispositions
 - a. If the charging official requested to be present at the hearing, the hearing officer shall make a reasonable attempt to contact the charging official prior to rendering a decision on the conduct report, but may rely on the Statement of Loss/Injury (DRC1652) or other written statement if the charging official is unavailable.
 - b. The charging official shall be permitted to discuss with the hearing officer(s), in the presence of the inmate, the effects that the inmate's action had on him/her.
 - c. The hearing officer shall consider the input of the charging official regarding how he/she was affected by the inmate and/or his/her actions prior to rendering a final decision on the conduct report.

H. Rules Infraction Board

1. Inmates must be notified of the time and place of their hearing before the RIB at least twenty-four (24) hours in advance of the hearing. The RIB hearing may be held within twenty-four hours (24) with the inmate's consent.
2. Inmates charged with a rule violation must be scheduled for a hearing before the RIB as soon as practicable but no later than seven (7) days, excluding weekends and holidays, after the alleged violation is reported, unless the hearing is prevented by exceptional circumstances, unavoidable delays, or reasonable postponements. The exceptional circumstances, unavoidable delays, or reasonable postponements must be documented on the electronic audio recording of the RIB hearing and the disposition of the RIB.
3. The RIB chairperson may postpone or continue a hearing for a reasonable period and good cause. The period of postponement or continuance and the reason must be documented on the electronic audio recording of the RIB hearing and the disposition of the RIB. Good cause includes:
 - a. Preparation of the inmate's defense;
 - b. Illness or unavailability of the inmate, relevant witness, or charging official;
 - c. Further investigation of factual matters relevant to the charge(s);
 - d. Pending criminal prosecution;
 - e. Inmate's unacceptable behavior during the hearing process;
 - f. Inmate's refusal to participate in a reasonable manner; or
 - g. The inmate has a Serious Mental Illness (see Section J).
4. RIB Hearing:
 - a. All hearings of the RIB must be recorded digitally and saved on the institution's server named by the disciplinary case number. All digital recordings of the hearings

must be accessible to the Managing Officer and designees and the Director and designees.

- b. Inmates must have an opportunity to make a statement and present documentary evidence at the RIB hearing in addition to the rights set forth in the Administrative Code regarding the discipline process.
- c. An inmate charged with a rule violation must be present at the hearing before the RIB, unless the inmate refuses to appear or engages in disruptive behavior around or during the hearing that is a threat to institutional order, safety, or security.
- d. If the inmate refuses to appear, the RIB must document on the disposition of the RIB and on audio that the inmate was advised of his/her right to appear at the hearing, that he/she refused to appear, and the name of the staff member who advised the inmate and received his/her refusal.
- e. If the inmate engages in disruptive behavior, RIB must document how the inmate's behavior was a threat to institutional order, safety, or security on the electronic audio record and the disposition of the RIB. The Managing Officer/designee must review any refusal or specific disruptive behavior resulting in an inmate's absence from the RIB hearing.
- f. The RIB must enter automatically a plea of not-guilty for the inmate at any hearing where the inmate is not present as a result of a refusal or specific disruptive behavior.
- g. An inmate may also voluntarily waive a full hearing before the RIB; however, the inmate must be present at the RIB hearing to do so. The RIB shall explain to the inmate that a waiver will be considered a not-guilty plea, but that the inmate will not be able to present a defense. This explanation and an inmate's decision to waive a full hearing shall be documented on the disposition of the RIB and on audio.
- h. The inmate charged with a rule violation must not be present during the testimony or consideration of information from a confidential source, or the evaluation of the credibility of a confidential source, or the deliberations of the RIB on guilt or the appropriate disposition for a finding of guilt.
- i. During the RIB hearing with the inmate, the victim shall be permitted to either orally testify (institutional staff or another inmate) or provide a written statement (institutional staff, another inmate or a member of the general public) to the RIB as to the effects that the inmate's action had on him/her.
- j. The RIB shall consider these factors prior to rendering a final decision.
- k. The charging official and/or the victim shall not be permitted to participate in the deliberations of the RIB.

- l. The decision of the RIB must be based solely on information obtained in the hearing process, including staff reports, the statements of the inmate charged, and evidence derived from witnesses and documents.
 - m. If the inmate is found guilty by the RIB, then the RIB must notify the inmate that the decision may be appealed to the Managing Officer or designee within fifteen (15) calendar days of receipt of the RIB's disposition and must offer the inmate a disciplinary appeal form.
 - n. At any hearing where the inmate is not present as a result of a refusal or specific disruptive behavior, and where the inmate is found guilty by RIB, then the inmate must be served with the RIB's disposition and notified that it may be appealed to the Managing Officer/designee within fifteen (15) days of receipt. The inmate must be offered a disciplinary appeal form.
5. All decisions of the RIB shall be posted by the RIB Chair on a weekly basis where it is accessible to all employees. Penalties imposed either by the hearing officer or the RIB shall be done in accordance with Administrative Regulation 5120-9-07, Conduct Report and Hearing Officer Procedures, or Administrative Regulation 5120-9-08, Disciplinary Procedures for Violation of Inmate Rules of Conduct before the Rules Infraction Board.
 6. Unless scanned into or otherwise made part of the electronic record, non-electronic RIB forms must be maintained in the inmate's RIB file with the exception of confidential information. Documents containing information from confidential sources that are generated in the disciplinary process must be kept separately from the inmates' files in a properly secured locked container that is in a location precluding inmate access. Access must be limited to employees approved by the Managing Officer.
 7. If the inmate is found not guilty of an alleged rule violation, this fact will not appear on the inmate's disciplinary record.

I. Administrative Review and Appeals

1. The Managing Officer/designee shall decide the appeal within thirty (30) days of its receipt, and shall promptly notify the inmate of the appeal decision on a form designated for that purpose.
2. The decision resulting from the Director's review will be sent electronically to the Managing Officer/designee of the institution. A copy of the decision shall be provided to the inmate in written form within 30 calendar days of receiving all the records unless there is good cause for delay.

J. Disciplinary Process for Seriously Mentally Ill Inmates

1. The following procedures are added to the discipline process for inmates who are or may be seriously mentally ill or intellectually/developmentally disabled (ID/DD):

- a. Inmates who are or may be diagnosed as seriously mentally ill or ID/DD shall be assessed by mental health staff to determine if they have the capacity to participate in a RIB hearing.
- b. The assessment shall include a consideration of the potential impact of possible RIB dispositions on an inmate who is seriously mentally ill or ID/DD.
- c. Following the assessment by mental health staff, the RIB shall proceed with a hearing for any inmate who is seriously mentally ill or ID/DD.
- d. Mental Health will determine if the mental health caseload inmates requires support to participate and understand the RIB hearing. The inmate may also request that the mental health liaison attend the hearing with them. All inmates on the ID/DD caseload will be accompanied by a mental health staff at the RIB hearing if it is determined by mental health staff that the inmate will have difficulty understanding the nature of the proceedings.
- e. The RIB shall consider the mental health recommendations, if any, before making a disposition in such a case. It is the responsibility of the mental health treatment team via the mental health staff person completing the Mental Illness/ ID/DD Assessment RIB form (DRC2530) to submit any alternative treatment plan options.

