



**MISSOURI DEPARTMENT OF CORRECTIONS
TRAINING ACADEMY
LESSON PLAN**

COURSE TITLE:	Divisional
CLASS TITLE:	Response Team Training
MODULE TITLE:	Response Team Training

PROGRAM OVERVIEW

This was written to establish guidelines for correctional staff in techniques and principals utilized by the response team in non-spontaneous situations where an offender must be forcibly brought under control and or moved from one location to another location. This program includes team movement, team roles, use of the NOVA stun shield, cell extraction and disengagement techniques.

PARAMETERS

Hours: 8 hours

Number: 24 participants

Date: July 16, 2008

Audience: Institutional Staff

Space: Large classroom and a real cell or mock cell

PERFORMANCE OBJECTIVES

At the conclusion of this lesson, participants will:

1. Given a scenario, evaluate the need for pre-planning and complete a response team format report according to policy;
2. Given a cell extraction situation, practice implementing the roles of a response team according to guidelines provided;
3. Using a NOVA stun shield, demonstrate "arcing" and the method for application of the stun shield as outlined in this module.
4. Given a scenario, perform a cell extraction using the response team entry and control techniques shown in this module;
5. After a mock cell extraction, demonstrate response team disengagement according to the guidelines in this training module.

EVALUATION TECHNIQUE

Evaluation techniques utilized by the trainer(s) to determine if the performance objectives have been met.

1. Trainer observation
2. Processing questions
3. Class feedback

REQUIRED MATERIALS/EQUIPMENT/SUPPLIES/NEEDED			
x	<i>Overheads</i>	x	<i>Projector Screen</i>
	<i>Overhead Projector</i>	x	<i>Computer & LCD</i>
x	<i>Slide Show</i>	x	<i>Television(s)</i>
	<i>VCR/DVD Player</i>	x	<i>Video Camera</i>
	<i>Posters</i>	x	<i>Masking Tape</i>
	<i>Markers</i>	x	<i>Easel Pads & Stands</i>
Videotapes:			
<p>Other: Defensive Tactics mats, helmets with face shields, vests, elbow, knee and groin protectors, gloves (both leather and rubber), mouth guard, video camera with blank tapes, batteries and chargers, black BDU's, handcuffs, leg restraints, cuff key. Other items that may be used; redman suit, inert pepper spray, NOVA stun shield, practice shield.</p>			
STUDENT HANDOUTS			
Title	Participant manual		

INSTRUCTIONAL STRATEGIES

Lecture, discussion, group analysis, demonstration

REFERENCES

The following books and / or materials were used as a basis for this lesson plan. The instructor should be familiar with the material in these reference documents to effectively present this module.

TITLE

TITLE

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|---|---|
| <p>1. IS20-3.1 Use of Force Guidelines</p> <p>2. IS20-3.2 Use of Force Reports</p> <p>3. IS20-3.3 Response Team Tactics</p> | <p>4. Form MO 931-3727 Response Team Report</p> <p>5. IS20-2.4 Security Equipment</p> <p>6.</p> |
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Prerequisite Training/Certification:

Curriculum Prepared by: Fred Cain, Curriculum Design Unit

Curriculum Content Approved by: Derek Hines, DAI Security Coordinator

Date Approved

Curriculum Design Approved by: Ed Yahnig, Curriculum Design Specialist

Date Approved

Original/Revision Date

Design Notes:

Original Date: May, 1993

Five Man Forced Cell Move Lesson Plan

Revision Date: Nov, 2000

Response Team Training

Revision Date: July 16, 2008

New Lesson Plan written to include Stun Shield and converted to Word. Fred Cain.

LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

ANTICIPATORY SET

Welcome to “Response Team” training. Let us take a quick look at why we offer this In-service training. The scene you are about to see could happen at any institution. This short video was taken at a Missouri institution.

Note to Trainer: Show a video which shows an offender that is out of control. Video should take less than 45 seconds.

Ask Participants: After observing this movement and head-butt assault on a staff member by an obviously out of control offender, what could have prevented this assault?

Possible Responses: Good verbal command. Use of a little discretion in moving the individual may have avoided the assault, but a response team would have been a proper choice considering the offenders obvious “out of control” status.

Ask Participants: How many of you have been involved in the movement of an offender which resulted in a use of force?

Possible Responses: Yes, no, but more than likely yes it has occurred at some time if you work with offenders regularly.

Response teams lessen the risk of assault on staff and staff is more prepared when and if they do occur!

For several years the Federal Bureau of Prisons has been using Response Teams, Forced Cell Movement Teams or Extraction Teams for offenders who refuse to cooperate and must be forcibly moved from one area to another.

Ask Participants: Why has the Missouri Department of Corrections chosen to use response teams when moving unstable or violent offenders?

Possible Responses: Safety of staff; safety of offenders and the possibility of a “Use of Force” occurring during the move are diminished.

Group Activity

Instructions: Break class into six person teams and have them list on an easel pad the following:

- Training expectations
- Issues involved



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Select a group reporter and be prepared to relay your list to the class in approximately 15-20 minutes. Expectations and issues should include what you expect to see covered in this module of training and the various issues that you foresee surrounding movement team and extraction team actions.

Note to Trainer: Process the responses and make sure that the expectations are covered by reviewing them at the end of the training module.

In this training program we're going to use the following performance objectives to try to address not only your expectations but the expectations of the agency as outlined in policy:

Performance Objectives:

1. Given a scenario, evaluate the need for pre-planning and complete a response team format report according to policy;
2. Given a cell extraction situation, practice implementing the roles of a response team according to guidelines provided;
3. Using a NOVA stun shield, demonstrate "arcing" and the method for application of the stun shield as outlined in this module.
4. Given a scenario, perform a cell extraction using the response team entry and control techniques shown in this module;
5. After a mock cell extraction, demonstrate response team disengagement according to the guidelines in this training module.

INSTRUCTIONAL INPUT

Forced moves may be necessary for a variety of reasons. An example might be when an offender refuses to conform to a lawful directive or an offender in a general population housing unit is in his cell and refuses to go to the lock down unit or an offender in the Ad-Seg unit refuses to move when instructed to do so. A movement team might also be authorized to enter a cell housing an out of control offender threatening suicide.

The Missouri Department of Corrections has elected to use such teams in non-spontaneous situations where an offender must be forcibly moved from one location to another. This action provides a safer environment for staff and offenders. Injury is minimized and the use of force is more defensible in court.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

IS Policy 20-3.3 - Response Team Tactics was established to provide guidelines to be followed during forced cell moves. This policy will be addressed as today's training unfolds and is included in your training manual.

Response teams are a well planned, calculated, dynamic activity that provides safety to staff and offender due to the suddenness or swiftness of the action. In other words, time is the essential ingredient in the struggle to take control of an offender who is out of control, thereby necessitating the team action.

Ask Participants: Who is notified of a pending use of force requiring a response team?

Possible Response: Housing Unit Sergeant, Zone Lieutenant, Assistant Shift Commander, Shift Commander, Warden / Designee, or Duty Officers.

Whenever an incident is occurring which may require a response team, the shift supervisor will be notified. The shift supervisor will confer with the Associate Superintendent, Warden or their Designee, and the Chief of Custody (if available) regarding the pending use of force. **During evening and midnight shift hours, the Duty Officer will be contacted and you should always refer to your institutional SOP's.**

Ask Participants: When requesting a response team action, what questions might be asked by the Shift Supervisor or Superintendent?

Possible Response: When notified, each person in the chain of responsibility will question as to the necessity or justification of a response team action and whether the use of force continuum has been properly adhered to? Have you utilized proper IPC skills or verbal judo to induce the offender to peacefully move? In other words, have all options, short of physical force, been applied? Last but not least, even though an extraction team is justified, what happens if you just call off the team actions?

Whether we refer to the team as a response team, movement team or professional extraction team (PET), their purpose clearly remains the same. They are a selected team consisting of five staff trained to work in concert with one another to forcibly move or gain control of an offender(s). Supporting members include the Team Leader and a video camera operator.

