

INS DETENTION STANDARD

USE OF FORCE

I. POLICY

The use of force is authorized only after all reasonable efforts to resolve a situation have failed. Officers shall use as little force as necessary to gain control of the detainee; to protect and ensure the safety of detainees, staff, and others; to prevent serious property damage; and to ensure the security and orderly operation of the facility. Physical restraints shall be used to gain control of an apparently dangerous detainee only under specified conditions.

II. APPLICABILITY

The standards provided in this Detention Standard shall apply to the following facilities housing INS detainees:

1. Service Processing Centers (SPCs);
2. Contract Detention Facilities (CDFs); and
3. State or local government facilities used by INS through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours; referred to as "IGSA facilities."

Within the document additional implementing procedures are identified for SPCs and CDFs. Those procedures appear in italics. IGSA facilities may find such procedures useful as guidelines. IGSAs may adopt, adapt or establish alternatives to, the procedures specified for SPCs/CDFs, provided they meet or exceed the objective represented by each standard.

See the separate "Definitions" Standard for the meaning of certain terms used in this document.

III. STANDARDS AND PROCEDURES

A. Types of Force

When a detainee acts violently or appears on the verge of violent action(s), if necessary, staff shall use reasonable force and/or restraints to prevent him/her from harming self, others, and/or property.

1. Immediate Use of Force

An "immediate-use-of-force" situation is created when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence.

2. Calculated Use of Force and/or Application of Restraints

If a detainee is in an isolated location (e.g., a locked cell, a range) where there is no immediate threat to the detainee or others, the officer(s) shall take the time to assess the possibility of resolving the situation without resorting to force

a. Circumstances

The calculated use of force is feasible in most cases.

Calculated use of force is appropriate when the detainee is in a cell or other area with a securable the door or grill, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee causing harm. The calculated use of force affords staff time to strategize, resolving situations in the least confrontational manner.

b. Documentation

INS requires that all incidents of use of force be documented and forwarded to INS for review. The videotaping of all calculated used of force is required.

The videotape and accompanying documentation shall be included in the investigation package for the "After-Action Review" (see Section III.J., below). Additionally, the Officer in Charge (OIC) shall make all videotapes available to the District Director.

In SPCs/CDFs, written documentation shall include a "Use of Force" form (sample attached) and memorandum reporting staff actions, reactions, and responses during the confrontation-avoidance process.

3. Confrontation Avoidance

Before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate shall assess the situation. Taking into account the detainee's history and the circumstances of the immediate situation, they will determine the appropriateness of using force.

The conferring officials may consider, in their assessment, the detainee's medical/mental history; recent incident reports involving the detainee, if any; and shocks or traumas that may be contributing to the detainee's state of mind (e.g., a pending criminal prosecution or sentencing, divorce, illness, death, etc.). Question-and-answer sessions with staff members familiar with the detainee might yield insight into the detainee's current agitation, even pinpointing the immediate cause.

Staff interviews will also help identify those who have established rapport with the detainee, or whose personalities suggest they might be able to reason with the detainee.

Staff selected to defuse the situation must be trained in the confrontation-avoidance procedure.

4. Use-of-Force Team Technique

When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply.

- a. The team technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protectors. Team members enter the detainee's area together, with coordinated responsibility for achieving immediate control of the detainee.
- b. Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility. To use human resources most effectively, the OIC will provide use-of-force team technique training for all staff members.
- c. The use-of-force team technique training will include the technique and its application, confrontation-avoidance, professionalism, and debriefing. It will also cover the use of protective clothing and handling of spilled blood and body fluids.
- d. The supervisor on duty must be on the scene before any calculated use of force. He/she shall direct the operation, continuously monitoring staff compliance with policy and procedure. The supervisor shall not participate except to prevent impending staff injury. Whenever possible, a health services professional shall be present to observe and immediately treat any injuries.
- e. The Use-of-Force Team can expand to include staff with specific skills, e.g., handling chemical agents, etc.

The supervisor on duty will exclude from the Use-of-Force Team any staff member involved in the incident precipitating the need for force.