2. Referrals

Institutional staff may refer an inmate for a mental health assessment when an inmate is charged with an institution rule violation. A referral should be made whenever the inmate's behavior suggests serious mental illness or ID/DD. A referral should also be made when the inmate is on the mental health and/or ID/DD caseload. The referral may be made either by the Hearing Officer or the RIB Chairperson.

3. Assessment

An appropriate mental health staff person shall conduct the assessment. The staff member shall use and complete the Mental Health Assessment for RIB Form (DRC2530). Mental health staff should determine whether the inmate is seriously mentally ill. If so, the assessment shall also consider:

- a. The inmate's present capacity;
- b. The inmate's need for informal assistance at the hearing;
- c. The nature of the inmate's illness;
- d. The implications of any medication;
- e. The treatment consequences of the various dispositions that are possible;
- f. Whether the staff member has a recommendation for the RIB sanctions.

4. Capacity

If the mental health staff concludes that an inmate lacks present capacity to participate in an RIB hearing, the mental health staff shall advise the RIB chair. In that event, mental health staff shall participate in the hearing as a staff assistant to the mentally ill inmate. Mental health staff shall make appropriate recommendations regarding whether the inmate had capacity and the type of acceptable penalties, if any, considering the mental state of the inmate. The inmate shall not avoid a guilty finding due to mental illness.

5. Assessment and Recommendations at Hearing

The RIB shall review the Mental Health Assessment for RIB Form (DRC2530) at any hearing of a seriously mentally ill or ID/DD inmate. The RIB shall consider the assessment and any recommendation of the mental health staff. Any relevant information from the mental health staff may be provided in person at the RIB hearing or noted on the assessment form. The RIB may choose to discuss the assessment over the telephone for the convenience of those involved. As indicated in Section (J)(1)(d) above, all information regarding ID/DD inmates shall be made in person by Mental Health staff if it has been determined that the inmate is unlikely to understand the nature of the proceedings.

6. Disposition

After considering the assessment and any recommendations, the RIB shall determine guilt or innocence and make a disposition of the case. If the inmate is found guilty the RIB may impose punishment, refer the inmate to be evaluated for treatment, or a combination of both.

Related Department Forms:

Incident Report	DRC1000
Statement of Loss/Injury	DRC1652
Mental Health Assessment/RIB	DRC2530
Conduct Report	DRC4018
Hearing Officer Report	DRC4020

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Special Management Procedures	PAGE <u>1</u> OF <u>6</u> NUMBER: 55-SPC-02
RULE/CODE REFERENCE: AR 5120-9-11, AR 5120-9-13.1 AR 5120-9-14	SUPERSEDES: 55-SPC-02 dated 06/01/12
RELATED ACA STANDARDS: 4-4249, 4-4253; 4-4255; 4-4257; 4-4258; 4-4261; 4-4262, 4-4263, 4-4265, 4-4266; 4-4267; 4-4268; 4-4269; 4-4270, 4-4273; 4-4400	EFFECTIVE DATE: August 8, 2013
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Ohio Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish privilege levels for inmates assigned to various types of special management status.

III. APPLICABILITY

This policy applies to all staff involved in the monitoring of inmate conduct and determining privilege levels for inmates assigned to various levels of special management status and to those inmates assigned to this placement.

IV. DEFINITIONS

Special Management Status – A reference to a housing unit status including, but not necessarily limited to, security control and security control investigation (collectively referred to in this policy as security control), disciplinary control, local control, or protective control, which imposes housing and privilege limitations upon an inmate independent of his or her security classification status.

Unit Team – The unit team consists of the unit manager, case managers, and correctional counselors (sergeants). For the purpose of this policy, one member of the unit team may represent the team in conducting special management reviews.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to establish privilege levels for inmates assigned to special management status. Privileges shall be designed to ensure that

housing and program areas are safe and secure as well as to encourage inmates to comply with DRC and institution rules and regulations and to motivate them to improve their conduct.

VI. PROCEDURES

- A. Each Managing Officer shall ensure the following privileges are provided for all inmates assigned to special management status excluding protective control inmates. Protective control inmates shall be provided the same privileges as general population.
1. Personal hygiene articles including, at a minimum, one (1) state issued segregation ADA (American Dental Association) approved toothbrush, ADA approved toothpaste, ADA approved dental floss, and soap, unless there is imminent danger that an inmate or any other inmate will destroy an item or induce self-injury. . Personally owned deodorant, shampoo, soap, toothpaste, floss and hairbrush/comb shall be permitted; however, for security purposes the Managing Officer may restrict the size and structure of these items. Female inmates shall be permitted state issued or personally owned sanitary napkins and 1 hair conditioner. At the Managing Officer's discretion, personally owned electric razors may be stored in special management housing areas and used by special management status female inmates.
 2. Stationary supplies including, at a minimum, 1 security ink pen, 2 security pencils, legal pads/paper, 25 personally owned envelopes, 1 legal kit minus ink pen, 1 address book, 5 greeting cards and 1 personally owned deck of playing cards.
 3. Mail and kite privileges on the same basis as inmates in general population. Two personally owned soft cover books, one personally owned religious book, a reasonable amount of personally owned law books/materials, 1 current newspaper by subscription only and exchanged on a 1 for 1 basis. Magazines are not permitted and shall be held until release from special management status.
 4. Access to reading materials including extra educational or religious material as approved by program staff.
 5. Access to legal materials and services.
 6. Access to cleaning articles for cell sanitation as approved by the Managing Officer/designee.
 7. Daily visits from the shift supervisor (Captain and/or Lieutenant) daily visits from a qualified health care official, and visits from members of the program staff upon request.
 8. Adequate food.
 9. Cell furnishings to include toilet, wash basin, hot and cold running water, sheets, blanket (depending on weather conditions), bunk, and mattress at least 12 inches off of the floor.
 10. Unimpeded access to medical and or mental health services, including prescribed medications and medically necessary appliances and supplies.

11. Institution coveralls or clothing, underwear, and footwear. No personally owned clothing is permitted with the exception of personally owned underwear and shower shoes. Clothing shall not be considered as degrading.
12. Adequate lighting for reading.
13. Laundry, barbering and hair care services and the issuance and exchange of clothing, bedding and linen on the same basis as inmates in the general population. Exceptions are permitted only when found necessary by the shift supervisor (Captain and/or Lieutenant).
14. Opportunities for visitation unless there are substantial reasons for withholding such privileges. Inmates in security control shall have the same access to visitation as general population inmates unless security or safety considerations dictate otherwise. Inmates in disciplinary and local control shall be limited to one (1) visit per visitor per month, during week days, with a two hour limit.
15. A minimum of one hour of exercise per day outside of their cells no less than five days per week to include both indoor and outside recreation as the facility permits and as scheduled by the Managing Officer, unless security or safety considerations dictate otherwise.
16. The opportunity to shower and shave no less than five (5) times per week.
17. Access to current Administrative Rules, also known as "AR's," 5120-9 series and access to authorized departmental policies.
18. Inmates in security control pending transfer and local control shall be allowed to make commissary purchases once per month with a \$20.00 limit and limited to items described as stationary supplies and personal hygiene articles.
19. At the Managing Officer's discretion, inmates housed in segregation may qualify for purchases of over-the-counter (OTC) medications from the commissary, except when the inmate's placement is related to suicide, mental health crisis, medication abuse or medication dealing. In these circumstances, all medication shall be nurse administered.
20. One personally owned wedding band, one personally owned religious medallion, and one religious headgear.
21. Regardless of their special management status, inmates shall not be permitted to receive sundry, food, or exempt packages, nor shall they be permitted to make mail order purchases.
22. Abuse of cell privileges may be dealt with summarily by the staff member on duty in special management housing areas in accordance with Administrative Rule 5120-9-11,

Security Control and Disciplinary Control, and Administrative Rule 5120-9-13.1, Local Control. This action shall then be reported by such staff member to their superior using Report of Denial of Cell Privileges (DRC4087), for review and approval.