Prior to deployment the shift supervisor will brief the team and appoint a team leader. The shift commander notifies Medical, placing them on standby for a mandatory medical examination. The shift commander should also determine as to any existing health issues that might prohibit or create special health risks to offender or staff. An example might be an offender



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

who suffers strong reactions to chemical agents or who claims he has AIDS and will bite staff.

Ask Participants: Can offenders refuse a medical exam after a response team action?

Possible Response: All use of force requires medical examinations which can be accomplished on site (cell or wing) or in the medical unit. Offenders cannot refuse the exam, but may refuse treatment.

The team leader will assemble with the selected “trained” team members at a designated staging point, outfit the team in proper gear and issue individual team assignments. The team leader and members should remain at the staging point until called upon by the shift supervisor.

Ask Participants: What equipment should a response team have on hand or available to them prior to a cell extraction?

Possible Response: Each team member should be equipped with the following equipment:

- Riot helmet with secure face shield (per policy);
- Over suit to outer suit;
- Stab vest (per policy);
- Groin protector (per policy);
- Elbow and knee pads/protectors (per policy);
- Forearm and shin pads, if available;
- Rubber gloves (per policy);
- Leather gloves;
- Gas mask (as necessary);
- Shield. A shield is issued to the number one team member and is solely a defensive weapon, for protection of staff. This is not a mandatory entry item.

An exceptional piece of equipment that has been added to the arsenal of response team is the NOVA stun shield. So let's discuss the shield and it's tactics for deployment.

The Response Team and Supervisors are responsible for effective and safe tactical decision making. The shield should not dictate your tactics. The shield is a tool, an option. You and your situation, balanced against the totality of your circumstances, determine the tactics.

The shield may offer a tactical advantage. Let's also talk about other essentials.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Body Armor: Helmets with face shields, vests, knee/groin/& elbow protection, leg armor for the shin area.

Communications: Accurate, timely, efficient and complete communication remains the best essence for safety and success in all tactical operations, and with shields, good communication is even more imperative. First, shield operator's hands and arms are preoccupied when deploying the shield which significantly impairs the use of non-verbal hand/arm signals and the ability to work a radio. Additionally, voice commands may be muffled or distorted when given from the interior space behind the shield, which in effect becomes a sound barrier.

Here is a brief list of communication needs:

- Body contact with team members, this is the first dimension of communication because teams typically stack just outside the incident area. The formation is tight for signal, entry rush, and momentum;
- Radio communications, including state-of-the-art headsets and mike/key features;
- Non-verbal signal systems, such as using the hand to "squeeze" the team member to signal, or finger count signal;
- Coordinated, shield-specific terminology. These terms should be brief, simple and highly practiced – everybody must speak and understand the same language.

Shield Terminology

To begin with let me tell you what an electronic stun shield is:

A polycarbonate capture shield that produces a high voltage, low amperage charge of electricity to induce involuntary muscle contractions that cause temporary incapacitation, used to control violent offenders and provide safety for staff or others.

- **Display.** Most offenders will comply with your request or command by displaying the arc of the stun shield and the issue of your verbal command. This is effective use at a distance of up to 20 feet or within sight and sound of the offender.

Note to Trainer: Trainer should use the stun shield and model "display" by holding up the shield in front of the participants and showing the electric "arc" when the switch is activated. Also, after covering the terminology ask the following processing questions below to check for understanding.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

- **Repel.** Touching the shield to the offenders body results in involuntary muscle contractions which causes a “let go” effect if someone has grabbed you, your shield, or has a hold of an object. Apply the stun shield to the hands, forearms or biceps and the offender will normally release their grip.
- **Takedown.** Upon making shield-to-body contact such as to the upper torso, shoulder, arm or back area, the suspect will normally fall to the ground with an approximately 5 to 8 second application.
- **Incapacitation.** Upon making shield-to-body contact application for approximately 5 to 8 seconds this should temporarily incapacitate the offender.

Ask Participants: If fellow Response Team members are using the word “display”, what does that mean?

Correct Response: When the team is assembled in front of the offender’s cell, then for a psychological deterrence, a brief operational demonstration will be given by triggering the shield and displaying the electrical arcing.

Ask Participants: You are reading the Response Teams report and the shield man said he had to use the shield to “repel” the offender. What does that mean?

Correct Answer: The offender has grabbed the officer, the shield, or has hold of an object and the shield man has had to apply an electrical shock to get the offender to let go or back away.

Ask Participants: The Response Team’s report uses the terminology “takedown”, what does that mean?

Correct Answer: With or without the use of the shield, this means that the offender refused to cooperate and was forcefully placed on the floor.

Ask Participants: The Response Team’s report used the terminology “incapacitation”, what does that mean?

Correct Answer: It means that shield- to- body contact application was made to the offender and the electrical shock induced involuntary muscle contractions that rendered the offender incapable to fight and resist.

Shield Retention



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Note to Trainer: Model holding the shield. Have it high enough to cover the officer's face. During the time you are modeling the shield retention ask the participants: "what are the reasons or advantages for having the shield this high?" Here are the answers you are looking for: it keeps things from getting thrown in the staff members face; it should also ensure that you do not get the top of the shield under the chin or on the throat of the offender; it should also ensure that the offender does not pull the shield down into the shins of the staff member.

Ask Participants: What would be the advantages or reasons for having the shield high enough to be in front of your face?

Correct Answer: It keeps things from getting thrown in the staff members face; it should also ensure that you do not get the top of the shield under the chin or on the throat of the offender; it should also ensure that the offender does not pull the shield down into the shins of the staff member.

Yes, your answers are correct it helps us with our safety and tactically. We must also concentrate on control of the shield.

The shield operator must develop a state of mind that ensures the team's protective shield does not inadvertently get transferred to the offender. Unfortunately, there are real world incidents in which the offender has gained control of the shield. The real world, however, is quite unpredictable, and the need to dispose of the stun shield in certain emergency situations may be necessary.

In other words, if the situation calls for "dumping" the shield, make sure to have a strategy for that possibility going in. Make every effort to dispose of the shield in an area where offenders will not have access to it, such as handing it to a team member outside the cell.

A Plan

Ask Participants: Why is a plan important?

Possible Response: It increases to chances of success and reduces the chances of injuries.

Planning is also of high importance, planning or the lack of it can determine the success or failure of your mission. Have a plan.

These will be non-spontaneous situations so there will be time for some planning. Your "Plan A" is that with your five member team each has a responsibility so why would you need a "Plan B?"

Ask Participants: What are some of the reasons that you might need to deviate from your original plan and have a "Plan B" so to speak?



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Possible Answers:

- In case the offender has gotten past the shield man it may be that the number two man may have to get hold of the offender's torso to keep him from getting away. Thus, everyone's duty or responsibility will have to change some.
- In case the offender gets all the way out of the cell, you may have to have a staff member outside the cell to capture / control the offender.
- In case there are two offenders in the cell. You enter in to control the original offender who was causing trouble and now the second offender in the cell actively becomes involved in the struggle.
- In case the shield man gets hurt and can't control the shield, it may have to be passed back out of the cell to a staff member outside the cell.
- Your original plan was to "row entry" into the cell. You get to the cell and observe that the walkway in front of the cell is narrow. You now have to "Plan B" to a split entry.
- Your original plan was to enter into the cell and capture the offender. The shield man observes the offender is displaying a homemade knife in one hand and a razor blade in the other. You know this offender to be very assaultive. "Plan B" might be that a flash bang or chemical agent be introduced into the cell before going in.

Whether you stay with your original plan or have to switch to an alternative plan here are some suggestions that may help.

Here are some tips:

- Do some response team training.
- Include the use of the shield in this training.
- Set up a mock or use a real cell in a remote location away from the offenders.
- Do a walk through of the drill and familiarize the team members with their responsibilities.
- Next, practice the Response Team entry using the shield.
- During the practice, film it, critique it.

Physical Fitness



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Physical fitness is another key to controlling and retaining the shield. The shield operator must have or develop muscularity specific to handling the shield. Areas where strength and conditioning are most relevant to shield operation include the hands, wrists, forearms, the upper arms, shoulders, and upper leg muscles.