- f. When restraints are necessary, the team's will choose ambulatory or progressive models. They shall resort to four-point restraints only if the less restrictive devices prove ineffective.

- g. Calculated-use-of-force videotape will be edited as follows:
 - 1. Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; and naming the video-camera operator and other staff present.
 - 2. Faces of all team members briefly appear (helmets removed; heads uncovered), one at a time, identified by name and title.
 - 3. Team Leader offering detainee last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation-avoidance, and issuing use-of-force order.
 - 4. Entire tape of Use-of-Force Team operation, unedited, until detainee in restraints.
 - 5. Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown.
 - 6. Debriefing, including full discussion/analysis/assessment of incident.
- h. The videotape shall be catalogued and preserved until no longer needed, but no less than 30 months after its last documented use. In the event of litigation, the facility will retain the tape a minimum of six months after its conclusion/resolution.
- i. Use-of-force tapes shall be available for supervisory, District, Regional, and Headquarters incident reviews. They may also be used for training, e.g., after-action review training. The tapes may be catalogued on 3" x 5" index cards or electronically, provided the data be searched by date or detainee name. A log shall document videotape usage.
- j. The release of use-of-force videotapes to the news media shall occur only with approval from Headquarters, in accordance with INS procedures and rules of accountability.
- k. Staff shall store use-of-force equipment in the Special Management Unit (SMU) under the same conditions as Class "A" tools. If the SMU lacks appropriate space, the equipment shall be kept in a secure location elsewhere in the facility.
- l. The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders.

B. Principles Governing the Use of Force and Application of Restraints

1. Under no circumstances shall force be used to punish a detainee.
2. Staff shall attempt to gain the detainee's willing cooperation before using force.
3. Staff shall use only that amount of force necessary to gain control of the detainee.
4. Immediate use of restraints is warranted to prevent the detainee from harming self or others, or from causing serious property damage. If, after the detainee is under control, the continuing use of restraints appears necessary, OIC approval is required.
5. Additional restraints may be applied to a detainee who continues to resist after staff achieves physical control or who has been placed under control by the Use-of-Force Team Technique. If a restrained detainee refuses to move or cannot move because of the restraints, staff may lift and carry the detainee to the appropriate destination. The restraints shall not to be used for lifting or carrying a detainee.
6. Staff may not remove the restraints until the detainee has regained self-control.
7. The following uses of restraint equipment or devices (e.g., handcuffs) are prohibited:
 - On a detainee's neck or face, or in any manner that restricts blood circulation or obstructs the detainee's airways (mouth, nose, neck, esophagus);
 - To cause physical pain or extreme discomfort.

The supervisor is responsible for staff compliance with the minimum-pressure-necessary policy when applying restraints (on the detainee's chest, back, neck, etc.).

While causing some discomfort may be unavoidable even when applying restraints properly, examples of prohibited applications include, among others: hog-tying, fetal restraints (cuffed in front with connecting restraint drawn-up to create the fetal position); unnecessarily tight restraints; and improperly applied restraints. Staff will monitor all detainees placed in restraints.

Hard restraints (e.g., steel handcuffs and leg irons) will be used only after soft restraints prove (or have previously proven) ineffective with this detainee.

8. Medication shall not be used to subdue an uncooperative detainee for staff convenience. Medication must be prescribed and administered by licensed medical personnel, for medical purposes only.

9. The documenting, reporting, and investigating of use-of-force incidents both protects staff from unfounded allegations and eliminates the unwarranted use of force.

C. Approved Restraint Equipment

Deviations from the following list of restraint equipment are prohibited:

1. Handcuffs: stainless steel, 10 oz.;
2. Leg Irons: stainless steel, meet National Institute of Justice standard;
3. Martindale Restraint Belt;
4. Waist or Belly Chain: Case-hardened chains with a minimum breaking strength of approximately 800 pounds;
5. Handcuff Cover: Highly effective cases for the security of handcuffs used on high security detainees;
6. Soft Restraints: Vinyl type with soft arm and leg cuffs containing soft belts with key locks;
7. Plastic Cuffs: disposable;
8. Ambulatory Restraints: soft and hard equipment that provides freedom of movement sufficient for eating, drink, and taking care of basic human needs without staff intervention;
9. Any other INS-approved restraint device.