23. Any denial of cell privileges shall be reported in writing to the responsible Deputy Warden, who shall be responsible for submitting a weekly report to the Managing Officer of those inmates who have been denied cell privileges, the specific privileges denied, length of time the privilege was denied, and reasons therefore.

B. Supervision and Review

1. Correction officers assigned to special management housing areas shall make security rounds and personally observe all special management inmates at least every 30 minutes on an irregular schedule.
2. The shift supervisor (Captain and/or Lieutenant) shall visit all special management housing areas daily.
3. Qualified medical professionals shall visit all special management housing areas at least daily.
4. Inmates confined in special management status shall be reviewed by the unit team at least every seven days for the first sixty (60) days and every thirty (30) days thereafter. The review shall include a face-to-face contact with the inmate to review the status of the inmate and any pending administrative actions. The review shall be documented on the Protective Control Unit Staff Review (DRC2445) for those inmates in protective control status and on the Individual Segregation Record Sheet (DRC4118) for all other special management inmates. Any concerns regarding the inmate's placement or other issues shall be referred to the appropriate staff for resolution.
5. Inmates confined in special management status shall have access to programs and services to include, but not limited to, educational, commissary, library, social, and counseling services, religious guidance, and recreational programs.

C. Medical Notification and Suicide Questionnaire

Security staff shall complete the Suicide Questionnaire (DRC5404) and immediately notify medical staff when an offender is placed in segregation. The notification to medical staff shall be documented on the Suicide Questionnaire (DRC5404).

D. Documentation for inmates in Segregation Status (Security Control, Disciplinary Control, Local Control)

Documentation of the activities and review of inmates in security control, disciplinary control, and local control shall be primarily contained on the Segregation Unit Daily Activity Log (DRC4117) and the Segregation Unit Individual Record Sheet (DRC4118). Individual DRC4118's shall be posted immediately adjacent to the cell door of the inmate unless the physical layout does not permit and the alternate placement is approved by the appropriate Regional Operation Manager.

1. The following activities and reviews shall be noted on the Segregation Unit Daily Activity Log (DRC4117). The institution and unit/block shall be recorded at the top of

the log. The first record on the Segregation Unit Daily Activity Log (DRC4117) shall always be for a Sunday.

- a. For each day and meal, the times that meals were offered to the inmates shall be noted under Serving Times. The time that the first meal is served in the unit for that particular meal service (Breakfast, Lunch, or Dinner) shall be noted in the Serving Times column. The satellite snack and brunch meal shall replace breakfast and lunch on weekends.
 - b. Whether or not linen exchange was provided, clothing exchange was provided, and barbering services were available shall be noted on the Segregation Unit Daily Activity Log. A notation (Y or N) shall be recorded for each service on every shift. If the services are provided, the time shall also be recorded. The correction officer documenting activities for that shift shall place their initials in the appropriate box.
 - c. As each Segregation Unit Daily Activity Log (DRC4117) is completed, it shall be maintained in the segregation unit for a period of five years.
2. The following activities and reviews shall be noted on the Segregation Unit Individual Record Sheet (DRC4118):
- a. The inmate's name, number, assigned cell, institution, status, date in, date out, unit manager, and regular housing unit shall be documented on the DRC4118 and shall be continued on subsequent Segregation Unit Individual Record Sheets (DRC4118) where indicated.
 - b. Only refusals or alternative meal service shall be documented on the DRC4118. For each day and meal, the times that the meal was refused or the time the alternative meal service was offered shall be noted under meal times. The satellite snack and the brunch meal shall replace breakfast and lunch meals on weekends. If refused, the time the satellite snack and/or brunch meals were offered shall be noted under the breakfast or lunch column.
 - c. If the inmate accepts the opportunity for shower, the opportunity for shaving or replacement/issuance of hygiene items i.e. toilet paper, place an "X" in the appropriate box for that date and shift. If the inmate was offered the opportunity but refuses, place an "R" in the appropriate box. Documentation of shower activities on the DRC4118 is unnecessary for facilities that have showers in their cells.
 - d. If the inmate was offered an opportunity for exercise and accepts, note the start and end times of the exercise period under either indoor or outdoor as appropriate. If the inmate refuses the exercise opportunity, place an "R" in the start time and note the time refused in the end box under the indoor or outdoor as appropriate.
 - e. The correction officer documenting activities for that shift shall place their signature in the appropriate box.

- f. The unit staff member initiating the seven day reviews shall sign and date the Segregation Unit Individual Segregation Record Sheet (DRC4118) in the designated area at the time of the review.
 - g. The qualified medical professional making rounds shall enter their initials in the appropriate date and shift box, under the medical heading.
 - h. Visits by other staff and unusual behavior, concerns, or issues shall be noted in the comments box and the staff member making the notes shall provide the date of entry, their signature, and title.
 - i. As each Segregation Unit Individual Segregation Record Sheet (DRC4118) is completed, it shall be forwarded to the inmate's regular housing unit for scanning into the electronic unit file in OnBase.
3. Documentation for Segregation Status Inmates Housed in a Control Unit
- Documentation of the activities for segregation status inmates housed in a control unit shall be completed in accordance with Department Policy 53-CLS-02, Privilege Levels 5B, 5A, 4B, 4A.
- E. Documentation for Control Unit Inmates (5B, 5A, and 4B only)
- Documentation of the activities for Level 5B, 5A, and 4B inmates housed in a control unit shall be completed in accordance with Department Policy 53-CLS-02, Privilege Levels 5B, 5A, 4B, 4A.

Related Department Forms:

Protective Control Unit Staff Review	DRC2445
Report of Denial of Cell Privileges	DRC4087
Segregation Unit Daily Activity Log	DRC4117
Segregation Unit Individual Record Sheet	DRC4118
Suicide Questionnaire	DRC5404

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT:	PAGE <u>1</u> OF <u>9</u>
Use of Force	NUMBER: 63-UOF-01
RULE/CODE REFERENCE: AR 5120-9-01; 5120-9-02	SUPERSEDES: 63-UOF-1 dated 08/06/12
RELATED ACA STANDARDS: 4-4199; 4-4202; 4-4203; 4-4204; 4-4206	EFFECTIVE DATE: October 18, 2013
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to provide guidance to institutional staff who must utilize force when responding to inmate resistance and those staff that investigate incidents of force.

III. APPLICABILITY

This policy applies to all persons employed by the Ohio Department of Rehabilitation and Correction, and to independent contractors providing a service to the Department, who work inside a correctional institution and interact with inmates.