Let's take a minute to talk about the Response Teams physical and mental fitness, also known as a **Warrior Mentality**. Simply defined, the warrior mentality is an attitude which allows a balanced perspective. Its attributes are:

- Courage
- Mental Stamina
- Strict integrity and standards of conduct
- Actions controlled by thought rather than emotion

We have talked about the staff handling the shield; now let's talk about the shield itself for a moment.

Types of Shields

There are **Riot Shields** and they are designed where the sides of the shield curve inward toward the staff member holding the shield. This would be a **convex** design shield. This type of shield is used for moving offenders and protecting officers.

There are **Capture Shields** and they are designed where the sides of the shield curve outward away from the staff member holding the shield. For the stun shield we will be using the **concave** design capture shield. This type of shield is used for trapping and controlling the offender.

The Electronic Stun Shield is relatively simple in design and even easier to care for.

Note to Trainer: Have participants refer to manual and read about the shield construction and care. Allow 5 minutes to read and follow up by asking what questions they have about these areas.

Shield Construction and Components

- Transparent shield
- Non-ballistic polycarbonate
- Batteries are 9-volt lithium
- There are two spark gaps that display arcs
- When activated these spark gaps have an auditory and visual intimidating psychological factor about them
- Copper conductive strips on the contact area



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

- Two handles, one contains an activation switch
- Stun Shield displaces 75,000 volts

Care of the Stun Shield

- Read the Stun Shield Users Manual
- Keep the stun shield dry (especially around the activator switch)
- Clean with an oil free cloth.
- Do not use solvents or alcohol on the shield
- Impact (dropped) the unit can be damaged from severe impact.
- If shield receives severe impact inspect it immediately;
- Check for cracks
- Test unit by depressing activator switch
- Remove shield from service if it is damaged or a malfunction is observed
- Do NOT attempt repairs yourself
- Contact NOVA (vender) for instructions

The care of the shield is important but often taken for granted. Make sure that the shield is in working order because when you need it you're not going to have time to clean it and check for defects.

Now were going to get into actually using the shield but the first thing you need to do is to make sure that it's safe to apply it to the desired individual. This means that a critical aspect of application is the determination of who is eligible for the **Electronic Stun Shield**.

Body Application Factors

Note to Trainer: At this point refer the participant to the Areas of Application vs. Non-Application Areas Chart in their participant manual.

The best areas on the body to apply the stun shield are nerve and muscle groups. Bone and fat areas of the body are not good areas for application, as they are not as susceptible to the electricity as the nerve and muscle groups.

Remember that this like most other tools isn't always effective. An offender on drugs may not be as susceptible to the electricity. Apply a **5 to 8 second** electrical shock to temporarily incapacitate and gain control of the offender. The stun shield will not work instantly; electricity needs time to reach the nerves.

You **must maintain contact with the skin for a good application**. The best areas for application are the shoulders, upper torso, and / or the major muscle and nerve areas. Be forewarned that the **Electronic Stun Shield**



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

may leave marks where it contacts the body. Marks left by the stun shield should be photographed. This will prevent future accusations of abuse or excessive force. Marks can last from hours to weeks. The marks could be a slight discoloration of the skin or take on the appearance of pimples. Too many marks could be interpreted as excessive force and / or abuse. The high voltage will help with penetration; it will penetrate leather and up to one inch of layered clothing

Application Areas

These are preferred areas of application of the stun shield:

- Chest Pectorals
- Upper Arms
- Lower Arms
- Stomach
- Upper Leg
- Lower Leg (shin)
- Lower Leg (calves)
- Upper Back
- Lower Back

Obviously the Stun Shield isn't always appropriate and some of the individuals that you encounter may not be eligible. So let's look at some of these individuals and areas on the body that should be avoided as a target.

Non-Application Factors

Ask Participants: Due to medical and social concerns you should **NOT** use the stun shield on certain individuals. Who do you think that would be?

Correct Response:

- Pregnant Women
- Small Children
- Elderly
- Wheelchair bound
- People under 80 pounds
- People with open wounds

You also need to avoid areas high in fat such as the stomach and midriff. Fat acts as an insulator which will reduce effectiveness of the electricity

Ask Participants: A special concern is that you avoid using the shield in areas that are wet. Where and why might this be?



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Possible Responses: Shower, food service prep area, etc. The danger of electrical shock to the user increases.

Do not use if the shield has been submerged and / or if the operator's hands are wet.

Ask Participants: The best areas on the body to apply the stun shield are areas that are high in what?

Correct Answer: Muscle and nerve

Ask Participants: If the stun shield will not work on all subjects in all situations, what should you do?

Correct Answer: This would require an alternative plan of action, a "Plan B." Examples of this would be if an offender is high on drugs he may not be as susceptible to the effects; or the female offender is 8 months pregnant;

Ask Participants: When should the stun shield be inspected for proper working function and / or damage?

Correct Answer: Before and after using. During a confrontation is not the time to discover that there is a problem with the shield.

Note to Trainer: At this point refer the participant to the Areas of Application vs. Non-Application Areas Chart in their participant manual.

Non-Application Areas

These are areas that you should try to avoid when applying the stun shield to the offender:

The Eyes: The shock and / or arc could cause injury to the eyes.

The Testicles and Scrotum: These areas are extremely sensitive. Shocking to these areas could cause intense pain, and possibly other injury.

The Face: The stun shield could cause injury and / or contact marks.

The Female Breast: A woman's breasts are extremely sensitive. As such this area should be generally avoided when using the stun shield. If, for some reason, you should accidentally apply the shield to this area, it should not cause injury.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

The Stomach of a Pregnant Woman: Because of the override of the neuromuscular system, applying the stun shield to the stomach of a pregnant woman could cause her to fall on the stomach itself.

The Throat: Although it should not injure the throat in any way, in a scuffle you may injure this area when you are applying the stun shield.

The Spine: Like the throat, the mere application of the stun shield to this area should not cause injury, however, during a takedown it could be possible to push the shield into the spine area too hard, which would result in an injury.

Open Wounds: The stun shield should not be applied to an open wound or cut, as a general rule. Doing so will be considered by most people as torture. Unless you are faced with a deadly force situation, do not deliberately apply the stun shield to an open wound.

Ask Participants: What types of people would **not** be acceptable subjects to use the Stun Shield on?

Correct Answers: Pregnant women, small children, elderly, wheel chair bound, people under 80 pounds.

Ask Participants: What are some areas to avoid then applying the stun shield?

Correct Answers: Head, throat, groin, spine, open wounds, neck, face, female breasts.

That covers areas to apply and not to apply, let's move to the procedures and guidelines for the stun shield use. Using a Guided Practice we will cover the procedures for utilizing a response team and stun shield. These will be non-spontaneous situations where an offender must be subdued and forcibly moved from one location to another location.

GUIDED PRACTICE

Note to Trainer: Assign each group a scenario and have each group pick a spokesperson. In their groups they can read their scenario and use the Department Policy (IS20-2.4 Security Equipment and IS20-3.3 Response Team Tactics. Also the attachments to the Response Team Tactics, Attachments; A. 931-3601 Issue Log; B. 931-3727 Response Team Report; C. 931-2574 Use of Force; D. 931-3754 Report of Incident) to define how they would respond to this situation. Once they have discussed it in their group they can then record their answers on the easel stand. Give them 10 minutes to prepare their response before reporting back to the larger group. Check for understanding.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Instructions: In your groups, read the scenario and use the information that we've discussed along the procedure that you've been provided to determine how to address this situation. You have 10 minutes to complete this exercise.

Scenario # 1

Offender Bobby Lyles # 045321 is assigned to Administrative Segregation and is being moved to a different cell because of electrical problems. This is a double occupancy cell and there is another offender in the cell with Lyles. The second offender, Emmit Jones # 155654 is not yet in restraints and has made no comments to staff at all. Lyles however has refused to be placed in restraints until he is told why he is being moved. Then goes on to state: "For real, if you guys want me to move then you're just going to have to come on in and move me." Emmit Jones now states "I'm not moving either, and if you punks come in here I'm going to leave you knocked out and bleeding on the floor."