D. Use-of-Force Team Safeguards

1. Compliance with the Use-of-Force Team procedures can prevent injury and exposure to communicable disease.
2. Use-of-Force Team members and others participating in calculated use of force shall:
 - a. Wear protective gear, and
 - b. Receive training on communicable diseases during orientation and scheduled annual training.
3. An individual with a skin disease or skin injury shall not participate in a calculated use-of-force action.

4. If the circumstances of an immediate use-of-force incident permit, staff will obtain and use appropriate protective equipment (helmets with face shields, gloves, pads, etc.) before intervening.
5. Staff shall use protective devices when entering a cell or area where blood or other body fluids could be present.
6. The shift supervisor shall inspect areas of blood or other body-fluid spillage after an incident. Unless he/she determines that the spillage must be preserved as evidence, staff shall immediately sanitize those areas. The medical department shall provide guidance on appropriate cleaning solutions and usage.
7. Standard sanitation procedures shall be followed in areas with blood or other body-fluid spillage. Wearing protective gloves, staff and/or detainees immediately shall apply disinfectant to cell walls, floors, etc., sanitize the cell walls or floors, etc. Articles of clothing and use-of-force equipment contaminated with body fluids, will be immediately disinfected or destroyed, as appropriate.

E. Progressive and Ambulatory Restraints

Whenever possible, staff shall apply ambulatory restraints (see III.4.e, above). If the detainee's behavior makes use of more restrictive or secure restraints necessary, the OIC shall decide on the appropriate restraint method, e.g., hard restraints with/without waist chain or belt; four-point soft restraints, with hard restraints securing the detainee to his/her bed; four-point hard restraints, etc.

In situations involving highly assaultive and aggressive detainees, progressive restraints may be used as an intermediate measure in placing the detainee into, or removing a detainee from, four-point restraints.

F. Use of Four-Point Restraints

Staff shall follow the specified four-point-restraint procedures:

1. Use soft restraints (e.g., vinyl), unless:
 - a. Previously ineffective with this detainee, or
 - b. Proving ineffective in the current instance.
2. Provide the detainee with temperature-appropriate clothing and a bed, mattress, sheet and/or blanket.

Under no circumstance shall a detainee remain naked or without cover (sheet or blanket) unless determined necessary by qualified health personnel.

3. Check and record the detainee's condition at least every 15 minutes to ensure that the restraints are not hampering circulation and to monitor the general welfare of the detainee. If the detainee is confined by bed restraints, staff shall periodically rotate the detainee's position to prevent soreness or stiffness.
4. A health professional shall test the detainee's breathing, other vital signs, and physical and verbal responses; and, if the detainee is bed-restrained, determine how he/she should be placed. Qualified health personnel ordinarily visit the detainee at least twice per eight-hour shift. When qualified health personnel are not immediately available, staff shall place the detainee in a "face-up" position until the medical evaluation.
5. Use of four-point restraints beyond eight hours requires medical supervision.
6. The shift supervisor shall review a detainee in four-point restraints every two hours. If the restraints have had a calming effect, they may be removed and, if appropriate, replaced by a less restrictive device. At every two-hour review, the detainee will be afforded the opportunity to use the toilet, unless the detainee actively resists or becomes combative when released from restraints for this purpose.

The decision to release the detainee or apply lesser restraints shall shift supervisor shall not be delegated below the shift supervisor's level. The shift supervisor may seek advice from mental or physical health professionals about when to remove the restraints.

7. When restraining a detainee for more than eight hours, the OIC shall telephonically notify the Assistant District Director for Detention and Removal with updates every eight hours until the restraints are removed.

The OIC shall provide the District Director with written documentation of the reason(s) for placing the detainee in four-point restraints, regardless of duration, on the following workday.

G. Medical Attention in Immediate Use-of-Force and Application-of-Restraints Incidents

In immediate use-of-force situations, staff shall seek the assistance of mental health or other medical personnel upon gaining physical control of the detainee.