IV. DEFINITIONS

Deadly Force - Any force that carries a substantial risk that it will proximately result in the death of any person. Examples of deadly force include, but are not limited to, the following:

1. Discharging a firearm in the immediate vicinity of or directed toward another person;
2. Striking another person on the head with an instrument;
3. Applying force or weight to the throat or neck of another.

Excessive Force - An application of force which, either by the type of force employed, or the extent to which such force is employed, exceeds that force which reasonably appears to be necessary under all the circumstances surrounding the incident.

Force - The exertion or application of a physical compulsion or constraint.

High Interest Use of Force Incident - A use of force where, either due to the notoriety of the inmate(s) involved, the location of the force incident, type of force used, apparent level of injury to either inmate

or staff, or other factors, the incident may cause a higher level of interest from both internal and external stakeholders.

Less-than-Deadly Force - Any force, which could not reasonably be expected to result in the death of the person against whom it is directed.

Physical Harm to Persons - Any injury or other physiological impairment regardless of its gravity or duration.

Physically Immobilizing Restraints – Any authorized means of restricting an inmate's ability to exercise free movement of the arms and legs, or which totally immobilizes the inmate and which the inmate is unable to remove without assistance. Physically immobilizing restraints shall include either four or five point restraints, except where other types of restraints are authorized. This definition shall not include the use of handcuffs, leg irons, or belly chains used during the transport or movement of inmates.

Planned Use of Force - Any use of force in which staff can prepare for the use of force.

Prone Restraint – All items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraints. The use of prone restraint is prohibited.

Reactive Force - A use of force employed as an immediate response to a specific act.

Risk - A significant possibility, as contrasted with a remote possibility, that a certain result may occur or that certain circumstances may exist.

Serious Physical Harm to Persons - Any of the following:

1. Any physical harm which carries a substantial risk of death;
2. Any physical harm which involves some permanent incapacity, whether partial or total, or which involves some temporary, substantial incapacity;
3. Any mental illness or condition of such gravity as would normally require hospitalization or prolonged psychiatric treatment and which is caused by a physical injury;
4. Any physical harm which involves some permanent disfigurement or which involves some temporary, serious disfigurement;
5. Any physical harm, which involves acute pain of such duration as to result in substantial suffering, or which involves any degree of prolonged or intractable pain.

Substantial Risk - A strong possibility, as contrasted with a remote or insignificant possibility, that a certain result may occur or that certain circumstances may exist.

Transitional Hold – A brief physical positioning of an individual face-down for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely. Transitional hold may include the use of handcuffs or other restraints consistent with Departmental policy.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction that force, up to and including deadly force, may be used to respond to resistance, protect persons, to halt or prevent escapes, to apprehend an escapee, or protect its institutions and enforce its rules. Force shall never be used as punishment. Only the amount of force necessary to control the situation shall be used.

VI. PROCEDURES**A. Use Of Force Generally**

An employee is allowed to use force in those situations described in Administrative Regulation 5120-9-01, Use of Force. However, each employee is responsible for using only the amount of force reasonably necessary under the circumstance(s). It must be recognized that situations requiring the use of force can develop quickly and thus change the level of response that is appropriate. Circumstances presented by the inmate involved in the use of force situation must be considered. Other factors should also be taken into account before deciding how much and what kind of force, if any, is to be used in any specific situation. Some of these factors include, but are not limited to:

1. Surrounding - An awareness of your surroundings when using force, which may endanger others, such as chemical agents or firearms, to minimize the threat to other people.
2. Innocents - Any person in the immediate vicinity that would or could be adversely affected by the amount and type of force used.
3. Safety and effectiveness - As employees of the Department, we have a duty to protect inmates, staff and third persons, but there is no requirement to needlessly sacrifice one's own personal safety in doing so.
 - a. An employee must balance his or her ability to be effective against the risk to personal safety. However, employees are always expected to respond in the event of an attack on another employee who needs assistance.
 - b. Whenever possible, an employee shall summon assistance before becoming involved in a use of force. If an employee cannot effectively intervene in a situation, the employee is expected to continue to be observant of as many circumstances of the situation as possible to be reported later.
4. Communication, warnings and the opportunity to avoid planned force - Whenever it is possible and safe to do so, staff shall:
 - a. Attempt to communicate and verbally interact with the inmate in an effort to avoid force. Crisis responders and hostage negotiators shall be used in accordance with Department Policy 310-SEC-17, Hostage and Crisis Negotiation.
 - b. Warn the inmate that planned force may be utilized to resolve the situation, and
 - c. Allow the inmate a final opportunity to comply with the order, once the necessary staff are assembled, prior to the commencement of planned force.

5. The risk of harm presented by the inmate - The employee must evaluate the circumstances and surroundings, and determine the level of threat to self, others and the security of the institution. The employee should consider five factors. All these factors must be weighed together in determining the appropriate response:
 - a. The harm being threatened must be imminent and likely if force is not used. Physical harm must be a likely consequence of the threat if carried out.
 - b. The inmate must have the opportunity and ability to carry out the threat.
 - c. The staff member must perceive himself or another to be in jeopardy.
 - d. The employee must evaluate what force is necessary to effectively control the situation and the availability of alternatives. A greater potential of harm justifies a greater level of force.
 - e. The use of force is necessary to control or subdue an inmate who refuses to obey prison rules, regulations, or orders.
6. Enforcement of rules and regulations - Force may be used when necessary to control or subdue an inmate who refuses to obey prison rules, regulations or orders, if no other means of obtaining compliance has been effective.
7. Other staff - Whenever it is necessary to use force, it is ideal to have enough staff to safely control the situation. The staff person who is confronted with a situation must consider the availability and nearness of other staff, and whether the situation can wait for other staff before responding. The ability to utilize planned force should always be considered when assessing the need to use force. Planned force is a preferred tactic unless the necessary delay in responding will jeopardize the security of the institution or the safety of any person.
8. The use of transitional hold may be permitted only when all of the following conditions are met:
 - a. Transitional hold may be applied only by staff with current training on the safe use of this procedure, including how to recognize and respond to signs of distress in the individual;
 - b. Transitional hold may be applied only in a manner that does not compromise breathing, including the compromise that occurs with the use of: (1) pressure or weight bearing on the back; (2) soft devices such as pillows under an individual's face or upper body; or (3) the placing of an individual's or staff's arm under the individual's head, face or upper body;
 - c. Transitional hold may be applied only for the reasonable amount of time necessary to safely bring the person or situation under control and to ensure the safety of the individuals involved; and
 - d. Transitional hold may be applied only with consistent and frequent monitoring during and after the intervention (use of force) with every intent to assure that the person is safe and suffers no harm.

B. Deadly Force

Consistent with Administrative Regulation, 5120-9-01, Use of Force, each institution/facility employee may use deadly force in the following situations:

1. To protect self or others from death or serious physical harm threatened by an inmate or anyone else.
2. To halt or prevent an escape, or to apprehend an escapee.
3. To prevent loss of control of the institution, or a significant part, or in order to regain such control.

C. Less-Than-Deadly Force

An employee may use less-than-deadly force whenever force is necessary as self defense or defense of a third person, to control or subdue an inmate who refuses to obey prison rules, regulations or orders, to prevent commission of a crime, including riot or escape, to apprehend an escapee, or to control, subdue an inmate from self-inflicted harm or when necessary to stop an inmate from destroying property or engaging in a riot or other disturbance.