How would you respond to this situation?

Possible Response:

- The shift supervisor will notify medical staff that response team tactics will be utilized and place them on standby so that medical staff can determine appropriate follow up medical care should the offender's medical condition warrant it.
- Team leader will start the Response Team Report form.
- The camera operator films entire event, beginning to end
- A commentary by the camera operator is made prior to the response team entering the cell.
- Team leader will inform the offender(s) that the response team is ready to move her/him from the cell and requests her/his cooperation.
- For a psychological deterrence, a brief operational demonstration will be given by triggering the shield and displaying the electrical arching.
- If the offender continues to refuse to cooperate, the team will follow the appropriate techniques as provided in training and will utilize the minimal amount of force necessary to move the offender.
- If the shield man (#1 Response Team member) observes the offender is displaying a weapon, threatens that he has a weapon, you reasonably believe he has a weapon, or you know this offender to be assaultive to staff, the team leader may make the determination to use a less lethal weapon prior to entering the cell, such as; a flash bang or chemical agents introduced into the cell before going in.
- If the shield man gets hurt going in, if the offender gets past the shield man, if you enter to control the original offender and now a second offender in the cell becomes involved then everyone's duty or responsibility will have to change some. Have this alternative plan worked out prior to entering the cell.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Scenario # 2

Offender Troy Adams # 557935 is on suicide watch. This offender has a history of harming himself, and of assaulting medical and correctional staff. Offender Adams has “gone berserk” in his cell and using his toilet has flooding the area. Medical has been unable to get any compliance out of the offender and supervisors are also unable to calm the offender down. Staff is aware that the offender will, with all probability, attack staff when they enter the cell.

How would you respond to this situation?

Possible Response:

- The shift supervisor will notify medical staff that response team tactics will be utilized and place them on standby so that medical staff can determine appropriate follow up medical care should the offender's medical condition warrant it.
- Team leader will start the Response Team Report form.
- The camera operator films entire event, beginning to end
- A commentary by the camera operator is made prior to the response team entering the cell.
- Team leader will inform the offender(s) that the response team is ready to move her/him from the cell and requests her/his cooperation.
- For a psychological deterrence, a brief operational demonstration will be given by triggering the shield and displaying the electrical arching.
- If the offender continues to refuse to cooperate, the team will follow the appropriate techniques as provided in training and will utilize the minimal amount of force necessary to move the offender.
- If the shield man (#1 Response Team member) observes the offender is displaying a weapon, threatens that he has a weapon, you reasonably believe he has a weapon, or you know this offender to be assaultive to staff, the team leader may make the determination to use a less lethal weapon prior to entering the cell, such as; a flash bang or chemical agents introduced into the cell before going in.
- If the shield man gets hurt going in, if the offender gets past the shield man, if you enter to control the original offender and now a second offender in the cell becomes involved then everyone's duty or responsibility will have to change some. Have this alternative plan worked out prior to entering the cell.
- The floor being wet does not in itself keep you from using the shield, but a special concern is that the danger of electrical shock to the user increases. **Do not** use the shield if it has been submerged and / or if the operator's hands are wet.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Scenario # 3

Count time and Ad-Seg cell # 225 has the window covered. Staff tells the offenders to uncover the window. Offender Bill Zimmer # 659883 refuses to remove the window cover stating that he is using the bathroom. The second offender in the cell, Steven Dalton # 559432 yells out of the cell: "get this crazy bastard out of my cell," "he's naked, rubbed down with poop, and has been talking crazy" "If he keeps it up I'm going to bust his head." A loud argument then erupts from the cell between the two offenders.

How would you respond to this situation?

Possible Response:

- The shift supervisor will notify medical staff that response team tactics will be utilized and place them on standby so that medical staff can determine appropriate follow up medical care should the offender's medical condition warrant it.
- Team leader will start the Response Team Report form.
- The camera operator films entire event, beginning to end
- A commentary by the camera operator is made prior to the response team entering the cell.
- Team leader will inform the offender(s) that the response team is ready to move her/him from the cell and requests her/his cooperation.
- For a psychological deterrence, a brief operational demonstration will be given by triggering the shield and displaying the electrical arching.
- If the offender continues to refuse to cooperate, the team will follow the appropriate techniques as provided in training and will utilize the minimal amount of force necessary to move the offender.
- If the shield man (#1 Response Team member) observes the offender is displaying a weapon, threatens that he has a weapon, you reasonably believe he has a weapon, or you know this offender to be assaultive to staff, the team leader may make the determination to use a less lethal weapon prior to entering the cell, such as; a flash bang or chemical agents introduced into the cell before going in.
- If the shield man gets hurt going in, if the offender gets past the shield man, if you enter to control the original offender and now a second offender in the cell becomes involved then everyone's duty or responsibility will have to change some. Have this alternative plan worked out prior to entering the cell.
- If staff comes in contact with the body fluids of another individual, procedures in D5-5.2 HIV/AIDS will be followed.

Scenario # 4

The Institutional parole office wants to see offender Thomas Wilson # 663755. Offender Wilson refuses to come to the front of the cell and cuff up. The Ad-Seg staff again asks Wilson to comply with being restrained and again he refuses to be restrained and is



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

searching with his hands through a pile of clothing and bedding at the end of his bunk. The staff insists on seeing his hands and that he quit searching through the bedding and complies with being cuffed. The offender has not threatened that he has a weapon, nor has one been displayed, but he will not cooperate either.

How would you respond to this situation?

Possible Response:

- The shift supervisor will notify medical staff that response team tactics will be utilized and place them on standby so that medical staff can determine appropriate follow up medical care should the offender's medical condition warrant it.
- Team leader will start the Response Team Report form.
- The camera operator films entire event, beginning to end
- A commentary by the camera operator is made prior to the response team entering the cell.
- Team leader will inform the offender(s) that the response team is ready to move her/him from the cell and requests her/his cooperation.
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- If the shield man (#1 Response Team member) observes the offender is displaying a weapon, threatens that he has a weapon, you reasonably believe he has a weapon, or you know this offender to be assaultive to staff, the team leader may make the determination to use a less lethal weapon prior to entering the cell, such as; a flash bang or chemical agents introduced into the cell before going in.
- If the shield man gets hurt going in, if the offender gets past the shield man, if you enter to control the original offender and now a second offender in the cell becomes involved then everyone's duty or responsibility will have to change some. Have this alternative plan worked out prior to entering the cell.

Ask Participants: If the stun shield has not worked after two applications of five to eight seconds each, what should you do?

Correct Response: If incapacitation and control are not achieved with a second application, then no more electrical shock applications should occur.

Ask Participants: Photos should be taken of areas that the stun shield was applied, as well as full photos of the person to show areas that the stun shield was not applied. Why?

Correct Response: To prevent accusations of brutality and / or abuse.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

INSTRUCTIONAL INPUT

Okay, now that we've discussed who should or shouldn't come in contact with the shield and the target areas to consider or avoid, it's time we actually use the shield.

Method of Application

Note to Trainer: Demonstrate the method of application as you discuss the steps and specifics of the application. Have the person assisting you dress out in the Red Man suit or hold a (UTB) Universal Training Bag (Blue PR-24 strike bag) while you demonstrate this to the participants. Demonstrate "arcing" then demonstrate application of the stun shield to the person dressed out in the red man suit or holding the strike bag.

The shield is very simple to use and isn't much different than the shield that is currently being employed by response teams. This means that just like the shields we use now there will be a time when you need to consider other options. Rule #1, nothing works on everyone every time. Have a "Plan B" in case shield does not work.

Remember that the shield will not work if proper application is not used.