1. When possible, staff shall seek such assistance at the onset of the violent behavior. In calculated use-of-force situations, the use-of-force team leader shall seek the guidance of qualified health personnel (based on a review of the detainee's medical record) to identify physical or mental problems. If the mental- or physical-health professional determines that the detainee requires continuing care, e.g., a pregnant detainee, he/she shall make the necessary arrangements. Continuing care may involve such measures as admission to the facility hospital, restraining a pregnant detainee in a way that does not include face-down, four-point restraints.

2. After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented.

Medical staff shall immediately examine any staff member involved in a use-of-force incident who reports an injury and, if necessary, provide initial emergency treatment.

H. Use of Non-Lethal Weapons

The OIC may authorize the use of non-lethal weapons if the detainee:

1. Is armed and/or barricaded; or
2. Cannot be approached without danger to self or others; and
3. A delay in controlling the situation would seriously endanger the detainee or others, or would result in a major disturbance or serious property damage.

Staff shall consult medical staff before using pepper spray or other non-lethal weapon(s) unless escalating tension make such action unavoidable. When possible, medical staff will review the detainee's medical file for a disease or condition that a non-lethal weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure.

I. Use of Force in Special Circumstances

Occasionally, after the failure or impracticability of confrontation-avoidance, staff must make a judgment call as to whether to use force. In such cases, involving a pregnant detainee, for example, or an aggressive detainee with open cuts, sores, or lesions, staff shall consult with the Clinical Director before deciding the situation is grave enough to warrant the use of physical force.

1. Pregnant Detainees

Medical staff shall prescribe the precautions required to protect the fetus, including the manner in which the pregnant detainee will be restrained, the advisability of a medical professional's presence when restraints are applied, and the medical necessity of restraining the detainee in the facility hospital or a local medical facility.

2. Detainees with Wounds or Cuts

Staff shall wear protective gear when restraining aggressive detainees with open cuts or wounds. If use of force is deemed necessary, this gear will include a full-body shield.

Aggressive detainees, in restraints, shall be placed in administrative detention, segregated from all other detainees. Such detainees generally remain in the SMU until cleared to return to the general population by the Chief Detention Enforcement Officer (CDEO) and the CD, with the OIC's approval.

J. Documentation of Use of Force and Application of Restraints Incidents

Staff shall prepare detailed documentation of all incidents involving the use of force, chemical agents, or non-lethal weapons. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file.

1. Report of Incident

All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms.

Staff shall prepare a "Use of Force" form (attached) for each incident involving use of chemical agents, pepper spray or other non-lethal weapons, application of progressive restraints (regardless of level of detainee cooperation), etc. The report identifies the detainee(s), staff, and others involved, and describes the incident. If non-lethal weapons are used, e.g., collapsible steel baton or 36-inch straight (riot) baton, the location of strikes must be reported on the Use of Force form. Each staff member shall complete a memorandum for the record, to be attached to the original Use of Force form. The report, accompanied by the medical report(s) must be submitted to the OIC by the end of the shift during which the incident occurred.

Within two workdays, copies of the report shall be placed in the detainee's A-File and sent to the District Director.

A report is not necessary for the general use of restraints (for example, the routine movement or transfer of detainees).

2. Four-Point Restraints Report

All facilities shall document all checks of detainees in four point restraint.

Staff shall use the SMU logbook to record each 15-minute check of detainees in four-point restraints. Documentation shall continue until the restraints' removal.

The shift supervisor shall use the bound ledger to document any negative behavior observed during his/her every-other-hour reviews.

3. Videotapes of Use-of-Force Incidents

Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute

a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage. Calculated use of force shall be videotaped in accordance with section III.A.4., above.

Once the OIC has reviewed the videotape (within four workdays of the incident), he/she will send the District Director a copy for review. The District Director shall forward videotapes of questionable or inappropriate cases to the Regional Director. When an immediate threat to the safety of the detainee, other persons, or property, makes a delayed response impracticable, staff shall activate a video camera and start recording the incident as quickly as possible. After regaining control of the situation, staff will follow the procedures applicable to calculated use-of-force incidents (see section III.A.4, above).

