



DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	3.1.8a USE OF CHEMICAL AGENTS & OLEORESIN CAPSICUM
Effective Date:	November 2, 1999 Page 1 of 5 and 2 Attachments
Revision Date(s):	November 25, 2005, May 13, 2009, August 7, 2017, March 24, 2020, July 15, 2021
Reference(s):	DOC Policy 3.1.8
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

To establish the procedures for the use of chemical and inflammatory agents that may be employed by trained staff to subdue an individual inmate or restore order among a disruptive group of inmates when lesser means of force are ineffective.

II. DEFINITIONS

Hexachloroethane (HC) - classified as a chemical obscurant, color code yellow.

Non-Flammable Propellant - a propellant or delivery system that will not enhance an open flame or cause a fire from a spark.

Oleoresin Capsicum (OC) - a derivative of Cayenne pepper that is classified as an inflammatory agent, commercial color code orange. Also known as pepper spray.

Orthochlorobenzalmalononitrile (CS) classified as a chemical lacrimator, color code blue.

Planned Use of Force – Use of force when time and circumstances allow the opportunity for advance planning, consultation, and approval by a higher-ranking staff member.

Positional asphyxiation – death as a result of body position that interferes with one's ability to breathe.

III. PROCEDURES

A. General

1. Chemical and inflammatory agents may be used to:
 - a. Prevent serious injury or loss of life.
 - b. Prevent or suppress riots or disturbances that may escalate in intensity.
 - c. Prevent extensive, willful destruction of State property.
 - d. Assist in controlling an acting out inmate.
2. If order cannot be restored by application of less forceful methods, chemical and inflammatory agents may be deployed against inmates in the form of aerosol, foam, canister, projectile, or engine-powered dispensers.
3. Chemical and inflammatory agents will be stored and controlled in accordance with the provisions of *DOC Policy* and *MSP Procedure 3.1.7, Emergency Equipment and Armory Operations and 3.1.8, Use of Force & Restraints*.

4. Purchase of CS, OC, and HC products must be approved by the Warden.
5. All aerosol OC products will be nonflammable in nature. Refer to *MSP 3.1.7, Emergency Equipment and Armory Operations*.

B. Training

1. Staff who use CS, OC, and HC must successfully complete an approved training program prior to using the product. Department certification standards do not require staff be subjected to a direct spray to the face.
2. Training must include, but is not limited to:
 - a. Tactical use of the product.
 - b. Effects of exposure to the product.
 - c. *MSP 3.1.8, Use of Force and Restraints* and the *DOC Control Continuum table*.
 - d. Decontamination procedures.

C. Types of Chemical and Inflammatory Agents

1. CS (Orthochlorobenzalmalononitrile) is a chemical agent classified as an irritant, color code blue.
 - a. the effects are as follows:
 - 1) CS causes copious tearing and burning sensations in the eyes, and a stinging or burning sensation of the skin, especially in moist areas; and
 - 2) CS is 75% psychological and 25% physiological.
 - b. authorization for use – (Planned Use of Force):
 - 1) the Warden or designee will typically be the person authorizing the use of CS in the prison; however, the Shift Commander may authorize the use of chemical agents in an emergency during which these individuals cannot be contacted quickly enough to obtain concurrence;
 - 2) when possible, staff will shut off the forced air ventilation system in the affected area to reduce the dispersal of chemical agents to unaffected portions of the building/area.
 - 3) the Shift Commander or designee will be present at the scene, and will make a final assessment of the situation before authorizing deployment of the CS;
 - 4) immediately, staff will give a verbal order to comply or surrender before deploying a chemical agent;
 - 5) only those staff trained in the use and deployment of chemical agents will be authorized to deploy the agent in an indoor application.
 - c. the decontamination/after-care procedures are as follows:
 - 1) fresh air, standing, facing in the wind while holding eyes open;
 - 2) flush face with cool water;
 - 3) avoid rubbing face or eyes or using soap;
 - 4) all individuals exposed to CS will be examined by medical staff as soon as practical. If there are any persistent symptoms of the agent, the individual's condition will be monitored until no further effects or symptoms remain; and