- Hold the shield high enough to protect your face.
- Depress activator switch prior to contacting the offender.
- If the subject is resisting, their hands or feet will be first to contact the shields stun strips which will either deter the offender from further aggression, back them up or position them for capture.
- Place the shield against the subject's body to drive them back or to capture them.
- Capture shield can be used to trap the offender against the wall and to help drive the subject down during the takedown. (The shield is a very good option for a Response Team because it reduces the chance of injury to the offender and officers.)

Ask Participants: If you elect to use the "stun" feature of the shield, how long should you apply it?

Desired Response: Apply a **5 to 8 second** electrical shock to temporarily incapacitate and gain control of the offender. The stun shield will not work instantly; electricity needs time to reach the nerves.

Now that we've discussed application you need to practice.

GUIDED PRACTICE



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Note to Trainer: To allow for complete practice with the shield the best way to conduct the training is to have 2 shields (one with batteries and one without batteries). The "live" shield should be used to practice "arcing" and the "dead" shield should be used to apply shield techniques. If only one shield is available have participants line up and perform the "arcing". Once all have done this remove the batteries and have all perform the shield technique. Have the person assisting you dress out in the Red Man suit or hold a (UTB) Universal Training Bag (Blue PR-24 strike bag) while participants practice.

Instructions: Move participants into a line and have them perform the "arcing" first and then the shield technique. Have them perform the technique at have speed to avoid injuries.

Ask Participants: If you elect to use the "stun" feature of the shield, how long should you apply it?

Desired Response: Apply a **5 to 8 second** electrical shock to temporarily incapacitate and gain control of the offender. The stun shield will not work instantly; electricity needs time to reach the nerves.

Ask Participants: The best areas on the body to apply the stun shield are areas that are high in what?

Correct Answer: Muscle and nerve

INSTRUCTIONAL INPUT

Now that you've had an opportunity to become familiar with this piece of equipment you are better prepared for a deployment than before. It gives you another option that may make the deployment more effective or may eliminate the deployment all together. But there will be individuals who will make you respond to their actions and the NOVA stun shield won't deter them. This means that you need to put on the response team equipment and deploy. However, when dressing out for a movement team action there are several precautions of which you need to be aware.

Note to Trainer: Ask participants the following questions and have them supply the responses.

Ask Participants: First, has the over suit been washed since last used?

Possible Response: The suit should have been washed since used last.

Ask Participants: Does the other gear appear sanitary and useable?

Possible Response: Appropriate gear should be inspected so that it is sanitary and in a usable condition.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Ask Participants: Is all gear in good working condition and will it protect you, the team member?

Possible Response: Appropriate equipment that is issued needs to be in good working condition.

Ask Participants: Does the gear fit properly and is it the right size?

Possible Response: An oversize stab vest, helmet, or groin protector may cause more injury than protection. Appropriate gear issued also means that it fit properly and is the right size for the team member.

Gas masks should be fitted to the individual wearing it and again a major hygiene issue exists with direct skin contact. If you can say no to any of the above posed questions, you shouldn't suit up!

We covered the gear, let's cover team configuration and responsibilities.

Team Configuration

As taught by the Federal Bureau of Prisons, the largest team member should be number one with the smallest member assuming the number five slot. At no time should the smallest member of the team be the lead person in. Do it by the numbers and the wisdom of biggest to smallest will become readily apparent? Psychological intimidation is increased with proper size configuration.

The Shift Supervisor will ensure a video camera operator is selected. Although this person does not actively participate in the movement team action he should be considered a member of the team. This totals a minimum of seven persons assigned to the team with a representative from Medical on standby to examine the offender for any possible injuries he might receive. Two other individuals who **might** be part of the team are known as wing security and station themselves on either side of the cell entrance with PR-24's and/or pepper spray. Their sole responsibility is to ensure that the offender does not elude the movement team and get out of the cell where a bad situation becomes worse in an open wing environment, especially if other offenders are in the area. **It has occurred!**

When all efforts have been expended to peacefully gain compliance or cooperation from the offender(s) and failed, the movement team is summoned and reports to the unit where the problem exists. Upon arrival, the video camera operator begins filming and focuses first on the team. On film, the team leader introduces himself, states the date, the time, the location and a brief description of the problem and the actions to be taken by



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

the team. With face shields raised, members then introduce themselves and explain their responsibilities as movement team members.

Ask Participants: Who can be placed on a movement team and who cannot?

Possible Response: Custody staff only can be on the team.

It should be pointed out at this time that members don't necessarily need to be custody staff. Participants should be movement team trained though. Personnel not allowed to participate in forced cell movements include staff some how involved in the events leading up to the formation of a team.

An example might be an officer/staff member who has just been assaulted either verbally or physically by the offender. Medical, per their own policies and directives, are not allowed to be team members (conflict of interest). Several institutions will not allow a housing unit officer from the offender's unit to be involved.

Ask Participants: Review Boards look for "red flags" when reviewing team compositions. What might these be?

Possible Response: Teams should not be composed completely of supervisors (sergeants through captain) nor should a team be entirely female in composition. Either composition creates questions as to the "why" of such a team.

As stated earlier, each member must explain for documentary purposes their responsibilities during the upcoming team action. If, in fact, the member ends up doing something other than his stated responsibility, it should later be documented on his memorandum as part of the use of force packet. Often times, due to the dynamics of a movement team action, flexibility and adaptability cause changes in a team member's action. As said earlier, the team leader will assemble with the selected "trained" team members at a designated staging point, outfit the team in proper gear and issue individual team assignments.

Member's primary responsibilities are as follows:

- The number one member subdues and controls the offender's torso. He also is the bearer of the shield when one is used. As first officer at the door he is responsible for advising the team leader of the offender's activity, whether offender is armed and whether the offender has made any special preparations for the team entry. This position also has the ability to project an intimidating countenance that



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES



might cause the offender to comply with directives thereby making "use of force" unnecessary.

- The number two member is responsible for control of the offender's arm to the officer's right side.
- The number three member is responsible for control of the offender's arm to the officer's left side. He also carries hand restraints and it's his and the number two members primary responsibility to gain control of the arms and then apply restraints as expeditiously as possible.
- The number four member is responsible for control of the offender's leg to the officer's right side.
- The number five member is responsible for control of the offender's leg to the officer's left side, carries the leg restraints and assists number four member in application of the restraints.
- A video camera operator, although not actively participating in the use of force, is a crucial and necessary member to the team. He/she is responsible for filming (documenting on video) the team action from beginning until conclusion. He/she should have a camera, be familiar with its operation and should be competent in the ability to properly film all action. The video camera operator should have spare batteries and extra film on hand.
- Additional staff may be necessary to serve as back up if the team needs assistance or if two offenders are assigned to the cell. Valid reasons to have extra staff are when OC or chemical agents may be or have been used. Also high temperatures and humidity can cause members to fall out. Dynamic cell extractions become greatly hindered during these times.
- The team leader will have possession of restraint key(s). This is an example of when a backup may be valuable. Keys break at the most inappropriate of times! All cuffs should be double locked prior to transporting of the offender from the cell as this is an excellent time for restraints to be unintentionally tightened. Extra restraints should be available so that an individual can be stripped and searched, if necessary, for placement in a holding cell, restraint chair or four point bed.

Response Team Report Form

Once you know that the teams gear is ready the team leader needs to prepare the Response Team Report (form #931-3727) before the team

LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

proceeds. A "Response Team Report" identifies the response team leader; authorization for the use of the response team; the offender's name and DOC number; the location of movement action; a brief description of problem; the action to be taken by team and members name and position on the team. This is an important report because it assists in documenting the actions that lead to the response and provides vital information in the event that litigation should occur. Since this is such an important document it is important that you know how to complete it accurately and the best way to do this is to practice ahead of time.

GUIDED PRACTICE

Instructions: Individually fill out your Response Team Report using the information provided in your handout. Take approximately ten minutes to complete and we will then process the reports.

Note to Trainer: Refer the participant back to the Response Team Report (form #931-3727) and other attachments that was handed out along with IS20-3.3 Response Team Tactics in the earlier Guided Practice.