1. An employee shall use only the amount of force that is necessary to control the situation or to overcome the resistance of the inmate.
2. A contractor is permitted to use less-than-deadly force to protect self or others from physical harm threatened by an inmate or anyone else.
3. An employee who uses less-than-deadly force shall conform to the requirements of Department Policies 310-SEC-28, Armory Control Storage and Use, and 310-SEC-29, Cell Extractions, as well as local institution rules and post orders. Only those non-lethal weapons and devices described in written policy may be used, unless specifically approved in writing by the appropriate Regional Security Administrator.

D. Escapes

1. Generally
 - a. Use of firearms is not permitted if force other than firearms reasonably appears to be sufficient to accomplish the law enforcement purpose, including but not limited to, halting or preventing an escape, apprehending an escapee, preventing serious physical injury, or restoring control of a correctional institution.
 - b. The necessity to use firearms arises when all other available means of achieving the law enforcement purpose have failed or would be likely to fail. An employee is not required unreasonably to place his or her life or that of others, in danger of death or serious injury before using firearms.
 - c. Every employee on a perimeter post shall regularly survey the surrounding terrain to determine in advance whether firearms can be safely discharged in any particular direction.

2. Escape Prevention

- a. Firearms may be used when necessary to halt or prevent an escape from a correctional institution. Prior to using firearms, staff must reasonably believe that an inmate has the capability to escape. For example, the inmate may be carrying items that could be used to escape such as, but not limited to, a ladder, grappling hook, rope, broom handles, or sticks, suggesting intent to escape.
- b. An employee who determines an escape is in progress shall issue a verbal warning prior to shooting the subject. If possible, the employee shall notify other staff of the escape attempt prior to shooting the subject. This may be done by a man-down alarm or other alarm system if available. Verbal contact with other perimeter security staff prior to use of deadly force is desirable when this is practical. The inmate does not have to be on the first (or interior) perimeter fence before the employee issues the verbal warning.
- c. When the inmate begins to climb, cut through, or otherwise penetrate the exterior perimeter fence, and the employee has reasonably determined lesser force will not be sufficient, the employee is authorized to shoot the subject. No warning shot shall be fired.
- d. Firearms may be used when necessary to halt or prevent an escape from a security level one camp, prison work detail, bedside visit, funeral visit, community service release detail, or transport outside the institution. Any inmate who is attempting to escape is to be presumed dangerous. This applies regardless of the inmate's security level. Prior to using firearms, staff must reasonably believe that an inmate has the capability and intention to escape. Staff must consider the risk to innocent persons in the community within the line of fire. The employee shall issue a verbal warning prior to shooting the subject. No warning shot shall be fired. In a community service release, OPI, or work program detail setting, staff shall secure any remaining inmates and notify community law enforcement and the institution administration as soon as possible.
- e. The institution shall discuss the manner of pursuit, detection, and recapture of an escapee with the appropriate community law enforcement agency. Whenever possible, this discussion should take place prior to any incident. General escape procedures shall be followed per the institution specific Escape Post Order.

3. Circumstances to Consider

Staff must consider the totality of circumstances when deciding whether or not to use deadly force. Deadly force may only be used when the inmate is at the point that further delay in acting will result in a loss of control or custody of the inmate, and other means of

regaining control or custody will not be effective. Among other things, staff should consider:

- a. Whether other staff is equipped and available to assist in apprehending the inmate without the need for deadly force, or whether no one else is available to assist.
- b. Whether the use of deadly force will present a risk of harm to innocent parties.
- c. Whether the inmate has been injured or impaired in some manner that will slow or prevent his flight.
- d. The inmate's proximity to concealment, a community or some external assistance.
- e. Whether the inmate is likely to be overtaken by staff while still in view.
- f. Whether immediate action is necessary, based on the information known, to halt or prevent escape or loss of custody.

For additional information regarding escape pursuit and apprehension, see the institution specific Escape Post Order.

E. Disturbances

When one or more inmates threaten, by words or actions, to take control of any portion of the institution, the area put at risk must be considered. An inmate takeover of certain areas of an institution should be considered more critical than others. An inmate who barricades himself alone in a closet presents a different threat than an inmate who is attempting to take over the control center. The greater the potential threat, the greater the justification in both considering, and perhaps ultimately using, deadly force to either maintain, or take back, staff control of the facility. Some of the most critical areas would include:

1. Any place where an inmate(s) could obtain equipment, supplies, or contraband that would either prolong or increase the level of the disturbance, or cause injury to others. This would include the maintenance shops for tools, the ability to mass manufacture weapons, and/or facilitate escape from a fenced perimeter. This would also include areas such as the pharmacy and medical services areas for drugs and drug paraphernalia.
2. Areas where large groups of inmates could gather that would provide an increased potential for either recruitment or mass actions by the inmate instigators. This would include the dining room and recreation areas.
3. Areas that provide essential services to the institution. Inmates who damage or take control of these areas could prolong the disturbance, hinder staff efforts to retake control, or cause such damage to the facility that significant portions or the entire facility could potentially be rendered uninhabitable until lengthy and expensive repairs could be made.

F. Electronically and Photographically Recording the Use of Force

1. Staff is encouraged to video record any use of force whenever possible. A video record shall be made of any planned use of force incident, such as a cell extraction as referenced in Department Policy 310-SEC-29, Cell Extractions. Whenever possible, photographs and/or video(s) of the incident should be preserved and incorporated into the permanent record of the use of force incident (this applies to both planned and reactive uses of force).

2. The institution shall assure that an adequate number of staff members have been trained on the use of any video and photographic equipment that will be used to visually record force incidents. The Major shall ensure that shift supervisors are made aware of the names of those who have been trained to use the equipment. One or more designated staff members shall also be assigned the responsibility of regularly inspecting the video and photographic equipment to ensure that it is always available, all components are in proper working order, adequate supplies of tape, film and/or other necessary supplies are on hand, and that batteries are always charged to the maximum.
3. Staff involved in planned uses of force shall identify themselves on the video record, as required by Department Policy 310-SEC-29, Cell Extractions.
4. During the course of the incident, it is important to keep in mind the visual field being recorded. It is recognized that force incidents are dynamic events that never occur in ideal locations or in an ideal fashion for the electronic record to be able to capture exactly what everyone is doing at all times with an unwavering picture. However, great attention needs to be paid by the respective video and camera operator to place him or herself in the best location possible to visually record the incident, without interfering with the force incident itself.

A questionable video record of a force incident may often raise more questions than it answers. Examples:

- The camera appears to swerve for no apparent reason away from the actual force being applied.
 - The camera is apparently unduly wavering on the visual field being captured.
 - A narrow focus is unnecessarily used to only record a small part of the incident.
 - The video record contains significant amounts of time when the camera is not focused on anything involving the force incident.
 - There appear to be gaps in the chronological events of the incident when the camera was turned off, or placed in the "paused" mode.
5. A video, photographic, or other visual record shall immediately be made of any staff member(s) or inmate(s) that claimed injury as a result of the incident, as required by Department Policy 310-SEC-29, Cell Extractions. Consideration shall be given to doing this even if the force incident was not planned and the video recording device and camera were not already being used. Further, in some instances it is equally important to also record the absence of any injury following a force incident. The shift supervisor shall consider the seriousness of injuries, the seriousness of the disruption caused by the incident, the likelihood of litigation, and whether the injury is capable of being photographed. The shift supervisor shall include in his or her report the factors considered in deciding whether or not to make a visual record. Injuries often look worse several hours after an incident. A second set of photographs shall be considered if this occurs. In addition, all staff injuries shall be reported in accordance with Department Policy 10-SAF-15, Employee Accident Reporting and Analysis.