- 5) apply a 10% solution of Tide or Joy mixed in distilled water to floors, walls, and ceiling of affected areas. Leave the solution on the surface for ten minutes, then rinse it with tap water.
- d. the administrative safeguards are as follows:
 - 1) the armorer or assistant armorer will only issue chemical agents from the Armory to authorized staff;
 - 2) chemical agents kept in the Command Post for emergency use will be issued to authorized staff on the order of the Shift Commander; and
 - 3) staff will videotape all incidents involving the use of chemical agents when possible.
- e. the reporting requirements are as follows:
 - 1) when chemical and inflammatory agents are used under any circumstance in the prison, the Shift Commander will compile a complete report and forward it to the Associate Warden of Security; and
 - 2) the Shift Commander's report will include the following:
 - a) a completed *Use of Force Information Sheet (Attachment A)*, along with any incident reports from staff and witnesses involved in the initial episode in which chemical and inflammatory agents were used. Staff must file these reports with the Shift Commander prior to the end of the work shift in which the incident took place;
 - b) a report by the Shift Commander of the situation and the action taken prior to the use of chemical or inflammatory agents;
 - c) copies of reports filed by the medical staff as a follow up to the incident regarding treatment of staff and inmates;
 - d) copies of any disciplinary reports filed against the inmate(s) involved;
 - e) a notation regarding any referral to local law enforcement authorities for prosecution; and
 - f) copies of any tapes or photos of the incident or injuries sustained.
 - 3) the AW of Security or designee will ensure the *Use of Force Evaluation Report (Attachment B)* is completed.
2. OC (Oleoresin Capsicum) is classified as an inflammatory agent and is color-coded orange:
 - a. the effects are as follows:
 - 1) closing of the eyelids;
 - 2) swelling of the lining of the throat;
 - 3) burning and swelling sensations to the mucous membranes;
 - 4) inflammation of the skin similar to a burn; and
 - 3) temporary loss of muscle coordination.
 - b. authorization for use:
 - 1) staff may use OC in the following situations:
 - a) where verbal direction is ineffective or inappropriate;
 - b) where passive resistance techniques have failed, and staff may have to use physical force to maintain control;
 - c) where the inmate has refused to come out of a locked building, cell, cube, room or vehicle; and

- d) other situations where training and experience may dictate the use of OC.
 - 2) the use of OC will be consistent with any applicable state or federal law, the guidelines of *MSP Procedure 3.1.8, Use of Force and Restraints*, and the manufacture's specific guidelines for usage; and
 - 3) Staff should be aware that in the event an inmate gets control of an OC dispenser unit, a sprayed staff member could be incapacitated for an extended length of time. Therefore, to prevent incapacitation of a staff member, staff may apply additional force if the inmate threatens to use or uses the OC on a staff member.
 - c. decontamination/after-care procedures are as follows:
 - 1) fresh air;
 - 2) free flowing cool water;
 - 3) soap and water are needed;
 - 4) do not use oil-based soap, salves, or creams on the skin for burning sensation;
 - 5) if the inmate is restrained, staff must maintain constant direct visual contact with the subject to avoid positional asphyxiation; and
 - 6) medical staff should see the inmate as soon as possible.
 - d. administrative safeguards are as follows:
 - 1) state issued hand-held dispensers may be kept in locked housing units if authorized by the Warden or designee;
 - 2) only individuals trained and authorized by the Warden will carry or use OC in the facility. Individual staff will not be permitted to carry or use in the facility any commercially available irritant or compound similar to those used by the prison for that purpose;
 - 3) where possible, staff will utilize protective gear when using OC;
 - 4) staff will videotape all incidents involving the use of OC when possible; and
 - 5) the Unit Supervisor may authorize immediate use of OC to prevent loss of life or serious bodily injury.
3. HC (Hexachloroethane) is a chemical agent classified as an obscurant and is color-coded yellow. The following is the procedure for HC:
- a. the effects are as follows:
 - 1) intensifies the effect of CS; and
 - 2) protective masks should be worn.
 - b. the use of HC is it creates a smoke envelope, so it can be used for concealment, to confuse and disorient, or to determine wind direction and velocity.
 - c. decontamination/after-care procedures are as follows:
 - 1) fresh Air; and
 - 2) flush face with cool water.