Response Team Report Activity

It is today's date and time at your institution and you have just been notified by Shift Supervisor Tom Jones that Offender Bob Bard, #525525, is totally out of control in Ad Seg cell 2B-06. Offender Bard has slashed both wrists (blood is everywhere) and refuses all attempts to peacefully remove him from the cell and now requires the immediate attention of a response team of which you will be the team leader. Offender Bard is to be seen by Medical and then placed in the restraint chair in medical until further notice.

Offender Bard has broken the fire extinguisher sprinkler head nozzle off in his cell, causing flooding in the wing. Water and blood are everywhere! Other offenders are beginning to holler and kick on their doors, requesting something to be done with Offender Bard.

The Shift Supervisor has assigned CO's Bob Stone (185 pounds), Terry Jones (135 pounds), Sam Smith (215 pounds), Wally Pitts (245 pounds), and Mary Call (290 pounds) as team members. Marsha Lee will be your camera operator.

Ask Participants: What is the ideal composition or configuration for this team and how would you assign positions one to five?

Possible Response: The ideal configuration is assembled from heaviest team member to lightest, one to five (In the last Guided Practice that would be; Call, Pitts, Smith, Stone and Jones).

Ask Participants: What are some considerations that must be gone over when building a team that needs addressed?



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Possible Response: Staff size is a major contributing factor but also experience, agility, strength, and speed are also other considerations to address. Offender considerations also must be looked at. Are there two offenders in the cell and do we need to have a plan if both become a problem- or is just one creating the problem and acting out of control? Other offender factors include age, size, health, aggressive history, and number of team actions this individual has experienced in the past.

Now that you've practiced completing the report we need to do a guided practice where we actually perform the team movement.

GUIDED PRACTICE

Note to Trainer: you will need to hand out a second Response Team Report form for them to use during this exercise.

Using another "Response Team Report form" fill it out using your actual team members. Before filming the introduction, verify the "Format" with the instructor and then complete your basic introduction on video. The introduction should include all information on the format and each team member will announce their position and responsibilities for the camera person. We have approximately 45 minutes to complete this exercise. Also with the team, review the video and allow the teams to voice criticism or praise of their exercise, in other words, conduct a basic "After Action Review" (AAR).

Upon completion of guided practice:

Ask Participants: What is the purpose of the format and staff introductions being captured on video?

Possible Response: Documentation.

The video should be able to stand alone, providing a complete picture of the action. By introducing staff and describing the situation leading up to the use of force, visual justification for the action is provided and staff verification is accomplished.

Ask Participants: A basic movement team is composed of seven members. Who are they?

Possible Response: A team leader, a camera person and a five person response team.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Now that we have completed a response team format and an introduction, we must move the process one step forward and discuss team movement to the extraction point.

INSTRUCTIONAL INPUT

Ask Participants: Where and when should the response team format and staff introductions be conducted?

Possible Response: As the camera should run continuously once the introductions are made, it would be most practical to video in close proximity to the target offender's unit, wing and cell. It should not be conducted in plain view of the target offender or other offender population if possible.

During a cell extraction operation, especially when the cameras are rolling, the team leader should be the only person issuing orders. All conversation should be held to a minimum and only as necessary. Remember, this entire dynamic action is being recorded both in audio and video. The camera is there to help us, but as so often happens, it vividly points out indiscretions that may result in disciplinary action for staff, and/or problems that may arise in court.

Prior to any movement team action, all bystanders and non-essential staff should exit the area of operation. If caught on video, it can be reasonably assumed they are a witness to the team action; therefore they are obligated to fill out a memorandum per Use of Force Reports, IS20-3.

The move from the introductory point to the offender's cell should be accomplished as expeditiously and professionally as possible. The team should move in unison and in an orderly manner directly to the cell. The perceived countenance of the team should demonstrate confidence, professionalism, resolve and intensity. This demeanor should be displayed while approaching the cell door and maintained while in formation at the door. If physical presence is a first step in the continuum of force, **this is a time to use it and use it effectively!**

Other considerations that receive very little attention until we are faced with the dilemma are that of cells, doors, and walks, both upper and lower. This is why **planning** is so important.

- Cells may be single or double occupancy. The problem here is obvious. They are of various configurations and offenders often set the scene for a team entrance, spreading lotion, liquid soaps, soapy water, shaving cream, urine and fecal matter and a variety of other materials available to them to make cell entrances more challenging.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES



Some offenders pull their sprinkler heads before a team arrival to flood their cell, the walk and/or wing.

- Doors come in solid and bar form. Some slide open and others open in a normal manner. Some must be keyed while others are electronically opened, some slide, some are popped.
- Walks especially upper walks and due to width, cause the team to assume an unnatural entry configuration that decreases team effectiveness. At this time, the row entry may not be applicable and a variation, the split entry may be used.

Walks, cells, and doors give offenders advantages that they are more than willing to utilize. We must be pro-active prior to a movement team action and have plans that cover as many scenarios as possible.

Prior to the next guided practice, we should briefly discuss row entry and split entry. Row entry is the traditional entry, room provided, five people lined up belly to backside and tightly compressed. Split entry is used on upper walks and confined spaces.

Usually there are three persons on one side of entrance (number one through three) and two persons (four and five) on the other side. They may act as door openers and then follow the first three in. Four and five members should be on the hinged side of the entrance or the direction in which the door slides. This allows members one, two and three to make a quick, unimpeded entry.

<i>Row Entry</i>	<i>Split Entry</i>
Entry Way	Entry Way
<ul style="list-style-type: none"> ● 1 ○ Team Leader ● 2 ● 3 ○ Camera person ● 4 ● 5 	<ul style="list-style-type: none"> ● ● ● ● ● 5 4 1 2 3 Camera ○○ Team leader

GUIDED PRACTICE

Once again form into teams, reconfigure and film the introductory format, introduction of team members and their responsibilities and movement from area to cell extraction point. Position your team in both row and split entries. Take approximately 20 minutes for this exercise. When the exercise is completed, ask teams the following processing questions.

LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Ask Participants: What problems, if any, might you or did you experience completing the first three components of an extraction team movement?

Possible Response: Obtaining permission to form a team; managing to put together a team; assigning team positions; film and camera problems; movement from introductory area to cell extraction point, forming row and split entry formations, etc.

Now that we have covered all necessary actions that will ensure our arrival at the extraction point, we must discuss an actual cell entry, gaining control of the offender, the application of restraints, finishing with extraction.

INSTRUCTIONAL INPUT

Once a team has been formed, briefed, outfitted and called to the cell where the extraction is to occur, the offender is given another opportunity to cooperate. If he/she again refuses (camera should capture final refusal), the team leader directs the offender to lie face down on the floor with head to the rear of the cell, ankles scissored, and hands behind the back.

Either he/she complies or they don't. Either way, the team is about to enter. By complying with the final directive of the team leader, the offender avoids confrontation and possible injury. At this point, the team would enter the cell, assuming their assigned responsibilities, place restraints on the offender and then remove him/her from the cell, either walking under his/her own power or carried out by the team.

If the offender fails to comply with the final directive of the team leader, team members assume their entrance position at the cell door at the command of the team leader. The team forms belly to backside, hands on shoulders of the preceding member.

Note to Trainer: Model and check for understanding.

Ask Participants: How is the team made aware that all members are at the ready and in position in the row entry formation?

Suggested Answer: A tap on the shoulder

A signal (tap on the right shoulder) should be given by the number five man and passed forward to the number one man indicating the team is in position and at the ready. The team leader is then told or signaled by the number one member that the team is ready and there is no sign of a weapon or weapons in the cell and it's safe to perform an entry. Once notified, the team leader gives a verbal or visual command to begin the entry.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Ask Participants: What is the first problem experienced when the entry signal is given?

Suggested Answer: The door is the initial problem and there is no way around it. Whether it opens as a normal hinged door or slides open, the door has to open for the team to enter. If the door swings open, the team has to stand to the side and if the door slides open, valuable seconds and energy are lost as the number one man with stands the pressure exerted by the team to move forward until there is enough room for him/her to get through the even widening door. Numerous staff injuries have occurred during the cell entrance and as a result of doors.