4. Record keeping

All facilities shall have a designated individual to maintain all uses of force documentation

The Chief Detention Enforcement Officer shall maintain all use-of-force documentation, including the videotape and the original after-action review form for a minimum of 30 months. A separate file shall be established on each use-of-force incident.

K. After-Action Review of Use of Force and Application of Restraints Incidents

Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures.

The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. This four-member After-Action Review Team shall convene on the workday after the incident. The After-Action Review Team shall gather relevant information, determine whether policy was followed, and complete an after-action report, recording the nature of their review and findings. The after-action report is due within two working days of the detainee's removal from restraints.

If the incident review reveals a violation of INS policy or procedures, the After-Action Review Team shall determine whether the situation called for improvised action and, if so, whether the action taken was reasonable and appropriate.

Within two workdays of the After-Action Review Team's determination, the OIC shall report the finding of appropriate/inappropriate use of force, via memorandum, to the District Director, the outcome of the After-Action Review and that the use of force (other than firearms) was appropriate/inappropriate.

The After-Action Review Team shall also review the videotape for compliance with all provisions of this standard, including, among other things:

- a. Strict compliance with the Use-of-Force Team Technique (see section III.A.3.-4.): professionalism of shift supervisor, every team member wearing prescribed protective gear, etc.;*
- b. Absence of towels, tape, surgical masks, hosiery, and other unauthorized items, equipment or devices;*
- c. Team members applying only as much force as necessary to subdue the detainee. This includes responding appropriately to a subdued or cooperative detainee, e.g., one who discontinues his/her violent behavior;*
- d. Shift supervisor clearly in charge of team and situation. This includes intervening at first sign of one or more team members applying more force than necessary;*
- e. Detainee receives and rejects opportunity to submit to restraints voluntarily before team enters the cell/area. If he or she submits, team action should not be necessary;*
- f. Team members applying restraints exert no more pressure than necessary to the detainee's thorax (chest and back), throat, head and extremities;*
- g. Amount of time needed to restrain the detainee. If team requires more than five minutes, for example, with a detainee who is not resisting, this could indicate training problems/ inadequacies;*
- h. Protective gear worn by team members inside cell/area, until end of operation;*
- i. Continuous photographic coverage from the time the camera starts recording until the incident is over. The review team will investigate any breaks or sequences apparently missing from the videotape;*
- j. A medical professional promptly examines the detainee, with the findings reported on tape;*
- k. Appropriate use of chemical agents, pepper mace, etc., in accordance with written procedures;*
- l. Team member(s) addressing remarks that are derogatory, demeaning, taunting, or otherwise inappropriate/inflammatory to detainee or person(s) outside the cell or area.*

Report Completion

The After-Action Review Team shall complete and submit its After-Action Review Report to the OIC within two working days of the detainee's release from restraints. The OIC shall review and sign the report, acknowledging its finding that the use of force was appropriate/inappropriate.

Further Investigation

The reviewer team shall determine whether the incident requires further investigation; also, whether the incident should be referred to the Office of Internal Affairs, the Office of the Inspector General, or the Federal Bureau of Investigation.

The OIC shall forward a copy of the After-Action Review Report to the District Director.

L. Authorized Nondeadly Force Devices

The following devices are authorized (for official use only):

1. Oleoresin capsicum (OC) spray;
2. Collapsible steel baton;
3. INS-approved, electronic-defense module (includes control belt)
4. 36" straight, or riot, baton, in SPCs/CDFs only, unless the District Director or Chief Patrol Agent authorizes use in other locations.

M. Unauthorized Nondeadly Force Devices

The following nondeadly force devices are not authorized for use:

1. Saps, blackjacks, and sap gloves;
2. Mace, tear gas, or other chemical agents, except OC spray;
3. Homemade devices or tools; and
4. Any other device or tool not issued or approved by INS.

N. Nondeadly Force Prohibited Acts and Techniques

The following acts and techniques are prohibited when using nondeadly force:

1. Choke holds, carotid control holds, and other neck restraints;
2. Using a baton to apply choke or "come-along" holds to the neck area;

3. Intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column;
4. Striking a detainee for failing to obey an order;
5. Striking a detainee when grasping or pushing him/her would achieve the desired result;
6. Using force against a detainee offering no resistance;

For further information, see the National Enforcement Standard, "Use of Nondeadly Force."