6. In any partial visual record taken, such as photographs only of hands, legs, etc., it is important to place somewhere in that visual display a written indication as to who that individual is. Among other ways, this can be accomplished by placing an appropriate sized sign listing the staff member or inmate's name and number in the visual field being photographed or recorded.

G. Medical Assistance

1. Immediately following a use of force, medical attention shall be provided even when the inmate does not appear to be injured. The inmate shall be evaluated by a qualified medical professional. A record shall be made of the evaluation on the Medical Exam Report (DRC5251). The shift commander shall ensure that photographs are taken of any injuries. If the inmate refuses to submit to an evaluation, the nurse shall visually observe the inmate for obvious injuries and document the review on the Medical Exam Report. In cases of refusals, videotaping should be considered.
2. Immediately following a use of force, medical staff shall examine employees physically involved in the use of force to determine whether or not the employee is injured and the extent of any injury. Any employee in need of medical care shall be referred to community medical services as appropriate.
3. For the inmates involved in a use of force at the Ohio State University Medical Center (OSUMC), the Franklin Medical Center (FMC) security supervisor on duty at OSUMC shall confirm that the OSUMC medical staff has examined the inmate(s) involved. The security supervisor shall document completion of this exam by OSUMC medical staff on an Incident Report (DRC1000/1001).
4. FMC staff assigned to the OSUMC who are injured during a use of force at OSUMC shall be sent to the OSUMC emergency department for evaluation by OSUMC medical staff. FMC staff denying any injury shall document this fact in the Incident Report (DRC1000/1001) they complete regarding the use of force.

Related Department Forms:

Incident Report	DRC1000
Incident Report Supplement	DRC1001
Medical Exam Report	DRC5251

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT:	PAGE <u>1</u> OF <u>5</u>
Use of Force Report	SECTION: 63-UOF-02
RULE/CODE REFERENCE: AR 5120-9-01; AR 5120-9-02; AR 5120-9-03	SUPERSEDES: 63-UOF-02 dated 07/08/11
RELATED ACA STANDARDS: 4-4202; 4-4206	EFFECTIVE DATE: December 7, 2012
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to provide guidance and to establish a standardized process for the purpose of documenting, investigating, and distributing information related to the use of force on inmates.

III. APPLICABILITY

This policy applies to all persons employed by the Ohio Department of Rehabilitation and Correction and to independent contractors providing a service to the Department who work in a correctional institution and/or otherwise interact with inmates.

IV. DEFINITIONS

All definitions set forth in Department Policy 63-UOF-01, Use of Force, shall be applicable in this policy.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction that all incidents of force be properly reported, reviewed, and referred for investigation when appropriate.

VI. PROCEDURES

A. Reporting the Use of Force after the Incident

1. Each staff member and independent contractor who is physically involved in or witnesses a use of force incident is required to complete an Incident Report (DRC1000/1001) before leaving the institution at the end of their shift or work day. The shift supervisor

shall assure that when an inmate is left in restraints at the end of the supervisor's shift an Incident Report is written and the incoming shift supervisor is so advised.

2. In the event that the inmate is placed in isolation and suspected of committing a criminal offense, the Managing Officer/designee or highest ranking official on site shall consult with the Ohio State Highway Patrol prior to interviewing the inmate to coordinate the administrative investigation with any criminal investigation.
3. As staff members of an agency charged with the supervision of inmates, it is the responsibility of each staff member to be as observant as possible of a use of force situation and to carefully, comprehensively, and accurately record this information immediately after the conclusion of the incident. Staff members shall document their own personal, first hand perceptions. Staff members shall describe their own actions and those of other staff members if the writer witnessed them. Staff members shall take care to report details as completely as possible. Opinions are inappropriate. If the staff member received information from others, these statements and their source shall also be documented. Staff members shall never discuss or attempt to get agreement on the details of the incident when filling out incident reports.
4. These uses of force reports and incident reports are to be immediately delivered to the appropriate shift supervisor so the packet can be prepared in accordance with Administrative Rule 5120-9-02, Use of Force Reports and Investigations. The shift supervisor shall have the responsibility to review these reports and shall direct the staff member/contractor to supplement the report as necessary in order to ensure its completeness and accuracy. The shift supervisor is expected to review, critique, and assess reports for completeness, accuracy, and inconsistencies. It is the responsibility of the staff member/contractor to complete any requested supplement immediately.
5. The shift supervisor shall also be responsible for retrieving and/or securing any other immediately relevant documentary evidence such as log book entries, shift rosters, cell assignments, photos of the scene or injuries, and video recordings of the incident (including security cameras), provided doing so does not compromise any current criminal investigation.
6. The shift supervisor must complete a Supervisor's Use of Force Summary Report, (DRC2611), and ensure all relevant paperwork is obtained before leaving the institution. This includes:
 - a. Use of Force Incident Reports (DRC1000/1001);
 - b. Inmate Use of Force Statement (DRC2737) from each inmate physically involved in the use of force;
 - c. Witness statements, whether staff or inmate (unless confidential);
 - d. Medical exam reports (DRC5251) on all staff and inmates physically involved in the use of force;
 - e. Any other related documents, photographs, diagrams or information used to describe the incident.

7. The incident reports, relevant medical reports, and/or other relevant documentation shall be attached to the Supervisor's Use of Force Summary Report. The shift supervisor shall deliver the entire packet to the appropriate Deputy Warden.

B. Deputy Warden Review

The appropriate Deputy Warden shall decide, after any necessary interviews or consultations, whether or not a use of force packet contains the information necessary to evaluate the incident. The Deputy Warden shall complete a Deputy Warden Review of Use of Force (DRC4181), to document the review and decision. Once all information has been assembled and the Deputy Warden has evaluated it, the packet must then be sent to the Managing Officer. In the case of a high interest use of force incident, the Deputy Warden's review shall be expedited.

C. Use of Force Records

The appropriate Deputy Warden, after the Managing Officer's review has been completed, shall ensure that records of all use of force incidents are maintained in his/her office. These records shall include the number of use of forces referred to the employee disciplinary process, those not requiring further action, those sent to committee, and those referred to the Chief Inspector. These records shall also be broken down into racial categories for the inmates involved in the use of force.