Entry propulsion is provided by all members, creating the shock force necessary to take control of the offender in the most expedient manner. The actual movement into the cell should start with the number five man exerting pressure upon the backside of number four, who exerts pressure upon number three, who exerts pressure upon number two who is pushing into number one. All five members should hurtle forward in unison. This creates a tighter team movement (collision impact) than if the number one man initiates the entrance. In the situation, the team merely attempts to keep up with the number one man, creating an accordion effect that is not nearly as impact/shock effective. Again, this entire action starts with the signal of the response team leader, whom the number five man should take his cue from and so on.

Note to Trainer: Model and check for understanding.

When the shield is used, it should be removed from the incident site as soon as it is no longer necessary. This should be accomplished by the team leader. After initial use, shields tend to get in the way and hinder a response team's effectiveness and in some cases cause injury to staff and/or offender.

Once contact is made with the offender he must be secured as quickly as possible and the restraints applied. Number one member's role changes slightly as he/she is now responsible for the offenders head while restraints are being applied to wrists and ankles.

Ask Participants: Who applies the restraints to wrists and ankles?

Possible Response: Two and three members are responsible for application to wrists while four and five apply restraints to the ankles of the offender.

Ask Participants: Who carries the restraints?



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Possible Response: Three and five team members.

Ask Participants: Who has the key for double locking the cuffs before transport?

Possible Response: The team leader.

Assuming the offender has been successfully secured and restrained, we must search the offender for contraband. This could entail stripping him out while being held by the team and this necessitates extra restraints and labor be expended. This action can be accomplished in the cell or wherever the team leader so chooses. Cells can be very confining to a 1000 to 1500 pound response team who has just expended a great deal of energy and experienced a major adrenalin surge. The offender can be taken immediately outside the cell door or if a recreation yard or sally port is convenient the team leader should choose the most appropriate area.

It would be nice to think that once a response team action has been accomplished, the offender willingly stands on his own two feet and allows the team to escort him to an appropriate destination, but often that is not the case which brings us the lift procedures. Proper **lifting** procedures should be followed at all times.

Note to Trainer: Model the following and check for understanding.

- With the offender face down on the cell floor and properly secured in restraints, the team leader should order the team to “prepare to lift.”
- The number one member secures the offender’s head and protects it throughout the move. He/she also ensures the offender doesn’t bite anyone.
- The number two and three members support the offender by holding his shoulders and upper arms.
- The number four and five members will support the offender’s legs, making sure the offender doesn’t thrash and kick. During the carry, the legs should be scissored at the ankles to avoid thrashing and kicking.

DO NOT grab or carry the offender by the handcuffs or leg restraints as this causes unnecessary injury to the offender.

At this point, some institutions will utilize a gurney for transporting the offender. The offender can be strapped to a gurney, either in the cell or outside the cell door, whichever is most convenient. Simply lift the offender,



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

slide the gurney under the offender, deposit the individual face down on the gurney where he/she is immediately secured with a Velcro wrap or leather straps (head, shoulders, waist, knees, and ankles) totally immobilizing the individual. This is the easiest method of transport, providing a measure of safety and security for the offender and also makes the response team's job a great deal easier, as now they have handles to hold onto and can set the offender down at any time. If placed on a gurney make certain the offender has their head turned for ease of breathing.

When removing an offender from a cell, the offender should be turned on his side while exiting the cell door, to allow ease of exit. This is a time when a gurney's true advantage becomes apparent. Once outside the cell area, the offender should be carried head first and face down to the designated location. Once you arrive at your destination, place the offenders face down on the floor.

Institutions are of various custody levels and have SOP's to cover strip searches of their offenders. It should be standard operating procedure to strip search any offender who has just been involved in a response team action. This ensures safety and security of staff and offender and also allows medical better observation of the individual for injury. The strip search should be conducted as soon as possible after the team action. **Clothing removal** occurs in the following manner.

- Upper garments (shirts, t-shirts, etc.) are pulled over the head and down the arm restraints.
- A second set of restraints are then applied to the arms above the bunched up clothing/shirt.
- Remove original hand restraints and upper body garments. Slide second set of restraints to the wrists and check for looseness. Adjust as necessary.
- Remove shoes and socks. Slide lower garments (pants, shorts, underwear, etc.) down the leg restraints. Attach a second set of restraints above clothing.
- Remove original leg restraints and lower body garments. Slide second set of restraints down to the ankle area and check for looseness. Adjust as necessary.

Once the strip search is completed, the offender may be moved to another cell or left in his/her original cell depending upon the circumstances.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Ask Participants: How should the offender be clothed when escorted under his own power and in restraints to another cell, wing, or unit?

Possible Response: Clothing is a must and could simply be a blanket or a poncho (blanket with a hole cut in the center).

Anytime restraints are placed on offenders, offenders are transported, or offenders are kept in restraints for any period of time, the issue of positional asphyxiation must be broached. Several factors that involve the positioning of the body and restraints can restrict the offender's ability to breathe. This occurs when subjects are being restrained or maintained in a prone position, face down. Offenders who are especially susceptible to **positional asphyxiation** are drug addicts, asthmatics, and obese offenders.

To prevent against this situation we should do several things:

- First, avoid applying pressure to the neck or back area as you are restraining a person to avoid restricting their ability to breathe.
- Next, once secured, move the person from the face down, prone position to a fetal position, place them on their back in the case of four point restraints or have them in a sitting or standing position.
- Use extra care if this involves a very active encounter and if the person is suspected of being under the influence of alcohol or drugs. Continue to monitor the person, checking for respiratory concerns and consciousness.
- If it appears that there is a respiratory problem or unconsciousness, call for medical help immediately to give aid and give aid yourself as needed. Consider switching to another form of restraints if the person is checked by medical and a problem is observed. Rather than restraining from the back, place the individual in waist chains and black box him/her from the front.

Let's put together everything we have learned to this point. Keep in mind you as a team, are wanting compliance with the minimum amount of force necessary.

GUIDED PRACTICE

Instructions: Once again, starting with the movement team format, reconfigure your team and let's walk through all aspects of a cell extraction. Each team member must rotate so everyone gets a chance at each position.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

We'll take approximately 30 minutes for this exercise. The process will be videotaped for future viewing.

Ask Participants: What action do we take if the offender complies with the team leader's directive to lie face down on the floor with his head to the rear of the cell, ankles scissored and hands behind the back?

Suggested Response: The team enters the cell at a guarded pace, assuming pre-assigned responsibilities, applies restraints and either carries or allows the offender to leave the cell under his/her own power.

Ask Participants: When a response team is utilized should a "Use of Force" packet be completed?

Suggested Response: Any time a team is forced to enter a cell to subdue an offender, a packet must be completed.

Ask Participants: Who is most susceptible to positional asphyxiation?

Suggest Response: Drug addicts, asthmatics, and obese offenders.

At this point we have covered all aspects of a movement team action except disengagement which is really a tactical withdrawal.

INSTRUCTIONAL INPUT

When the response team action has been completed and its goals and objectives are accomplished, at some point the team leader will give the order to cease the activity. The last action taken will be to remove the restraints and withdraw from the cell.

With the offender face down on the cell floor with his/her head to the rear of the cell; the team leader will give a restraint key to the number five team member. The number four member will secure the offender's legs as the number five member removes the leg restraints and secures them. The number five member will then pass the restraint key to the number three team member and then assist the number four member in immobilizing and controlling the offender's legs and lower body.

The number two member will control the offender's arms as the number three member removes the handcuffs and secures them while returning the key to the team leader. Once accomplished, the number two team member should announce to the team leader "All restraints removed and secured." Prior to issuing the order to disengage, the team leader should have a short discussion with the offender, informing him/her than any act or movement



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

that might take place by the offender as the team exits the area **may be perceived as an aggressive action** by team members causing the team to once again enter the cell and restrain the offender. The offender should know the advantage of remaining perfectly still! Offenders have been known to become aggressive when a team is vulnerable and exiting a cell.

Ask Participants: In what order does the team exit the cell?