O. Training

To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques.

Specialized training shall be required for certain non-lethal equipment e.g., OC spray/electronic devices. Staff members will receive annual training in confrontation-avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas.

Training should also cover use of force in special situations. Each officer must have be specifically certified to use a given device.

Among other things, training shall include:

1. Communication techniques;
2. Cultural diversity;
3. Dealing with the mentally ill;
4. Confrontation-avoidance procedures;
5. Application of restraints (progressive and hard); and
6. Reporting procedures.

IV. AMERICAN CORRECTIONAL ASSOCIATION STANDARDS REFERENCED

American Correctional Association Standards for Adult Local Detention Facilities, 3rd Edition: 3-ALDF: 3A-17, 3A-25, 3A-26, 3A-28, 3A-29, 3A-31

Approval of Standard



Michael D. Cronin
Acting Executive Associate Commissioner
Office of Programs

SEP 20 2000

Date



Michael A. Pearson
Executive Associate Commissioner
Office of Field Operations

SEP 20 2000

Date

U.S. Department of Justice
Immigration and Naturalization Service

USE OF FORCE FORM

Name of Detainee	A-Number	Nationality
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Date/Time Force Used:	Location of the Use of Force Incident
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Type of Force Used: Hands: <input type="checkbox"/>	Take Down: <input type="checkbox"/>	Strikes: <input type="checkbox"/>	Restraints Used: <input type="checkbox"/>
Other <input type="checkbox"/>			

On the above date and time, reasonable and necessary forced was used by:

Officer's Name:	Title:
Officer's Name:	Title:

Description of Incident (Force/Restraints Used and Target Area of Strikes):

Medical Exam: **Y** **N** Date/Time:_____

Witness: Y N	Name of Witness(s):_____
	Name of Witness(s):_____
	Name of Witness(s):_____

Officer Name: (Printed)	Date:	Signature:
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Reviewed by: _____ Date & Time: _____
Supervisor & Title

Memorandum(s) attached: **Y** **N**

**U.S. Immigration and Naturalization Service
NATIONAL DETENTION STANDARDS
MONITORING INSTRUMENT**

Policy: The U.S. Immigration & Naturalization Service authorizes the use of force only as a last alternative after all other reasonable efforts to resolve a situation have failed. Only that amount of force necessary to gain control of the detainee, to protect and ensure the safety of detainees, staff and others, to prevent serious property damage and to ensure institution security and good order may be used. Physical restraints necessary to gain control of a detainee who appears to be dangerous may be employed when the detainee:

USE OF FORCE			
Components	Yes	No	Remarks
1. Does written policy authorize staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction?			
2. If the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, must officers try to resolve the situation without resorting to force?			
3. Does written policy assert that calculated rather than immediate use of force is feasible in most cases?			
4. Does the facility subscribe to the prescribed Confrontation Avoidance Procedures? a. Do the ranking detention official, health professional, and others confer before every calculated use of force?			
5. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, does staff use the Use-of-Force Team Technique? a. Under staff supervision? b. Is a Physician's Assistant present prior to and during the Use-of-Force Team Technique to observe and immediately treat any injuries?			

USE OF FORCE			
Components	Yes	No	Remarks
6. How many staff members are trained in the performance of the Use-of-Force Team Technique? a. This number represents what percentage of the staff?			
7. Are all use-of-force incidents documented and reviewed? a. Does the OIC forward the videotape of every use-of-force incident to the DD? b. If a CDF or IGSA facility, is the videotape forwarded to INS for review?			
8. Does the calculated-use-of-force video sequentially present the following: a. Team Leader's introduction? b. Face of each team member (without helmet), identified by name and title? c. Team Leader offering detainee a last chance to comply, and explaining the use-of-force results of noncompliance? d. Unedited coverage of the operation, from the use-of-force order to the end? e. Medical staff examining the detainee in restraints, with close-ups recording the presence or absence of injuries on the detainee's body? f. Staff injuries, with oral description(s)?			
9. Are all videotapes of use-of-force incidents catalogued and preserved for at least 2-1/2 years after last documented use? a. Are the videotapes available for incident review?			
10. Does staff: a. Use force as punishment? b. Attempt to gain the detainee's voluntary cooperation before resorting to force? c. Does staff use only as much force as necessary to control the detainee? d. Are restraints used only when other non-confrontational means, including verbal persuasion, have failed or are impractical?			