IV. CLOSING

Questions concerning this operational procedure will be directed to the AW of Security

V. ATTACHMENTS

Use of Force Information Sheet
Use of Force Evaluation Report

Attachment A
Attachment B

MONTANA DEPARTMENT OF CORRECTIONS USE OF FORCE INFORMATION SHEET

OFFENDER INFORMATION

Offender Name: _____ ID#: _____ Unit: _____ Custody: _____
 Race Code: American Indian Asian Black White Hispanic Other (specify): _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ Place of Incident: _____

Name & Title of On-Scene Supervisor: _____

Type of Force Used Immediate Planned

Photographed? Yes No Videotaped? Yes No Processed as Evidence? Yes No

Administrator Notified? Yes No Name: _____ Date: ____/____/____ Time: _____ hrs.

Was OC or Taser use medically cleared? Yes No By? _____ Date: ____/____/____ Time: _____ hrs.

Was a medical staff person on-scene? Yes No
 Name: _____ Time: _____ hrs.

Was a post incident medical evaluation of offender completed? Yes No By? _____

Reporting Shift Supervisor: _____

<u>Level of Force Applied</u>	<u>Reason for Force</u>
<p>Active Counter Measure:</p> <input type="checkbox"/> Physical Force/Self Defense <input type="checkbox"/> Restraint Device <input type="checkbox"/> OC <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Baton <input type="checkbox"/> Distraction Device <input type="checkbox"/> Kinetic Device <input type="checkbox"/> Conductive Energy Device (taser) <input type="checkbox"/> SIMS	<p>Deadly:</p> <input type="checkbox"/> Firearm <input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Self-defense/defense of another <input type="checkbox"/> Maintenance of security <input type="checkbox"/> Prevention of a crime <input type="checkbox"/> Prevention of self-harm activity <input type="checkbox"/> Prevention of escape <input type="checkbox"/> Prevention of property destruction <input type="checkbox"/> Refusal of an order

<u>Names & Titles of All Staff Involved</u>	<u>Did they file a report?</u>	<u>Is their report attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name(s) and ID#(s) of Other Offenders Involved</u>	<u>Did they file a statement?</u>	<u>Is their statement attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name(s) of Victim(s) Involved</u>	<u>Did they file a statement?</u>	<u>Is their statement attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
USE OF FORCE EVALUATION REPORT

OFFENDER INFORMATION

Offender Name: _____ **DOC ID#:** _____ **Unit:** _____ **Custody:** _____
Race Code: American Indian Asian Black White Hispanic Other:

INCIDENT EVALUATION

Administrative Evaluation Committee:

Date Reviewed

Time Reviewed

<u>Administrative Evaluation Committee:</u>	<u>Date Reviewed</u>	<u>Time Reviewed</u>
_____	/ /	hrs.
_____	/ /	hrs.
_____	/ /	hrs.

Was the level and type of force properly identified and needed? If "No" comment: Yes No

Was the application of the control method used appropriate? If "No" comment: Yes No

Was there an opportunity for voluntary compliance? If "No" comment: Yes No

Was there proper use of protective gear? If "No" comment: Yes No

Was there proper and continuous use of the video camera in a planned use of force? If "No" comment: Yes No

Was the verbal content of the incident in regard to staff language appropriate? If "No" comment: Yes No

Documentation Reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Video Tape | <input type="checkbox"/> Shift Supervisor's Report |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Medical Report |
| <input type="checkbox"/> On-Scene Supervisor's Report | <input type="checkbox"/> Staff Incident Reports |

This Evaluation Committee has determined:

- The action taken with respect to this use of force incident was reasonable and necessary.
- This situation needs further investigation and has been referred to the Department Investigator.
- A copy of this packet was sent to the Department Security Manager's Office for further review.

Reviewer Name: _____

Date: / /