D. Managing Officer's Review

1. If there is no substantial factual dispute, the Managing Officer may accept the reports and information submitted by the Deputy Warden as provided in Administrative Rule 5120-9-02, Use of Force Reports and Investigations. The Managing Officer may always choose to send the matter to committee as a matter of discretion. In any event, the Managing Officer must document his/her decision on the "Managing Officer's" section of the Deputy Warden's Review of Use of Force (DRC4181).
2. The Managing Officer is required to refer the use of force for further inquiry by a use of force committee or the Chief Inspector if any of the following apply:
 - a. The factual circumstances are not described sufficiently in the record to enable an evaluation of the propriety of the amount of force utilized;
 - b. The incident involved serious physical harm to any person;
 - c. The incident constituted a significant disruption to the normal operation of the institution;
 - d. Weapons, PR-24 strikes, or less-lethal munitions were used during the incident whether by staff or by inmates; or,
 - e. Whenever the involved inmate(s) claim abuse or excessive force and the medical exam report reflects injuries consistent with the claim.
3. The following circumstances are examples of use of force incidents that do not have to be referred to a use of force committee or the Office of the Chief Inspector for investigation:
 - a. Incidents where the inmate(s) involved are taken to the ground to be controlled and the reports, statements, and available video documentation are consistent;

- b. Incidents where the inmate is placed into four or five point restraints without incident and the reports, statements, and available video documentation are consistent;
- c. Incidents where video documentation is available that corroborates the reports and statements.

E. Inmate Complaints of Use of Force Where No Use of Force Report Has Been Made

1. A use of force by a staff member, as defined in Administrative Rule 5120-9-01, Use of Force, with no subsequent Incident Report (DRC1000/1001) completed is contrary to department policy.
2. The Institution Inspector shall investigate inmate complaints of use of force by staff members where no Incident Report (DRC1000/1001) was filed.
3. In the event of a complaint by an inmate of use of force where no Incident Report (DRC1000/1001) was filed, the following procedure shall occur.
 - a. Any inmate complaint of use of force, whether oral or written, received by any staff member, shall be immediately forwarded to the Institution Inspector. If the inmate complaint is oral, the staff member receiving the complaint shall document it in an Incident Report (DRC1000/1001) and forward the original to the Managing Officer and a copy to the Institution Inspector.
 - b. Regardless of the manner in which a complaint of use of force is received, the staff member receiving the report shall ensure the inmate is evaluated by a qualified medical professional. A record shall be made of the evaluation on the Medical Exam Report (DRC5251).
 - c. Upon receipt of a complaint of a use of force, the Institution Inspector shall interview the inmate, the staff members allegedly involved, and any other witnesses the Institution Inspector deems necessary to determine if a use of force occurred.
 - d. If the Institution Inspector determines a use of force did occur, they shall require the appropriate use of force reports be filed, as stated in Section VI.A.6 of this policy.
 - e. The Institution Inspector shall prepare a report for the Managing Officer which shall include their findings, a summary of the evidence upon which the findings were based, and any and all relevant documentation.
 - f. The Managing Officer shall then assign the use of force investigation to a Use of Force Committee. Administrative Rule 5120-9-02, Use of Force Reports and Investigations, and Department Policy 63-UOF-03, Use of Force Investigation, shall be followed.

Related Department Forms:

Incident Report	DRC1000
Incident Report Supplement	DRC1001
Supervisor's Use of Force Summary Report	DRC2611
Inmate Use of Force Statement	DRC2737
Deputy Warden Review of Use of Force	DRC4181
Medical Exam Reports	DRC5251



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Use of Force Investigation	PAGE <u> 1 </u> OF <u> 7 </u>
	Number: 63-UOF-03
RULE/CODE REFERENCE: AR 5120-9-01; 5120-9-02	SUPERSEDES: 63-UOF-03 dated 11/07/12
RELATED ACA STANDARDS:	EFFECTIVE DATE: June 20, 2013
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish a standardized process for the purpose of documenting, investigating, and distributing information related to the use of force on inmates.

III. APPLICABILITY

This policy applies to all persons employed by the Ohio Department of Rehabilitation and Correction (DRC) and to independent contractors providing a service to the Department who interact with inmates and may be involved in the reporting of and investigation of use of force incidents (excluding employees of the APA who are required to follow Department Policy 104-TAW-02, APA Use of Force).

IV. DEFINITIONS

All definitions set forth in Department Policy 63-UOF-01, Use of Force, shall be applicable in this policy.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to monitor and ensure that responses to resistance and uses of force are appropriate and consistent with applicable administrative rules and department policies by documenting and investigating such incidents where appropriate.

VI. PROCEDURES

A. Composition

The Managing Officer shall appoint one exempt employee (unless additional exempt employees are deemed necessary by the Managing Officer) to serve as the Use of Force Investigator

utilizing the Deputy Warden Review of Use of Force (DRC4181). When necessary the Use of Force Investigator shall consult a physical skills instructor for clarification of techniques. Members of the rules infraction board or the hearing officer who conducted or will be likely to conduct hearings against the inmate arising from the same incident in which force was used shall not be assigned as the Use of Force Investigator.

B. Training

No staff member shall be assigned as the Use of Force Investigator unless he/she has successfully completed the appropriate departmental training.

C. Documents

A completed Use of Force report packet shall include:

1. Use Of Force Incident Reports (DRC1000/1001);
2. Inmate Use of Force Statement (DRC2737) from each inmate physically involved in the use of force;
3. A Supervisor's Use of Force Summary Report (DRC2611);
4. Witness statements, whether staff or inmate (unless confidential);
5. Medical Exam Reports (DRC5251) on all staff and inmates physically involved in the use of force;
6. A Use of Force Investigator's Report (DRC2641), if applicable;
7. Any other related documents, photographs, diagrams, or information used to describe the incident.

D. Non-institutional Use of Force Investigator

Pursuant to Administrative Rule 5120-9-02 (K), Use of Force Reports and Investigations, the Chief Inspector may initiate an investigation of a use of force upon his or her own initiative or at the request of the Director, Assistant Director, Managing Director of Operations, Regional Directors, or the Managing Officer of the institution in which the incident took place. In such cases, the Chief Inspector may coordinate or assign a Use of Force Investigator utilizing other departmental staff as necessary and appropriate.

E. Function

1. The Use of Force Investigator shall make every reasonable effort to interview each staff member physically involved in the use of force incident and each inmate physically involved in the use of force incident, and any other witness (staff or inmate) considered relevant.
2. Exceptions to this requirement include if the inmate has been released from Departmental supervision or the staff member no longer works for the Department. If any staff member or inmate involved is no longer located at the institution where the incident occurred and it is not feasible for the Use of Force Investigator to conduct an interview at that staff member or inmate's current location, the Use of Force Investigator may conduct the interview via speakerphone or teleconference. All interviews shall be taken as soon as possible after the incident is reported.

F. Use of Force Investigator Responsibilities

1. The Use of Force Investigator shall impartially review the incident using all available reports, statements, photographs, testimony, technical support, etc., pertinent to the matter. The Use of Force Investigator shall have the authority to call any employee to give statements, accounts, and information regarding any matter under review.
2. All staff members are under an affirmative duty to fully cooperate with any Use of Force Investigation if called upon to do so as stipulated in the DRC Standards of Employee Conduct. The employee witness may invoke protections against self-incrimination to prevent the statements from later use in court. However, that does not excuse the employee from testifying before the Use of Force Investigator.
3. Any employee(s) called before the Use of Force Investigator shall be permitted to have a representative accompany him or her during the interview in accordance with applicable Collective Bargaining Agreements.
4. The investigation report is the official record of the Use of Force Investigator.
5. The Use of Force Investigator shall determine whether the employee was justified in using force and whether the force used was appropriate and/or excessive. The Use of Force Investigator shall identify any policy or procedure violations related to the use of force and shall explain how the violation impacted the use of force incident. The Use of Force Investigator shall formulate any recommendations concerning the matter for inclusion in investigation report.