USE OF FORCE			
Components	Yes	No	Remarks
11. Under what circumstances can staff use medication for restraint purposes?			
12. Does the facility use INS-authorized restraint equipment? a. Supplemented by other restraint equipment?			
13. Does the Use-of-Force Team follow INS procedures to prevent injury and exposure to communicable disease(s)?			
14. Does the OIC contact the ADD before restraining a detainee beyond eight hours?			
15. Do standard procedures associated with using four-point restraints include: a. Soft restraints (e.g., vinyl) If not, what? b. Dressing the detainee appropriately for the temperature? c. A bed, mattress, and blanket/sheet? d. Checking the detainee at least every 15 minutes? Logging each check? e. Turning the bed-restrained detainee often enough to prevent soreness or stiffness? f. Medical evaluation of the restrained detainee twice per eight-hour shift? g. When qualified medical staff is not immediately available, does staff position the detainee "face-up"?			
16. Does the shift supervisor monitor the detainee's position/condition every two hours? a. Does he/she allow the detainee to use the rest room at these times?			
17. Are all detainee checks logged?			
18. In immediate-use-of-force situations, does staff contact medical staff once the detainee is under control?			

USE OF FORCE			
Components	Yes	No	Remarks
19. Does the OIC ever authorize use of non-lethal weapons? a. Is medical staff consulted before staff use pepper spray/non-lethal weapons? b. Does medical staff review the detainee's medical file before use of a non-lethal weapon is authorized? c. Why?			
20. Are special precautions taken when restraining pregnant detainees? a. Are medical personnel consulted?			
21. Is protective gear worn when restraining detainees with open cuts or wounds? a. Full-body shields?			
22. Does staff document every use of force and/or application of restraints?			
23. Is it standard practice to review any use of force and the application of restraints? a. What results from these reviews?			
24. Does the After-Action Review Team review the videotape for the following: a. Professionalism? b. Use of Force Team's protective gear? c. Appropriate/excessive use of force? d. Proper application of restraints? e. Time needed to restrain the detainee? f. Removal of protective gear before entering the cell or area? g. Prompt medical examination of the detainee after the move? h. Proper use of chemical agents or pepper mace? i. Opportunity for detainee to submit voluntarily to the placing of restraints before the team enters the cell? j. Derogatory, demeaning, taunting, or other inappropriate language between team members and the detainee, or between team members and individuals outside the cell or area?			

USE OF FORCE			
Components	Yes	No	Remarks
25. Is the After-Action Review Report completed within two working days of the detainee's release from restraints?			
26. If the reviewers decide the matter requires further investigation, who notifies the Office of Internal Affairs, the Office of the Inspector General, and/or the FBI?			
27. Do all officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees? a. Is specialized training given? b. Are officer certified in all devices they use?			
28. Are the officers thoroughly trained in the use of soft and hard restraints?			
29. In SPCs is the Use of Force form used? a. In other facilities is this form or its equivalent used?			

**U.S. Immigration and Naturalization Service
NATIONAL DETENTION STANDARDS
MONITORING INSTRUMENT**

USE OF FORCE

Verification Sources:

The following may serve as sources of information for auditors verifying the facility's compliance with this detention standard:

SOURCE	TIME	DATE	LOCATION
A. Facility policy and procedure for Use of Force			
B. Use of Force log and forms			
C. Observation of Use of Force (actual or simulated)			
D. Detainee and staff interviews			

Facilities must complete the attached Plan of Action for bringing operations into compliance. For each element found out of compliance, the plan of action will specify remedial action and the estimated timetable for compliance.

Remarks: *(Record significant facts, observations, other sources used, etc.)*

Auditor's Signature

Date