Possible Response: In the opposite order that they came in. Leave as a team again with number 5 exiting the cell first and the shield man (number one person) last.

Once the team leader orders the team to exit the cell it should be accomplished in a slow and methodical order. Number five member should stand and allow number four to back into his original entry position. Number three, two, and finally the one person should assume the original entry stance as all five then back out in unison, remaining on guard for the slightest aggressive act by the offender and remaining so until the cell door closes. As the team exits, they should have hands on the shoulders of the preceding team member, never more than an arms length away. Team members should always be prepared for an assault by the offender(s) as it does occur occasionally. This is an opportunity for the offender to get even.

Now you will have the opportunity to practice the disengagement techniques just demonstrated.

GUIDED PRACTICE

You will have 20 to 30 minutes to practice only the disengagement technique. Practice two different disengagements, one with the offender remaining passive and the other with the offender attempting to get up and assault the team. A reminder is in order here. We are in the walk stage of training and cannot tolerate training injuries. Therefore, take it slow and easy, and let's not get anyone hurt! Team members are to rotate so everyone again gets the chance to practice each technique.

Ask Participants: Who is the last member to disengage from the offender and why?

Possible Response: The number one team member is the last to disengage, releasing control of the head and upper torso and will initiate the re-engagement if necessitated by offender behavior.

Ask Participants: What is the maximum distance that should separate team members during disengagement?



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Possible Response: Arms length.

Ask Participants: What is the purpose of the team exiting the cell in this matter?

Possible Response: Safety of staff and instant response capability to aggression.

At this point, we have covered all aspects of a response team forced cell move except the after action review (AAR) or debriefing which will be covered after one final guided practice that will encompass all you have learned today.

GUIDED PRACTICE

As this our final guided practice, let's remember safety first! This final guided practice, like the ones before, will be conducted in the walk stage. We are going to combine all the components of today's training from the forming of our team to the disengagement from the offender. The entire activity will be on video from beginning to end. We have 30 minutes to complete this guided practice and during our final segment of training we will view and critique your final product, a response team forced cell move.

Ask Participants: When composing your team, positions one through five, why did you select staff in the manner in which you did?

Possible Responses: Offender size and disposition, staff size, speed, agility and experience.

Ask Participants: While watching the introduction would anyone viewing the film know exactly what each officer's position and responsibility in the response team action were?

Possible Responses: Introductions can always be improved upon with the goal of clarifying for even the most naive observer each member's position and responsibilities.

Ask Participants: What possible problems might occur with the disengagement segment of the team action and were any observed?

Possible Responses: Members become disjointed; losing hands on contact with other team members and are often not prepared to resume engagement with the offender when necessary. Yes, this technique requires practice and always can be improved upon.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

INSTRUCTIONAL INPUT

Once an extraction team exits the cell they need to depart the wing ASAP in the same professional manner as was displayed entering the unit. If any staff member suffered injury, now is the time to document on video the extent of the injury (verbal testimony and observation). If there was any body fluid exposure involved this must be documented also. The importance of this form of documentation is self evident and needs no further explanation. The camera operator can stop filming at this point and the entire team should then go to a basic debriefing area.

Ask Participants: What is the purpose of a debriefing or after action review?

Possible Response: To find out what we did right, what we did wrong, and what we might do better in the future.

The video camera operator is also required to fill out an IOC/memo and if any difficulties occurred (stoppages of filming) or any other questionable occurrences happened, explanations must be provided. When the team is actively engaging an offender in his cell, the camera should be trained on the action and not on the team leader's backside. Again, this could raise a good deal of question and concern as to team activities.

It's important to note that any person involved in or witnessing a use of force, per policy IS20-3.2 will submit a Report of Incident to the Shift Supervisor prior to leaving duty. Only injury delays filing a report and then it should be submitted as soon as possible.

There is some debate as to whether staff should be allowed to watch the movement team video prior to filling out associated paperwork. This is a judgment call and may be necessary if there is question and/or debate among team members as to events that may have occurred during the team action. Local SOP should give guidance in this matter and the discretion of the team leader should also come into play.

Ask Participants: Once a response team's use of force has been completed, how long does the shift supervisor have to submit the report and all available documentation incidental to the activity?

Possible Response: The shift supervisor will complete a Use of Force form prior to leaving duty the same date as the incident. . All paperwork and video documentation incidental to the team action should be handed over to the Shift Supervisor who should review the materials. He/she then assures all necessary paperwork is in order, places, date/time identification stamp on all



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

video documentation and paperwork, attaches a cover letter describing the incident and what led to it, voicing any issues (positive/negative) from his perspective and then delivers the entire “Use of Force” packet to the Investigator’s Office where it will be held for the Initial Review Committee process to begin.

EVALUATION/CLOSURE

Today we have covered the components that are necessary to conduct a proper movement/extraction team action. When followed according to today’s training, policy should not be violated and the accompanying “Use of Force” packet should be above reproach. Let’s take a moment and review a few of the highlights.

Ask Participants: Who is notified of a pending use of force requiring a response team?

Possible Response: Housing Unit Sergeants, Zone Lieutenants, Assistant Shift Commanders, Shift Commanders, Duty Officers and Superintendents or their designee.

Ask Participants: When requesting an extraction team, what questions might the Superintendent or his designees ask?

Possible Response: Necessity or justification; was use of force continuum adhered to; have IPC and Verbal Judo skills been utilized and what happens if you just call it off?

Ask Participants: Can an offender refuse a medical examination?

Possible Response: Offenders cannot refuse the examination, but may refuse treatment.

Ask Participants: What form does the team leader use during the team introduction on videotape?

Possible Response: A “Response Team Report” is used for this purpose.

Ask Participants: What considerations should be given when forming a team?

Possible Response: Size is a major contributing factor, but strength, experience, agility and speed should be considered.

Ask Participants: How is the team made aware that all members are at the ready and in position in the row entry formation?



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

Possible Response: A pre-arranged signal such as a shoulder tap is a good indicator for the team.

Ask Participants: How should an offender be clothed when moving him/her and is walking with an extraction team escort to another unit?

Possible Response: The offender (this is a dignity issue) should be clothed or draped in a blanket or poncho.

Ask Participants: Who is most susceptible to positional asphyxiation?

Possible Response: Drug addicts, asthmatics and obese offenders are most susceptible to positional asphyxiation.

Ask Participants: How long does the shift supervisor have to submit the "Use of Force" packet and all available documentation incidental to an extraction team action?

Possible Response: The packet will be completed prior to the shift supervisor leaving duty.

The goal of today's training module was to walk through all aspects of a response team/movement team/extraction team action and prepare you for the time you will be called upon to do so.

We were guided through this training by our **performance objectives**. Let's take one last look at them and see if they have been met.

- Given a scenario, evaluate the need for pre-planning and complete a response team format report according to policy;
- Given a cell extraction situation, practice implementing the roles of a response team according to guidelines provided;
- Using a NOVA stun shield, demonstrate "arcing" and the method for application of the stun shield as outlined in this module.
- Given a scenario, perform a cell extraction using the response team entry and control techniques shown in this module;
- After a mock cell extraction, demonstrate response team disengagement according to the guidelines in this training module.



LESSON PLAN

TITLE: Response Team Training

TRAINER NOTES

As you can see, we have met our performance objectives and by accomplishing them we can make for a safer work environment for both staff and offenders by utilizing response and/or extraction teams in the manner described in this class.

Now let's look at your list of those expectations and issues that surround movement team actions and see if they have been met.

Every effort should be made to move an offender in the safest and most humane manner possible, but we must be prepared to use force when necessary. Hopefully this class has provided you with the necessary tools to accomplish our missions while employed by the Department of Corrections.

To compliment this training and provide you with options other than force, Interpersonal Communication and Verbal Judo are offered as in-service training and you are encouraged to attend to develop or polish up your talents.

Remember, the public expects employees working in correctional facilities to carry out their duties and responsibilities in ways that provide safe, secure and humane care to those in our charge. Only through constant training can we develop and maintain this important responsibility and challenge.