G. Standards and Issues

To determine if the force used by an employee was appropriate, the Use of Force Investigator shall utilize the Use of Force/Response to Resistance Continuum (Appendix A) as a guide. The Use of Force Investigator shall consider:

1. The actual force applied and the formal techniques applied, if any;
2. The need for the force;
3. The relationship between the force and the necessity for using force;
4. The extent of any injuries received by physically involved parties;
5. The behavior(s) and background of the inmate against whom the force was used;
6. The actions by third parties who were present;
7. The inmate's ability to cause harm;
8. The inmate's opportunity to cause harm;
9. The potential harm to the employee(s);
10. The feasibility or availability of alternative courses of action;
11. The behavior of the employee during and immediately preceding the incident.

H. Record of Testimony

Additional documentation may include:

1. A transcription of an interview - In the event such a transcription is made, the subject of the interview shall read the transcript for accuracy and sign it.
2. Written statements - Inmates and/or staff may be required to write out their version of the incident or the Use of Force Investigator may write down the testimony as it is being given. In either case, the witness shall verify that the written statement is accurate by providing their signature to the statement.

I. Report

After all testimonies have been taken, the Use of Force Investigator shall determine what the facts of the use of force incident are and shall draw a conclusion as to whether or not the staff member used a reasonable response and whether or not excessive force was applied under the circumstances. Administrative Rule 5120-9-01, Use of Force, shall be the standard for determining whether or not the response was reasonable. The Use of Force Investigator's written report shall summarize the Use of Force Investigation Report (DRC2641) and shall also include:

1. A brief statement of the facts as found by the Use of Force Investigator;
2. A conclusion as to the necessity for the response and if the force used was appropriate;
3. A conclusion as to whether or not excessive force was employed and its conclusions regarding any allegation of abuse;
4. The reasons supporting these conclusions;
5. Any other recommendations formulated by the Use of Force Investigator; and
6. The signature of the Use of Force Investigator.

J. Deadlines and Action

Regardless of any formal deadlines, it is always important to complete the investigation as soon as possible after an incident so that memories are fresh and needed records are readily retrievable. The Use of Force Investigator shall complete all interviews within twenty (20) business days after the Use of Force Investigator has received the case. The Use of Force Investigator shall submit the written report to the Managing Officer within thirty (30) business days after being assigned. Only the Managing Officer may authorize exceptions to this deadline; however, the deadline may not be extended beyond an additional thirty (30) business days.

K. Submitting the Report and Record

The Use of Force Investigator shall forward the Use of Force Report and record, including all attachments and the Use of Force Investigation Report (DRC2641), to the Managing Officer, or to the Chief Inspector when the investigation has been conducted and/or coordinated by the Office of the Chief Inspector. The Managing Officer or Chief Inspector shall then distribute the report as appropriate. The record shall include:

1. All relevant Use of Force Incident Report/Supplement (DRC1000/1001);
2. Inmate Use of Force Statement (DRC2737) from each inmate physically involved in the use of force;
3. The Use of Force Investigation Report (DRC2641);
4. The results of the Medical Exam Report (DRC5251) for all inmates and/or staff members physically involved in the incident;
5. All relevant supplemental information, i.e. pictures, videos and other descriptive information; and

L. Review

1. The Managing Officer shall review the entire record within seven (7) calendar days of receipt from the Use of Force Investigator. The Managing Officer may accept the report or he/she may send it back to the Use of Force Investigator for additional investigation if necessary, or reassign the investigation to a new Use of Force Investigator. Any additional interviews must be conducted in accordance with Section H of this policy.
2. Once the Managing Officer is satisfied that the incident has been completely investigated, he/she may either accept or reject the investigative findings and conclusions, in whole or in part. In either case, if it is determined that the employee involved was not justified in their level of response, or that excessive force was used, the Managing Officer or other appropriate appointing authority shall discipline the employee subject to applicable civil service laws and regulations or union contracts and DRC Standards of Employee Conduct.
3. The Managing Officer may refer the use of force incident to the Ohio State Highway Patrol for criminal prosecution.
4. The Use of Force Investigation and subsequent report shall also serve as the administrative investigation into conduct which may be in violation of departmental policies, procedures and or rules. The Use of Force Investigative Report may be used to support employee disciplinary action.

M. Office of Prisons

Within fourteen (14) calendar days of the Managing Officer's final review, the Managing Officer shall have a scanned copy of the Use of Force packet forwarded, via email or an available web link, including a fully completed Use of Force Administrative Investigation Report (DRC2641) and related documents to the institution's Regional Operations Manager. There the record shall be reviewed by the assigned Operations Manager who may order further action if deemed appropriate.

N. File

A copy of the entire record shall be kept in the Managing Officer's office or in the office of a designee. A copy of the Use of Force Administrative Investigation Report (DRC DRC2641) and the report prepared by the Use of Force Investigator, minus any attachments, shall be placed in the inmate's unit file and in the designated employee file.

Attachments:

Appendix A

Use of Force/Response to Resistance Continuum

Related Department Forms:

Incident Report	DRC1000
Incident Report Supplement	DRC1001
Supervisor's Use of Force Summary Report	DRC2611
Administrative Investigation Report	DRC2641
Inmate Use of Force Statement	DRC2737
Deputy Warden Review of Use of Force	DRC4181
Medical Exam Report	DRC5251

Appendix A

**ACTION – RESPONSE
RESPONSE TO RESISTANCE CONTINUUM**

IMPORTANT – The list of officer responses is not intended to be in any specific order, but reflects on the amount of resistance encountered. The staff member shall choose the necessary response to gain control of the situation based on departmental policy, their physical capabilities, perception, training and experience.

INMATE'S ACTIONS

STAFF MEMBER'S RESPONSES

Weapons Used Against Officer
Attempting to Disarm Officer
Life Threatening Weaponless Assaults

Deadly Force

Striking or Kicking Officer

Non-Traditional Impact Weapons
Less Lethal Munitions
Baton Strikes

Wrestling with Officer
Pushing Officer

Striking, Punching, Kicking
Baton Restraints

Pulling Away From Officer
Refusing to Move – Dead Weight

Balance Displacement
Stunning/Striking Muscle Groups
Aerosols/Chemicals or Electrical
Devices
Take Downs, Joint Manipulations
Or Pressure Points

Not Responding to Commands
Verbal or Physical Danger Cues

Escort Position
Assistance from Other Officers
Verbal or Physical Commands
Officer Presence

INMATE'S ACTIONS

STAFF MEMBER'S RESPONSES

- STAFF MEMBER/INMATE FACTORS -

-SPECIAL CIRCUMSTANCES-

1. Age
2. Sex
3. Size
4. Skill Level
5. Multiple Subjects/Officers
6. Relative Strength

1. Closeness of a Weapon
2. Injury or Exhaustion
3. Being on the Ground
4. Distance from the Subject
5. Special Knowledge
6. Availability of Other Options
7. Location